The Centre for Effective Services

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TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach

Child and Family Agency

# Service User Experience: Methodologies, Tools, Requirements and Feedback Mechanisms

Appendices of the Rapid Integrative Review

March 2024

# Acronyms

| | |
|---|---|
| ACS | Alternative Care Services |
| CCA | Corrected Covered Area |
| CCYPWA | Commissioner for Children and Young People Western Australia |
| CPWS | Child Protection and Welfare Services |
| CQI | Continuous Quality Improvement |
| CRA | The Children's Rights Alliance |
| DCEDIY | Department of Children, Equality, Disabilities, Integration and Youth |
| HIQA | Health Information and Quality Authority |
| MMT | Methodologies, Methods and Tools |
| NCMG | National Complaints Managers' Group (England) |
| NCO | The National Children's Office |
| NYCI | The National Youth Council of Ireland |
| PAR | Participatory Action Research |
| PICo | Population, phenomena of Interest, and Context |
| PMNCH | Partnership for Maternal, Newborn and Child Health |
| PPFS | Prevention, Partnership and Family Support |
| PRIOR | Preferred Reporting Items for Overviews of Reviews |
| PRISMA | Preferred Reporting Items for Systematic reviews and Meta-Analyses |
| QA | Quality Assurance |
| SEI | Service Experience Insights |
| UNCRC | United Nations Convention on the Rights of the Child |

# Introduction & Table of Contents

This is a companion document to the main report, titled *Service User Experience: Methodologies, Tools, Requirements and Feedback Mechanisms: A Rapid Integrative Review*. The Appendices provide additional detail on the methods, results and other important areas of information for the main report.

The content reported in these appendices are guided by the *Preferred Reporting Items for Overviews of Reviews (PRIOR) statement* (Gates et al., 2022) and the *Preferred Reporting Items for Systematic reviews and Meta-Analyses 2020 statement* (Page et al., 2021).

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# Appendix 1: Additional information on methods

## Appendix 1a: Review design

The original *Call for Quote* from Tusla requested "best practice systematic review methods to synthesise international evidence across the agreed themes". The review team opted for an alternative (yet similar) review methodology to a systematic review, which we refer to as a 'rapid integrative review'. While, integrative reviews and systematic reviews share many similarities (see the protocol for more details[1]), the integrative review is "a specific review method that summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon" (Whittemore & Knafl, 2005, p. 546).

Several considerations contributed to the review team's decision to employ an integrative review over the traditional systematic review. Firstly, the broad scope of the review questions were identified as a challenge for a more traditional systematic review methodology, which is better suited to specific, narrowly focused questions (R. Dickson et al., 2017; Farrington & Jolliffe, 2017). Secondly, the review team believed the inclusion of non-empirical literature from sources like guidelines, standards, frameworks and models could also usefully inform an understanding of the review questions, which generally are out-of-scope for systematic reviews. Thirdly, early scoping searches led the review team to conclude that there may be abundant empirical literature for some review questions, populations and contexts, and very scant empirical literature for others, meaning the inclusion of non-empirical literature may be necessary rather than simply desirable to inform an understanding of some review questions. Fourthly, while a systematic review was considered inappropriate for the review questions, the review team still desired to use an appropriate evidence synthesis approach that was akin to a systematic review in order to meet the stated request of the commissioners. As such, the integrative review methodology was chosen because it "allows for the inclusion of diverse methodologies (i.e. experimental and non-experimental research)" (Whittemore & Knafl, 2005, p. 547) while following many of the same procedures of a systematic review (Toronto, 2020).

After deciding upon an integrative review methodology, a fifth consideration of the review team was the time and resource constraints of the review. Integrative reviews are estimated to take roughly 6-12 months to complete on average (Toronto, 2020), which is longer than the available budget and timelines for this project, as detailed in the protocol. As such, the review team borrowed strategies and principles from 'rapid reviews', which have been defined as:

> "a form of knowledge synthesis that accelerates the process of conducting a traditional systematic review through streamlining or omitting various methods to produce evidence for stakeholders in a resource-efficient manner" (Garritty et al., 2021).

As the definition above alludes to, 'rapid review' methods are generally applied to systematic reviews, producing 'rapid systematic reviews'. However, given the overlap and similarities between systematic reviews and integrative reviews, the review team believed the features and methods of 'rapid reviews' to be transferable to integrative reviews. As such, the methodology for this review is described as a 'rapid integrative review', defined as a form of knowledge synthesis that accelerates the process of conducting a traditional integrative

[1] Access to the protocol can be provided upon reasonable request to the lead author.

review through streamlining or omitting various methods to produce evidence for stakeholders in a resource-efficient manner.

This rapid integrative review follows the 6 steps of the integrative review process outlined by Toronto (2020): (1) formulate purpose and/or review questions, (2) systematically search and select literature, (3) quality appraisal, (4) analysis and synthesis, (5) discussion and conclusion, and (6) dissemination of findings. Step 1 is described in the Introduction chapter. The methods of for steps 2-5 are described in detail the remainder of Appendix 1.

# Appendix 1b: Review questions and PICo components

Four questions guided this review:

**Table 1: Review questions**

| |
|---|
| In CPWS, ACS and PPFS services similar to those provided by Tusla for children and families: |
| 1. What is considered 'best practice' (or good principles of practice) in service user engagement for the purpose of developing service experience insights to improve services and/or enhance outcomes for children and families? |
| 2. What mechanisms, methodologies and tools support service user engagements for the purpose of developing service experience insights to improve services and/or enhance outcomes for children and families? |
| 3. What dependencies and requirements need to be considered when implementing mechanisms, methodologies and tools to engage service users and utilise the information they share to develop service experience insight to improve services and/or enhance outcomes for children and families? |
| 4. How can information about service experience insights to improve services or enhance outcomes for children and families based on service user engagements be communicated back to service users? |

Key concepts from the review questions are defined below, using the 'PICo' mnemonic as a guide. The core elements of PICo are:

- **P**opulation
- phenomenon of **I**nterest
- **Co**ntext (Stern et al., 2014).

The PICo elements and their definitions, as they relate to this review, are listed below:

**Table 2: Definitions of the PICo elements**

| **Population:** |
|---|
| **Service Users**: For the purpose of this review, we define service users as those who are either (1) the direct recipients or beneficiaries of services, or (2) the parents/guardians/carers or immediate family members of direct recipients or beneficiaries (see 'All Tusla Service Strands' in the Context section of this table for a list of the services provided by Tusla).<br><br>For example, the different types of service users may include, but are not limited to:<br>• Children<br>• Young adults accessing aftercare services<br>• Parents, foster parents and legal guardians of children (excluding social workers and social care workers in alternative care services) |

## Phenomena of Interest

**Service Experience Insights** are developed when a service actively seeks out, gathers and analyses data and information:

- From the people who come into contact with that service
- About their experiences of that service
- With the purpose of understanding their experiences for quality assurance and quality improvement of services, and
- To identify positive service user experiences so that the service can replicate them.

**Best Practice** is understood here to refer to procedures or practices that have been shown by research and experience to produce optimal results, and that is established or proposed as a standard suitable for widespread adoption (Merriam-Webster, 2023).

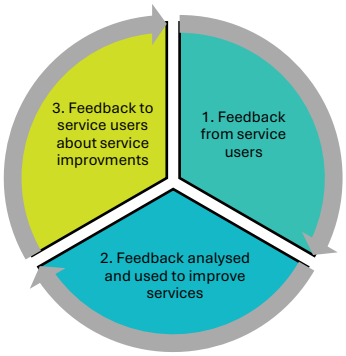
**Guiding Principles of Practice** are understood as referring to ideas, values, concepts, assumptions or propositions that should be influential in guiding practices and procedures.

**Tools, Methods and Methodologies for Engaging Service Users**: We define 'tools' as any instrument or piece of equipment that can help to achieve a particular task or aim. 'Methods' are defined here as systematic procedures for applying tools to achieve a particular task or aim, and 'methodologies' are understood as a system of methods. In the context of the review, the particular task or aim that the tools, methods and methodologies are relevant to are gathering and utilising service experience insights from service users to improve services.

**Dependencies and System Requirements for Implementation**: This concept is understood as referring to factors (or things that are needed) at various levels (e.g. individuals, services, organisations and the broader context/environment that they are in) to support successful implementation.

**Feedback Loops**, for the purpose of the review, refer to a process of (1) getting feedback from service users about their experiences, (2) analysing and utilising that feedback to improve services in some way, and (3) then returning feedback to service users about how their feedback has or will influence service improvement in some way.

**Figure 1: Conceptualisation of a service user feedback loop**




**Mechanisms for Utilising Service User Engagements for Service Improvement** are understood as methods and methodologies for analysing, understanding and applying information, feedback and other inputs from service users to improve the quality of services and service user experiences.

## Context:

**Selected Tusla Service Strands**, which relates to the following service types:

- Child protection and welfare services
  - Child safeguarding services
  - Children's services regulation, inspection and monitoring
- Alternative care services
  - Emergency care
  - Foster care
  - Residential care
  - Special care (short-term care in a secure therapeutic environment that restricts the child's liberty to some extent)
  - After care
  - Services for separated children seeking international protection

- Prevention. Partnership and Family Support (PPFS)
    - Family support work (including parent support work)
    - Social work
    - Youth work
    - Family resource centres
    - Support groups.

# Appendix 1c: Eligibility criteria

Studies were selected according to inclusion and exclusion criteria that cover 6 domains, listed below:

1. Context (settings and services)
2. Population
3. Phenomena of Interest
4. Language
5. Types of Literature
6. Quality of Literature.

To be eligible, an article or data source had to satisfy at least one inclusion criteria from five or six domains (depending on the type of literature it is). That is, models and frameworks had to satisfy inclusion criteria from domains 1-5. Evidence syntheses, guidelines and standards had to satisfy inclusion criteria from domains 1-6, which resulted in 'critically low quality' evidence syntheses, guidelines and standards being excluded from the review to allow the review team to work with a more manageable volume of literature.

The exclusion criteria were not intended to be exhaustive, but rather to provide additional guidance to the review team. To be ineligible, an article or data source only needed to satisfy one exclusion criteria or fail to meet all relevant inclusion criteria.

The inclusion and exclusion criteria are listed in Table 3 below. Additional narrative explanations of the criteria are provided in the sub-sections after the table.

**Table 3: Eligibility criteria**

| Criteria | Inclusion | Exclusion |
|---|---|---|
| **Context (Settings and Services)** | -Specific settings and social services that provide supports and interventions for children, adults or families, similar to those provided by Tusla and prioritised for this review. Namely:<br>• Child protection and welfare services (CPWS)<br>  ○ Child safeguarding services<br>  ○ Children's services regulation, inspection and monitoring<br>• Alternative care services (ACS)<br>  ○ Emergency homelessness care for children<br>  ○ Foster care<br>  ○ Residential care<br>  ○ Special care (short-term care in a secure therapeutic environment that restricts the child's liberty to some extent)<br>  ○ After care | -Non-social service settings (e.g. criminal justice settings, healthcare settings, mental healthcare settings, etc.), unless they also target eligible settings and services. |

| | | |
|---|---|---|
| | ○ Services for separated children seeking international protection<br>• Prevention, partnership and family support services (PPFS)<br>○ Family support work<br>○ Social work<br>○ Youth work<br>○ Family resource centres<br>○ Support groups | |
| **Population** | -Current and past service users | -Service staff and management<br>-Service user advocates<br>-Funders and commissioners of services<br>-General communities, public or citizens |
| **Phenomena of Interest** | -Literature that describes one or more of the following phenomena for the purpose of developing service experience insights to improve services and/or enhance outcomes for children and families:<br>• Best practice or principles of practice in gathering and utilising service experience insights<br>• Methodologies, methods and tools for gathering and utilising service experience insights, and factors or strategies that influence their implementation<br>• Feedback loops with service users on insights gained or improvements made to services | -Literature that does not describe or relate to engaging service users for the purpose of developing service experience insight for service improvement or enhancing outcomes for children and families<br>-Literature that describes gathering, analysing or utilising service user feedback as part of a social worker or social carer education course |
| **Language** | -English only | -Non-English |
| **Types of Literature** | -Evidence syntheses (including previously commissioned by Tusla)<br>-Models, frameworks, guidelines and standards | -Primary research<br>-Non-systematic narrative literature reviews<br>-Protocols of proposed primary or secondary research<br>-Opinion pieces, blogs, discussion papers<br>-Books, book chapters, conference extracts<br>-Existing Tusla policies, frameworks, models and guidelines |
| **Quality of Literature** | -Evidence syntheses, guidelines and standards assessed as 'low-to-high' quality | -Evidence syntheses, guidelines and standards assessed as 'critically low' quality |

## Context (settings and services)

As per the aims of the review, the context was intended to include settings and services that align with selected Tusla service strands. Namely:

- Child protection and welfare services
- Alternative care services
- Prevention, Partnership and Family support services.

Some reviews or studies cover both social care and health or mental healthcare jointly, suggesting some overlap between these contexts in some instances. Literature not exclusively focused on the

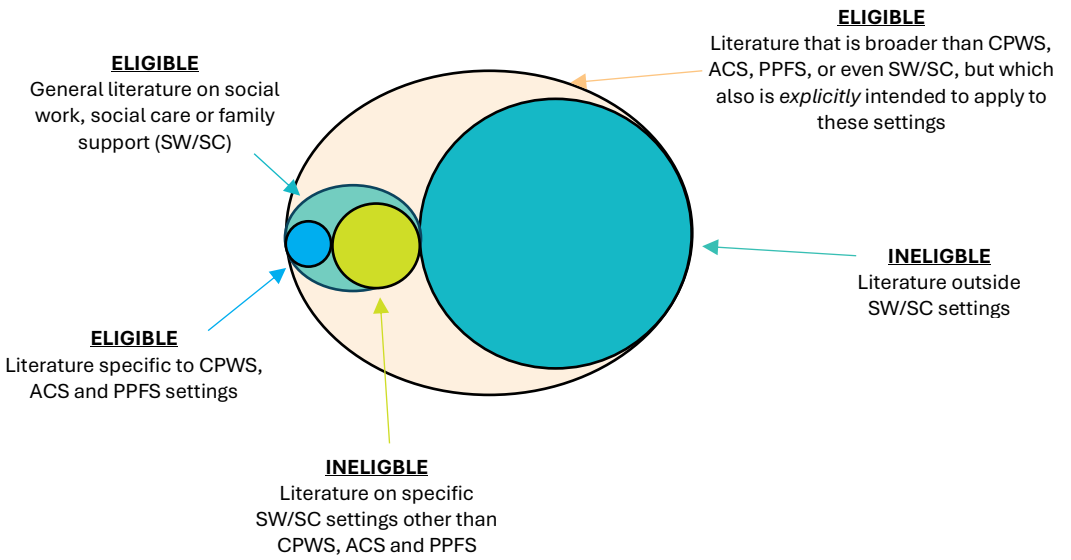
areas of CPWS, AWS or PPFS were considered eligible if the literature also explicitly targeted the general areas of 'social work', 'social care' or 'family support', on the assumption that the literature could be transferable to CPWS, AWS and PPFS settings.

In addition, literature focused on child and/or service user involvement in research, and which could reasonably be considered relevant and informative to eligible contexts for this review (even if not explicitly stated), were also be considered eligible for inclusion.

On the other hand, literature related to service user engagement, involvement, participation, co-design or co-production was considered too broad to include unless it explicitly referenced gathering and utilising service experience insights from service users to improve services.

Figure 2 is intended to provide extra clarity on this.

**Figure 2: Eligible and ineligible settings and services**




The rationale for this approach was to prevent the review team excluding potentially relevant material, while also trying to mitigate the risk of including so much literature that the review could not be completed on time.

## Population

Service users were the population or beneficiaries of interest. As noted in Table 2, this review defines 'service users' as those who are either (1) the direct recipients or beneficiaries of past or present services, or (2) the parents/guardians/carers or immediate family members of direct recipients or beneficiaries.

For example, the different types of service users include, but are not limited to:

- Children
- Young adults (up to age 23) accessing aftercare services
- Parents, foster parents and legal guardians of children (excluding social workers and social care workers in alternative care services)
- Families or groups in receipt of services.

Staff, management, funders and the commissioners of services are all populations excluded from the review, as are advocates or advocacy bodies for service users, or the general public or communities (unless they meet parts 1 or 2 of the definition of service users).

## Phenomena of Interest

The review is interested in gathering and utilising service experiences insights from service users to improve services and/or enhance outcomes for children and families. Within this, there are four main phenomena of interest:

- Best practice guidance and/or guiding principles of practice
- Methodologies, methods and tools
- Dependencies and requirements for implementation, and
- Feedback loops.

Definitions of each of these phenomena are provided in Table 1.

During early scoping searches, literature was also identified that describes gathering, analysing or utilising service user feedback as part of a social worker or social carer college education course. This literature was excluded as it was not considered to be directly relevant to the aims of this review and to ensure the review can be completed within its time and budget constraints. For similar reasons, literature related to the broader concept of 'community engagement' rather than 'service user engagement' was also excluded, unless 'community engagement' explicitly included 'service experience insights.

## Language and timeframe

English language studies only were considered eligible so as to meet time and budget constraints. No constraints were set on the year of publication.

## Types of Literature

There were two main types of literature eligible for inclusion:

- evidence syntheses (empirical literature), and.
- models, frameworks, guidelines and standards (non- or semi-empirical literature).

Due to the breadth of both the review questions and literature on service user engagement, plus the limited timeframe for completing the review, primary research was excluded from this review. Instead, empirical data will be drawn from evidence syntheses, on the assumption that this will reduce the time needed to complete the review, while also providing empirical data of relevance to the review questions.

Guidelines, frameworks and models were also included for their ability to inform best practice or principles of practice, though the extent to which evidence syntheses and guidelines/frameworks/models support each other was considered during the analysis phase. Where a guideline, standard, framework or model was superseded or updated with a newer version of that same guideline/standard/framework/model, then only the newer version was to be included.

**Table 4: Definitions and descriptions of literature eligible for inclusion**

**Evidence Synthesis** is a form of secondary research and has been broadly defined as "the review of what is known using systematic and explicit methods in order to clarify the evidence base" (Gough et al., 2020). However, evidence syntheses vary in type and quality. To help assess whether a review is using "systematic and explicit methods", a review will be considered an 'evidence synthesis', and thus eligible for inclusion, if it possesses all of the following characteristics:

- Explicit aims, objectives and/or review questions
- Explicit eligibility criteria
- Explicit search strategy detailing the key terms and information sources used
- Explicit study screening and selection procedures, and
- Explicit data extraction procedures.

Evidence syntheses not possessing all five of these characteristics will be ineligible for selection.

**Models** provide a generalised or hypothetical description of a set of inter-related concepts that can be used to analyse, explain or understand a particular issue in certain contexts (Ashraf et al., 2021; Booth & Carroll, 2015).

**Frameworks** provide a structure for presenting inter-related concepts, without necessarily preserving the relationships between individual concepts (Ashraf et al., 2021; Booth & Carroll, 2015).

**Guidelines** are statements or documents that include recommendations intended to optimise processes or practices, informed (usually) by evidence. Within this, we also include '**standards**' which we define as concise sets of statements intended to promote high-quality practice that is evidence-based and consistent. For the purpose of this review, standards will be treated the same as guidelines.

## Quality of literature

Literature from *evidence syntheses*, *guidelines* and *standards* were quality assessed by one reviewer using a series of validated, standardised quality assessment tools and adapted quality assessment tools.[2] See pg. 29-36 for further information about the tools used and how they were applied.

The results of these quality assessments were used as an eligibility criteria for these particular types of literature. Based on the quality assessments, all evidence syntheses, guidelines and standards were assigned one of the following four quality ratings in Table 5.

The quality ratings above for evidence syntheses were adapted from the AMSTAR-2 tool (Shea et al., 2017) and were slightly re-worded to better reflect the broad range of evidence syntheses that could be included in this review. The quality ratings for guidelines and standards were created by the review team but are based on the scores they receive in their quality assessments.

Evidence syntheses, guidelines and standards that received a 'critically low' rating were excluded from the review to improve the efficiency of the review while also removing critically low quality and unreliable empirical data from the analysis.

[2] As the review team were not aware of any quality assessment tools for models and frameworks, they were not quality assessed.

**Table 5: Standardised overall quality ratings for evidence syntheses**

| Quality Rating | Meaning for Evidence Syntheses | Meaning for Guidelines & Standards |
|---|---|---|
| **High** | The evidence synthesis provides an accurate and comprehensive summary of the results of the available studies that address the question(s) of interest | The guideline/standard was developed with a high quality and transparent methodology. The review team have high confidence in the recommendations/standards that address the question of interest. |
| **Moderate** | The evidence synthesis has weaknesses, but it may provide an accurate summary of the results of the available studies that were included in the review | The guideline/standard was developed with a moderate quality and transparent methodology. The review team have moderate confidence in the recommendations/standards that address the question of interest. |
| **Low** | The evidence synthesis is relatively weak and may not provide an accurate and comprehensive summary of the available studies that address the question of interest | The guideline/standard was developed with a low quality and transparent methodology. The review team have low confidence in the recommendations/standards that address the question of interest. |
| **Critically Low** | The evidence syntheses is weak and should not be relied on to provide an accurate and comprehensive summary of the available studies | The guideline/standard was developed with a critically low quality and transparent methodology. The review team do not believe the recommendations/standards can be relied on to address the question of interest. |

# Appendix 1d: Information sources

The information sources for this review include:

- Articles saved or received during early scoping searches
- 4 electronic databases of peer-reviewed literature
- 3 peer-reviewed journals (not included in the databases)
- 9 databases and websites of grey literature sources.

The specific information sources to be searched are listed in the table 6 below.

The information sources below were chosen for their accessibility to the review team and relevance to the review questions. Some information sources (e.g. additional grey literature sources, hand searching journals, forward citation chaining, contacting expert authors) have been excluded due to the time sensitive needs of the review.

Backward citation chaining of included studies was also originally intended to take place. This was later dropped after the searches of all other information sources returned more eligible articles than anticipated and to ensure the review could be completed within the agreed timeframe.

**Table 6: Specific information sources**

| |
|---|
| **Articles Downloaded or Received during Early Scoping Searches** |
| • 42 articles downloaded during early scoping searches on Google and Google Scholar<br>• 10 articles received from Tusla |
| **Electronic Platforms and Databases of Peer-Reviewed Literature[3]** |
| • EBSCO<br>  ○ Academic Search Complete<br>  ○ Sociology Source Ultimate<br>• Google Scholar<br>• York Research Database |
| **Peer-Reviewed Journals (not included in the databases above)** |
| • Campbell Systematic Reviews<br>• British Journal of Social Work[4]<br>• Child & Family Social Work |
| **Databases and Websites of Grey Literature Sources** |
| • Barnardos Library and Information Service<br>• Health Information and Quality Authority (HIQA)<br>• Tusla Child and Family Agency<br>• National Institute for Care and Excellence (NICE)<br>• Social Care Online (SCIE)<br>• IRISS<br>• Child Welfare Information Gateway Library<br>• Childhub Online Library<br>• What Works for Children's Social Care |

# Appendix 1e: Search strategy

The search terms used as part of the search strategy were developed in 3 stages:

1. Identify a broad list of potentially relevant key terms by domain (i.e. Population, Phenomena of Interest, Context, Literature Types).
2. Consolidate the list of terms from stage 1.
3. Trial the search term combinations and develop tailored search strategies.

The 3-step process is described in more detail in the protocol. In order to meet the agreed timelines for completing the review, the search strategy prioritised specificity over sensitivity.[5] The search strategy was developed under the assumption that the review team

[3] Tusla have also provided the review team with access to the EBSCO databases SocIndex with Full-Text and CINAHL. These are not listed in Table 9 above as SocIndex is included within the Sociology Source Ultimate database, and CINAHL has been excluded as it focuses nursing literature, which is outside the scope of this review.

[4] The peer-review journals 'Social Work' and 'Journal of Social Work' were both considered as information sources but were dropped after scoping searches suggested these were not likely to return eligible studies.

[5] A 'sensitive' search is exhaustive and aims to identify all eligible literature for a review. In practice this can be highly time and resource-consuming, and so reviews generally try to balance 'sensitivity' with 'specificity' (which minimises the amount of irrelevant results returned by a search) to improve its efficiency. Due to time and resource constraints for this review, the search strategy has been designed to favour specificity (efficiency) over sensitivity (exhaustiveness). In short, while the search strategy can be considered comprehensive, it is not exhaustive and the review team accept that some potentially relevant literature could be missed in order to complete the review within the agreed timeline.

had capacity to screen a maximum of up to 6,000 titles and abstracts.[6] This figure was kept in mind when developing the tailored search strategies for each database.

Although estimating a maximum capacity to screen the titles and abstracts of 6,000 results, the review team anticipated the search strategy would likely to return over 7,500 results based on trials carried out during the development of the search strategy. As a result, the review team also implemented 'stopping criteria' during searches to help determine when screening could be stopped before all titles and abstracts had been screened. The stopping criteria stated:

A. Search results will, where possible, be ordered by relevance.
B. The first 250 titles/abstracts of each search will be screened, at a minimum.
C. Screening will stop at this interval if no titles/abstracts progress to full-text screening. For screening to continue, at least 1 article must be selected for full-text screening at each interval.
D. After the first 250 titles/abstracts, criteria 2 and 3 will be applied again at intervals of every 125 titles/abstracts.

This set of stopping criteria was based on the assumption that if search results were ordered by relevance, then all eligible studies would likely appear relatively early in the search results, with few (if any) eligible studies likely to be found by screening later search results.

The full search strategies for each database -- including dates, search terms used, filters applied, results, and results screened -- are below shown in Table 7.

[6] The budget allows for roughly 4 days of database searches and title and abstract screening. We estimate that roughly 1,500 titles and abstracts can be screened per day.

**Table 7: Search strategies for databases**

| Database | Date | Search No. | Search Options | Search Terms | Filters to Apply | Results | Results Screened |
|---|---|---|---|---|---|---|---|
| **EBSCO Academic Search Complete** | 12.07.23 & 13.07.23 | 1 | **Expanders:** Apply equivalent subjects **Search Modes:** Boolean/Phrase | TI( "Service user" OR client* OR child* OR youth* OR "young person" OR adolescent* OR teen* OR parent* OR guardian* OR famil* OR juvenile* OR "young adult") AND TI(feedback OR consult* OR engag* OR participat* OR involv* OR voice OR advoca* OR collaborat* OR co-de* OR co-produc* OR co-creat*) AND AB(Social OR welfare OR protection OR "in care" OR "looked after") AND TI(Review* OR synthesis OR model OR framework OR guid* OR standard*) | Language: English Search string 1: Title Search string 2: Title Search string 3: Abstract Search string 4: Title | 610 | 610 |
| **EBSCO Sociology Source Ultimate** | 13.07.23. & 14.07.23 | 1 | **Expanders:** Apply equivalent subjects **Search Modes:** Boolean/Phrase | TI( "Service user" OR client* OR child* OR youth* OR "young person" OR adolescent* OR teen* OR parent* OR guardian* OR famil* OR juvenile* OR "young adult") AND TI(feedback OR consult* OR engag* OR participat* OR involv* OR voice OR advoca* OR collaborat* OR co-de* OR co-produc* OR co-creat*) AND TI(Social OR welfare OR protection OR "in care" OR "looked after") AND TI(Review* OR synthesis OR model OR framework OR guid* OR standard*) | Language: English Search string 1: Title Search string 2: Title Search string 3: Title Search string 4: Title Source types: Academic journals, reports, conference materials, reviews, dissertations/theses | 1,909 | 1,125 |
| **Google Scholar** | 14.07.23 | 1 | | **All:** youth engagement **Exact Phrase:** **At Least One:** review synthesis model framework guidance guidelines standards **Without:** protocol | Language: English Where: Title | 169 | 169 |
| | 14.07.23 | 2 | | **All:** family engagement **Exact Phrase:** | Language: English Where: Title | 214 | 214 |

| Database | Date | Search No. | Search Options | Search Terms | Filters to Apply | Results | Results Screened |
|---|---|---|---|---|---|---|---|
| | | | | **At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | | | |
| | 15.07.23 | 3 | | **All:** parent engagement<br>**Exact Phrase:**<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 78 | 78 |
| | 15.07.23 | 4 | | **All:** participation<br>**Exact Phrase:** service user<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 11 | 11 |
| | 15.07.23 | 5 | | **All:** child participation<br>**Exact Phrase:**<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 174 | 174 |
| | 17.07.23 | 6 | | **All:** child engagement<br>**Exact Phrase:**<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 71 | 71 |
| | 17.07.23 | 7 | | **All:** youth participation<br>**Exact Phrase:**<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 251 | 251 |
| | 17.07.23 | 8 | | **All:** social<br>**Exact Phrase:** co-production<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 35 | 35 |

| Database | Date | Search No. | Search Options | Search Terms | Filters to Apply | Results | Results Screened |
|---|---|---|---|---|---|---|---|
| | 17.07.23 | 9 | | **All:** social<br>**Exact Phrase:** co-design<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 14 | 14 |
| | 17.07.23 | 10 | | **All:** feedback<br>**Exact Phrase:** service user<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 6 | 6 |
| | 17.07.23 | 11 | | **All:** child feedback<br>**Exact Phrase:**<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 14 | 14 |
| | 17.07.23 | 12 | | **All:** youth feedback<br>**Exact Phrase:**<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 7 | 7 |
| | 17.07.23 | 13 | | **All:** parent feedback<br>**Exact Phrase:**<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 4 | 4 |
| | 17.07.23 | 14 | | **All:** family feedback<br>**Exact Phrase:**<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** protocol | Language: English<br>Where: Title | 17 | 17 |
| **York Research Database** | 17.07.23 | 1 | | **All:**<br>**Exact Phrase:** service user engagement | Content: Publications | 14 | 14 |

| Database | Date | Search No. | Search Options | Search Terms | Filters to Apply | Results | Results Screened |
|---|---|---|---|---|---|---|---|
| | | | | **At Least One:** review synthesis model framework guidance guidelines<br>**Without:** | | | |
| | 17.07.23 | 2 | | **All:**<br>**Exact Phrase:** youth engagement<br>**At Least One:** review synthesis model framework guidance guidelines<br>**Without:** | Content: Publications | 13 | 13 |
| | 17.07.23 | 3 | | **All:** engagement<br>**Exact Phrase:** social work<br>**At Least One:** review synthesis model framework guidance guidelines<br>**Without:** | Content: Publications | 533 | 250 |
| | 17.07.23 | 4 | | **All:** engagement<br>**Exact Phrase:** social care<br>**At Least One:** review synthesis model framework guidance guidelines<br>**Without:** | Content: Publications | 644 | 250 |
| | 17.07.23 | 5 | | **All:** feedback<br>**Exact Phrase:** child protection<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** | Content: Publications | 32 | 32 |
| | 17.07.23 | 6 | | **All:** feedback<br>**Exact Phrase:** child welfare<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** | Content: Publications | 24 | 24 |
| | 17.07.23 | 7 | | **All:** feedback<br>**Exact Phrase:** service user<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** | Content: Publications | 255 | 255 |

| Database | Date | Search No. | Search Options | Search Terms | Filters to Apply | Results | Results Screened |
|---|---|---|---|---|---|---|---|
| | 17.07.23 | 8 | | **All:** feedback<br>**Exact Phrase:** family support<br>**At Least One:** review synthesis model framework guidance guidelines standards<br>**Without:** | Content: Publications | 96 | 96 |
| **Campbell Systematic Reviews** | 17.07.23 | 1 | | ("Service user" OR client* OR child* OR youth* OR "young person" OR adolescent* OR teen* OR parent* OR guardian* OR famil* OR juvenile* OR "young adult") AND (feedback OR consult* OR engag* OR participat* OR involv* OR voice OR advoca* OR collaborat* OR co-de* OR co-produc* OR co-creat*) AND (Social OR welfare OR protection OR "in care" OR "looked after") AND TI(Review* OR synthesis OR model OR framework OR guid* OR standard*) | Search string 4: Title | 373 | 373 |
| **British Journal of Social Work** | 17.07.23 | 1 | | AB("Service user" OR client* OR child* OR youth* OR "young person" OR adolescent* OR teen* OR parent* OR guardian* OR famil* OR juvenile OR "young adult") AND AB(feedback OR consult* OR engag* OR participat* OR involv* OR voice OR advoca* OR collaborat* OR co-de* OR co-produc* OR co-creat*) AND TI(Review* OR synthesis OR model OR framework OR guid* OR standard*) | Search string 1: Abstract<br>Search string 2: Abstract<br>Search string 3: Title | 58 | 58 |
| **Child & Family Social Work** | 17.07.23 | 1 | | AB(feedback OR consult* OR engag* OR participat* OR involv* OR voice OR advoca* OR collaborat* OR co-de* OR co-produc* OR co-creat*) AND TI(Review* OR synthesis OR model OR framework OR guid* OR standard*) | Search String 1: Abstract<br>Search String 2: Title | 51 | 51 |

| Database | Date | Search No. | Search Options | Search Terms | Filters to Apply | Results | Results Screened |
|---|---|---|---|---|---|---|---|
| **Barnardos Library and Information Service** | 18.07.23 | 1 | Collection:<br>-Main Lending<br>-Archive<br>-eDocument<br>-Reports and Booklets | "service users" OR clients OR children OR youth OR "young people" OR adolescents OR teenagers OR parents OR guardians OR family OR "young adults" OR juveniles AND feedback OR consultation OR engagement OR participation OR involvement OR voice OR collaboration OR co-design OR co-production OR co-creation AND review OR synthesis OR model OR framework OR guidelines OR standards | All Search Terms: Title | 153 | 153 |
| **SCIE Social Care Online** | 18.07.23 | 1 | | ("Service user" OR client* OR child* OR youth* OR "young person" OR adolescent* OR teen* OR parent* OR guardian* OR famil* OR juvenile* OR "young adult") AND (feedback OR consult* OR engag* OR participat* OR involv* OR voice OR advoca* OR collaborat* OR co-de* OR co-produc* OR co-creat*) AND (Review* OR synthesis OR model OR framework OR guid* OR standard*) | Search String 1: Abstract<br>Search String 2: Abstract<br>Search String 3: Abstract | 143 | 143 |
| **Child Welfare Gateway Information Library**[7] | 18.07.23 | 1 | | TI("Service user" OR client* OR child* OR youth* OR "young person" OR adolescent* OR teen* OR parent* OR guardian* OR famil* OR juvenile OR "young adult") AND TI(feedback OR consult* OR engag* OR participat* OR involv* OR voice OR advoca* OR collaborat* OR co-de* OR co-produc* OR co-creat*) AND TI(Review* OR synthesis OR model OR framework OR guid* OR standard*) | Search String 1: Title<br>Search String 2: Title<br>Search String 3: Title<br>Document Format:<br>-Journal article<br>-Technical report<br>-State resource<br>-Synthesis | 320 | 320 |

[7] Do a basic search first for advanced search to appear.

| Database | Date | Search No. | Search Options | Search Terms | Filters to Apply | Results | Results Screened |
|---|---|---|---|---|---|---|---|
| **Childhub Online Library** | 19.07.23 | | | Review* OR synthesis OR model OR framework OR guid* OR standard* | Topic:<br>-Child Rights<br>-Evaluation<br>-Child Empowerment / Participation<br>-Children without parental care<br>-Standards in social care and protection<br>-International instruments and standards<br>-Monitoring and research tools<br>-Child-rights based approach<br>Publication Type:<br>-Academic publication<br>-Evidence and learning<br>-Grey Literature<br>-Guide / Guidelines / Principle<br>-Guides/Guidelines<br>-Report<br>-Secondary analysis<br>-Sectoral guidance<br>-Standard operating procedures (SOP)<br>-Systematic review<br>-Toolkit / Handbook / Manual | 51 | 51 |
| | | | | | **Total** | **6,344** | **4,883** |

**Table 8: Search strategies for websites**

| Database | Date | Search No. | Webpages Search Process | Filters Applied | Results | Results Screened |
|---|---|---|---|---|---|---|
| **HIQA** | 19.07.23 | 1 | Home --> Areas we work in --> Standards and Quality --> National Standards and Guidance [Webpage link: https://www.higa.ie/areas-we-work/standards-and-quality] | | 17 | 17 |
| | 19.07.23 | 2 | Home --> Reports & Publications --> Standards [Webpage link: https://www.higa.ie/reports-and-publications/standards] | | 20 | 20 |
| | 19.07.23 | 3 | Home --> Reports & Publications --> Guides [Webpage link: https://www.higa.ie/reports-and-publications/guides] | Area: Children's Services | 33 | 33 |
| | 19.07.23 | 4 | Home --> Reports & Publications --> Academic Publications [Webpage link: https://www.higa.ie/reports-and-publications/academic-publications] | Output Type: Evidence Synthesis | 44 | 44 |
| **Tusla** | 19.07.23 | 1 | Home --> Publications [Webpage link: https://www.tusla.ie/publications/] | | 158 | 158 |
| | 19.07.23 | 2 | Home --> Research Centre --> National Research Office --> Tusla Commissioned Research [Webpage link: https://www.tusla.ie/research/tusla-research-office/national-research-office-documents/] | | 50 | 50 |
| | 19.07.23 | 3 | Home --> Research Centre --> National Research Office --> Links to Research [Webpage link: https://www.tusla.ie/research/links-to-research/] | | 35 | 35 |
| **NICE** | 19.07.23 | 1 | Home --> Guidance --> View Guidance --> Guidance by Programme: NICE Guidelines [Webpage link: https://www.nice.org.uk/guidance/published?ngt=NICE%20guidelines] | -Page: Published -Guidance Programme: Social Care Guidance | 72 | 72 |
| | 19.07.23 | 2 | Home --> Standards and Indicators --> View Our Quality Standards [Webpage link: https://www.nice.org.uk/guidance/published?ndt=Quality+standard] | Page: Published Search: 'social' | 4 | 4 |
| **IRISS** | 19.07.23 | 1 | Home --> Resources --> Reports [Webpage link: https://www.iriss.org.uk/resources/reports] | | 142 | 142 |

| | | | | | |
|---|---|---|---|---|---|
| | 2 | Home --> Resources --> Outlines<br>[Webpage link: https://www.iriss.org.uk/resources/esss-outlines] | | 58 | 58 |
| **What Works for Children's Social Care** | 1 | Home --> Evidence Store<br>[Webpage link: https://whatworks-csc.org.uk/evidence-store/] | Service Areas:<br>-Residential and secure<br>-Adoption<br>-Assessment<br>-Child protection<br>-Children in need<br>-Children looked after (fostering)<br>-Kinship care<br>-Reunification | 3 | 3 |
| | | | **Total** | **636** | **636** |

## Appendix 1f: Data management

Microsoft Word, Microsoft Excel, Microsoft SharePoint and Mendeley reference management software were used to manage data as each of these software tools are familiar and accessible to the review team.

Search results (including the date, search terms used, number of studies screened, etc.) were recorded directly into Microsoft Word 'Search Strategy Tables' (Table 7&8). Microsoft SharePoint was used to store relevant results that make it through title and abstract screening to full-text screening. Before full-text screening started, the articles were then uploaded from Microsoft SharePoint to Mendeley to remove duplicates.[8] Identified duplicates were then removed from Microsoft SharePoint and included and excluded studies were separated into separate folders for ease of management. Extracted data from each full text was recorded in a data extraction sheet on Microsoft Excel and later transferred to tables in Microsoft Word during write-up of the report.

## Appendix 1g: Selection process

The screening and selection process were conducted by one review team member (KMG), rather than in duplicate, as a time and resource-saving measure.

All search results were screened against the review's 'eligibility criteria' and 'stopping criteria'. Initially, screening was carried out on titles and abstracts. The references of all potentially eligible studies were recorded and full texts then sought and screened against the 'eligibility criteria'.

When the full-text of an article could not be accessed for full-text screening, two strategies were employed to retrieve the article:

1. Search of Google Scholar for an open-access version of the article
2. Inter-library loan request to Trinity College Dublin via the Barnardos Library and Information Service.

Two articles were still inaccessible after these strategies and were excluded. These are recorded and reported in Appendix 2a (Table 18).

When applying the eligibility criteria during full-text screening, it became apparent that the wording of certain criteria in the protocol were either more vague than intended or did not adequately capture the intention of the review team, which was leading to unnecessary uncertainties about the eligibility of certain articles. As such, the wording of certain eligibility criteria in the protocol were slightly reworded during full-text screening to better clarify the original intentions of the review team. For transparency, all changes made to the protocol are reported in Appendix 3a with rationales provided (Table 29). Changes made to the eligibility criteria were discussed with the second review team member (JS), but discrepancies or uncertainties regarding eligibility of specific articles were not discussed with JS as the uncertainties were deemed to be resolved once the eligibility criteria were more clearly articulated.

Due to time sensitivities, the review team did not approach study authors for additional information, and did not seek or assess the primary studies included in evidence syntheses.

[8] This was only done prior to the full-text screening stage, rather than the title and abstract screening stage, as not all information sources facilitated direct exportation to Mendeley.

Rather, eligibility decisions were made based on the available information in each article. Ineligible full-text studies are recorded with reasons for exclusion in Appendix 2a (Table 17) and the selection process is visually displayed with an adapted PRISMA flow diagram on page 18 of the service review (Page et al., 2021).

A common challenge when evidence syntheses are included as eligible studies is the issue of 'overlapping reviews. That is, when two or more reviews investigate the same phenomenon and include some (though not necessarily all) of the same primary studies. This can lead to some primary studies being over-represented in the data and potentially biasing the findings. There is no consensus in the literature, as yet, about how best to handle such situations, though several approaches exist (Ballard & Montgomery, 2017).

In this review, included studies were sorted by PICo components and review aims/questions to identify potential overlap. None of the included evidence syntheses addressed the same review question or had all of the same PICo components. As such, an assessment of primary study overlap was technically not required as per the protocol, however, the review team nevertheless assessed overlap to understand the extent to which the included evidence syntheses relied on the same primary studies.

Primary study overlap was calculated by one review team member (KMG) using the 'corrected covered area' (CCA) method outlined by Pieper et al (2014). This was done by searching for a 'list of included studies' in each evidence synthesis, transferring the citations of these studies into a citation matrix on MS Word (see Appendix 2c) and cross-referencing these citations to check if they appeared in more than one evidence synthesis. To strengthen the cross-reference checking, the citation matrix was also copy and pasted into a table in MS Excel and the 'conditional formatting' function was used to highlight 'duplicate' citations, if any.

## Appendix 1h: Data items and data collection processes

Relevant data was extracted into a standardised data extraction form in MS Excel and later transferred to data extraction tables in MS Word.[9] Both review authors contributed to data extraction, however, as a time and resource-saving measure each data item was extracted independently by a single author only rather than in duplicate. The MS Excel data extraction form was not piloted before use due to time-constraints, though the review team continuously monitored the adequacy of the data extraction sheet and its data items, with minor amendments made as needed. For transparency, amendments to the data items and data management procedures stated in the protocol are recorded in Appendix 3a (Table 29).

The types of data extracted vary by type of literature. Data was extracted on the descriptive characteristics, PICo and relevant findings of each article, as listed below.

[9] The MS Excel data extraction form can be shared by the corresponding author upon reasonable request.

**Table 9: Data extraction items**

| | Descriptive Characteristics | PICo Characteristics | Relevant Recommendations/Findings |
|---|---|---|---|
| **Models and Frameworks** | • Authors<br>• Year<br>• Title<br>• Country<br>• Funder/Commissioner | • Purpose/Aims/Review Questions<br>• Relevant Service User Population<br>• Phenomena of Interest (stated by authors)<br>• Contexts | • Components (stated by authors)<br>• Proposed relations between components (stated by authors)<br>• Application/Relevance to Phenomena of Interest<br>• Strengths/Weaknesses of the Model/Framework (stated by authors) |
| **Guidelines, Standards and Evidence Syntheses** | As above. | As above. | • Best Practice/Principles of Practice<br>• Mechanisms, Methodologies, Tools<br>• Dependencies and Requirements<br>• Feedback Loops |

Due to time constraints, the review team did not examine evidence syntheses for discrepant data.

## Appendix 1i: Methodological quality assessments

Quality assessments of evidence syntheses, guidelines and standards were performed by one member of the review team (KMG). As time and resource-saving measures, quality assessments were not performed in duplicate, were not piloted and study authors were not contacted if information relevant to the quality assessment was missing or unreported. Missing or unreported information was treated as not having taken place.

Where possible, the review team opted to utilise standardised, validated quality assessment tools with which they had prior experience or familiarity. However, the potential diversity of literature types to be assessed presented two challenges to the review team: (1) there is no single quality assessment tool suitable for all types of literature that could be included in the review, meaning multiple quality assessment tools were applied; and (2) standardised, validated quality assessment tools have not been developed for all literature types eligible for this review, meaning some existing quality assessment tools had to be adapted for certain literature types.

The quality assessment tools to be used in this review were:

- AGREE-GRS for practice and service-level guidelines.
- AGREE-HS for system-level guidelines and standards.
- Adapted AMSTAR-2 for systematic reviews, scoping reviews, rapid reviews, overviews of reviews and integrative reviews.
- RAMESES for realist reviews.

A brief description of each tool and the rationale for using them is provided below. As no realist reviews were included in this review, the RAMESES tool was not used in the end.

**Table 10: Chosen quality assessment tools**

| Quality Assessment Tool | Brief Tool Description | Applicable Literature Type | Rationale |
|---|---|---|---|
| ***Evidence Syntheses*** | | | |
| **AMSTAR-2** (Shea et al., 2017) | AMSTAR-2 (*A MeaSurement Tool to Assess systematic Reviews*) is a commonly-used 16-item tool for assessing the quality of systematic reviews of randomised and non-randomised intervention studies (Ma et al., 2020; Shea et al., 2017). | -Systematic Reviews of Randomised and Non-Randomised Quantitative Studies | AMSTAR-2 is a validated, standardised quality assessment tool for systematic reviews of randomised and non-randomised intervention studies (Shea et al., 2017). It is chosen because it is a validated tool that the review team are familiar with and have experience applying. |
| **AMSTAR-2** (modified) (Shea et al., 2017) | AMSTAR-2 with certain items added or modified to make it more applicable to evidence synthesis approaches other than systematic reviews of interventions. | -Systematic Reviews of<br>• Quantitative Research<br>• Qualitative Research<br>• Mixed Methods Research<br>-Rapid Reviews<br>-Scoping Reviews<br>-Overview of Reviews<br>-Integrative Reviews | There are currently no validated, standardised quality assessment tools for the evidence synthesis approaches listed on the left. Instead, AMSTAR-2 will be applied and adapted to make it more applicable to the literature types on the left. |
| **RAMESES Quality Standards for Realist Reviews for Researchers and Peer-Reviewers** (modified) (Wong et al., 2014) | The RAMESES Quality Standards for Realist Reviews is a commonly used 8-item tool for assessing the quality of realist reviews. The tool will be modified slightly by dropping one item (item 8) on the quality of reporting. | -Realist Reviews | The RAMESES tool is a validated, standardised quality assessment tool for realist reviews (Wong et al., 2014). The tool is slightly modified by dropping item 8 because it assesses the quality of a study's reporting rather than the quality of its methodology. |
| ***Guidelines*** | | | |
| **AGREE-GRS** (Brouwers et al., 2012, 2017) | AGREE-GRS (*Appraisal of Guidelines Research & Evaluation -- Global Rating Scale*) is a 4-item tool for rapidly assessing clinical practice guidelines in healthcare settings. | -Guidelines providing recommendations at a practitioner or service level | AGREE-GRS is a shortened version of the validated, standardised quality assessment tool AGREE-II for practitioner-oriented guidelines (Brouwers et al., 2010a, 2010b). Although developed for a healthcare context, the review team believe the items in AGREE-GRS are also applicable to guidelines developed in a social work and social care context. The tool also facilitates rapid quality assessments (compared to the full AGREE-II version) which will help the review team to complete the review within agreed timelines. |
| **AGREE-HS** (AGREE-HS Research Team, 2018; Brouwers et al., 2018) | AGREE-HS (*Appraisal of Guidelines Research & Evaluation -- Health Systems*) is a 5-item tool for assessing health system guidelines. | -Guidelines providing recommendations at an organisational or system level | AGREE-HS is a validated, standardised quality assessment tool for system-oriented guidelines. Although developed for a healthcare context, the review team believe the items in AGREE-HS are also applicable to guidelines developed in a social work and social care context. |

Based on the results of the assessments, each evidence synthesis, guideline and standard was assigned one of the following overall quality ratings, as described in Appendix 1c:

- high quality
- moderate quality
- low quality, or
- critically low quality.

Critically low quality articles were subsequently excluded from the review. Frameworks and models were not quality assessed as the review team were not aware of a quality assessment tool for these types of literature.

## Evidence Syntheses

AMSTAR-2 is a 16-item quality assessment tool designed to evaluate the methodological quality of systematic reviews of randomised and non-randomised studies of interventions. An overall rating based on the assessment of each of the 16-items is provided at the end of the checklist and indicates the level of confidence that can be placed in the results of the review based on its methodological quality (Shea et al., 2017).

The ratings that can be assigned to each individual item vary, but can include ‘Yes’, ‘Partial Yes’, ‘No’ or ‘No Meta-Analysis Conducted’. Specific criteria and detailed guidance have been developed to help reviewers decide the appropriate rating to assign for each item (Shea et al., 2017). Seven items are considered to be critical for a systematic review of studies of interventions to carry out. Assessing any of the critical items as not having taken place (that is, answering ‘No’ on a relevant critical item) is considered to seriously diminish the quality of the review and the confidence that can be placed in its results. Assessing a critical item as having partially taken place (that is, answering ‘Partial Yes’ on a relevant critical item) is *not* considered to seriously diminish the quality of the review and does not lead to a lower rating (B. Shea, personal communication, May 13th, 2020).

**Table 11: AMSTAR-2 rating system (with slightly modified descriptions to accommodate the broad range of eligible evidence synthesis types)**

| AMSTAR-2 Rating System | |
|---|---|
| **Rating** | **Description** |
| **High** | **No or one non-critical weakness**<br><br>The evidence synthesis provides an accurate and comprehensive summary of the results of the available studies that address the question(s) of interest. |
| **Moderate** | **More than one non-critical weakness***<br><br>The evidence synthesis has weaknesses, but it may provide an accurate summary of the results of the available studies that were included in the review. |
| **Low** | **One critical flaw with or without non-critical weaknesses**<br><br>The evidence synthesis is relatively weak and may not provide an accurate and comprehensive summary of the available studies that address the question of interest. |
| **Critically Low** | **More than one critical flaw with or without non-critical weaknesses**<br><br>The evidence synthesis is weak and should not be relied on to provide an accurate and comprehensive summary of the available studies. |

**Multiple non-critical weaknesses may diminish confidence in a review and it may be appropriate to move the overall appraisal down a level of confidence. For transparency, we will treat 4-7 non-critical weaknesses in an evidence synthesis as equivalent to a critical flaw, and 8 or more non-critical weaknesses as equivalent to two critical flaws.*

However, for the purpose of this review, and for reasons previously noted, AMSTAR-2 was in this case be applied to a broader range of evidence synthesis methods than originally designed for. Namely, the tool was applied to:

- Systematic reviews of quantitative, qualitative and mixed-methods research
- Scoping reviews
- Overviews of reviews
- Integrative reviews.

As such, some items were either adapted or newly added so that the tool could be applied more broadly. Table 12 shows, for the various evidence synthesis types, which items from the original AMSTAR-2 were applied, adapted, newly added, or not applicable, as well as which items were considered to be critical.

The modified version of AMSTAR-2 has 19 items instead of 16 items. Two items (no. 9a and 9b) were added specifically for Overviews of Reviews and Integrative Reviews (if applicable), and one item (no. 11a) was added specifically for Scoping Reviews. Of the original AMSTAR-2 items, five items (no. 5, 6, 7, 10 and 16) were applied as originally described to all evidence synthesis types. Overall, the total number of items that each evidence synthesis type could be assessed against, and the number of items considered critical, are listed in Table 13. Mixed-method systematic reviews were judged against the relevant criteria of systematic reviews for quantitative research and qualitative research.

The adapted AMSTAR-2 tool, along with descriptions and rationale for the new and adapted items, criteria and assessment guidance are provided in Appendix 4 of the protocol for this.[10]

[10] The protocol can be provided by the corresponding author (KMG) upon reasonable request. The adapted AMSTAR-2 guidance in Appendix 4 of the protocol did not originally include guidance for assessments of integrative reviews, though this was later added (see amendment 19 in the 'protocol amendments' table in Appendix 3a).

**Table 12: Application and adaptation of AMSTAR-2 items by evidence synthesis type**

| AMSTAR-2 Items | Evidence Synthesis Types | | | | |
|---|---|---|---|---|---|
| | Quantitative Systematic Reviews | Qualitative Systematic Reviews | Scoping Reviews | Overviews of Reviews | Integrative Reviews |
| 1. Review questions | | | | | |
| 2. Review protocol | *Critical Item* | *Critical Item* | *Critical Item* | *Critical Item* | |
| 3. Study designs | | | | | |
| 4. Literature search | *Critical Item* | *Critical Item* | *Critical Item* | *Critical Item* | *Critical Item* |
| 5. Study selection | | | | | |
| 6. Data extraction | | | | | |
| 7. Excluded studies | *Critical Item* | *Critical Item* | *Critical Item* | *Critical Item* | *Critical Item* |
| 8. Included studies | | | | | |
| 9. Risk-of-bias assessment | *Critical Item* | *Critical Item* | | *Critical Item* | *Critical Item* |
| 9a. Primary study overlap | | | | | |
| 9b. Discrepant data | | | | | |
| 10. Funding source (studies) | | | | | |
| 11. Meta-analysis methods | *Critical Item* | | | *Critical Item* | |
| 11a. Analytic overreach | | | *Critical Item* | | |
| 12. Impact of RoB results (1) | | | | | |
| 13. Impact of RoB results (2) | *Critical Item* | *Critical Item* | | *Critical Item* | *Critical Item* |
| 14. Heterogeneity | | | | | |
| 15. Publication bias | *Critical Item* | | | *Critical Item* | |
| 16. Funding source (review) | | | | | |

Original Item | Adapted Item | New Item | Non-Applicable Item

**Table 13: Number of items and critical items for each eligible evidence synthesis type**

| Evidence Synthesis Types | Total Number of Items | Total Number of Critical Items |
|---|---|---|
| **Systematic Review of Quantitative Research** | 16 | 7 |
| **Systematic Review of Qualitative Research** | 13 | 5 |
| **Scoping Reviews** | 12 | 4 |
| **Overviews of Reviews** | 18 | 7 |
| **Integrative Reviews** | 14 | 4 |

A challenge in applying the adapted AMSTAR-2 was in deciding which set of items were appropriate for evidence syntheses that were either inaccurately or vaguely labelled. For example, if an article labelled itself as an 'evidence review', the review team did not consider this to be an actual evidence synthesis methodology in and of itself because it could refer to several different kinds of evidence synthesis methodologies. When the review team deemed an evidence synthesis to be mislabelled or vaguely labelled, the review team relabelled it based on the evidence synthesis type it most resembled, to help decide which criteria should be used to assess quality. The reviews for which this was done are listed in Appendix 2d with rationale for why the new label was assigned.

## Guidelines and Standards

Two different tools were used to quality assess guidelines included in the review. These are:

- AGREE-GRS
- AGREE-HS.

AGREE-GRS is a shortened version of the validated quality assessment tool AGREE-II for clinical practice guidance in healthcare (Brouwers et al., 2010b, 2012, 2017). The review team used AGREE-GRS instead of the full AGREE-II tool because it is specifically designed to accommodate rapid assessments of guideline quality (Brouwers et al., 2012, 2017). AGREE-GRS has 4-items, followed by 3 'global rating' items which provide an overall quality rating of a guideline. Descriptions of the items are provided in Table 14 below (AGREE Next Steps Consortium, 2017).

**Table 14: AGREE-GRS items**

| Item | Description |
|---|---|
| **1. Process of Development** | Addresses the appropriateness of stakeholders involved in the guideline development, the development of the evidence base for the guideline and the consistency of the recommendations with the literature. |
| **2. Presentation Style** | Addresses the organisation of the guidelines and the ease with which the recommendations can be found. |
| **3. Completeness of Reporting** | Addresses the transparency and reproducibility of the guideline development process, and the completeness of information for decision-making. |
| **4. Clinical Validity** | Addresses the soundness of the recommendations and their appropriateness for the intended target group. |
| **Overall Assessment** | Requires a judgement about the overall quality of the guidance, taking into account the 4 items above. |

AGREE-HS is a validated quality assessment tool, though its focus is on health system guidance rather than clinical practice guidance (AGREE-HS Research Team, 2018; Brouwers et al., 2018). AGREE-HS has 5-items, followed by 2 'global rating' items which provide an overall quality rating of a guideline. Descriptions of the items are provided in Table 15 below (AGREE-HS Research Team, 2018).

**Table 15: AGREE-HS items**

| Item | Description |
|---|---|
| **1. Topic** | Addresses the description of the health system challenge, the causes of the challenge, the priority accorded to it, and relevance of the guidance. |
| **2. Participants** | Addresses the composition of the health systems guidance development team and the management of competing interests and funder influence. |
| **3. Methods** | Addresses the use of systematic methods and transparency in reporting; the use of the best available and up-to-date evidence; the consideration of effectiveness and cost-effectiveness of the potential options; and the weighing of benefits and harms in the guidance document. |
| **4. Recommendations** | Addresses the outcomes orientation and comprehensiveness of the guidance; the ethical and equity considerations drawn upon in its development; the details for its operationalisation; the sociocultural and political alignment of the guidance; and the updating plan. |
| **5. Implementability** | Addresses the barriers and enablers to implementing the recommendations; the cost and resource considerations in implementing the recommendations; the affordability of implementation and the anticipated sustainability of outcomes; the flexibility and transferability of the guidance; and the strategies for disseminating the guidance, monitoring its implementation and evaluating its impact. |
| **Overall Assessment** | Requires a judgement about the overall quality of the guidance, taking into account the 5 items above. |

All items in AGREE-GRS and AGREE-HS are rated on a 7-point scale, ranging from 1 ('strongly disagree') to 7 ('strongly agree'). The assignment of ratings by a reviewer are guided by a series of 'criteria' and 'considerations' outlined in the *User's Manuals* of AGREE-GRS and AGREE-HS, respectively (AGREE-HS Research Team, 2018; Brouwers et al., 2017). This guidance states that:

> "Score of 1 (*Strongly Disagree*). A score of 1 should be given when there is no information that is relevant to the AGREE-GRS item, if the concept is very poorly presented in the guideline, or if the author's state explicitly that the criteria were not met.
>
> Score of 7 (*Strongly Agree*). A score of 7 should be given if the reporting quality of reporting is exceptional and where the full criteria and if the considerations [articulated in the User's Manual] have been fully met.
>
> Scores between 2 and 6. A score between 2 and 6 is assigned when the reporting of the AGREE-GRS item does not meet the full considerations. A score is assigned depending on the completeness and quality of reporting and presentations." (Brouwers et al., 2017, pp. 1–2).

This guidance implies that for an item to receive a rating of '7' (strongly agree), it should meet all the criteria and considerations for that item. Furthermore, the more criteria and considerations that are met, the higher the rating that should be given for that item (AGREE Next Steps Consortium, 2017). Using this guidance, the review team developed response options to identify if, to what extent, and how many criteria were met for each specific item. That is, the reviewer had the following response options available when assessing if a guideline met a particular criteria for a particular item:

- Yes (*Criteria/consideration met*)

- Partially (*Criteria/consideration partially met*)
- No (*Criteria/consideration not met*)
- Not applicable.

The reviewer also recorded their rationale recorded for selecting a particular response option.

When the reviewer completed their assessment of the items in AGREE-GRS or AGREE-HS for a particular guideline, an overall rating was then assigned based on the mean average rating for each item. The overall quality rating was then categorised using the same four categories as AMSTAR-2 to improve consistency and readability for the reader:

**Table 16: Overall quality ratings for AGREE-GRS and AGREE-HS**

| Quality Ratings | Overall Quality Scores |
|---|---|
| **High** | 5.6 - 7.0 |
| **Moderate** | 4.1 - 5.5 |
| **Low** | 2.6 - 4.0 |
| **Critically Low** | 1.0 - 2.5 |

## Primary Research

When extracting data from evidence syntheses, the review team also extracted data about the risk-of-bias and/or methodological quality tools used to assess primary research as well as the results of these assessments. As a time and resource-saving measure, data was extracted by one review team member (KMG) and flawed, incomplete or missing assessments were not reassessed. The tools used and their results are presented in a table to help identify discrepancies in the assessments. The findings are reported in Appendix 2d.

# Appendix 1j: Out-of-scope evidence synthesis activities

Due to limited resources and time, several activities that are usually recommended for systematic evidence syntheses will not be performed in this rapid integrative review. These include:

- Statistical meta-analyses, investigations of heterogeneity, and sub-group or sensitivity analyses
- Investigations of discrepancies or discordance across evidence syntheses
- Assessments of publication, dissemination or reporting biases
- Assessments of the certainty of evidence.

# Appendix 2: Additional information on results

## Appendix 2a: List of excluded and inaccessible full-text literature

Ineligible and inaccessible articles are listed in the tables below, with reasons for exclusion. For many articles, there may have been several eligibility criteria not met, however, for brevity only one reason is listed for each article.

**Table 17: List of excluded full-texts**

| No. | Citation | Reason for Exclusion and Comments |
|---|---|---|
| **1** | Connolly and Devaney (2016) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **2** | Office of the Minister for Children and Youth Affairs (2010) | Ineligible phenomena of interest: The standards do not specifically address gathering and utilising service user insights, per se. |
| **3** | Fox and McTeigue (1999) | Ineligible literature type: Standards that have been superseded by more recent standards |
| **4** | Department of Health and Children (2004a) | Ineligible literature type: Standards that have been superseded by more recent standards |
| **5** | Department of Health and Children (2004b) | Ineligible literature type: Standards that have been superseded by more recent standards |
| **6** | Alpert (2005) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **7** | Winter (2006) | Ineligible phenomena of interest: Framework is critiqued by author as being more suited to protecting children's rights in relation to protection and service provision rather than participation, and as such is not considered relevant to the phenomena of gathering and utilising service experience insights. |
| **8** | Wollscheid et al. (2015) | Ineligible phenomena of interest: The included studies in this systematic review did not address service experience insights. |
| **9** | UNICEF (2018) | Ineligible contexts: Framework intended to guide the practices of UNICEF staff, not explicitly intended to apply outside of this context |
| **10** | O'Kane (2013) | Ineligible contexts: Framework intended to guide the practices of Save the Children staff, not explicitly intended to apply outside of this context. |
| **11** | Council of Europe (2019) | Ineligible phenomena of interest: The guidance does not focus on service experience insights. |
| **12** | Barnardos (2021) | Ineligible phenomena of interest: Recommendations relate to decision-making involvement, rather than gathering and utilising service experience insights per se. |
| **13** | United Nations (2009) | Ineligible phenomena of interest: Guidelines are in regard to the appropriate use and conditions of alternative care for children, rather than gathering and utilising service experience insights. |
| **14** | Better Care Network and IPAN (2020) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **15** | Gray (2002) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **16** | McPherson et al. (2021) | Ineligible phenomena of interest: Focused on decision-making involvement rather than gathering and utilising service experience insights per se. |
| **17** | Head (2011) | Ineligible literature type: Discussion document. |
| **18** | Martin et al. (2007) | Ineligible phenomena of interest: Recommendations relate to decision-making involvement, rather than gathering and utilising service experience insights per se. |
| **19** | Jackson et al. (2020) | Ineligible literature type: Primary research. |
| **20** | Idaho Department of Health and Welfare (2005) | Ineligible phenomena of interest: Focused on decision-making involvement rather than gathering and utilising service experience insights for service improvement. |
| **21** | Ozer et al. (2020) | Ineligible literature type: 'Integrative review' not reporting all the characteristics required for an eligible 'evidence synthesis'. |

| | | |
|---|---|---|
| **22** | Nolas (2015) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **23** | van Bijleveld et al. (2015) | Ineligible literature type: 'State-of-the-art' review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **24** | Whittaker and Cowley (2012) | Ineligible phenomena of interest: Focused on programme/service engagement rather than gathering and utilising service user insights per se. |
| **25** | Simmel (2012) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **26** | Jorgensen (2019) | Ineligible literature type: Part of article interested in service user involvement in health and social care research, does not meet all the criteria for an evidence synthesis as defined for this review. |
| **27** | Maxwell et al. (2012) | Ineligible phenomena of interest: Focused on programme/service engagement rather than gathering and utilising service user insights per se. |
| **28** | Larsson et al. (2018) | Ineligible context: Focused on children in health and well-being contexts. |
| **29** | Toros et al. (2018) | Ineligible phenomena of interest: Focused on programme/service engagement rather than gathering and utilising service user insights per se. |
| **30** | Goulden et al. (2023) | Ineligible phenomena of interest: Focused on programmes designed for young mothers rather than gathering and utilising service user insights per se. |
| **31** | Skauge et al. (2021) | Ineligible phenomena of interest: Focused on conceptualisations of 'child participation' rather than gathering and utilising service experience insights per se. |
| **32** | Canosa et al. (2022) | Ineligible phenomena of interest: Focused on children's rights and participation but without explicit reference to gathering and utilising service experience insights. |
| **33** | Seekamp et al. (2022) | Ineligible phenomena of interest: Focused on factors that can improve interprofessional collaboration rather than gathering and utilising service experience insights. |
| **34** | Toros (2021a) | Ineligible phenomena of interest: Focused on children's participation in decision-making processes rather than gathering and utilising service experience insights, per se. |
| **35** | Toros (2021b) | Ineligible phenomena of interest: Focused on children's participation in decision-making processes rather than gathering and utilising service experience insights, per se. |
| **36** | Arvidsson et al. (2008) | Ineligible phenomena of interest: Focused on the functioning and participation of people with mild intellectual disabilities in everyday life, rather than gathering and utilising service experience insights. |
| **37** | McTavish et al. (2022) | Ineligible phenomena of interest: Focused on children's participation in decision-making processes rather than gathering and utilising service experience insights, per se. |
| **38** | Madsen (2009) | Ineligible phenomena of interest: Focused on collaborative practices of practitioners with service users, rather than gathering and utilising service experience insights for service improvement. |
| **39** | Stoecklin (2013) | Ineligible literature type: Model presented in the article does not align with the definition of 'model' required for this review. |
| **40** | Schaper et al. (2023) | Ineligible context: Focused on children in a 'child-computer interaction' or 'technology design' context. |
| **41** | Meyers Chandler (2013) | Ineligible literature type: Model presented in the article does not align with the definition of 'model' required for this review. |
| **42** | Cuevas-Parra (2023) | Ineligible phenomena of interest: Focused on decision-making involvement rather than gathering and utilising service experience insights for service improvement. |
| **43** | Lucero and Bussey (2012) | Ineligible phenomena of interest: Focuses on family preservation rather than service experience insights. |
| **44** | Godoy et al. (2022) | Ineligible phenomena of interest: Focuses on decision-making practices of practitioners rather than service experience insights. |
| **45** | Eriksson (2023) | Ineligible phenomena of interest: Focus of the model is on giving opportunities for children to ask questions, rather than gathering and utilising service experience insights. |
| **46** | Petras et al. (2002) | Ineligible phenomena of interest: Focus of model is on practices for working with families affected by child neglect, rather than gathering and utilising service experience insights. |

| | | |
|---|---|---|
| **47** | Platt (2012) | Ineligible phenomena of interest: Focus of the model is on parental engagement with services rather than gathering and utilising service experience insights. |
| **48** | Davies et al. (2014) | Ineligible context: Model developed in mental health and homelessness contexts. Applicability to CPWS, ACS and/or PPFS services is not explicitly stated and unclear from the article. |
| **49** | Kennan et al. (2019) | Ineligible literature type: The article describes primary research of how the Lundy (2007) model has been operationalised in child welfare practice in Ireland. As the article does not add, change or update the Lundy model, it is excluded on the basis of being primary research. |
| **50** | Willumsen and Skivenes (2005) | Ineligible phenomena of interest: Focused on decision-making involvement rather than gathering and utilising service experience insights for service improvement. |
| **51** | Jordan (2009) | Ineligible context: Standards are intended for a service not provided by Tusla |
| **52** | Boylan (2004) | Ineligible literature type: Primary research. |
| **53** | Carroll (1980) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **54** | Sinclair (1998) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **55** | Plush (2021) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **56** | Fitzmaurice (2016) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **57** | Fitt et al. (2023) | Ineligible phenomena of interest: Focuses on 'case advocacy' which involves advocacy by a professional on behalf of a service user. |
| **58** | Sinha et al. (2021) | Ineligible phenomena of interest: Focuses on the scoping the literature available, without specific reference to gathering or utilising service experience insights. |
| **59** | King et al. (2022) | Ineligible context: Review focused on health and disability services. |
| **60** | Garcia (2009) | Ineligible phenomena of interest: Model focused on aiding understanding of factors that lead to child protection service intervention, rather than gathering and utilising service experience insights per se. |
| **61** | Denby-Brinson et al. (2020) | Ineligible phenomena of interest: Article presents framework for university-community research partnership in child welfare services, but makes no reference to gathering and utilising service experience insights. |
| **62** | Johannisen et al. (2021) | Ineligible phenomena of interest: Focused on child participation in multi-disciplinary meetings without reference to gathering and utilising service experience insights. |
| **63** | Ivec (2013) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **64** | Kelleher et al. (2014) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **65** | Department of Children and Youth Affairs (2014) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **66** | McCafferty and Garcia (2023) | Ineligible phenomena of interest: Focused on children's participation in decision-making processes rather than gathering and utilising service experience insights, per se. |
| **67** | Masterson et al. (2022) | Ineligible phenomena of interest: Focused on definitions of co-production and co-design rather than gathering and utilising service experience insights, per se. |
| **68** | Macauley et al. (2022) | Ineligible contexts: The inclusion/exclusion criteria of the review permit articles from contexts that are eligible for this review, however, all of the actually included articles are from ineligible contexts. As such, the review is considered to be ineligible. |
| **69** | Mateos-Blanco et al. (2022) | Ineligible literature type: Scoping review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **70** | Akoglu and Dankl (2021) | Ineligible phenomena of interest: The framework appears to focus on service experience insights (SEIs) of hypothetical services as part of a co-creation process, rather than SEIs on experiences of actual services, and therefore does not meet the protocol definition of SEI. |

| | | |
|---|---|---|
| **71** | Smith (2015) | Ineligible phenomena of interest: The framework is focused on programme engagement rather than gathering and utilising service experience insights for service improvement, per se. |
| **72** | Gawron (2022) | Ineligible population: Intended beneficiaries are older people, which Tusla does not provide services to. |
| **73** | Gal (2017) | Ineligible phenomena of interest: Focused on participation in decision-making involvement, rather than gathering and utilising service experience insights for service improvement per se. |
| **74** | Carlson (2006) | Ineligible population: Focused on young citizens rather than service users. |
| **75** | Maynard (2008) | Ineligible phenomena of interest: Model focuses on some releted concepts to 'service experience insights', but does not address gathering and utilising service experience insights for service improvement specifically. |
| **76** | Danseco et al. (2020) | Ineligible context: Focused on mental health services and settings. |
| **77** | Health Information and Quality Authority (2019b) | Ineligible context: Focused on adult services rather than child and family services |
| **78** | Health Information and Quality Authority (2019a) | Ineligible context: Focused on adult services rather than child and family services |
| **79** | Health Information and Quality Authority (2021b) | Ineligible literature type: Information leaflet rather than guidelines |
| **80** | Allcock (2018) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **81** | Smith (2018) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **82** | Montgomery et al. (2017) | Ineligible literature type: Model presented in the article does not align with the definition of 'model' required for this review. |
| **83** | Chisholm and Sheldon (2011) | Ineligible context: Focused on healthcare context. |
| **84** | Department of Children, Equality, Disability, Integration and Youth (2023) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **85** | Inan Nur et al. (2021) | Ineligible context: Focused on IT settings |
| **86** | Tuurnas et al. (2015) | Ineligible literature type: Framework presented in the article does not align with the definition of 'framework' required for this review. |
| **87** | McGregor and Devaney (2020) | Ineligible phenomena of interest: Framework is focused on informing supervision and practice development, rather than gathering and utilising service experience insights per se. |
| **88** | Allen et al. (2016) | Ineligible context: Focused on mental health services and settings. |
| **89** | Healy and Darlington (2009) | Ineligible literature type: Primary research. |
| **90** | Department of Public Expenditure and Reform and National Disability Authority (2020) | Ineligible phenomena of interest: Focused on "customer communications" but concept is not defined and material appears to be focused on making customer content accessible rather than gathering and utilising service experience insights for service improvement per se. |
| **91** | Pitt et al. (2020) | Ineligible phenomena of interest: Focused on shared decision-making family meetings rather than gathering and using service experience insights for the purpose of service improvement per se. |
| **92** | Nurmatov et al. (2020) | Ineligible phenomena of interest: Focused on shared decision-making family meetings rather than gathering and using service experience insights for the purpose of service improvement per se. |
| **93** | Stabler et al. (2019) | Ineligible phenomena of interest: Focused on shared decision-making family meetings rather than gathering and using service experience insights for the purpose of service improvement per se. |
| **94** | What Works Centre for Children's Social Care (2019) | Ineligible phenomena of interest: Focused on shared decision-making family meetings rather than gathering and using service experience insights for the purpose of service improvement per se. |
| **95** | What Works Centre for Children's Social Care (2020) | Ineligible phenomena of interest: Focused on shared decision-making family meetings rather than gathering and using service experience insights for the purpose of service improvement per se. |
| **96** | Dixon et al. (2018) | Ineligible literature type: Discussion document. |
| **97** | Norrie et al. (2022) | Ineligible literature type: Narrative review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **98** | Rodgers et al. (2020) | Ineligible phenomena of interest: Focused on regulatory and inspection schemes, though findings appeared to have no or limited utility in informing the relevant phenomena of interest for this review. |

| | | |
|---|---|---|
| **99** | Atkin (2017) | Ineligible literature type: Review not reporting all the characteristics required for an eligible 'evidence synthesis'. |
| **100** | Health Information and Quality Authority (2017b) | Ineligible literature type: Guidance does not make specific recommendations on the phenomena of interest and does not meet the definition of a 'guideline' for the purpose of this review. It is instead intended to explain how a monitoring and inspection process will work. |
| **101** | Waddington et al. (2019) | Ineligible context: Studies related to the most relevant phenomena of interest in this review (citizen feedback and monitoring) were not conducted in eligible contexts. |
| **102** | Larkins et al. (2021) | Ineligible quality: Assessed as critically low quality. |
| **103** | Bovarnick et al. (2018) | Ineligible quality: Assessed as critically low quality. |
| **104** | Council of Europe (2011) | Ineligible quality: Assessed as critically low quality. |
| **105** | Shamrova and Cummings (2017) | Ineligible quality: Assessed as critically low quality. |
| **106** | Bradbury-Jones et al. (2018) | Ineligible quality: Assessed as critically low quality. |
| **107** | Gathen et al. (2022) | Ineligible quality: Assessed as critically low quality. |
| **108** | Brodie et al. (2016) | Ineligible quality: Assessed as critically low quality. |
| **109** | Steinitz (2009) | Ineligible quality: Assessed as critically low quality. |
| **110** | Health Information and Quality Authority (2020) | Ineligible quality: Assessed as critically low quality. |
| **111** | Health Information and Quality Authority (2021a) | Ineligible quality: Assessed as critically low quality. |
| **112** | National Complaints Managers' Group (England) (2016) | Ineligible quality: Assessed as critically low quality. |
| **113** | Commissioner for Children and Young People Western Australia (2009) | Ineligible quality: Assessed as critically low quality. |
| **114** | ten Brummelaar et al. (2018) | Ineligible quality: Assessed as critically low quality. |
| **115** | Kelly et al. (2023) | Ineligible context: Primary studies included in the review were not conducted on standards that were applicable in eligible contexts. |
| **116** | Medici (2020) | Ineligible context: It's not clear if the sample of participants used to develop the model were drawn from eligible contexts, nor is it explicit if the model is intended for eligible contexts in this review. |
| **117** | Sparks et al. (2021) | Ineligible literature type: Primary research. |

**Table 18: List of inaccessible full-text literature**

| No. | References |
|---|---|
| **1** | Hatton, H., Parry, C.F., David, J., McDowell, Brooks, S.L., & Hafer, N. (2010). *Protecting Children Revising the Peer Quality Case Review Process for Child Welfare : A Research-Based Collaborative Model*. |
| **2** | Bessell, S. (2013). 'Child-centred research workshops: A model for participatory, rights-based engagement with children', *Developing Practice: The Child, Youth and Family Work Journal*, (37), 11–20. |

# Appendix 2b: Data extraction tables

Table 19 below presents data extracted from evidence syntheses to assist readers to judge the relevance of the primary research on which the evidence syntheses were based. The table presents data on:

- Evidence synthesis type (stated by the author)
- Re-assigned evidence synthesis type by the review team, with rationale (if applicable)
- Databases and period of time searched by the evidence synthesis
- Eligibility criteria used in the evidence synthesis
- Number and design of primary studies included in the evidence synthesis.

**Table 19: Characteristics specific to evidence syntheses**

| Citation | Evidence Synthesis Type *(stated by author)* | Reassigned Evidence Synthesis Type, with rationale *(If applicable)* | Databases Searched | Search Period | Eligible Articles | Number and Design of Primary Studies |
|---|---|---|---|---|---|---|
| Ayala-Nunes et al. (2014) | Systematic Review | - | 1. PsycInfo<br>2. MedLine<br>3. PsycArticles<br>4. ProQuest Psychology Journals<br>5. Social Services Abstracts<br>6. FRANCIS<br>7. ERIC<br>8. Web of Science<br>9. OVID<br>10. Psychology and Behavioural Sciences Collection | Not stated. | Population: Measures designed for caregivers of families at psychosocial risk whose children had not been placed in out-of-home care.<br><br>Year of publication: 1980 - October 2013<br><br>Type of literature: Peer-reviewed articles published in scientific journals<br><br>Language: English, Spanish, Portuguese, Italian and French | 13 studies of 8 questionnaires |
| Baran and Sawrikar (2022) | Qualitative Systematic Review | - | 1. Ovid<br>1a. AMED<br>1b. EMBASE<br>1c. Medline<br>1d. CAB Abstracts<br>1e. PsycINFO<br>1f. Global Health | Not stated. | Population: studies that focused on fathers, including studies with any participants providing qualitative feedback on father engagement, participation or retention (including, but not limited to: fathers, parents, service providers, health professionals, academic experts).<br><br>Phenomenon of interest: Barriers and facilitators to father engagement. Studies were excluded if they did not specify factors that either aided or hindered fathers' engagement, participation, or retention.<br><br>Context: Programmes, interventions and services directed at parents or the family, to improve the well-being of children and families. | 23 primary studies<br>>20 qualitative studies<br>>3 mixed-methods studies |

| Citation | Evidence Synthesis Type *(stated by author)* | Reassigned Evidence Synthesis Type, with rationale *(If applicable)* | Databases Searched | Search Period | Eligible Articles | Number and Design of Primary Studies |
|---|---|---|---|---|---|---|
| | | | | | Type of literature: Primary research using qualitative methods. Mixed methods studies for which qualitative data could be separated were also included.<br><br>Language: English only. | |
| Health Information and Quality Authority (2017a) | Systematic Literature Review | Overview of Reviews<br><br>*'Systematic literature review' provides a vague description of the approach taken for an evidence synthesis. The review included primary and secondary research based on qualitative and quantitative data, which most resembles an overview of reviews.* | 1. EMBASE<br>2. Pubmed<br>3. CINAHL<br>4. PsycINFO<br>5. SocINDEX<br>6. Social Sciences | 2007-2017 | (Not all eligibility criteria are explicitly stated, but some can be implied from the review question).<br><br>Phenomena of interest: Evidence that can support the development of standards, guidelines or best practice.<br><br>Context: Children's residential centres.<br><br>Type of literature: Published scientific literature.<br><br>Year of publication: 2007-2017<br><br>Language: English only. | 82 articles, design of studies is not explicitly described |
| Kennan et al. (2016) | Systematic Literature Review | Mixed-Methods Systematic Review<br><br>*'Systematic literature review' provides a vague description of the approach taken for an evidence synthesis. Review includes both quantitative and qualitative primary research, which most resembles a mixed-methods systematic review.* | 1. Applied Social Sciences Index and Abstracts<br>2. Scopus<br>3. Sociological Abstracts<br>4. Campbell Collaboration Library of Systematic Reviews<br>5. NUI Galway Library Catalogue<br>6. Open Grey<br>7. Google | 2000 onwards | Phenomena of interest: Effectiveness of structures and procedures intended to support children's participation.<br><br>Context: Child welfare, child protection and alternative care settings.<br><br>Type of literature: Studies providing theoretical, indicative or causal evidence on the phenomena of interest.<br><br>Year of publication: 2000 onwards | 27 studies<br>>14 Qualitative<br>>2 Quantitative<br>>8 Mixed-Method<br>>2 Literature Reviews |
| Zuchowski et al. (2019) | Systematic Literature Review | Mixed-Methods Systematic Review<br><br>*The review was a systematic review that included quantitative, qualitative and mixed-methods peer reviewed articles. This most resembles a mixed-methods systematic review.* | 1. Informit<br>2. Scopus<br>3. ProQuest<br>4. Google Scholar<br>5. OneSearch | Not stated. | Phenomena of interest: Application and evaluation of continuous quality improvement<br><br>Context: Child protection system<br><br>Type of literature: Peer-reviewed articles.<br><br>Year of publication: 2000-2016<br><br>Language: English only. | 8 studies<br>>6 quantitative studies<br>>1 qualitative study<br>>1 mixed-methods study |

# Appendix 2c: Primary study overlap

6 evidence syntheses were initially put forward the assessment of primary study overlap. Of these, 1 was excluded from the review (Kelly et al., 2023) when it was noticed during the assessment that it had erroneously made it through the full-text screening process. A second evidence synthesis (Health Information and Quality Authority, 2017a) did not provide a list of its included studies and could not be assessed for primary study overlap.

As such, 4 evidence syntheses were assessed for primary study overlap, listed in the citation matrix below. None of the primary studies across the 4 evidence syntheses overlap, resulting in a CCA score of 0, as shown in the CCA calculation below.

$$\text{Corrected Covered Area (CCA)} = \frac{N - r}{rc - r} = \frac{(66 - 66)}{(264 - 66)} = \frac{0}{198} = 0.$$

**Table 20: Primary study overlap citation matrix**

| | Ayala-Nunes et al. (2014) | Baran and Sawrikar (2022) | Kennan et al. (2016) | Zuchowski et al. (2019) |
|---|---|---|---|---|
| Chaffin et al. (2012) | ü | | | |
| Damashek et al. (2012) | ü | | | |
| Green et al. (2004) | ü | | | |
| Huebner et al. (2006) | ü | | | |
| Huebner et al. (2008) | ü | | | |
| McMurty and Hudson (2000) | ü | | | |
| Reid et al. (2001) | ü | | | |
| Winefield and Barlow (1995) | ü | | | |
| *Anderson et al. (2015)** | | ü | | |
| *Barrett et al. (2018)** | | ü | | |
| Bayley et al. (2009) | | ü | | |
| Coady et al. (2013) | | ü | | |
| *Davis et al. (2016)** | | ü | | |
| *Davis et al. (2018)** | | ü | | |
| *Edvardsson et al. (2011)** | | ü | | |
| *Ewert-Boyle et al. (2015)** | | ü | | |

| | Ayala-Nunes et al. (2014) | Baran and Sawrikar (2022) | Kennan et al. (2016) | Zuchowski et al. (2019) |
|---|---|---|---|---|
| *Frank et al. (2015)** | | ü | | |
| *Garfield and Isaaco (2006)** | | ü | | |
| *Gilligan et al. (2012)** | | ü | | |
| *Icard et al. (2017)** | | ü | | |
| *Jeong et al. (2021)** | | ü | | |
| *McGirr et al. (2020)** | | ü | | |
| *O'Donnell et al. (2005)** | | ü | | |
| Salinas et al. (2011) | | ü | | |
| *Sicouri et al. (2018)** | | ü | | |
| *Smyth et al. (2019)** | | ü | | |
| *Solberg et al. (2022)** | | ü | | |
| *Stahlschmidt et al. (2013)** | | ü | | |
| *Warria (2011)** | | ü | | |
| *Williams et al. (2012)** | | ü | | |
| *Wynter et al. (2021)** | | ü | | |
| Bell (2011) | | | ü | |
| Bell and Wilson (2006) | | | ü | |
| Bridge and Street (2001) | | | ü | |
| Boylan and Braye (2011) | | | ü | |
| Bruce (2014) | | | ü | |
| Cashmore (2002) | | | ü | |
| Chase et al. (2006) | | | ü | |
| Connolly and Masson (2014) | | | ü | |
| Dalrymple (2003) | | | ü | |
| Dalrymple (2002) | | | ü | |
| Daly (2014) | | | ü | |
| Goldbeck et al. (2007) | | | ü | |
| Holland (2001) | | | ü | |
| Holland and O'Neill (2006) | | | ü | |

| | Ayala-Nunes et al. (2014) | Baran and Sawrikar (2022) | Kennan et al. (2016) | Zuchowski et al. (2019) |
|---|---|---|---|---|
| Hoy (2013) | | | ü | |
| Jelicic et al. (2013) | | | ü | |
| Knight and Oliver (2007) | | | ü | |
| Oliver et al. (2006) | | | ü | |
| Morgan and Fraser (2010) | | | ü | |
| Ney et al. (2013) | | | ü | |
| Palsson (2017) | | | ü | |
| Roose et al. (2009) | | | ü | |
| Sanders and Mace (2006) | | | ü | |
| Thomas and O'Kane (1999) | | | ü | |
| Thomas and Percy-Smith (2012) | | | ü | |
| Tregeagle and Mason (2008) | | | ü | |
| Vis and Thomas (2009) | | | ü | |
| Antle et al. (2012) | | | | ü |
| Cash et al. (2012) | | | | ü |
| Flango et al. (2015) | | | | ü |
| Glisson et al. (2006) | | | | ü |
| Holden et al. (2010) | | | | ü |
| Lambert et al. (2016) | | | | ü |
| Lawrence et al. (2011) | | | | ü |
| van Zyl et al. (2014) | | | | ü |

*Full references were not listed in the bibliography.

# Appendix 2d: Full summary results of quality assessments

In the results chapter, we summarised the quality assessment results of all the articles that are *included* in the review, but not those excluded from the review based on their quality assessments results. In this appendix we provide the quality assessment results of *all* articles that were quality assessed.[11]

## Guidelines and Standards

As discussed in Appendix 1i, guidelines and standards were assessed using either the AGREE-GRS tool (if practice- or service-level) or AGREE-HS tool (if system-level). With both tools, guidelines and standards could be classified as four potential quality ratings:

| Quality Ratings | |
|---|---|
| **High** | |
| **Moderate** | |
| **Low** | |
| **Critically Low** | |

The tables below show the overall quality rating of each guideline and standard, as well as the quality for each item in the assessment tool. In total, 5 guidelines were assessed using the AGREE-GRS quality assessment tool. Of these, 1 was judged to be of high quality, 3 as low quality, and 1 as critically low quality. 'Reporting completeness' was of a low or critically low quality in all 5 guidelines.

In addition, 9 guidelines[12] and 4 standards were assessed using the AGREE-HS quality assessment tool. Of these, 1 guideline was judged to be of moderate quality, 9 guidelines and standards as low quality, and 3 guidelines as critically low quality. Reporting on the methods and participants who developed the guidelines and standards was low or critically low quality in almost all guidelines and standards, as was guidance to support the implementation of recommendations.

[11] The full quality assessments with explanations and rationale for the quality ratings are contained in a separate companion document, which can be provided upon reasonable request to the lead author.
[12] Guidelines which were companion documents were asked together as a single guideline.

**Table 21: Results of AGREE-GRS quality assessments for all practice- and service-level guidelines and standards**

| Citation | Quality Assessment Domains | | | | Overall Quality Rating |
|---|---|---|---|---|---|
| | Development Process | Presentation Style | Reporting Completeness | Recommendations | |
| Care Inspectorate (2012) | | | | | Low |
| Commissioner for Children and Young People Western Australia (2009) | | | | | Critically Low |
| National Institute for Health and Care Excellence (2021) | | | | | High |
| The National Children's Office et al. (2005) | | | | | Low |
| Wells and Sametz (1985) | | | | | Low |

**Table 22: Results of AGREE-HS quality assessments for all system-level guidelines and standards**

| Citation | Quality Assessment Domains | | | | | Overall Quality Rating |
|---|---|---|---|---|---|---|
| | Topic Description | Participants | Methods | Recommendations | Implementability | |
| ***Guidelines*** | | | | | | |
| Council of Europe (2011) | | | | | | Critically Low |
| Council of Europe (2012, 2016) | | | | | | Low |
| McAuley and Brattman (2002) | | | | | | Moderate |
| National Complaints Managers' Group (England) (2016) | | | | | | Critically Low |
| Partnership for Maternal, Newborn and Child Health (2020, 2022) | | | | | | Low |
| Save the Children (2018) | | | | | | Low |
| Steinitz (2009) | | | | | | Critically Low |
| ***Standards*** | | | | | | |
| Department of Health and Children (2003) | | | | | | Low |
| Health Information and Quality Authority (2012) | | | | | | Low |
| Health Information and Quality Authority (2014) | | | | | | Low |
| Health Information and Quality Authority (2018) | | | | | | Low |

Following these assessments, the 4 critically low quality guidelines were subsequently removed from the review.

## Evidence Syntheses

As mentioned in Appendix 1i, a challenge in applying the adapted AMSTAR-2 tool was in deciding which set of items were appropriate for evidence syntheses that are either inaccurately or vaguely labelled. When the review team deemed an evidence synthesis to be mislabelled or vaguely labelled, the review team re-labelled it based on the evidence synthesis type it most resembled, to help decide which criteria should be used to assess quality. The reviews for which this was done are listed below with rationale for why the new label was assigned.

**Table 23: Re-labelled evidence syntheses**

| Citation | Type of Evidence Synthesis Given by the Article Author | Type of Evidence Synthesis Assessed As | Rationale |
|---|---|---|---|
| (Larkins et al., 2021) | Rapid Evidence Review | Rapid Integrative Review | 'Evidence reviews' are not a type of evidence synthesis in their own right and provide a vague description of the approach taken for an evidence synthesis. The methodology is deemed to most closely resemble that of an integrative review because it systematically searches for and selects a diverse range of empirical and non-empirical literature. |
| (Waddington et al., 2019) | Mixed-Methods Systematic Review | Mixed-Methods Systematic Review and Realist Review | Review questions 1-3 are answered using standard mixed-method systematic review techniques. Review question 4 incorporates a "realist-informed" analytic framework. |
| (ten Brummelaar et al., 2018) | Narrative Review | Mixed-Methods Systematic Review | The review meets all the eligibility criteria of an 'evidence synthesis' for this review, includes empirical quantitative and qualitative literature, and conducts a formal quality assessment of included articles, all of which are features of a mixed-methods systematic review. |
| (Bradbury-Jones et al., 2018) | Qualitative Systematic Review | Scoping Review | The review does not quality assess its included articles (which is a feature of scoping reviews, not qualitative systematic reviews). The questions addressed and methodology followed are also appropriate for a scoping review. |
| (Kennan et al., 2016) | Systematic Literature Review | Mixed-Methods Systematic Review | 'Systematic literature review' provides a vague description of the approach taken for an evidence synthesis. Review includes both quantitative and qualitative primary research, which most resembles a mixed-methods literature review. |
| (Health Information and Quality Authority, 2017a) | Systematic Literature Review | Overview of Reviews | 'Systematic literature review' provides a vague description of the approach taken for an evidence synthesis. The review included primary and secondary research based on qualitative and quantitative data, which most resembles an overview of reviews. |
| (Health Information and Quality Authority, 2020) | Evidence Synthesis | Integrative Review | 'Evidence synthesis' is not a specific type of evidence synthesis in its own right and provides a vague description of the approach taken. The review included various forms of literature, including empirical and non- |

| | | | |
|---|---|---|---|
| | | | empirical literature, which most resembles an integrative review. |
| (Health Information and Quality Authority, 2021a) | Evidence Synthesis | Integrative Review | 'Evidence synthesis' is not a specific type of evidence synthesis in its own right and provides a vague description of the approach taken. The review included various forms of literature, including empirical and non-empirical literature, which most resembles an integrative review. |
| Kelly et al. (2023) | Systematic Review | Mixed-Methods Systematic Review | The review included empirical primary research based on data derived from qualitative, quantitative and mixed-methods research. |
| Zuchowski et al. (2019) | Systematic Literature Review | Mixed-Methods Systematic Review | The review was a systematic review that included quantitative, qualitative and mixed-methods peer reviewed articles. |

As discussed in Appendix 1i, the adapted AMSTAR-2 tool phrased items in the form of direct 'yes/no' questions, with the following potential response options available to the reviewer:

| Item Ratings | Critical Items | Non-Critical Items |
|---|---|---|
| **Yes** | C | |
| **Partial Yes** | C | |
| **No** | C | |
| **Not Assessed/Not Applicable** | C | |

In total, 14 evidence syntheses were assessed using the adapted AMSTAR-2. All 14 were assessed as being of critically low quality. Most evidence syntheses (71%) were judged to be of critically low quality after only the first seven items for failing to meet critical criteria, such as establishing their methods before conducting the review, utilising a comprehensive search strategy, or listing and justifying excluded studies. Following these assessments, all 14 evidence syntheses were originally excluded for being critically low quality, though 5 '**Type 1: Green**' evidence syntheses were later added back in (see pg. 17 of the service review for more).

**Table 24: Results of the adapted AMSTAR-2 quality assessments of evidence syntheses**

| Citation | Evidence Synthesis Type | Items Used to Assess Quality | | | | | | | | | | | | | | | | | | Quality Rating |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 9a | 9b | 10 | 11 | 11a | 12 | 13 | 14 | 15 | 16 | |
| HIQA (2020)* | Integrative Review | | | | C | | | C | | C | | | | | | | | | | | Critically Low |
| HIQA (2021a)* | Integrative Review | | | | C | | | C | | C | | | | | | | | | | | Critically Low |
| Larkins et al. (2021) | Rapid Integrative Review | | | | C | | | | | C | | | | | | | | | | | Critically Low |
| Shamrova & Cummings (2017) | Integrative Review | | | | C | | | C | | | | | | | | | | | | | Critically Low |
| Kennan et al. (2016) | Mixed-Method Systematic Review | | C | | C | | | | | | | | | | | | | | | | Critically Low |
| ten Brummelaar et al. (2018) | Mixed-Method Systematic Review | | C | | C | | | | | | | | | | | | | | | | Critically Low |
| Zuchowski et al. (2019) | Mixed-Method Systematic Review | | C | | C | | | C | | | | | | | | | | | | | Critically Low |
| Bovarnick et al. (2018) | Scoping Review | | C | | C | | | C | | | | | | | C | | | | | | Critically Low |
| Bradbury-Jones et al. (2018) | Scoping Review | | C | | C | | | C | | | | | | | | | | | | | Critically Low |
| Brodie et al. (2016) | Scoping Review | | C | | C | | | C | | | | | | | | | | | | | Critically Low |
| Gathen et al. (2022) | Scoping Review | | C | | C | | | | | | | | | | | | | | | | Critically Low |
| HIQA (2017a)* | Overview of Reviews | | C | | C | | | | | | | | | | | | | | | | Critically Low |
| Baran & Sawrikar (2022) | Qualitative Systematic Review | | C | | C | | | | | | | | | | | | | | | | Critically Low |
| Ayala-Nunes et al. (2014) | Quantitative Systematic Review | | C | | C | | | C | | | | | | | | | | | | | Critically Low |

**Item Questions** (short versions)**:** (1) Did review questions and inclusion criteria include PICo components?; (2) Were review methods established prior to conducting the review and were deviations justified?; (3) Were the study designs selected for inclusion justified?; (4) Was a comprehensive search strategy used?; (5) Was study selection performed in duplicate?; (6) Was data extraction performed in duplicate?; (7) Were excluded studies listed and justified?; (8) Were included studies adequately described?; (9) Was a satisfactory quality/risk-of-bias assessment technique used on included studies?; (9a) Was primary study overlap identified and accounted for?; (9b) Were discrepancies/discordances managed and accounted for?; (10) Were sources of funding reported for included studies?; (11) Were appropriate statistical meta-analysis methods used?; (11a) Is the analytic method appropriate for a scoping review?; (12) Was potential impact of risk of bias on meta-analysis results assessed?; (13) Was quality/risk of bias accounted for when interpreting the review's results?; (14) Was a satisfactory explanation of heterogeneity observed?; (15) Was an adequate investigation of publication bias and its impact on the results observed?; (16) Were any potential sources of conflict of interest reported?

*Health Information and Quality Authority (2017a, 2020, 2021a).

## Primary Research

All 5 evidence syntheses included in this review claim to have quality assessed the primary research included in their review, though only 4 provided the results of these assessments (Ayala-Nunes et al., 2014; Baran & Sawrikar, 2022; Kennan et al., 2016; Zuchowski et al., 2019). Across these 4 evidence syntheses, four different quality assessment tools were used, making it difficult to compare the results of the quality assessments across studies. The four quality assessment tools used were:

- Carretero-Dios and Pérez's (2005) items for assessing the theoretical and psychometric strengths and weaknesses of questionnaires
- EPPI-Centre Weight of Evidence system (K. Dickson & Gough, 2008) for appraising the trustworthiness, appropriateness and relevance of a study
- CASP (Critical Appraisal Skills Programme, 2013, 2018) checklist for qualitative research[13]
- EPHPP (Effective Public Health Practice Project, 2009) quality checklist for quantitative studies.

Table 25 below shows the results for 8 service user feedback questionnaires quality assessed by Ayala-Nunes et al. (2014). While all 8 questionnaires provided an estimate of their reliability, the quality assessment results indicate that most instruments omitted information needed for most items on the quality assessment. This appears to have contributed to the conclusion by Ayala-Nunes and colleagues that "the vast majority [of questionnaires] have considerable weaknesses or at least there is a great deal of uncertainty about their conceptual and psychometric features" (2014, p. 304).

**Table 25: Primary research quality assessment results in Ayala-Nunes et al. (2014)**

| Citation | Number of questionnaires assessed | Carretero-Dios and Pérez's (2005) items | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1. Basis on a theoretical model | 2. Inclusion of construct definition | 3. Content validity analysis | 4. Statistical analysis of items | 5. Dimensionality analysis | 6. Reliability estimation | 7. Evidence of external validity | | |
| | | | | | | | | a. Criterion | b. Convergent | c. Discriminant |
| (Ayala-Nunes et al., 2014) | 8 | Yes (1/8)<br>NR (7/8) | Yes (1/8)<br>No (7/8) | Yes (3/8)<br>NR (5/8) | Yes (3/8)<br>NR (5/8) | Yes (4/8)<br>NR (4/8) | Yes (8/8) | Yes (1/8)<br>NR (7/8) | Yes (1/8)<br>NR (7/8) | NR (8/8) |

**Note*: NR = Not Reported.

Table 26 below shows the results for 27 primary studies quality assessed by Kennan et al. (2016). The results indicate that while most studies were judged to be of high appropriateness (17) and high relevancy (21), very few were considered to be of high trustworthiness (3). As such, only 2 studies were judged to be of 'high' overall quality, with another 12 judged to be of 'high-medium' overall quality.

[13] Zuchowski et al. (2019) used the 2013 version of CASP and Baran & Sawrikar (2022) used the 2018 version.

**Table 26: Primary research quality assessment results in Kennan et al. (2016)**

| Citation | Number of Primary Studies Assessed | EPPI-Centre Weight of Evidence Criteria | | | |
|---|---|---|---|---|---|
| | | Trustworthy | Appropriate | Relevant | Overall |
| (Kennan et al., 2016) | 27 | High (3/27)<br>Medium (22/27)<br>Low (2/27) | High (17/27)<br>Medium (9/27)<br>Low (1/27) | High (21/27)<br>Medium (6/27)<br>Low (0/27) | High (2/27)<br>High-Medium (12/27)<br>Medium-High (9/27)<br>Medium (3/27)<br>Low-Medium (1/27) |

Table 27 below shows the results for 25 qualitative studies quality assessed by Zuchowski et al. (2019) and Baran & Sawrikar (2022). Of these, the vast majority (23) were quality assessed in Baran & Sawrikar (2022). Of the 23 studies assessed by Baran & Sawrikar, a large majority (ranging from 16-20) were judged to meet the CASP criteria for items 1-9, with the exception of item 6 where only 5 of the articles were judged to have adequately considered the relationship between the researcher and participants. Overall, Baran & Sawrikar judged 22 of the 23 studies they assessed to be valuable to their review. In comparison, Zuchowski et al. (2019) quality assessed only 2 qualitative studies, judging that both met most of the CASP qualitative criteria and were moderately valuable to their review.

**Table 27: Qualitative primary research quality assessment results in Zuchowski et al. (2019) and Baran & Sawrikar (2022)**

| Citation | Number of Primary Studies Assessed | CASP Qualitative Checklist Items (2013 & 2018) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1. Was there a clear statement of the aims of the research? | 2. Is a qualitative methodology appropriate? | 3. Was the research design appropriate to address the aims of the research? | 4. Was the recruitment strategy appropriate to the aims of the research? | 5. Was the data collected in a way that addressed the research issue? | 6. Has the relationship between researcher and participants been adequately considered? | 7. Have ethical issues been taken into account? | 8. Was the data analysis sufficiently rigorous? | 9. Is there a clear statement of findings? | 10. How valuable is the research? |
| (Zuchowski et al., 2019) | 2 | Yes (2/2) | Yes (2/2) | Yes (2/2) | Yes (0/2) | Yes (2/2) | Yes (0/2) | Yes (0/2) | Yes (2/2) | Yes (2/2) | Moderately Valuable (2/2) |
| (Baran & Sawrikar, 2022) | 23 | Yes (20/23) | Yes (16/23) | Yes (16/23) | Yes (17/23) | Yes (19/23) | Yes (5/23) | Yes (16/23) | Yes (16/23) | Yes (20/23) | Valuable (22/23) |

Finally, Table 28 below shows the results for 7 quantitative studies quality assessed by Zuchowski et al. (2019). Of the 7 studies assessed, less than half (ranging from 0-3) were judged to be ‘strong’, with the exception of item 5 where 4 studies were judged to have strong data collection methods. This indicates that on most items a majority of studies were judged to be of moderate, weak or uncertain quality.

**Table 28: Quantitative primary research quality assessment results in Zuchowski et al. (2019)**

| Citation | Number of Primary Studies Assessed | Items of EPHPP Quality Assessment Tool for Quantitative Studies | | | | | |
|---|---|---|---|---|---|---|---|
| | | Selection Bias | Study Design | Confounders | Blinding | Data Collection Methods | Withdrawals and Dropouts |
| (Zuchowski et al., 2019) | 7 | Strong (1/7)<br>Moderate (4/7)<br>Weak (2/7) | Strong (3/7)<br>Moderate (2/7)<br>Weak (2/7) | Strong (1/7)<br>Moderate (2/7)<br>Weak (2/7)<br>Can't Tell (2/7) | Moderate (4/7)<br>Weak (3/7) | Strong (4/7)<br>Moderate (2/7)<br>Weak (1/7) | Strong (1/7)<br>Weak (1/7)<br>Can't Tell (1/7)<br>Not Applicable (4/7) |

Given the diversity of primary research studies, and tools and criteria used to assess them, it is difficult to draw an overall conclusion about the quality of the primary research on which the evidence syntheses in this review are based. Although 4 out 5 evidence syntheses assessed the quality of their primary research, the one evidence synthesis which did not conduct a quality assessment (Health Information and Quality Authority, 2017a) may account for over half of the primary research contained in the five evidence syntheses.[14] This means that roughly half of the primary research for this review is of uncertain quality straight off the bat. When this is considered alongside the quality assessment results described above, we have concluded that most of the primary research for this review is of uncertain quality or has considerable limitations which further emphasise the need for readers to cautiously interpret the results of this review.

[14] It is not possible to say exactly what percentage of primary research the Health Information and Quality Authority (2017a) review contained because it did not list its included studies and so its primary study overlap could not be calculated. However, 81 articles were included in the Health Information and Quality Authority's review compared to 66 across the other four evidence syntheses combined.

# Appendix 3: Additional information on other aspects of the review

## Appendix 3a: Registration and protocol

A protocol was developed for this rapid integrative review and was submitted to the commissioning agency (Tusla) on the 7th July 2023, before proceeding with the review on the 10th July 2023. The protocol was not registered on any external or publicly available database. The protocol can be accessed by contacting the review authors (see author information on pg. 64).

In carrying out the rapid integrative review, several amendments were made to the original protocol, usually with the intention of either streamlining the methodology or improving its quality. These are recorded in the table below, as advised by the *PRISMA-P 2015: Elaboration and Explanation* document (Shamseer et al., 2015, p. 25), by recording in tabular format the date, section, original protocol component, revised protocol component and rationale for change.

**Table 29: Protocol amendments**

| Date | Amendment No. | Section | Original Protocol | Revised Protocol | Rationale |
|---|---|---|---|---|---|
| **10.07.23** | 1 | 'Data Management' (pg. 25) and 'Data Collection Process & Data Items' (pg. 26) | "Microsoft Word, Microsoft SharePoint and Mendeley reference management software will be used to manage data as each of these software tools are familiar and accessible to the review team" [pg. 25].<br><br>"Relevant data will be extracted into standardised data extraction forms on MS Word" [pg. 26]. | Microsoft Excel will also be used to manage data. Relevant data will first be extracted into a standardised data extraction form on MS Excel before being later copy and pasted into 'data extraction tables' in MS Word. | Using MS Word, multiple data extraction tables are needed to record all data extracted, compared to MS Excel where all data can be extracted onto a single sheet. Extracting data onto a single sheet is expected to better facilitate the data analysis and synthesis process by permitting easier comparison of included reports. |
| **10.07.23** | 2 | Data Collection Process & Data Items (pg. 26). | The data extraction items for 'Model and Framework Characteristics' were:<br>• Name<br>• Purpose/aim<br>• PICo targets<br>• Components<br>• Proposed relations between components | The item 'Application/Relevance to phenomena of interest' was added as an item for data extraction on 'Model/Framework Characteristics'. | While the data on model/framework components were being collected, this data does not by itself indicate how the components would assist practices and processes of service user engagement. The new item was added to help with understanding the |

| Date | Amendment No. | Section | Original Protocol | Revised Protocol | Rationale |
|---|---|---|---|---|---|
| | | | • Location on spectrum of engagement<br>• Strengths/weaknesses of model/framework | | relevance, applicability and utility of the model/framework components for service user engagement. |
| **10.07.23** | 3 | Quality Assessments of Literature: Guidelines (pg. 28 and pg. 32) | "Two different tools will be used to quality assess guidelines included in the review. These are:<br>• AGREE-II<br>• AGREE-HS.<br>AGREE-II is a validated quality assessment tool (Brouwers et al., 2010b) for clinical practice guidance in healthcare (AGREE-HS Research Team, 2018). AGREE-II has 23-items organised into 6 domains, followed by 2 'global rating' items which provide an overall quality rating of a guideline" (pg. 32).<br><br>Table 16 on pg. 28 also states that AGREE-II will be used to assess the quality of "guidelines providing recommendations at a practitioner or service level". | The use of AGREE-II for practitioner and service-level guidelines will be replaced with the AGREE GRS (*Appraisal of Guidelines for Research & Evaluation Global Rating Scale*), which is a shortened version of the AGREE-II tool that can be used when resources are sparse and time restrictions limit the feasibility of applying the full AGREE-II tool (Brouwers et al., 2017).<br><br>AGREE GRS is made up of 4 items, which guide 3 overall assessments of the guidelines. For the purpose of this review, only the 4 items and first overall assessment will be completed for each set of guidelines and standards. The same approach to scoring items and the overall assessment that are described in the protocol for AGREE-II (pg. 33-36) will be followed for AGREE GRS. | AGREE GRS is being used to replace AGREE-II because it is specifically designed to accommodate rapid assessments of guideline quality (Brouwers et al., 2012, 2017). The review team were not aware of AGREE GRS until after submitting the protocol but had not started quality assessments when the decision was made to change quality assessment tool.<br><br>The 3 overall assessment statements that reviewers are asked to rate in AGREE GRS are:<br>1. Rate the overall quality of this guideline.<br>2. I would recommend this guideline for use in practice.<br>3. I would make use of a guideline of this quality in my professional decisions.<br>Given that the purpose of the quality assessment in this review is to rate the quality of each guideline, the first overall assessment statement is considered to be the most relevant to the review. |

| Date | Amendment No. | Section | Original Protocol | Revised Protocol | Rationale |
|---|---|---|---|---|---|
| **12.07.23** | 4 | Search Strategy (pg. 19-22) | The search terms laid out in Table 11 (pg.19-22) for the following information sources:<br>• EBSCO Academic Search Complete<br>• EBSCO Sociology Source Ultimate<br>• Campbell Systematic Reviews<br>• British Journal of Social Work<br>• SCIE Social Care Online. | For the databases listed on the left, the following terms will be added to the 'Population' search string:<br>• Juvenile*<br>• "Young adult".<br>The following term will also be added to the 'Literature Type' search string:<br>• Standard*. | After discussions with an information specialist on 23.06.23, it was decided to add the three terms on the left to the search strategy to improve the sensitivity of the search. However, due to oversight from the lead protocol author (KMG), the search strategies for some information sources were not updated with this information. This was noticed and amended before beginning the first search on the 12.07.23. |
| **12.07.23** | 5 | Eligibility Criteria (pg. 13 and 14) and Review Questions (pg. 8). | Eligibility criteria on the 'Phenomena of Interest' in Table 6 (pg. 13) and pg. 14 state:<br><br>"The review is interested in engaging service users, and/or analysing and utilising service user experiences, for the purpose of developing service experience insights, improving services and/or enhancing outcomes for children and families" [pg. 14].<br><br>The review questions (pg. 8) have similar phrasing to the eligibility criteria above. | This part of the eligibility criteria has been restated as follows:<br><br>"The review is interested in engaging service users, and/or analysing and utilising service user experiences, for the purpose of developing service experience insights to improve services and/or enhance outcomes for children and families".<br><br>Review questions are similarly re-phrased. | The original review questions and criteria in the protocol were poorly phrased and contributed to irrelevant studies being put forward for full-text screening. For this review, the purpose of engaging service users is focused on gaining and acting upon service experience insights, however, the original phrasing meant the review team also had to consider service user engagement for non-relevant purposes, such as how to improve service user engagement in child protection interventions.<br><br>This change narrows the eligibility criteria slightly and should not contribute to potentially eligible studies being missed during title and abstract screening. Potentially ineligible studies that have made it |

| Date | Amendment No. | Section | Original Protocol | Revised Protocol | Rationale |
|---|---|---|---|---|---|
| | | | | | through to the next stage of the review will be excluded at the full-text screening stage. |
| **14.07.23** | 6 | Search Strategy (pg. 19-21) | The search terms laid out in Table 11 (pg.19-22) for the following information sources:<br>• Google Scholar<br>• York Research Database. | For the databases listed on the left, the following term will be added to the 'At Least One' search string:<br>• Standards. | To capture articles on related to 'standards' as well as guidelines, models and frameworks. |
| **17.07.23** | 7 | Search Strategy (pg. 19-21) | The search strategies laid out in Table 11 (pg.19-22) for the following information sources:<br>• Google Scholar<br>• York Research Database. | For the databases listed on the left, additional searches were added to those specified in the protocol. Namely, searches 10-14 for Google Scholar and 5-8 for York Research Database (see Table 7, Appendix 1e). | The additional searches were intended to expand and improve the search strategy by all searching for material with the term "feedback in the article title". |
| **18.07.23** | 8 | Search Strategy (pg. 22) | The search strategy laid out in Table 11 for the 'Child Welfare Gateway Information Library'. | The search strategy was updated by adding additional filters. Namely, the 'document format' was filtered by only including:<br>• Journal articles<br>• Technical reports<br>• State resources<br>• Synthesis. | To improve the specificity of the search as many ineligible document types were returned when the new filter was not added. |
| **19.07.23** | 9 | Eligibility Criteria: Types of Literature (pg. 15-16) | "Guidelines, frameworks and models are… included for their ability to inform best practice or principles of practice" (pg. 15-16). | Where a guideline, standard, framework or model is superseded or updated with a newer version of that same guideline/standard/framework/model, then only the newer version will be included. The older version will be excluded. | This is a time and resource-saving measure, based on the assumption that newer versions are likely to build on previous versions, thus becoming more comprehensive and better quality. |
| **20.07.23** | 10 | Information Sources (pg. 17) | "Some information sources (e.g… contacting expert authors) have been excluded due to the time sensitive needs of the review". | One article was sourced via contact with an expert author (Dr. Rebecca Nowland, University of Central Lancashire). The article was sourced during title and abstract screening, and was accepted for full-text screening. | The review team accepted the article suggested by the expert author (Larkins et al., 2021) given its potential relevance and usefulness to the review questions. |
| **21.07.23** | 11 | Eligibility Criteria: Types of Literature | The types of literature eligible for inclusion are described in Table 6 | Existing Tusla policies, frameworks, models and guidelines will not be eligible | This was always an implicit intention of the review team but |

| Date | Amendment No. | Section | Original Protocol | Revised Protocol | Rationale |
|---|---|---|---|---|---|
| | | (pg. 13 and 15-16) | (pg. 13) and pg. 15-16. They include evidence syntheses, models, frameworks and guidelines. | for inclusion. Evidence syntheses commissioned by Tusla will be eligible for inclusion. | it was not explicitly stated in the protocol due to oversight by the review team. It is described here for transparency. Existing policies, frameworks, models and guidelines will be discussed in the 'Discussion' section of the review rather than included in the analysis. |
| **04.08.23** | 12 | Information Sources (pg. 16-17) | "The information sources for this review include:<br>• Articles saved or received during early scoping searches<br>• 4 electronic databases of peer-reviewed literature<br>• 3 peer-reviewed journals (not included in the databases)<br>• 9 databases and websites of grey literature sources<br>• Backward citation-chaining of included literature" (pg. 16). | Two articles identified on Google Scholar by the review team outside of the formal search strategy (as part of unrelated work on a separate research project) which meet the inclusion criteria have been included. | Although not identified through the formal search strategy on this review, the articles are considered to be relevant, comprehensive, and potentially very useful to informing the findings and recommendations of the review in comparison with the other literature that has accepted for inclusion thus far. For this reason, the review have permitted their inclusion. |
| **21.08.23** | 13 | Eligibility Criteria: Context (services and settings) (pg. 13-14). | "Literature that doesn't exclusively focus on the areas of CPWS, AWS or PPFS will be considered eligible if the literature is also explicitly targeted towards the general areas of 'social work', 'social care' or 'family support', on the assumption that the literature will be transferable to CPWS, AWS and PPFS settings" (pg. 13). | Literature focused on child and/or service user involvement in research, and which can reasonably be considered relevant and informative to eligible contexts for this review (even if not explicitly stated), may also be considered eligible for inclusion. | Some articles appeared to straddle the boundaries between being eligible or ineligible. Several eligible articles related to, for example, peer research or participatory research. However, several other articles on peer/participatory research straddled the boundaries between inclusion and exclusion because it wasn't always explicitly or specifically stated that the content was applicable to the contexts eligible for this review. A decision was made to include these articles nonetheless |

| Date | Amendment No. | Section | Original Protocol | Revised Protocol | Rationale |
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| | | | | | because of their ability to supplement the peer/participatory research literature that was more obviously eligible for inclusion. |
| **21.08.23** | 14 | Information Sources (pg. 16). | "The information sources for this review include… backward citation-chaining of included literature" (pg. 16). | Backward citation-chaining will not be used as an information source. | After searching all other information sources, the review team has included more literature than anticipated and does not have the time or budget for additional literature. This amendment was made to the protocol after completing full-text screening but before applying quality assessments as an inclusion criteria, at which point 50 articles were included in the review. |
| **21.08.23** | 15 | Eligibility Criteria: Quality Assessment of Literature (pg. 13 and 16). | "While guidelines will also be quality assessed, the use of quality assessments as an eligibility criteria will only apply to evidence syntheses as early scoping searches suggest few guidelines will actually be included in the review" (pg. 16). | "Evidence syntheses, guidelines and standards that received a 'critically low' rating were excluded from the review". | For the purpose of the quality assessments, guidelines and standards were treated the same.<br><br>The search strategy returned a much larger number of eligible articles than anticipated, particularly in respect to guidelines and standards. To help ensure the review could be completed within the agreed time and budget, 'critically low quality' guidelines and standards were excluded. |
| **23.08.23** | 16 | Objectives: Defining Key Concepts (pg. 7). | "Tools, Methods and Methodologies for Engaging Service Users: ... In the context of the review, the particular task or aim that the tools, methods and methodologies are relevant to | "In the context of this review, the particular task or aim that the tools, methods and methodologies are relevant to are developing service experience insights from service users". | The original definition was too loose and did not adequately define the aim of the tools, methods and methodologies for the purpose of this review as "engaging service users" could |

| Date | Amendment No. | Section | Original Protocol | Revised Protocol | Rationale |
|---|---|---|---|---|---|
| | | | are engaging service users to improve services" (pg. 7). | | be interpreted as a broader concept than "developing service experience insights". |
| **28.08.23** | 17 | Quality Assessments of Literature: Guidelines (pg. 33-36) | How scores are calculated are described at length in the protocol, with actual worked examples shown on pages 35 and 36. This differed slightly from the system that advised in the actual AGREE guidelines by trying to make it more transparent and less reliant on subjective scoring. | The scoring system will revert to the original guidance in the AGREE guidelines. | The AGREE guidance can be applied quicker, though it is less transparent. The AGREE guidance will be used as a time and resource-saving measure, with comments provided by the assessor to improve the transparency of the scoring system. |
| **28.08.23** | 18 | Quality Assessments of Literature: Guidelines (pg. 33-34) | The protocol assigns the following quality ratings for guidelines and standards depending on the overall score received by an article:<br>High quality = 5.26 - 7.00<br>Moderate quality = 3.51 - 5.25<br>Low quality = 2.76 - 3.50<br>Critical low quality = 1.00 - 2.75 | The protocol will assign the following quality ratings depending on the overall score received by an article:<br>High quality = 5.6 - 7.0<br>Moderate quality = 4.1 - 5.5<br>Low quality = 2.6 - 4.0<br>Critical low quality = 1.0 - 2.5. | An error was noticed in how the threshold was set for the Low quality grade. The amendment is intended to rectify the error. |
| **01.09.23** | 19 | Quality Assessments of Literature: Evidence Syntheses (pg. 29-30) | "However, for the purpose of this review, and for reasons previously noted, AMSTAR-2 will in this case be applied to a broader range of evidence synthesis methods than originally designed for. Namely, the tool will be applied to:<br>• Systematic reviews of quantitative, qualitative or mixed-methods research<br>• Scoping reviews<br>• Overviews of reviews<br>• Rapid reviews.<br>As such, some items have either been adapted or newly added so that the tool can be applied more broadly. Table 18 below shows, for the various evidence synthesis types, which | The adapted AMSTAR-2 will also be applied to Integrative Reviews (IRs). The following items of the adapted AMSTAR-2 tool will apply to IRs and designated as 'critical' or 'non-critical' items:<br>> Item 1 -> Applicable, Non-Critical<br>> Item 2 -> Applicable, Non-Critical<br>> Item 3 -> Applicable, Non-Critical<br>> Item 4 -> Applicable, Critical<br>> Item 5 -> Applicable, Non-Critical<br>> Item 6 -> Applicable, Non-Critical<br>> Item 7 -> Applicable, Critical<br>> Item 8 -> Applicable, Non-Critical<br>> Item 9 -> Applicable, Critical<br>> Item 10 -> Applicable, Non-Critical<br>> Item 11 -> Not Applicable | During the protocol development stage, time constraints only permitted the review team to adapt AMSTAR-2 to a limited number of evidence synthesis types. It was recognised, however, that further adaptation might be required if other evidence synthesis types not accommodated by the original adaptations, such as Integrative Reviews, were included in the review.<br><br>The decisions about which items should be considered applicable and critical for IRs |

| Date | Amendment No. | Section | Original Protocol | Revised Protocol | Rationale |
|---|---|---|---|---|---|
| | | | items from the original AMSTAR-2 will be applied, which items have been adapted, which items have been newly added, and which items are considered not to be applicable" (pg. 29-30). | > Item 11a -> Not Applicable<br>> Item 12 -> Not Applicable<br>> Item 13 -> Applicable, Critical<br>> Item 14 -> Applicable, Non-Critical<br>> Item 15 -> Not Applicable<br>> Item 16 -> Applicable, Non-Critical. | were informed primarily, though not exclusively, by Toronto and Remington (2020). Based on the review team's reading of this and other relevant sources (Cronin & George, 2023; Russell, 2005; Souza et al., 2010; Whittemore & Knafl, 2005), most applicable items are considered applicable simply because there is no reason to believe the standards for other similar types of evidence syntheses are not transferable to integrative reviews too. Item 2 is considered applicable and non-critical due to guidance suggesting that a protocol is optional for integrative reviews (Toronto, 2020). |

## Appendix 3b: Support

This rapid integrative review was commissioned and funded by Tusla, the Child and Family Agency. Relevant staff from Tusla provided feedback on early drafts of the protocol and also provided the review team with temporary access, for a period of three months, to paywalled academic databases and journals to which they are subscribed: namely, EBSCO Academic Search Complete and Barnardos Information & Library Service.

Tusla had no role in the collection, analysis or interpretation of data. Tusla did have minor input into the writing of the report by providing content for the 'Rationale and Context' section of the Introduction Chapter, and reviewing and providing feedback on the formatting and ease of reading of early drafts of the report. However, this feedback had no influence or bearing on the interpretation of data, nor did the feedback attempt to alter the meaning of the analysis or findings in any way.

## Appendix 3c: Competing interests

Several years before this review, KMG previously worked as a social care worker in alternative care settings and services, similar to those of interest to this review. However, KMG did not work for Tusla and has not retained any affiliations with the alternative care settings and services he worked for.

JS and AMG have no competing interests to report.

## Appendix 3d: Author information

The authors are Karl McGrath (KMG)[1], Jessica Scott (JS)[2] and Aisling McGovern (AMG)[3].

KMG is the project lead and guarantor.

KMG and JS drafted the protocol. Both authors, in collaboration with the commissioners, contributed to the refinement of the review questions and eligibility criteria. KMG developed the search strategy; and data selection, collection and quality assessment procedures. JS led the development of the data synthesis approach.

KMG, JS and AMG all contributed to the final review. KMG carried out the search strategy, data selection and quality assessment procedures. Both KMG and JS carried out data extraction, and JS led the data analysis and conclusions chapter with support from KMG. The review methodology and appendices chapters were written by KMG. The discussion chapter was jointly written by KMG and AMG, and reviewed by JS. The executive summary, which is published as a separate document, was jointly written by KMG, AMG and JS.

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# Appendix 3e: Availability of data and other materials

Data related to the search strategy and study selection are fully reported in the main report and appendices. The protocol and full quality assessments are contained in companion documents to this review which, along with the MS Excel data extraction template and materials supporting the data analyses, can be shared by the corresponding author upon reasonable request.

Below, the review team have also listed selected resources that were either not captured in the designated search strategy or did not meet the inclusion criteria for this review, but which may still provide useful or informative suggestions relevant to gathering and utilising service experience insights.

**Best Practice and Principles of Practice**


Kelleher, C., Seymour, M., and Halpenny, A. (2014). *Promoting the Participation of Seldom heard Young People: A Review of the Literature on Best Practice Principles*. Dublin Institute of Technology: Dublin.

Allcock, A. (2018). *ESSS Outline: Frameworks for child participation in social care*. The Institute for Research and Innovation in Social Services (IRISS): Glasgow.

Chisholm, A., Sheldon, H. (2011). *Service User Feedback Tools: An evidence review and Delphi consultation for the Health Professions Council*. Picker Institute Europe: Oxford.

Harrison, JD, Auerbach, AD, Anderson, W, et al. (2019). 'Patient stakeholder engagement in research: A narrative review to describe foundational principles and best practice activities', *Health Expectations*. 22(3): 307–316. https://doi.org/10.1111/hex.12873.

Groot, B., and Abma, T. (2023). 'Ethics framework for citizen science and public and patient participation in research', BMC Medical Ethics. 23(1): 1-9. https://doi.org/10.1186/s12910-022-00761-4.

Ethical Research Involving Children (nd). https://childethics.com/.


**Mechanisms, Methodologies and Tools**


Save the Children Norway (2008). *A Kit of Tools for Participatory Research and Evaluation with Children, Young People and Adults: A Compilation of Tools Used During a Thematic Evaluation and Documentation on Children's Participation in Armed Conflict, Post Conflict and Peace Building*. Save the Children Norway: Oslo. [https://resourcecentre.savethechildren.net/pdf/kit-of-tools_1.pdf/]

Akoglu, C., and Dankl, K. (2021). 'Co-creation for empathy and mutual learning: A framework for design in health and social care', *Co-Design*. 17(3): 296-312.

Smith, L. (2018). *ESSS Outline: Service user interviewers in quality assurance*. The Institute for Research and Innovation in Social Services (IRISS): Glasgow.

Montgomery et al. (2017). '10,000 Voices: Service users' experiences of adult safeguarding', *The Journal of Adult Protection*. 19(5): 236-246.

Allen, R., Carr, S., Linde, K., Sewell, H. (2016). *Making the difference together: Guidance on gathering and using feedback about the experience of social work from people who use services and their carers*. Department of Health: London.

Crubezy, M., Douay, C., Michel, P., Haesebaert, J. (2023). 'Using patient comments from a standardised experience survey to investigate their perceptions and prioritise improvement actions: a thematic and syntactic analysis', *BMC Health Services Research.* 23(988).

Health Information and Quality Authority, the Health Service Executive, and the Department of Health (nd.). *The Survey Hub: Yourexperience.ie*. Access at: https://yourexperience.ie/survey-hub/.

Shippee, N.D., Domecq Garces, J.P., Prutsky Lopez, G.J., Wang, Z., Elraiyah, T.A., Nabhan, M., Brito, J.P., Boehmer, K., Hasan, R., Firwana, B., Erwin, P.J., Montori, V.M. and Murad, M.H. (2015). 'Patient and service user engagement in research: a systematic review and synthesized framework', *Health Expectations.* 18(5): 1151-1166. https://doi.org/10.1111/hex.12090

**Dependencies and Requirements**

Cuevas-Parra, P (2023). 'Multi-dimensional lens to article 12 of the UNCRC: A model to enhance children's participation', *Children's Geographies*. 21(3): 363-377.

Kelly, Y., O'Rourke, N., Flynn, R., O'Connor, L., Hegarty, J. (2023). 'Factors that influence the implementation of (inter)nationally endorsed health and social care standards: a systematic review and meta-summary', *BMJ Quality and Safety*. Epub ahead of print: 11/09/2023.

Lander, J., Heiberger, A., Von Sommoggy, J., et al. (2023). 'Intentional and actional components of engaged participation in public health research studies: qualitative synthesis of a recruitment and retention process into the theory-informed INTACT-RS framework', *BMC Medical Research Methodology*. 23(1): 1-17. https://doi.org/10.1186/s12874-023-01838-3

**Feedback Loops**

Commissioner for Children and Young People Western Australia (2009). *Involving children and young people: Participation guidelines*. Commissioner for Children and Young People: Subiaco.

# Appendix 3f: Completed PRISMA-2020 and PRIOR Checklists on Reporting Quality

A wide range of reporting guidelines have been developed to assist authors with providing an accurate and detailed description of their evidence synthesis. As of yet, however, no reporting guidelines have been developed for integrative reviews specifically. Instead, the reporting for this review has been guided by the PRISMA-2020 checklist and the PRIOR checklist. PRISMA-2020 is a 27-item checklist for reporting systematic reviews (Page et al., 2021) and the PRIOR checklist is a 27-item checklist for reporting overviews of reviews (Gates et al., 2022). Although not intended for integrative reviews, these reporting guidelines have been followed because this rapid integrative review shares many features with systematic reviews and overviews of reviews.

In the interests of transparency, Table 30 below indicates if and where information for each item on the PRISMA-2020 and PRIOR checklists can be found. Where an item on the checklist is not applicable to this integrative review, it is denoted by an 'n/a'.

**Table 30: Completed PRISMA-2020 and PRIOR reporting checklists**

| Section & Topic | PRISMA-2020 Checklist Item & Item No. | PRIOR Checklist Item & Item No. | Comments |
|---|---|---|---|
| **Title** | | | |
| Title | 1. Identify the report as a systematic review | 1. Identify the report as an overview of reviews. | Main report (and companion documents) identified as a 'Rapid Integrative Review' on the cover page. |
| **Abstract** | | | |
| Abstract | 2. See the PRISMA 2020 for Abstracts checklist. | 2. Provide a comprehensive and accurate summary of the purpose, methods, and results of the overview of reviews. | Executive Summary provided in a separate document guided by the *PRISMA-2020 for Abstracts* checklist. |
| **Introduction** | | | |
| Rationale | 3. Describe the rationale for the review in the context of existing knowledge. | 3. Describe the rationale for the review in the context of existing knowledge. | See pg. 7 of main report. Context of existing knowledge not described due to time and resource limits. |
| Objectives | 4. Provide an explicit statement of the objective(s) or question(s) the review addresses. | 4. Provide an explicit statement of the objective(s) or question(s) addressed by the overview of reviews. | See pg. 7-9 of main report. |
| **Methods** | | | |
| Eligibility Criteria | 5. Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses. | 5a. Specify the inclusion and exclusion criteria for the overview of reviews. If supplemental primary studies were included, this should be stated, with a rationale. | See pg. 10-12 of main report or pg. 9-14 (Appendix 1c) for eligibility criteria. See pg. 15-16 and 31 of main report for a description of how studies were grouped for the synthesis. |
| | | 5b. Specify the definition of "systematic review" as used in the inclusion criteria for the overview of reviews. | See pg. 13 of Appendix for a definition of 'evidence synthesis' as used in this main report. |
| Information Sources | 6. Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to | 6. Specify all databases, registers, websites, organisations, reference lists, and other sources searched or consulted to identify systematic reviews and supplemental primary studies | See pg. 12-13 of main report, and pg. 14-15 and 17-25 of the appendices. |

| Section & Topic | PRISMA-2020 Checklist Item & Item No. | PRIOR Checklist Item & Item No. | Comments |
|---|---|---|---|
| | identify studies. Specify the date when each source was last searched or consulted. | (if included). Specify the date when each source was last searched or consulted. | |
| Search Strategy | 7. Present the full search strategies for all databases, registers and websites, including any filters and limits used. | 7. Present the full search strategies for all databases, registers and websites, such that they could be reproduced. Describe any search filters and limits applied. | See pg. 13 of main report, and pg. 15-25 (Appendix 1e). |
| Selection Process | 8. Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process. | 8a. Describe the methods used to decide whether a systematic review or supplemental primary study (if included) met the inclusion criteria of the overview of reviews. | See pg. 13 of main report, and pg. 15-16 and 26-27 of the appendices. |
| | | 8b. Describe how overlap in the populations, interventions, comparators, and/or outcomes of systematic reviews was identified and managed during study selection. | See pg. 13 of main report and pg. 27 of the appendices. |
| Data Collection Process | 9. Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process. | 9a. Describe the methods used to collect data from reports. | See pg. 14 of main report and pg. 27 of the appendices. |
| | | 9b. If applicable, describe the methods used to identify and manage primary study overlap at the level of the comparison and outcome during data collection. For each outcome, specify the method used to illustrate and/or quantify the degree of primary study overlap across systematic reviews. | See pg. 13 of main report and pg. 27 of the appendices. |
| | | 9c. If applicable, specify the methods used to manage discrepant data across systematic reviews during data collection. | See pg. 26 of the appendices. |
| Data Items | 10a. List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect. | 10. List and define all variables and outcomes for which data were sought. Describe any assumptions made and/or measures taken to identify and clarify missing or unclear information. | See pg. 15 of main report and pg. 28 of the appendices for a list of all variables sought. Data were not sought for outcomes per se because most literature was qualitative in nature and did not employ methodologies for examining outcomes. No special measures were taken to identify or clarify missing or unclear information due to time and resource limitations. If an article was missing information about one or more of the four phenomena of interest, then it was assumed the article did not address those phenomena. Similarly, if an article did not report information about one or more criteria in the quality assessments, then it was assumed that the criteria was not met. |
| | 10b. List and define all other variables for which data were sought (e.g. participant and intervention characteristics, | | As above. |

| Section & Topic | PRISMA-2020 Checklist Item & Item No. | PRIOR Checklist Item & Item No. | Comments |
|---|---|---|---|
| | funding sources). Describe any assumptions made about any missing or unclear information. | | |
| Risk of Bias Assessment | 11. Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process. | 11a. Describe the methods used to assess risk of bias or methodological quality of the included systematic reviews. | See pg. 13-14 of main report and pg. 29-36 of the appendices. |
| | | 11b. Describe the methods used to collect data on (from the systematic reviews) and/or assess the risk of bias of the primary studies included in the systematic reviews. Provide a justification for instances where flawed, incomplete, or missing assessments are identified but not reassessed. | This followed the same process as described in the sections on data collection processes and data items. See pg. 29-30 and 36 of the appendices. |
| | | 11c. Describe the methods used to assess the risk of bias of supplemental primary studies (if included). | N/A. |
| Effect Measures | 12. Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results. | | N/A. |
| Synthesis Methods | 13a. Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)). | | See pg. 15-16 and 31 of the main report and comment for PRISMA-2020 item 13b below. |
| | 13b. Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions. | | During data extraction, data related to the PICo elements were further classified by the review team into different groups (e.g. Type of Service User, Type of Phenomena and Type of Context). This helped to analyse and synthesise the results according to different populations in different contexts for different phenomena. |
| | 13c. Describe any methods used to tabulate or visually display results of individual studies and syntheses. | | Between pages 32-61 of the main report multiple tables are used to display the characteristics of studies that were synthesised for particular phenomena, populations and contexts. The order was in which these tables are presented is based on:<br>1. the review question<br>2. the context<br>3. the literature type<br>4. the population.<br>The tables and findings are presented in this order to help the reader assess the extent to which findings are likely to be relevant to their particular context and population, and |

| Section & Topic | PRISMA-2020 Checklist Item & Item No. | PRIOR Checklist Item & Item No. | Comments |
|---|---|---|---|
| | | | which may or may not be supported by empirical or non-empirical literature. |
| | 13d. Describe any methods used to synthesise results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used. | 12a. Describe the methods used to summarise or synthesise results and provide a rationale for the choice(s). | See pg. 15-16 and 31 of the main report. |
| | 13e. Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression). | 12b. Describe any methods used to explore possible causes of heterogeneity among results. | N/A. See pg. 36 of the appendices (Appendix 1j). |
| | 13f. Describe any sensitivity analyses conducted to assess robustness of the synthesised results. | 12c. Describe any sensitivity analyses conducted to assess the robustness of the synthesised results. | N/A. See pg. 36 of the appendices (Appendix 1j). |
| Reporting Bias Assessment | 14. Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases). | 13. Describe the methods used to collect data on (from the systematic reviews) and/or assess the risk of bias due to missing results in a summary or synthesis (arising from reporting biases at the levels of the systematic reviews, primary studies, and supplemental primary studies, if included). | N/A. See pg. 36 of the appendices (Appendix 1j). |
| Certainty Assessment | 15. Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome. | 14. Describe the methods used to collect data on (from the systematic reviews) and/or assess certainty (or confidence) in the body of evidence for an outcome. | N/A. See pg. 36 of the appendices (Appendix 1j). |
| **Results** | | | |
| Study Selection | 16a. Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram. | 15a. Describe the results of the search and selection process, including the number of records screened, assessed for eligibility, and included in the overview of reviews, ideally with a flow diagram. | See pg. 17-18 of the main report. |
| | 16b. Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded. | 15b. Provide a list of studies that might appear to meet the inclusion criteria, but were excluded, with the main reason for exclusion. | See pg. 37-42 of the appendices (Appendix 2a). |
| Study Characteristics | 17. Cite each included study and present its characteristics. | 16. Cite each included systematic review and supplemental primary study (if included) and present its characteristics. | See pg. 17-25 of the main report and pg. 43-44 of the appendices. |
| Primary Study Overlap | | 17. Describe the extent of primary study overlap across the included systematic reviews. | See pg. 31 of main report and pg. 45-47 of the appendices (appendix 2c). |
| Risk of Bias in Studies | 18. Present assessments of risk of bias for each included study. | 18a. Present assessments of risk of bias or methodological quality for each included systematic review. | See pg. 25-30 of main report and pg. 48-55 of the appendices. |
| | | 18b. Present assessments (collected from systematic reviews or assessed anew) of the risk of bias of the primary studies included in the systematic reviews. | See pg. 28 of review and pg, 48-52. |
| | | 18c. Present assessments of the risk of bias of supplemental primary studies (if included). | N/A. |
| Results of Individual Studies | 19. For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an | | N/A. |

| Section & Topic | PRISMA-2020 Checklist Item & Item No. | PRIOR Checklist Item & Item No. | Comments |
|---|---|---|---|
| | effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots. | | |
| Synthesis of Results | 20a. For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies. | | See pg. 17-25 of the main report for a summary of the literature characteristics. See pg. 25-30 of the main report for a synthesis of the quality of the literature. See pg. 31-62 of the review for a synthesis of results for each review question and PICo (quality of the literature is not described again in this section because all included evidence syntheses were of the same quality [i.e. critically low quality], as were almost all guidelines and standards [i.e. low quality]) and so to reduce duplication these were not described a second time. |
| | 20b. Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect. | 19a. For all outcomes, summarise the evidence from the systematic reviews and supplemental primary studies (if included). If meta-analyses were done, present for each the summary estimate and its precision and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect. | Meta-analyses/statistical synthesis were not conducted. Evidence was summarised and synthesised narratively by review question and PICo component rather than by outcome (see pg. 31-62 of the main report). |
| | 20c. Present results of all investigations of possible causes of heterogeneity among study results. | 19b. If meta-analyses were done, present results of all investigations of possible causes of heterogeneity. | N/A. See pg. 36 of the appendices (Appendix 1j). |
| | 20d. Present results of all sensitivity analyses conducted to assess the robustness of the synthesised results. | 19c. If meta-analyses were done, present results of all sensitivity analyses conducted to assess the robustness of synthesised results. | N/A. See pg. 36 of the appendices (Appendix 1j). |
| Reporting Biases | 21. Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed. | 20. Present assessments (collected from systematic reviews and/or assessed anew) of the risk of bias due to missing primary studies, analyses, or results in a summary or synthesis (arising from reporting biases at the levels of the systematic reviews, primary studies, and supplemental primary studies, if included) for each summary or synthesis assessed. | N/A. See pg. 36 of the appendices (Appendix 1j). |
| Certainty of Evidence | 22. Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed. | 21. Present assessments (collected or assessed anew) of certainty (or confidence) in the body of evidence for each outcome. | N/A. See pg. 36 of the appendices (Appendix 1j). |
| **Discussion** | | | |
| Discussion | 23a. Provide a general interpretation of the results in the context of other evidence. | 22a. Summarise the main findings, including any discrepancies in findings across the included systematic reviews and supplemental primary studies (if included). | See pg. 64-72 of the main report. |
| | | 22b. Provide a general interpretation of the results in the context of other evidence. | See pg. 64-72 of the main report. |
| | 23b. Discuss any limitations of the evidence included in the review. | | See pg. 72-73 of the main report. |

| Section & Topic | PRISMA-2020 Checklist Item & Item No. | PRIOR Checklist Item & Item No. | Comments |
|---|---|---|---|
| | 23c. Discuss any limitations of the review processes used. | 22c. Discuss any limitations of the evidence from systematic reviews, their primary studies, and supplemental primary studies (if included) included in the overview of reviews. Discuss any limitations of the overview of reviews methods used. | See pg. 73 of the main report. |
| | 23d. Discuss implications of the results for practice, policy, and future research. | 22d. Discuss implications for practice, policy, and future research (both systematic reviews and primary research). Consider the relevance of the findings to the end users of the overview of reviews, eg, healthcare providers, policymakers, patients, among others. | See pg. 73-75 of the main report. |
| **Other Information** | | | |
| Registration and Protocol | 24a. Provide registration information for the review, including register name and registration number, or state that the review was not registered. | 23a. Provide registration information for the overview of reviews, including register name and registration number, or state that the overview of reviews was not registered. | The protocol was not registered online or in a public forum. The protocol was provided to the commissioners (Tusla) on 07.07.23 before starting the review (see pg. 56 of the appendices). |
| | 24b. Indicate where the review protocol can be accessed, or state that a protocol was not prepared. | 23b. Indicate where the overview of reviews protocol can be accessed, or state that a protocol was not prepared. | The protocol can be accessed by the contacting the corresponding author (KMG) (see pg. 64 of the appendices). |
| | 24c. Describe and explain any amendments to information provided at registration or in the protocol. | 23c. Describe and explain any amendments to information provided at registration or in the protocol. Indicate the stage of the overview of reviews at which amendments were made. | See pg. 56-63 of the appendices. |
| Support | 25. Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review. | 24. Describe sources of financial or non-financial support for the overview of reviews, and the role of the funders or sponsors in the overview of reviews. | See pg. 64 of the appendices. |
| Competing Interests | 26. Declare any competing interests of review authors. | 25. Declare any competing interests of the overview of reviews' authors. | See pg. 64 of the appendices. |
| Author Information | | 26a. Provide contact information for the corresponding author. | See pg. 64 of the appendices. |
| | | 26b. Describe the contributions of individual authors and identify the guarantor of the overview of reviews. | See pg. 64 of the appendices. |
| Availability of Data and Other Materials | 27. Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review. | 27. Report which of the following are available, where they can be found, and under which conditions they may be accessed: template data collection forms; data collected from included systematic reviews and supplemental primary studies; analytic code; any other materials used in the overview of reviews. | See pg. 65-66 of the appendices. |

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