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TÚSLA
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Service User Experience: Methodologies, Tool
Requirements and Feedback Mechanisms

Rapid Integrative Review

April 2024

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Acknowledgements

The CES review team would like to thank everyone who generously shared their time and knowledge with us.

The review team is grateful for the feedback on previous drafts of the review by the Service Experience, Governance and Risk Systems Team, and the Tusla National Research Office, both of whom are part of Tusla’s Quality and Regulation Directorate.

The review team would also like to acknowledge the helpful insights of Colin O’Keeffe (Library and Information Service Coordinator for Barnardos) during the development of the search strategy.

Finally, the review team wish to extend our sincere gratitude to Pat Osborne and Angela Feeney, both of Tusla, for their responsiveness, flexibility, cooperation and thoughtful guidance throughout the review.

Companion documents to this review

Several companion documents have been produced alongside this main report. The full suite of documents produced as part of this rapid integrative review are:

1) Service User Experience: Methodologies, Tools, Requirements and Feedback Mechanisms: A Rapid Integrative Review *(March 2024)*

This is the main report for the rapid integrative review. The findings and conclusions are provided in detail.

2) Service User Experience: Methodologies, Tools, Requirements and Feedback Mechanisms: Executive Summary of the Rapid Integrative Review *(March 2024)*

This is the Executive Summary of the rapid integrative review. It summarises the aims, methods, findings and conclusions of the main report.

3) Service User Experience: Methodologies, Tools, Requirements and Feedback Mechanisms: Appendices of the Rapid Integrative Review *(March 2024)*

This contains the appendices of the main report. The appendices provide a more detailed description of the methodology, certain results and other important information about the review, in line with established reporting guidelines. All references to an ‘Appendix’ in this main report are intended to direct the reader to the ‘Appendices’ companion document.

***4) Service User Experience: Methodologies, Tools, Requirements and Feedback Mechanisms: Detailed Quality Assessments as part of a Rapid Integrative Review** (September 2023)*

This contains the full quality assessments of relevant literature included in this review.

***5) Service User Experience: Methodologies, Tools, Requirements and Feedback Mechanisms: Protocol for a Rapid Integrative Review** (July 2023)*

This is the original design and plan of the rapid integrative review developed by the review team.

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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

Rationale and context

As the national Child and Family Agency of the Republic of Ireland, Tusla provides a wide range of services to a wide range of service users. These services include child protection and welfare, alternative care and adoption, birth information and tracing, family support, children's services regulation, educational welfare services, and domestic, sexual and gender-based violence services. Tusla is keen to understand how services are experienced, to hear directly from service users about their experience, and to use this feedback for service improvement.

In 2016, as part of the Open Government Partnership National Action Plan 2014-2016, Ireland committed to improving consultation by public bodies with citizens, civil society and others (Department of Public Expenditure and Reform, 2016). The government has emphasised in a number of publications the need for consultation with the public in developing Public Services. These consultations are consistent with design principles for public services (Department of Public Expenditure and Reform, 2022).

There is a recognition internationally of the importance of listening to the experiences of the people who use health and social care services as a measure of the quality and safety of care (Health Information and Quality Authority, 2019c; Osborne, 2013).

In 2023, the Irish Government published its *Better Public Services -- A transformation strategy to deliver for the public and build trust* (Government of Ireland, 2023). This strategy is informed by three core themes:

- Digital and Innovation at Scale
- Workforce and Organisation of the Future and
- Evidence informed policy and services designed for and with our public.

Consistent with this strategy, and in order to expand their dialogue with service users to understand their needs and their journey through Tusla services, Tusla committed to developing and launching a Service Experience Insights Framework.

With this, Tusla commissioned the Centre for Effective Services (CES) to systematically review international best practice methodologies and tools that are relevant to capturing the experiences of service users across several of their service strands.

Aims, concepts and questions guiding the review

Aims and objectives

The aim of the review is to inform Tusla's development of a service experience insights framework to improve services and enhance outcomes for children and families. To achieve this the objectives of the review are to:

1. Systematically review existing international best practice (or guiding principles of practice) of service user engagement in child protection and welfare

services (CPWS), alternative care services (ACS), and prevention, partnership and family support services (PPFS).
2. Examine the related dependencies and system requirements for the implementation of best practice methods and tools in service user engagement.
3. To explore suitable feedback loops and mechanisms for the utilisation of service experience insights.

Key concepts

To help guide the review, key concepts from the aims of the review are defined below, using the 'PICo' acronym as a guide. The core elements of PICo are:

- Population
- Phenomenon of Interest
- Context (Stern et al., 2014).

As well as defining key concepts from the review, later we also later build the elements of PICo into the review questions, eligibility criteria, and search strategy to further define the scope of the review and ensure the key concepts addressed consistently throughout the review.

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

Table 1: Definitions of 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). For example, the different types of service users may 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). • Immediate family members of children in receipt of Tusla-related 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.

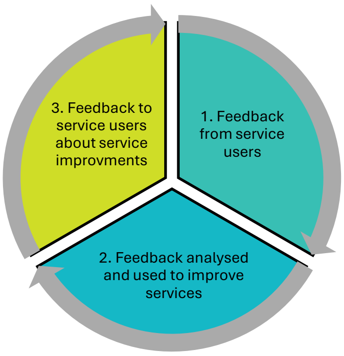
Tools, Methods and Methodologies for Engaging Service Users: We define 'tools' as any instrument or piece of equipment that can help to achieve a particular task or aim. 'Methods' are defined here as systematic procedures for applying tools to achieve a particular task or aim, and 'methodologies' are 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 developing service experience insights from service users.

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 (see Figure 1).

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.

Figure 1: Conceptualisation of a service user feedback loop



Context:

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

- Child protection and welfare services (CPWS)
    - Child safeguarding services
    - Children's services regulation, inspection and monitoring
- Alternative care services (ACS)
    - 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)
    - Youth work
    - Family resource centres
    - Support groups.

Review questions

As well as defining key concepts, the aims and objectives of the review have also been converted into research questions (again with the assistance of the PICo mnemonic) to more clearly define the scope of the review. Table 2 lists the review questions:

Table 2: Review questions

In CPWS, ACS and PPFS services 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 insights to improve services and/or enhance outcomes for children and families?
4. How can information about service experience insights be communicated back to service users?

Methods

Review design

The *Call for Quote* from Tusla requested “best practice systematic review methods to synthesise international evidence across the agreed themes”. The review team applied a similar yet alternative review methodology, which we refer to as a ‘rapid integrative review’.

Integrative reviews are “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).

Borrowing Garrity et al’s (2020) definition for rapid systematic reviews, we defined this ‘rapid integrative review’ as a form of knowledge synthesis that accelerates the process of conducting a traditional integrative review through streamlining or omitting various methods to produce evidence for stakeholders in a resource-efficient manner (see Appendix 1a for more detail on the rationale for the methodology).

The methodology for this review was specified in a protocol, which was submitted to Tusla before commencing the review proper.[1] The 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. For steps 2-4, a summary is provided below, with a more detailed description provided in Appendix 1 following the *PRISMA 2020 Statement* for systematic reviews (Page et al., 2021) and *PRIOR Statement* for overviews of reviews (Gates et al., 2022).

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[1] Access to the protocol can be provided upon reasonable request to the lead author (KMG). Amendments to the protocol are recorded in Appendix 3a.

Systematically searching and selecting literature

Eligibility criteria

Articles were selected according to inclusion and exclusion criteria that covered 6 areas:

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 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, as 'critically low quality' articles were excluded. The inclusion and exclusion criteria are listed in Table 3 below.

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, and prioritised for this review. Namely: • Child protection and welfare services (CPWS) ○ Child safeguarding services ○ Children's services regulation, inspection and monitoring • Alternative care services (ACS) ○ Emergency homelessness care for children ○ 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 services (PPFS) ○ Family support work ○ Youth work ○ Family resource centres ○ Support groups	-Non-social service settings (e.g. criminal justice settings, healthcare settings, mental healthcare settings, etc.), unless they also target eligible settings and services.

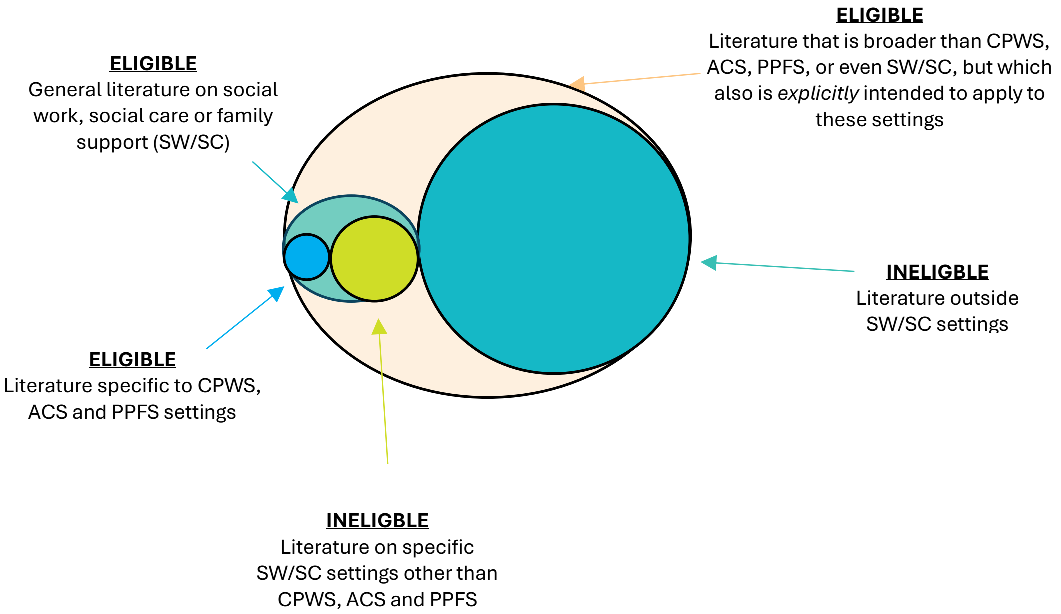
Population	-Current and past service users	-Service staff and management -Service user advocates -Funders and commissioners of services -General communities, public or citizens
Phenomena of Interest	-Literature that describes one or more of the following phenomena for the purpose of developing service experience insights to improve services and/or enhance outcomes for children and families: • Best practice or principles of practice in gathering and utilising service experience insights • Methodologies, methods and tools for gathering and utilising service experience insights, and factors or strategies that influence their implementation • 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 -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 those previously commissioned by Tusla) -Models, frameworks, guidelines and standards	-Primary research -Non-systematic narrative literature reviews -Protocols of proposed primary or secondary research -Opinion pieces, blogs, discussion papers -Books, book chapters, conference extracts -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

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

- Child protection and welfare services (CPWS)
- Alternative care services (ACS)
- Prevention, Partnership and Family support services (PPFS).

Some reviews or studies cover both social work and health or mental healthcare jointly, suggesting that there may be some overlap between these contexts in some instances. 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 may have some transferability to CPWS, AWS and PPFS settings. Figure 2 is intended to provide extra clarity on this.

Figure 2: Eligible and ineligible settings and services



The rationale for this approach is to prevent the review team excluding potentially relevant material, while also trying to mitigate the risk of including so much literature that the review cannot be completed on time. In the results chapter, eligible articles are classified into three groups based on the contexts (settings and services) shown in Figure 2 above. These are:

- **Type 1: Green** --> The most directly relevant contexts, referring to literature that is specific to CPWS, ACS and/or PPFS settings and services.
- **Type 2: Blue** --> Less directly relevant contexts, referring to literature on social work, social care or family support settings and services in general, on the assumption it may have some transferability to ‘Type 1: Green’ contexts.
- **Type 3: Pink** --> Least directly relevant contexts, referring to literature in settings and services that are broader than ‘Type 1’ or ‘Type 2’ contexts, but which is also intended to be applicable to Type 1 or Type 2 contexts.

Additional information on the eligibility criteria for each domain is provided in Appendix 1c.

Search strategy

The information sources for this review included:

- Articles saved by or provided to the review team 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.

A list of potential search terms were developed and grouped together by the review team, as shown in Table 4 below:

Table 4: Consolidated list of search terms

PICo	Search Term Combinations
Population	“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”
Phenomena of Interest	feedback OR consult* OR engag* OR participat* OR involv* OR voice OR advoca* OR collaborat* OR co-de* OR co-produc* OR co-creat*
Context (1)	Service* OR support* OR system* OR program* OR project*
Context (2)	Social OR welfare OR protection OR “in care” OR “looked after”
Literature Type	Review* OR synthesis OR model OR framework OR guid* OR standard*

Tailored search strategies were then developed for each information source using the search terms above. The searches and selection of literature were carried out by one member of the review team (KMG) between July and September 2023.

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.

Based on trials carried out during the development of the search strategy, the review team anticipated that the searches could return more results for title and abstract screening than would be manageable within the time available. As a result, the review team also implemented ‘stopping criteria’ during searches to help determine when title and abstract screening could be stopped for each particular information source. 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 B and C will be applied again at intervals of every 125 titles/abstracts.

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). For this review, primary study overlap was calculated by one review team member (KMG) using the ‘corrected covered area’ (CCA) method outlined by Pieper et al (2014). No corrective action was required after assessing for primary study overlap.

Further details on information sources and search strategies are provided in Appendices 1d and 1e, respectively.

Quality appraisal

Quality assessments of evidence syntheses, guidelines and standards were performed by one member of the review team (KMG).

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 used to assess the literature were:

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

Full descriptions of the quality assessment tools and how they were applied are provided in Appendix 1i.

Based on the results of the assessments, each evidence synthesis, guideline and standard was assigned one of the following overall quality ratings:

- 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 are not aware of a quality assessment tool for these types of literature.

Analysis and synthesis

Relevant data were extracted from the included articles by two reviewers (KMG, JS). As a time and resource-saving measure, data extraction was not conducted in duplicate. Table 5 shows the type of data extracted for each type of literature.

In balancing considerations about the large amount and varied types of literature included in the review, as well as the time and resources available to complete the review, the review team opted for an approach that was relatively straightforward, yet also systematic, trustworthy, and capable of handling multiple types of literature within a relatively short space of time. As such, the analysis and synthesis was informed by a ‘narrative synthesis’ approach:

> "'Narrative' synthesis' refers to an approach… and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis… to 'tell the story' of the findings from the included studies" (Popay et al., 2006, p. 5).

Table 5: Data extraction items

Data Items	Literature Type		
	Models and Frameworks	**Guidelines and Standards**	**Evidence Syntheses**
Articles Characteristics			
Citation	x	x	x
Title	x	x	x
Literature Type	x	x	x
Country	x	x	x
Funder/Commissioner	x	x	x
PICo and Evidence Synthesis Characteristics			
Purpose/Aims/Review Questions	x	x	x
Evidence Synthesis Design			x
Number and Type of Databases Searched			x
Search Period			x
Eligible Articles			x
Number and Design of Primary Studies			x
Quality Assessment Results of Primary Studies			x
Certainty of Evidence Results of Primary Studies			x
Relevant Service User Population	x	x	x
Relevant Phenomena of Interest (*stated by authors*)	x	x	x
Relevant Context(s) (settings and services)	x	x	x
Relevant Findings			
Components (stated by authors)	x		
Proposed Relations Between Components (*stated by authors*)	x		
Application/Relevance to Phenomena of Interest	x		
Strengths of the Model/Framework (*stated by authors*)	x		
Weaknesses of the Model/Framework (*stated by authors*)	x		
Best Practice/Principles of Practice		x	x
Mechanisms, Methodologies and Tools		x	x
Dependencies and Requirements		x	x
Feedback Loops		x	x

Popay et al. (2006) suggest four elements to a narrative synthesis process:

1. Develop a theory of how the intervention (or phenomenon of interest) works, why and for whom
2. Develop a preliminary synthesis of findings of included studies
3. Explore relationships in the data
4. Assess robustness of the synthesis.

The analysis and synthesis approach for this review incorporated most of the elements above but made some adaptions where necessary to better fit the needs of the review. For instance, while developing a theory of how the phenomena of interest works can be helpful, it is not considered essential (Popay et al., 2006) and was not conducted for this review due to time constraints.

A preliminary synthesis of the findings was conducted in two steps. Firstly, the literature was categorised and organised according to its PICo components. Secondly, the data extraction stage was used as an opportunity to begin to informally identify patterns across the included literature.

After this, patterns and relationships in the data were interrogated in more detail, by further dividing the analysis into the four sub-groups of the phenomena of interest (namely, best practice; methodologies, methods and tools; dependencies and requirements; and feedback loops) and then comparing patterns and relationships in the data according to PICo components and types of literature. This permitted the review team to explore patterns and relationships within and across different populations, contexts and literature types, while also identifying potential sources of heterogeneity in the findings.

Finally, the quality assessments of the included literature, combined with an understanding of the limitations of this review, assisted the review team to draw conclusions about the robustness of the findings.

Results

Literature selection

The search strategy returned 7,076 articles. 1,461 articles were not screened due to stopping criteria, meaning title/abstract screening was carried out on 5,615 articles. 5,460 articles clearly did not meet the eligibility criteria. In addition, the full-texts of 2 articles were inaccessible and had to be excluded, leaving 153 articles for full-text screening. 4 of these were duplicates which had slipped through the title/abstract screening and were subsequently removed.

149 articles were full-text screened. 99 were initially excluded for failing to meet the eligibility criteria, before assessments of quality and primary study overlap were conducted. This left a total of 50 articles, which included 16 evidence syntheses, 15 guidelines, 8 frameworks, 7 models and 4 standards. The evidence syntheses, guidelines and standards were then quality assessed, leading to a further 18 articles (14 evidence syntheses and 4 guidelines) being excluded after being assessed as 'critically low quality'. 5 more articles (2 evidence syntheses, 1 guideline and 2 models) were also excluded after it was noticed -- during data analysis or the assessments of quality and primary study overlap -- that they had erroneously made it through the initial full-text screening (see Appendix 2a for a full list of excluded and inaccessible studies with rationale for exclusion). This left 27 articles which were eligible for inclusion: 10 guidelines, 8 frameworks, 5 models and 4 standards.

While the review team anticipated a large proportion of evidence syntheses to be excluded from the review for being 'critically low quality', it was not anticipated that *all* evidence syntheses would be removed. To help strengthen the conclusions and trustworthiness of the analysis, the review team decided that some empirical literature, even if 'critically low quality', would be better than none. As such, the 5 evidence syntheses that were classified as **Type 1: Green** were added back into the review as these were the most directly relevant to the contexts of interest, resulting in a final total of 32 articles which are included in the review.

The study selection process is displayed in the flow diagram on pg. 18.

Literature characteristics

The included articles are listed in Table 6 (pg. 19).

Year of publication

Year of publication for the included articles ranged from 1985-2023.[2] The median year of publication was 2018 for models (ranging from 2007-2022), 2017 for evidence syntheses (ranging from 2014-2022), 2017 for frameworks (ranging from 2002-2023), 2014 for guidelines (ranging from 1985-2022), and 2011 for standards (ranging from 2003-2018). For all types of literature, the median year of publication is 2017.

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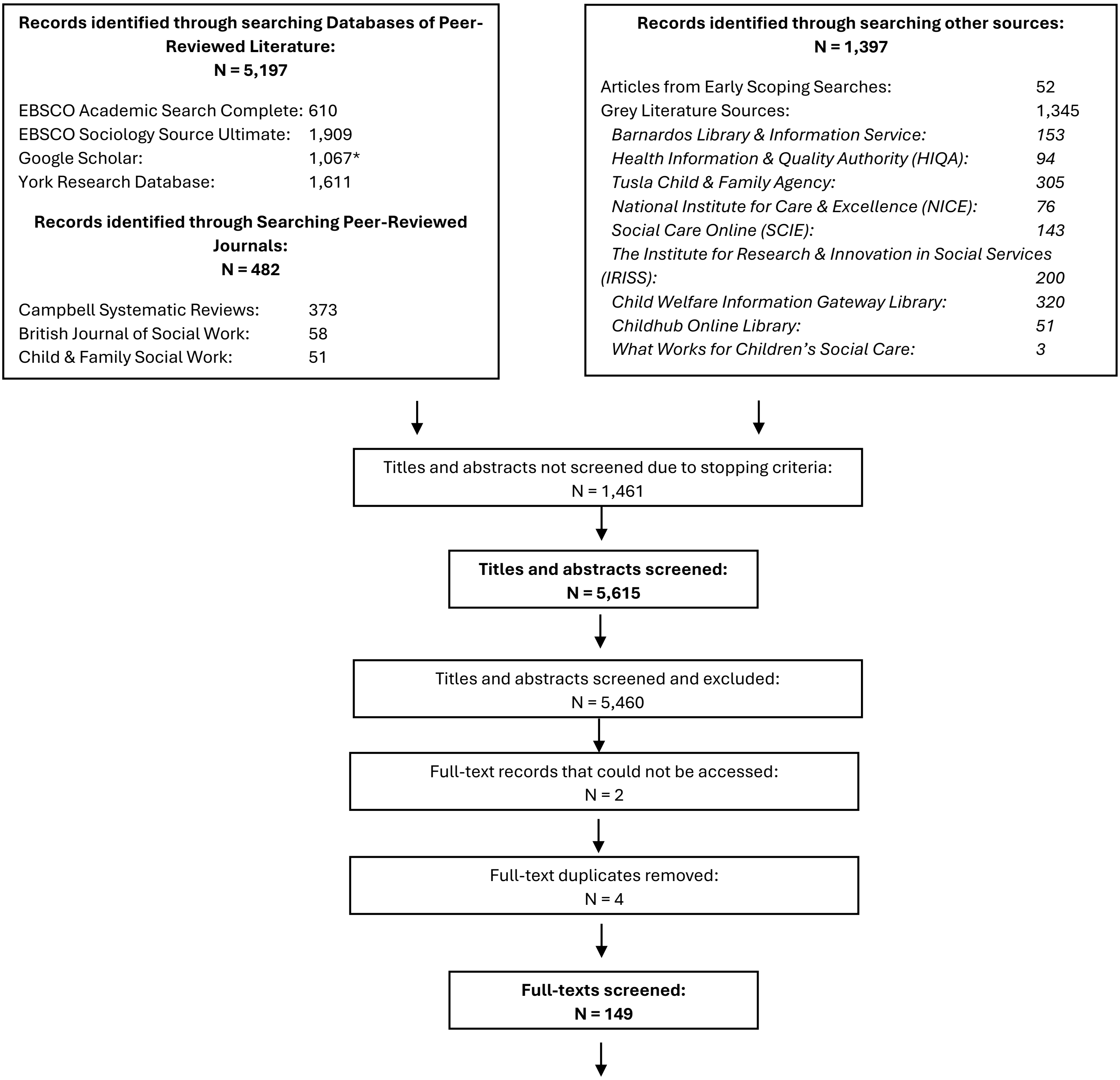
[2] For one article (n.d.), the year of publication for could not be identified and is excluded from the median year of publication calculations.

Country of publication

Most included articles (69%) are published by teams in Ireland (9), the United States (7) or the United Kingdom (6). Of the remaining literature, 22% was published in various parts of Europe and 9% in Australia. As such, the included literature is likely to project a heavily Anglo-European perspective.

Figure 3: Flow diagram of the study selection process



Records identified through searching Databases of Peer-Reviewed Literature:
N = 5,197

EBSCO Academic Search Complete:	610
EBSCO Sociology Source Ultimate:	1,909
Google Scholar:	1,067*
York Research Database:	1,611

Records identified through Searching Peer-Reviewed Journals:
N = 482

Campbell Systematic Reviews:	373
British Journal of Social Work:	58
Child & Family Social Work:	51

Records identified through searching other sources:
N = 1,397

Articles from Early Scoping Searches:	52
Grey Literature Sources:	1,345
Barnardos Library & Information Service:	*153*
Health Information & Quality Authority (HIQA):	*94*
Tusla Child & Family Agency:	*305*
National Institute for Care & Excellence (NICE):	*76*
Social Care Online (SCIE):	*143*
The Institute for Research & Innovation in Social Services (IRISS):	*200*
Child Welfare Information Gateway Library:	*320*
Childhub Online Library:	*51*
What Works for Children's Social Care:	*3*

Titles and abstracts not screened due to stopping criteria:
N = 1,461

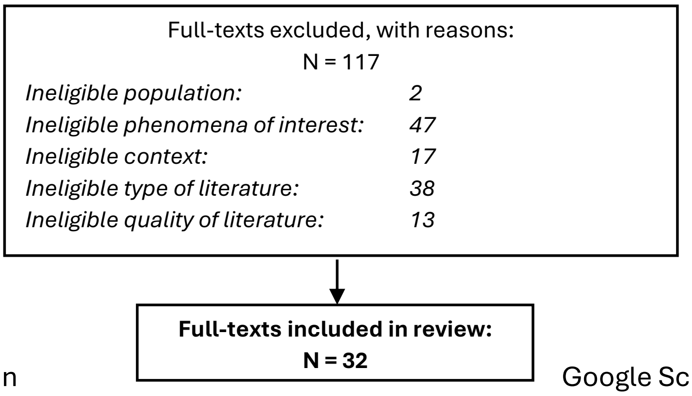
Titles and abstracts screened:
N = 5,615

Titles and abstracts screened and excluded:
N = 5,460

Full-text records that could not be accessed:
N = 2

Full-text duplicates removed:
N = 4

Full-texts screened:
N = 149


Full-texts excluded, with reasons:
N = 117

Ineligible population: 2
Ineligible phenomena of interest: 47
Ineligible context: 17
Ineligible type of literature: 38
Ineligible quality of literature: 13

Full-texts included in review:
N = 32

*Two articles identified in Google Scholar which eventually were included in the review (O'Brien & Watson, 2002; Zuchowski et al., 2019) were identified outside of the formal search strategy process (for more detail see Appendix 3a, protocol amendment 12).

Table 6: Characteristics of included studies

Citation	Title	Country	Funder/Commissioner	PICo Classifications		
				Population	Phenomena of Interest	Context
Frameworks (n=8)						
Alam (2021)	Many hands make light work: Towards a framework of digital co-production to co-creation on social platforms	Australia	Facebook Inc.	Service users (generic)	SEI is (co-) primary focus	Type 3
Cahill and Dadvand (2018)	Re-conceptualising youth participation: A framework to inform action	Australia	Not Stated	Children and young people	SEI is not primary focus	Type 3
Dworetzky et al. (2023)	Family Engagement at the Systems Level: A Framework for Action	United States	Lucile Packard Foundation for Children's Health	Families	SEI is not primary focus	Type 3
Health and Social Care Regulatory Forum (2009)	Framework for Public & Service User Involvement in Health and Social Care Regulation in Ireland	Ireland	Health & Social Care Regulatory Forum	Service users (generic)	SEI is not primary focus	Type 3
O'Brien and Watson (2002)	A framework for quality assurance in child welfare	United States	Children's Bureau	Children and young people	SEI is (co-) primary focus	Type 1
Park (2019)	Beyond patient-centred care: A conceptual framework of co-production mechanisms with vulnerable groups in health and social service settings	United States	Not Stated	Service users (generic)	SEI is not primary focus	Type 3

Citation	Title	Country	Funder/Commissioner	PICo Classifications		
				Population	Phenomena of Interest	Context
Rodríguez and Brown (2009)	From voice to agency: Guiding principles for participatory action research with youth	United States	Not Stated	Children and young people	SEI is not primary focus	Type 3
Ward et al. (2016)	Developing a framework for gathering and using service user experiences to improve integrated health and social care: The SUFFICE framework	United Kingdom	National Institute of Health Research and Leeds South and East Clinical Commissioning Group	Service users (generic)	SEI is (co-) primary focus	Type 3
Models (n=5)						
Augsberger et al. (2022)	Family Engagement in Child Welfare System-Level Change: A Review of Current Models	United States	None.	Families	SEI is not primary focus	Type 1
Hawaii Child Welfare Services (n.d.)	Hawaii Child Welfare Services (CWS) Family Partnership and Engagement Practice Model	United States	Hawaii Child Welfare Services	Children and young people, and families	SEI is not primary focus	Type 1
Kaehne (2018)	Co-production in integrated health and social care programmes: A pragmatic model	United Kingdom	Not Stated.	Service users (generic)	SEI is not primary focus	Type 3
Krogstrup and Brix (2018)	Service user involvement in collaborative governance: Introducing a Nordic Welfare State model	Denmark	Not Stated	Service users (generic)	SEI is (co-) primary focus	Type 3
Lundy (2007)*	'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child	United Kingdom	None (Northern Ireland Commissioner for Children and Young People commissioned	Children and young people	SEI is not primary focus	Type 3

Citation	Title	Country	Funder/Commissioner	PICo Classifications		
				Population	Phenomena of Interest	Context
			research informing the model's development)			
Guidelines (n=10)						
Care Inspectorate (2012)	Practice Guide: Involving children and young people in improving children's services	United Kingdom	Care Inspectorate	Children and young people	SEI is not primary focus	Type 3
Council of Europe (2012)**	Council of Europe Recommendation on the participation of children and young people under the age of 18	Europe	Council of Europe	Children and young people	SEI is not primary focus	Type 3
Council of Europe (2016)**	Child participation assessment tool: Indicators for measuring progress in promoting the right of children and young people under the age of 18 to participate in matters of concern to them	Europe	Council of Europe	Children and young people	SEI is not primary focus	Type 3
McAuley and Brattman (2002)	Hearing Young Voices: Consulting Children and Young People, including those experiencing Poverty or other forms of Social Exclusion, in relation to Public Policy Development in Ireland: Key Issues for Consideration	Ireland	Calouste Gulbenkian Foundation and Open Your Eyes to Child Poverty Initiative	Children and young people	SEI is not primary focus	Type 3
National Institute for Health and Care	Looked-after children and young people: NICE guideline	United Kingdom	National Institute for Health and Care Excellence	Children and young people, and parents/guardians	SEI is not primary focus	Type 2

Citation	Title	Country	Funder/Commissioner	PICo Classifications		
				Population	Phenomena of Interest	Context
Excellence (2021)						
Partnership for Maternal, Newborn and Child Health (2020)***	Global Consensus Statement: Meaningful Adolescent and Youth Engagement	Switzerland	World Health Organisation (?)	Children and young people	SEI is not primary focus	Type 3
Partnership for Maternal, Newborn and Child Health (2022)***	Practical guidance resource to operationalize the global consensus statement on meaningful adolescent and youth engagement (MAYE)	Switzerland	World Health Organisation	Children and young people	SEI is not primary focus	Type 3
Save the Children (2018)	General Children's Participation Criteria: Sectoral Guideline and Instruments for Ensuring Children's Meaningful Participation	Sweden and Albania	Swedish International Development Cooperation Agency	Children and young people	SEI is not primary focus	Type 3
The National Children's Office, The Children's Rights Alliance, The National Youth Council (2005)	Young Voices: Guidelines on How to Involve Children and Young People in your work	Ireland	The National Children's Office, The Children's Rights Alliance, and The National Youth Council	Children and young people	SEI is not primary focus	Type 3
Wells and Sametz (1985)	Involvement of Institutionalized Children in Social Science Research: Some Issues and Proposed Guidelines	United States	Cleveland Foundation	Children and young people	SEI is not primary focus	Type 3

Citation	Title	Country	Funder/Commissioner	PICo Classifications		
				Population	Phenomena of Interest	Context
Standards (n=4)						
Department of Health and Children (2003)	National standards for foster care	Ireland	Department of Health and Children	Children and young people, and families	SEI is not primary focus	Type 1
Health Information and Quality Authority (2012)	National standards for the protection and welfare of children: For Health Service Executive children and family services	Ireland	Health Information and Quality Authority	Children and young people	SEI is not primary focus	Type 1
Health Information and Quality Authority (2014)	National standards for special care units	Ireland	Health Information and Quality Authority	Children and young people	SEI is not primary focus	Type 1
Health Information and Quality Authority (2018)	National standards for children's residential centres	Ireland	Health Information and Quality Authority	Children and young people	SEI is not primary focus	Type 1
Evidence Syntheses (n=5)						
Ayala-Nunes et al. (2014)	Family Feedback in Child Welfare Services: A Systematic Review of Measures	Spain and Portugal	Fundação para a Ciência e a Tecnologia	Families	SEI is (co-) primary focus	Type 1

Citation	Title	Country	Funder/Commissioner	PICo Classifications		
				Population	Phenomena of Interest	Context
Baran and Sawrikar (2022)	Service-level barriers and facilitators to father engagement in child and family services: A systematic review and thematic synthesis of qualitative studies	United Kingdom	None	Parents / guardians	SEI is not primary focus	Type 1
Health Information and Quality Authority (2017a)	Background document to support the development of National Standards for Children's Residential Centres	Ireland	Health Information and Quality Authority	Children and young people	SEI is not primary focus	Type 1
Kennan et al. (2016)	Exploring the effectiveness of structures and procedures intended to support children's participation in child welfare, child protection and alternative care services: A systematic literature review	Ireland	Tusla	Children and young people	SEI is not primary focus	Type 1
Zuchowski et al. (2019)	Continuous quality improvement processes in child protection: A systematic literature review	Australia	Centre for Research Excellence in Integrated Quality Improvement and the Lowitja Institute	Children and young people	SEI is not primary focus	Type 1

*Lundy (2007) did not, in and of itself, meet the eligibility criteria of the review due to the context in which it was originally developed (i.e. education). However, it was included after the review team identified other articles during full-text screening which had applied the Lundy Model in a child protection and welfare context (Jackson et al., 2020) and for the purpose of gathering and utilising SEIs (Kennan et al., 2019).

**Companion documents.

***Companion documents.

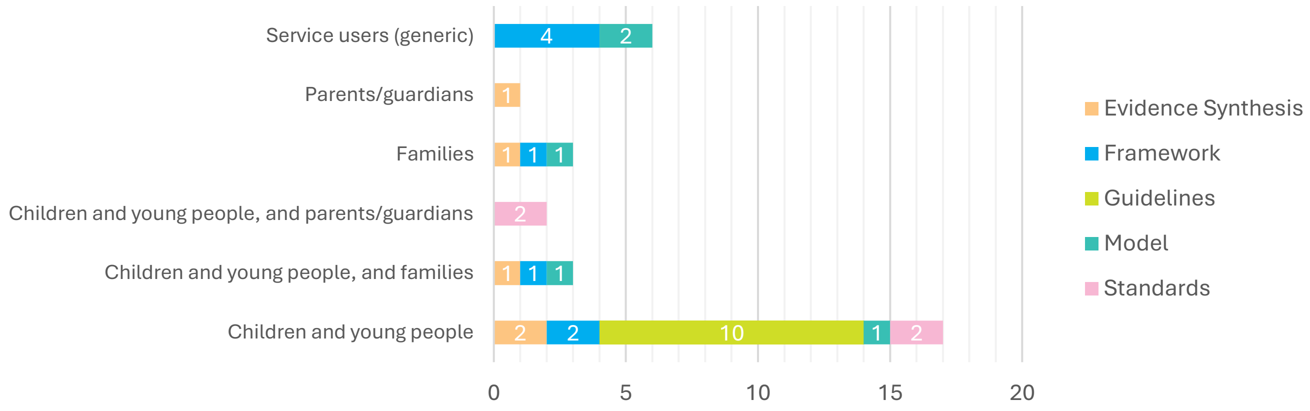
Service user populations

The service user populations that the articles were relevant to were categorised by the review team into four groups: (1) children and young people, (2) families, (3) parents/guardians, and (4) service users in general.

As can be seen in Figure 5, the vast majority of the included articles have relevance for children and young people (69%). In particular, all 10 guidelines in the review are directed exclusively towards children and young people.

In comparison, there is a relative dearth of literature included in the review with relevance specifically for families (19%) and parents/guardians (9%). However, an additional 19% of articles were categorised as having relevance for service users in general.

Figure 4: Type and amount of literature for each service user population of interest



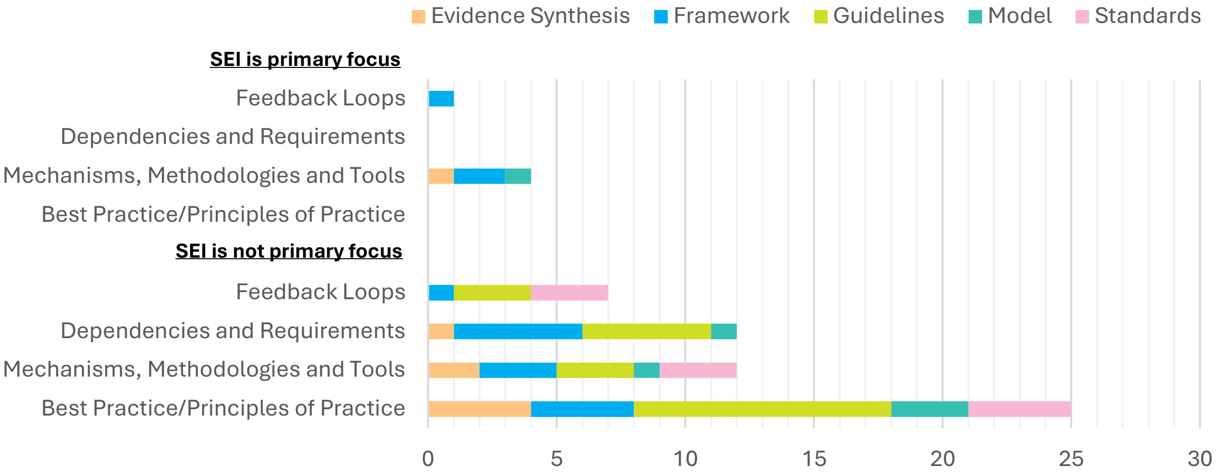
Phenomena of interest

All 32 articles have at least some relevance to the overarching phenomena of interest, which is gathering and utilising service experience insights for service improvement. Within this, there are:

- 25 articles related to best practice/principles of practice
- 16 articles related to mechanisms, methodologies and tools
- 12 articles related to dependencies and requirements
- 8 articles related to feedback loops.

While the figures above suggest a reasonably large amount of literature is available for each sub-phenomena of interest, the actual usefulness and direct relevance of the content in the articles varied considerably. As a rough indication of this, the review team further classified the included articles to indicate whether or not gathering and utilising service experience insights (SEIs) is the (co-)main focus of an article or not. Gathering and utilising SEI was classified as a (co-)main focus in only 5 of the 32 included articles (16%). In the remaining, 27 articles (84%), the focus tended to be on broader phenomena, such as children's rights or service user involvement and participation. These broader phenomena could be interpreted as related to the development of service experience insights but also encompass and focus on other related concepts.

Figure 5: Types of phenomena of interest and level of focus on them in the included literature



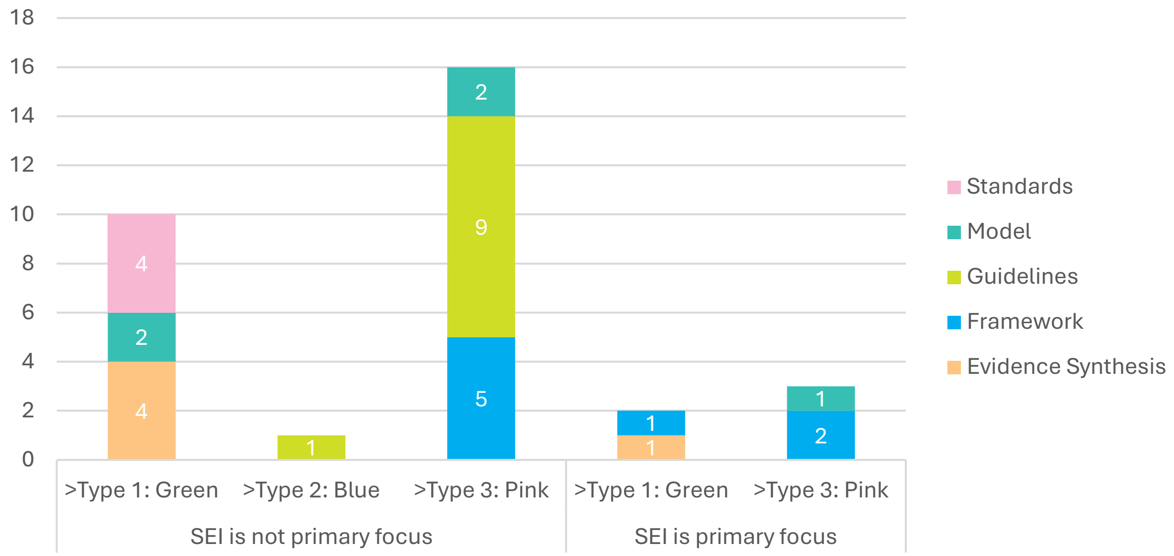
In particular, Figure 6 above shows that gathering and utilising SEI was a (co-)main focus in only two of the sub-phenomena of interest. Namely, ‘mechanisms, methodologies and tools’, and ‘feedback loops’.

Contexts (settings and services)

As previously mentioned in the methods section, 3 types of contexts were considered eligible for inclusion. When classifying articles under these 3 types of contexts, the review team used the terms **Type 1: Green** for the most directly relevant contexts of interest, **Type 2: Blue** as less directly relevant than Type 1, and **Type 3: Pink** as the least directly relevant contexts (see pg. 12 for further explanation).

Figure 7 below shows how much and what kind of literature is included for each type of context, and also whether SEI is the main focus of the literature or not. As can be seen in the figure, only 2 articles (6%) are classified as **Type 1: Green** *and* having SEI as the (co-)primary focus. In fact, half of the literature (16 articles [50%]) falls under **Type 3: Pink** and does not have SEI as its primary focus.

Figure 6: Types of contexts and level of focus on the phenomena of interest in the included literature



Given these classifications in terms of relevancy, the review team encourage readers to **exercise considerable caution when interpreting the findings of the report** and the extent to which they may be transferable to child protection and welfare services (CPWSs), alternative care services (ACSs), and partnership, prevention and family support services (PPFSs).

Characteristics specific to evidence syntheses

As shown previously in Table 5 (pg. 15) data was extracted on a number of characteristics that are specific to evidence syntheses. The actual data extracted on these characteristics can be found in Appendix 2b.

The five evidence syntheses included in this review searched between 5 and 10 databases for literature. Only two evidence syntheses (Health Information and Quality Authority, 2017a; Kennan et al., 2016) reported if date restrictions were placed on the studies eligible for their review (2007-2017 and 2000-2016, respectively).

No evidence syntheses appeared to share the same eligibility criteria on any PICo elements, which is indicative of the widely varied focus of each evidence synthesis.

153 articles were included across the five evidence syntheses, however, one review (Health Information and Quality Authority, 2017a) which had 82 articles did not provide a description of its included studies. Of the remaining 71 articles, 13 assessed the quality and characteristics of questionnaires for service user feedback, 2 articles were literature reviews, 35 were qualitative studies, 8 were quantitative studies, 12 were mixed-method studies, and 1 article was not described. This suggests the data on which the evidence syntheses are based are mainly derived from qualitative research, which tends to have smaller sample sizes and may require

more caution about the generalisability or transferability of results compared to some quantitative research methods.

Literature quality

Overview of quality assessment results

Quality assessments were performed on 14 guidelines, 4 standards and 14 evidence syntheses. The quality assessment tools used to assess these were:

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

Based on the results of the assessments, each guideline, standard and evidence synthesis was assigned one of the following overall quality ratings:

Critically Low	**Low**	**Moderate**	**High**
🟦	🟩	🟧	🟩

In total, 5 guidelines were assessed using AGREE-GRS; 9 guidelines and 4 standards with AGREE-HS; and 14 evidence syntheses with the adapted AMSTAR-2 quality assessment tool. The results were as follows:

Table 7: Summary of results of the quality assessment appraisals

Quality	Guidelines*	Standards	Evidence Syntheses
High	1	0	0
Moderate	1	0	0
Low	6	4	0
Critically Low	4	0	14

*Companion documents (Council of Europe, 2012, 2016; Partnership for Maternal Newborn and Child Health, 2020, 2022) were quality assessed together, meaning the total guidelines add up to 12 instead of 14.

1 guideline was assessed as high quality; 1 guideline as moderate quality; 6 guidelines, 4 standards and 1 evidence synthesis as low quality; and 4 guidelines and all 14 evidence syntheses as critically low quality. All critically low quality articles were subsequently excluded from the review, with the exception of the 5 **Type 1: Green** evidence syntheses as explained on pg. 17.

The low quality of most of the included guidelines, standards and evidence syntheses in this review further underscores the need for readers to **exercise considerable caution when interpreting the findings of this report**.

More detailed summaries of the quality assessments for articles included in the review are provided in the following sub-sections. Summaries of the quality assessments for articles excluded from the review after receiving a ‘critically low quality rating’ are provided in Appendix 2d.[3]

Quality of guidelines and standards

Practice and service-level guidelines

As shown in Table 9 (pg. 29), 4 of the included guidelines meeting the inclusion criteria were assessed as practice- or service-level guidelines using the AGREE-GRS quality assessment tool (Brouwers et al., 2017). This assessed the guidelines against various criteria in four domains:

1. the guideline development *process*
2. the *presentation* of the guideline
3. the *completeness of reporting* in the guideline, and
4. the appropriateness and validity of the *recommendations*.

For domain 1, one guideline was assessed as having a high quality development process by involving appropriate stakeholders, developing the evidence base systematically and making recommendations that were consistent with the literature. The other three guidelines were assessed as having a low quality development process, for missing some or all of these criteria.

For domain 2, one guideline was assessed as having a high quality presentation style by being well-organised and making the recommendations easy to find. One guideline was assessed as having a moderate quality presentation style, and two others as low quality, often because the specific recommendations were challenging to find.

For domain 3, three guidelines were assessed as having a low quality completeness of reporting, with the fourth guideline assigned a critically low quality rating. This reflected limitations across the guidelines in either the transparency and reproducibility of the guideline development process, and/or providing too little information to adequately support decision-makers to put the recommendations into practice.

Finally, for domain 4, one guideline received a high quality rating for its recommendations as they were judged to be supported by evidence (insofar as evidence existed) and appropriate for its intended population. One guideline was assessed as having moderate quality recommendations, and two others as low quality, which reflected limitations in the evidence base supporting the recommendations or their appropriateness for their intended populations.

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[3] 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.

When the assessments for each domain were considered together, this resulted in one guideline receiving an overall rating of high quality and three guidelines receiving an overall rating of low quality.

System-level guidelines and standards

As shown in Table 10 (pg. 29), 5 guidelines[4] and 4 standards meeting the inclusion criteria were assessed as system-level guidelines using the AGREE-HS quality assessment tool (AGREE-HS Research Team, 2018). This assessed the guidelines and standards against various criteria in five domains:

1. the description of the *topic* of the guidelines
2. the guideline/standards development *participants*
3. the guideline/standards development *methods*
4. the guideline's/standards *recommendations*
5. the *implementability* of the recommendations.

For domain 1, one guideline was assessed as having a high quality description of the challenge it sought to address, by clearly describing the nature of the challenge, its causes, level of priority, and the relevance and appropriateness of the guidelines for addressing the system challenge. One guideline received a moderate quality rating for its topic description, and 6 guidelines and standards received a low quality rating, reflecting limitations in how the challenge the guidelines were intended to address was described.

For domain 2, all guidelines and standards were assessed as having low or critically low quality in the participants or stakeholders involved in developing the guidelines and standards. Generally, these results tended to reflect poor reporting, meaning it was often not clear what stakeholders were involved in the development of the guidelines or standards, what their backgrounds or interests were, and what precautions were taken to minimise the influence of competing interests in the development of the guidelines or standards.

For domain 3, one guideline was assessed as having moderate quality, two guidelines/standards as low quality, and five guidelines/standards as having critically low quality methods of development. Again, this was often reflective of poor reporting in the guidelines and standards, meaning it was not possible to tell if certain criteria were met. However, it also reflected limitations in, for example, the use of systematic and transparent methods to develop and agree upon recommendations.

In domain 4, the quality tended to be higher than that of the other domains. Six guidelines and standards were assessed as having moderate quality, and two guidelines as having low quality recommendations. The assessments indicated, for example, that the recommendations tended to be reasonably comprehensive and the anticipated outcomes of implementing them could at least be inferred, if not explicitly

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[4] Two guidelines (Partnership for Maternal Newborn and Child Health, 2020, 2022) are companion documents and were assessed as one guideline.

stated. However, the ethical principles used to develop the recommendations were often unclear and a plan for updating the recommendations was regularly missing.

Finally, in domain 5, the quality tended to be lower than that of the other domains. One guideline was assessed as moderate quality, one guideline as low quality, and six guidelines/standards as critically low quality in the guidance provided to implement their recommendations. In fact, the assessments indicated that it was common for little or no guidance to be given on how to put the recommendations into practice by considering, for example, barriers and enablers to implementation, the cost and resource needs of implementation, or the acceptability of the recommendations for stakeholders.

When the assessments for each domain were considered together, this resulted in one guideline receiving an overall rating of moderate quality and seven guidelines/standards receiving an overall rating of low quality.

Quality of evidence syntheses

The adapted AMSTAR-2 is intended to accommodate the quality assessment of various different types of evidence syntheses. Namely, systematic reviews (quantitative, qualitative and mixed-methods), scoping reviews, overviews of reviews, integrative reviews, and rapid reviews based on each of those evidence synthesis methodologies. Some items on the adapted AMSTAR-2 were applicable to all types of evidence syntheses, while others were only applicable to specific types.

As previously mentioned, 14 evidence syntheses were quality assessed after full-text screening. All received a rating of critically low quality and were excluded from the review (see Appendix 2d), with the exception of 5 **Type 1: Green** evidence syntheses which were retained because they were the most directly relevant to the contexts of interest. The results of these 5 **Type 1: Green** evidence syntheses are shown in Table 12 (pg. 30). One was assessed as a quantitative systematic review, one as a qualitative systematic review, two as mixed-methods systematic reviews, and one as an overview of reviews.

The number of items these reviews could be assessed against ranged from 13 for qualitative systematic reviews up to 18 for overviews of reviews. However, as can be seen in Table 12, the quality assessment for all five evidence syntheses was stopped after assessment on only 5-7 items as each evidence synthesis was assessed as having failed to adequately conduct two critical items by that point.

In particular, no evidence syntheses reported establishing their methods prior to conducting their review. Another three evidence syntheses failed to use a comprehensive search strategy to identify relevant literature, and the remaining two evidence syntheses failed to provide a list of excluded studies with rationale for their exclusion.

Furthermore, four of the five evidence syntheses conducted their own quality assessments of the primary research included in their reviews. Based on the results of these assessments, the review team concluded that most of the primary research is of uncertain quality or has considerable limitations which, once again, emphasise the need for readers to cautiously interpret the results of this review (see Appendix 2d).

Table 8: Keys for AGREE-GRS and AGREE-HS assessment results

Item Ratings	
High	🟩 5.6 - 7.0
Moderate	🟧 4.1 - 5.5
Low	🟨 2.6 - 4.0
Critically Low	🟦 1.0 - 2.5

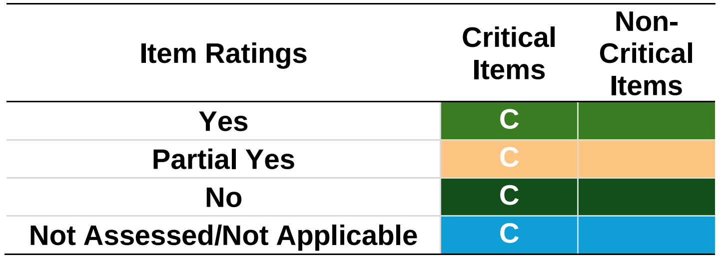
Table 9: Results of AGREE-GRS quality assessments for practice- and service-level guidelines included in the review

Citation	Quality Assessment Domains				Overall Quality Rating
	Development Process	Presentation Style	Reporting Completeness	Recommendations	
Guidelines					
Care Inspectorate (2012)	🟨	🟨	🟨	🟨	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 10: Results of AGREE-HS quality assessments for system-level guidelines and standards included in the review

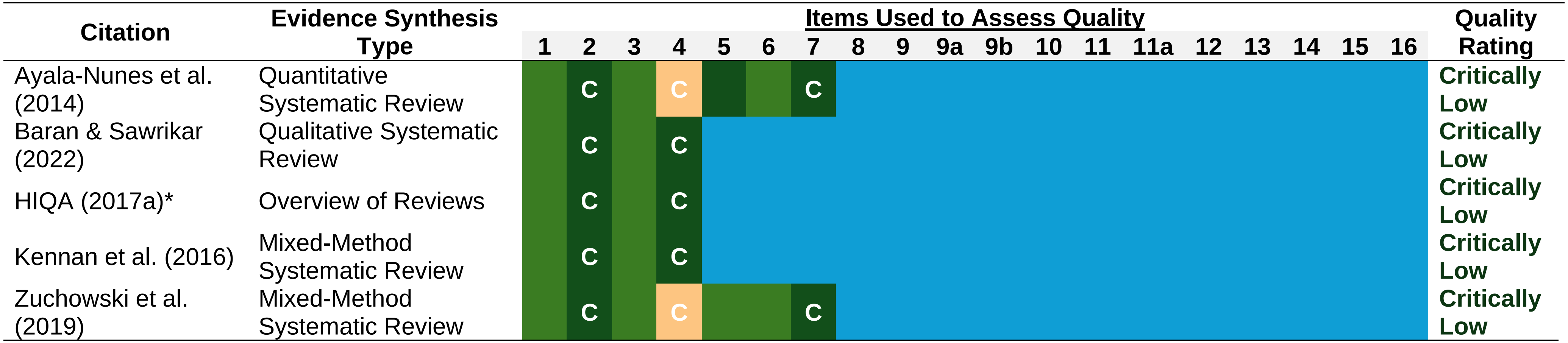
Citation	Quality Assessment Domains					Overall Quality Rating
	Topic Description	Participants	Methods	Recommendations	Implementability	
Guidelines						
Council of Europe (2012, 2016)	🟩	🟦	🟦	🟩	🟦	Low
McAuley and Brattman (2002)	🟩	🟩	🟧	🟧	🟧	Moderate
Partnership for Maternal, Newborn and Child Health (2020, 2022)	🟧	🟩	🟩	🟧	🟩	Low
Save the Children (2018)	🟩	🟩	🟦	🟩	🟦	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

Table 11: Keys for adapted AMSTAR-2 quality assessment results



Item Ratings	Critical Items	Non-Critical Items
Yes	🟩 C	🟩
Partial Yes	🟧 C	🟧
No	⬛ C	⬛
Not Assessed/Not Applicable	🟦 C	🟦

Table 12: Results of the adapted AMSTAR-2 quality assessments for evidence syntheses included in the review



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	
Ayala-Nunes et al. (2014)	Quantitative Systematic Review	🟩	⬛ C	🟩	🟧 C	⬛	🟩	⬛ C	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	Critically Low
Baran & Sawrikar (2022)	Qualitative Systematic Review	🟩	⬛ C	🟩	⬛ C	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	Critically Low
HIQA (2017a)*	Overview of Reviews	🟩	⬛ C	🟩	⬛ C	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	Critically Low
Kennan et al. (2016)	Mixed-Method Systematic Review	🟩	⬛ C	🟩	⬛ C	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	🟦	Critically Low
Zuchowski et al. (2019)	Mixed-Method 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?

Primary study overlap

4 evidence syntheses were included in the assessment of primary study overlap. None of the primary studies overlapped, resulting in a CCA score of 0 (see Appendix 2c for detailed results).

Findings and data synthesis

This section presents a narrative synthesis of the findings on developing SEIs to improve services. The findings are presented in a way that is intended to help the reader assess the extent to which the findings may be relevant to their particular context.

Firstly, the findings are broken down according to the review questions, which address four phenomena of interest to this review. Section 1 considers best practices and principles of practice for developing and utilising service experience insights. Section 2 considers methodologies, methods and tools. Section 3 considers dependencies and requirements, and section 4 examines feedback loops with service users.

Secondly, within each section, the findings are then broken down to show what the literature for **Type 1: Green** settings and services suggests as these are the settings and services most directly relevant to this review. This is followed by a consideration of the literature from **Type 2: Blue** and **Type 3: Pink** contexts, which are less directly relevant but may still provide useful learning that can supplement the limited literature on Type 1 settings and services.

Thirdly, within each section and type of context, findings from non-empirical literature (i.e. models, frameworks, guidelines, and standards) are discussed first and then compared with findings from the empirical literature to assess the extent to which the empirical and non-empirical literature align.

Finally, within each of the sections and sub-sections above, the review team try to clarify the types of service users certain findings are intended for, while recognising that most of the included literature is directed towards children and young people.

Section 1: Best Practice and principles of practice in developing and utilising service experience insights

Review Question 1:

In CPWS, ACS and PPFS services 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?

'TYPE 1: GREEN' SETTINGS AND SERVICES

There are 9 articles in CPWS, ACS and PPFS (Type 1: Green) settings and services relevant to best practice and principles of practice. Of these, 5 are non-empirical literature and 4 are empirical literature. The specific articles, as well as the specific populations, contexts and extent to which they focus on the phenomena of interest, are listed in Table 13 below:

Table 13: Articles from 'Type 1: Green' settings and services relevant to best practice and principles of practice

Citation	Literature Type	Country	PICo Classifications		
			Population	Phenomena of Interest	Context
Non-Empirical Literature					
Hawaii Child Welfare Services (n.d.)	Model	United States	Children and young people, and families	SEI is not primary focus	Child Welfare Services
Department of Health and Children (2003)	Standards	Ireland	Children and young people, and parents/guardians	SEI is not primary focus	Foster Care Services
Health Information and Quality Authority (2012)	Standards	Ireland	Children and young people	SEI is not primary focus	Child Protection and Welfare Services
Health Information and Quality Authority (2014)	Standards	Ireland	Children and young people	SEI is not primary focus	Special Care Units
Health Information and Quality Authority (2018)	Standards	Ireland	Children and young people, and parents/guardians	SEI is not primary focus	Children's Residential Centres

Empirical Literature					
Baran and Sawrikar (2022)	Qualitative Systematic Review	United Kingdom	Parents / guardians (Fathers)	SEI is not primary focus	Child and Family Services
Health Information and Quality Authority (2017a)	Overview of Reviews	Ireland	Children and young people	SEI is not primary focus	Children’s Residential Centres
Kennan et al. (2016)	Mixed-Method Systematic Review	Ireland	Children and young people	SEI is not primary focus	Child Welfare, Child Protection and Alternative Care Services
Zuchowski et al. (2019)	Mixed-Method Systematic Review	Australia	Children and young people, and families	SEI is not primary focus	Child Protection

As can be seen from the Table above, much of the Type 1 literature in this review on best practice and principles of practice is derived from Ireland and focuses heavily on children and young people in CPWS and ACS contexts. There is relatively little literature directed towards families or parents/guardians, or PPFS settings, and service experience insights (SEIs) are not a primary focus of any of the Type 1 literature on best practice and principles of practice.

Non-empirical literature: Models, frameworks, guidelines and standards

Children and young people

At the most basic level, all Type 1 non-empirical literature on best practice and principles of practice advocate **listening to the voice of *children and young people***. This is usually expressed as an underpinning principle, value or standard for practice, and in some sources is linked with other broader themes on children’s rights, choice and autonomy (Department of Health and Children, 2003; Hawaii Child Welfare Services, n.d.; Health Information and Quality Authority, 2012, 2014, 2018).

However, the Type 1 non-empirical literature appears to emphasise a relatively narrow view of how feedback should be acquired, and the voice of children and young people listened to. In particular, the various ‘Standards’ regularly refer to complaints systems as the primary mechanism for listening to the voice of the children and young people (Department of Health and Children, 2003; Health Information and Quality Authority, 2012, 2014, 2018).

The practicalities of a complaints system are explored in more detail in ‘Section 2: Mechanisms, methodologies, and tools. The discussion here explores the underlying principles and practices recommended for a robust complaints system. Collectively, the various ‘Standards’ suggest that:

- Complaints systems should be **developed in consultation** with all interested parties, including children and young people (Department of Health and Children, 2003).
- Organisations should have **procedures and guidelines** for dealing with complaints, and these should be **given to children** in a format appropriate to their age and communication needs (Department of Health and Children, 2003; Health Information and Quality Authority, 2014).
- There should be a **culture of openness and transparency** that welcomes feedback via a complaints system, with no adverse consequences for raising issues of concern. Children and young people should be provided **sufficient information** to enable them to follow complaints procedures and be facilitated to make complaints, including through access to independent services and advocates (Department of Health and Children, 2003; Health Information and Quality Authority, 2014, 2018).
- Complaints are usually best **resolved close to the point of service delivery**, with service providers working to provide **speedy, constructive and agreeable solutions** to children and young people's concerns, within clear and reasonable **time limits** for action (Department of Health and Children, 2003; Health Information and Quality Authority, 2012, 2018).
- The rights of children and young people to **confidentiality** should be respected, except where the information received suggests the safety and protection of the child is at risk (Department of Health and Children, 2003).
- Children and young people should be given **a right of appeal** or independent review of formal complaints, and be made aware of options to escalate a complaint to an **external body** (Department of Health and Children, 2003; Health Information and Quality Authority, 2018).
- There is a mechanism for children to provide **feedback on the complaints procedure** and its effectiveness is regularly reviewed (Health Information and Quality Authority, 2018).

While the Type 1 non-empirical literature on best practices and principles of practices places a relatively strong emphasis on complaints systems, several 'Standards' imply that this should be one part of a larger monitoring, evaluation and information system to review and assess the effectiveness of service provision, underpinned by a principle of listening to children and young people's concerns (Health Information and Quality Authority, 2012, 2018). However, it is not enough to simply listen to children. Their views should also be **understood and taken seriously**, with consultations for feedback on potential service improvements undertaken **on a regular basis**, and measures in place to support children with communication difficulties (Health Information and Quality Authority, 2012, 2018). There should be a **robust system for managing information** and governing its use. This is to ensure it is used ethically, in line with relevant standards, policies, regulations and legislation, and that learnings are communicated at various organisational levels to support the delivery of effective services. Finally, children and young people should be **kept informed** in an age-appropriate way of the resulting developments and outcomes of their feedback (Health Information and Quality Authority, 2012).

Parents/guardians

As noted previously, the non-empirical Type 1 literature on best practices and principles of practice in developing SEIs is far smaller and less detailed in relation to 'parents/guardians' than 'children and young people'. In fact, in this case, the information on best practices for parents/guardians is derived from articles that primarily focus on children and young people.

Where the non-empirical Type 1 literature on best practices and principles of practice does mention parents/guardians, the recommendations typically align with those for children and young people. For example:

- Parents/guardians are entitled to make a complaint about the service provided to their child, should be made aware of the complaints process, and given copies of the complaints procedures.
- The right to confidentiality also extends to parents/guardians.
- Parents/guardians should be informed of the outcome of a complaint, with actions taken in a timely manner.
- Beyond complaints processes, there should be mechanisms for significant people in the children and young person's life, such as parents/guardians, to provide feedback and identify areas for service improvement (Department of Health and Children, 2003; Health Information and Quality Authority, 2018).

However, some sources also recognised there may be exceptional circumstances where parental feedback may not be appropriate. For example, if a High Court direction limits the degree of parental involvement in the child's life (Health Information and Quality Authority, 2014).

Families

Direction on best practices and principles of practice for developing SEIs from families is extremely scant in the non-empirical Type 1 literature. The available guidance simply indicates that there should be a process for family input into quality improvement initiatives and opportunities for families to advocate for themselves when they have concerns about their service provision (Hawaii Child Welfare Services, n.d.).

Empirical literature: Evidence syntheses

The empirical Type 1 literature on best practice and principles of practice focused mainly on children and young people as the target population and tended to focus on broad concepts such as 'participation', 'decision-making involvement' and 'continuous quality improvement'. These concepts can include, but are not necessarily limited to, gathering and utilising SEIs.

Children and young people

Overall, there is limited empirical evidence within the evidence syntheses of this review to validate the best practices and principles of practice previously discussed -- either for complaints systems or more general monitoring, evaluation and information systems -- for Type 1 settings working with children and young people.

For instance, empirical evidence on complaints systems as a medium for developing SEIs with children and young people is weak at best. In their 2017 review, the Health Information and Quality Authority found only one small scale qualitative study on complaints systems, which found "a consistent theme was a questioning of the effectiveness of complaints procedures" (Health Information and Quality Authority, 2017a, p. 106). Furthermore, Kennan et al. (2016, p. 21) concluded:

> "*From the limited research reviewed… on complaints mechanisms, no definitive statement can be made on the effectiveness of these procedures. Although there is very little research in the area, there are indications in the literature that when complaints procedures are in place, children do not avail of the opportunity to make a complaint due to a lack of confidence, fear of reprisal, and the belief that it will lead to an inadequate response. This can undermine its effectiveness*".

Potentially, these barriers -- lack of confidence to make a complaint, fear of reprisal and expectations of an inadequate response -- could be interpreted as providing tentative support for the importance of several aforementioned principles of practice in order to maximise the effectiveness of complaints systems. Namely:

- Provide **sufficient age-appropriate information** to make complaints
- Have a **culture of openness and transparency** that welcomes complaints
- Provide **speedy, constructive and agreeable solutions**, within clear and reasonable **time limits**, while **keeping** children **informed** of the resulting developments and outcomes of their complaints.

Empirical evidence on best practices and principles for developing SEIs through more general monitoring, evaluation and information systems is also limited. Zuchowski et al. (2019) examined the literature on 'continuous quality improvement processes' (CQI), which may have some overlap with monitoring, evaluation and information systems in terms of their purpose, but the extent to which the actual direct engagement with service users overlaps between the two concepts is less clear. For instance, Zuchowski et al. (2019) describe CQI as:

> "*…a process that focuses on the systematic collection and review of performance data that allows an agency to monitor, understand, and improve, on an ongoing basis, all aspects of service delivery and documentation*" (Zuchowski et al., 2019, p. 390).

This description does not mention service users as a source of 'performance data', implying that CQI processes do not necessarily need to develop SEIs by engaging with service users. That said, to the extent that CQI processes *do* overlap with monitoring, evaluation and information systems, and *do* develop SEIs through service users, the CQI literature may provide some tentative support for certain principles of practice. Namely, Zuchowski et al. (2019) concluded that:

- **Data management strategies** that provide **real-time feedback** to staff contribute to effective evaluation of services and to systematic improvements in service delivery.
- **Involving** key stakeholders, particularly families, children and young people, is an important aspect of reviewing and evaluating child protection programmes and systems.

Finally, Kennan et al. (2016) examined the effectiveness of structures and procedures for supporting child participation in child protection and welfare settings, concluding there is limited evidence at present for the effectiveness of these structures. The actual structures and procedures are described in more detail in ‘Section 2: Mechanisms, Methodologies and Tools’, but do not include complaints systems or more general monitoring, evaluation and information systems.

Nevertheless, an analysis of the findings in Kennan et al. (2016) identified several principles of practice that may have relevance to the participation of service users in the development of SEIs. For instance:

- **Choice** on whether and how to participate is vital. A **range of options,** in terms of structures and procedures for sharing feedback on service experiences, should be available to children and young people to accommodate their individual preferences and abilities. Flexible and informal structures and procedures may be especially attractive for seldom-heard children and young people.
- The use of **advocates** can be an effective means of enabling children and young people to communicate their views and influence decisions regarding their care.
- Meaningful participation requires that the **input of children and young people is valued**, that the medium of gathering SEIs is **child-friendly and engaging**, and that they have **clarity about the purpose** of sharing their feedback.

Parents/guardians

There is relatively little empirical Type 1 literature on best practice and principles of practice in developing SEIs with parents/guardians. The limited literature that is available focuses specifically on fathers.

The findings suggest that **actively seeking feedback** from fathers through formal and informal feedback mechanisms and then **responding** to it **proactively** can be an enabler for improved father engagement in child and family services and could potentially lead to more effective services for fathers by improving the service providers’ understanding of their needs (Baran & Sawrikar, 2022).

However, the studies included in this review were primarily qualitative and had small samples, so while the findings indicate potential positive effects of seeking feedback from fathers, they should not be considered definitive.

‘TYPE 2: BLUE’ AND ‘TYPE 3: PINK’ SETTINGS AND SERVICES

There are 16 articles in ‘Type 2: Blue’ and ‘Type 3: Pink’ settings and services relevant to best practice and principles of practice, all of which are non-empirical literature. The specific articles, as well as the specific populations, contexts, and extent to which they focus on the phenomena of interest, are listed in Table 14 below:

Table 14: Articles from 'Type 2: Blue' and 'Type 3: Pink' settings and services relevant to best practice and principles of practice

Citation	Literature Type	Country	PICo Classifications		
			Population	Phenomena of Interest	Context
Dworetzky et al. (2023)	Framework	United States	Families	SEI is not primary focus	Child and Family Serving Organisations (primarily in a healthcare context)
Health and Social Care Regulatory Forum (2009)	Framework	Ireland	Service users (generic)	SEI is not primary focus	Health and Social Care Regulatory Bodies
Park (2019)	Framework	United States	Service users (generic)	SEI is not primary focus	Health and Social Service settings
Rodríguez and Brown (2009)	Framework	United States	Children and young people	SEI is not primary focus	Participatory Action Research with Marginalised Youths
Kaehne (2018)	Model	United Kingdom	Service users (generic)	SEI is not primary focus	Integrated Health and Social Care Programmes
Lundy (2007)*	Model	United Kingdom	Children and young people	SEI is not primary focus	Education and Child Welfare*
Care Inspectorate (2012)	Guideline	United Kingdom	Children and young people	SEI is not primary focus	Children’s Services
Council of Europe (2012)	Guideline	Europe	Children and young people	SEI is not primary focus	All Contexts
Council of Europe (2016)	Guideline	Europe	Children and young people	SEI is not primary focus	All Contexts
McAuley and Brattman (2002)	Guideline	Ireland	Children and young people	SEI is not primary focus	Potentially All Contexts (primarily public

					policy development)
National Institute for Health and Care Excellence (2021)	Guideline	United Kingdom	Children and young people	SEI is not primary focus	Care Settings for Looked-After Children
Partnership for Maternal, Newborn and Child Health (2020)	Guideline	Switzerland	Children and young people	SEI is not primary focus	All Settings and Services Working with Children
Partnership for Maternal, Newborn and Child Health (2022)	Guideline	Switzerland	Children and young people	SEI is not primary focus	All Settings and Services Working with Children
Save the Children (2018)	Guideline	Sweden and Albania	Children and young people	SEI is not primary focus	Children’s Services
The National Children's Office, The Children's Rights Alliance, The National Youth Council (2005)	Guideline	Ireland	Children and young people	SEI is not primary focus	All Settings and Services Working with Children
Wells and Sametz (1985)	Guideline	United States	Children and young people	SEI is not primary focus	Social Science Research (with “institutionalised children”)

*The original article (Lundy, 2007) was focused on educational contexts. Later articles (Jackson et al., 2020; Kennan et al., 2019) applied the model in a child welfare context.

As can be seen from the Table above, much of the Type 2 and 3 literature on best practice and principles of practice is derived from the US, UK, and Europe, and focuses heavily on children and young people across various contexts. There is relatively little literature directed towards families or parents/guardians, and service experience insights (SEIs) are not a primary focus of any of the Type 2 and 3 literature on best practice and principles of practice.

Non-empirical literature: Models, frameworks, guidelines, and standards

The best practice principles found in Type 2 and 3 literature largely re-affirm, and in some cases extend, those found in the type 1 literature. In addition, as with the Type 1 literature on best practices and principles of practice in developing SEIs, the Type 2 and Type 3 literature tend to focus on broader concepts like 'participation', 'engagement' and 'research with children and young people'. These concepts can include, but are not limited to, developing service experience insights (SEIs). To reduce duplication, this section primarily focuses on additional practices and principles not previously covered or providing extra information on practices and principles covered in the Type 1 literature.

Children and young people

Recommendations and guidance from several sources (Council of Europe, 2012, 2016; Partnership for Maternal Newborn and Child Health, 2020, 2022; Save the Children, 2018; The National Children's Office et al., 2005) are based on the following principles, which also have relevance to developing SEIs:

- There is **no age limit** on the right of the child or young person to express his or her views freely. All children and young people have a right to be heard, **without discrimination on any grounds**, in all matters affecting them and for their views to be given due weight in accordance with their age and maturity.
- The **evolving capacities** of children and young people should be considered, such that they should be encouraged to influence matters that affect them to an increasing degree as their capacities evolve.
- **Special efforts** should be made to enable participation for children and young people affected by marginalisation, discrimination, or with fewer opportunities.
- To participate meaningfully and sustainably, participation should be understood as a **process rather than a one-off event**, which requires commitment in terms of time and resources. In addition, children and young people should be:
  - provided with **all relevant information**, including the scope and limits of their involvement, the expected and actual outcomes of their participation, and how their views will be, and were, ultimately considered.
  - offered **adequate support** for self-advocacy appropriate to their age and circumstances.
- Children and young people must be **protected from potential harm** when expressing their views, such as intimidation, reprisals or violation of their right to privacy.
- Finally, all processes in which children and young people are heard should be **transparent** and **informative, voluntary, respectful, relevant** to children's lives, in **child-friendly** environments, **inclusive** (non-discriminatory), **supported by training**, **safe** and

Box 1: Council of Europe's principles for child and young person participation

- sensitive to risk, and **accountable.** These principles are expanded upon in Box 1.

Some of the Type 2 and 3 literature describe guiding principles of practice for certain forms of research with children and young people. For instance, Wells and Sametz (1985) proposed a foundational set of ethical practices and principles in the 1980’s when involving children in state care settings in research. These ethical principles aim to protect children’s rights to privacy, freedom of choice, and confidentiality throughout the research process. In short, they guide researchers towards:

- **Avoid**ing **the selection of topics that exploit** children and young people, invade their privacy or compound problems that may be experiencing.
- Giving children and their legal guardian **appropriate information** about research participation **in a setting** where it can be evaluated **without prejudice and a decision** to choose or to reject participation can be **freely made**.
- Developing procedures to ensure that children’s continued research involvement is **voluntary**, the information they provide remains **confidential**, and the **findings are used for the benefit of research participants** rather than harming or stigmatising them in some way.

While the ethical practice and principles above are intended for all types of research with children and young people in state care, they align with many of the best practices and principles already mentioned for children and young people in a broad range of contexts, settings and services.

There are also specific guiding practices and principles noted for participatory action research (PAR):

> “*PAR is an empirical methodological approach in which*

The Council of Europe’s (2016) *Child Participation Assessment Tool* describes ‘9 Basic Requirements for Effective and Ethical Child and Young Person Participation’:

1. **Participation is Transparent and Informative**
   Children are given information about their right to participate in a child-friendly and accessible format that describes how they can participate, why they have been given the opportunity, the scope of their participation and the impact it will have.
2. **Participation is Voluntary**
   Children can choose, without coercion, whether they would like to participate, and are informed of their ability to withdraw from activities at any time.
3. **Participation is Respectful**
   Children are treated with respect and provided opportunities to freely express their views and ideas. Staff also respect and gain an understanding of the family, school and cultural context of children’s lives.
4. **Participation is Relevant**
   Participation builds on children’s own knowledge and is focused on issues relevant to their lives and local context.
5. **Participation is Child-Friendly**
   Child-friendly approaches are used to ensure children are prepared for participation and can contribute meaningfully. Participation approaches and methods are designed based on children’s ages and abilities.
6. **Participation is Inclusive**
   Children’s participation provides opportunities for vulnerable children to be involved, challenges existing patterns of discrimination, and is sensitive to the cultures of all participating children.
7. **Participation is Supported by Training for Adults**
   Through training, preparation and ongoing support, staff have the knowledge and capacity to facilitate meaningful child participation.
8. **Participation is Safe and Sensitive to Risk**
   Adults working with children have a duty of care and take precautions to minimise the risks to children of negative consequences of participation.
9. **Participation is Accountable**
   After participation, children are given feedback on how their views were interpreted, used, and influenced

> *people directly affected by a problem under investigation engage as co-researchers in the research process, which includes action, or intervention, into the problem… it embodies particular empirical assumptions and methodological strategies that differ from other approaches to social science research*" (Rodríquez & Brown, 2009, p. 23).

The methodological strategies of PAR are discussed in 'Section 2: Mechanisms, methodologies, and tools. Of interest here, Rodríquez and Brown (2009) identify three guiding principles of their PAR work with children and young people. Namely:

- **Situated and inquiry-based research and learning**: This principle describes a commitment to research and learning where the research topic, content and knowledge produced reflect and address the real-life problems, needs, desires, and experiences of youth researchers. This reflects PARs emphasis on engaging youth in learning and enquiry to help them improve the quality of their lives, rather than conducting research that simply sees them as sources of data. Applying this principle is intended to give children and young people greater control over the research process and provide learning experiences that are "purposeful, supportive, practical, and analytically rich", while also promoting meaningful participation in developing SEIs that guide policies and practices important to their lives.
- **Collaborative participation**: This principle describes a commitment to "genuinely collaborative methodological and pedagogical processes" which validate, incorporate and further the skillset and capacities of the youth researchers. This fosters both critical and creative engagement in the process.
- **Transformational learning**: This principle describes a commitment to actively intervene and seek knowledge that is transformative in the lives of children and young people.

Families

Only one article from Type 2 and Type 3 literature provides information on best practices and principles. These are related to family engagement in systems-level initiatives, which again is broader than gathering and utilising SEIs, but may still suggest relevant practices and principles.

Dworetzky et al. (2023) propose a framework that describes the information and supports that help families partner with professionals on systems-level activities. The principles and practices are based around 4 domains:

- **Commitment**, which refers to the organisation **routinely engaging** families in system-level initiatives that affect the policies and programmes that govern services for children, youth and families.
- **Transparency**, which refers to the organisation **clearly documenting and communicating** how it identifies issues faced by the children and families they serve and **provides information and supports** families need to partner and contribute to systems-level activities.

- **Representation**, which refers to family partners **reflecting the diversity** of the service users served by the organisation or by a specific systems-level initiative.
- **Impact**, which refers to how the organisation used families' ideas to improve policies, programmes, services, and supports.

Criteria that could be used to help assess adherence to the principles are provided in Box 2. What is notable about these principles is the extent to which they overlap with the principles noted for children and young people when developing SEIs, indicating that many best practices and principles for children and young people are likely also applicable to families, and potentially parents/guardians.

Box 2: Criteria to assess application of the family engagement framework

Dworetzky et al. (2023) suggest a set of criteria that can be used to help assess adherence to the 4 domains of their family engagement framework.

1. **Commitment**
   - There is a written family engagement policy
   - One or more staff champion family engagement
   - There is a mechanism for reimbursing families for participating.
2. **Transparency**
   - Description of the roles and responsibilities of family partners is provided
   - Materials use plain, jargon-free language
   - When appropriate, family partners have opportunities to develop leadership skills through training and mentorship.
3. **Representation**
   - Collaboration with a family-led organisation or structure to help recruit and support families to participate.
   - Family partners are representative of the demographic of the service user population.
4. **Impact**
   - Family partners feel their input is valued and helps lead to change
   - Family partners participate in what decisions are made
   - Staff can identify family partners contributions that led to a different outcome or process.

Service users in general

In short, the literature on the practices and principles for service users in general is aligned with many of the principles and practices discussed for other service user populations and is not repeated here.

Rather, the additional insights added from this literature include:

- A consideration of the extent to which service users are to be involved when developing SEIs. This is presented as a continuum, starting with ‘informing or educating’, to ‘gathering information’, to ‘discussions’, to ‘engaging’, to ‘partnering’ with service users (Health and Social Care Regulatory Forum, 2009).
- The nature of the engagement or involvement should be governed by the particular aim of the activity, so that professionals engage with service users in a way that allows services users to provide answers that make sense with the wider service context (Kaehne et al., 2018).

Empirical literature: Evidence syntheses

All evidence syntheses in Type 2 or Type 3 settings and services were excluded due to being ‘critically low quality’.

Section 2: Mechanisms, methodologies, and tools for developing and utilising service experience insights

Review Question 2:

In CPWS, ACS and PPFS services 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?

‘TYPE 1: GREEN’ SETTINGS AND SERVICES

There are 8 articles in CPWS, ACS and PPFS (Type 1: Green) settings and services relevant to mechanisms, methodologies and tools. Of these, 5 are non-empirical literature and 3 are empirical literature. The specific articles, as well as the specific populations, contexts and extent to which they focus on the phenomena of interest, are listed in Table 15 below:

Table 15: Articles from 'Type 1: Green' settings and services relevant to mechanisms, methodologies and tools

Citation	Literature Type	Country	PICo Classifications		
			Population	Phenomena of Interest	Context
Non-Empirical Literature					
Augsberger et al. (2022)	Model	United States	Families	SEI is not primary focus	Child Welfare Services
Department of Health and Children (2003)	Standards	Ireland	Children and young people, and families	SEI is not primary focus	Foster Care Services
Health Information and Quality Authority (2014)	Standards	Ireland	Children and young people	SEI is not primary focus	Special Care Units
Health Information and Quality Authority (2018)	Standards	Ireland	Children and young people	SEI is not primary focus	Children’s Residential Centres
O’Brien and Watson (2002)	Framework	United States	Children and young people, and families	SEI is (co-) primary focus	Child Welfare Services

Empirical Literature					
Ayala-Nunes et al. (2014)	Quantitative Systematic Review	Spain and Portugal	Families	SEI is (co-) primary focus	Child Welfare Services
Kennan et al. (2016)	Mixed-Method Systematic Review	Ireland	Children and young people	SEI is not primary focus	Child Welfare, Child Protection and Alternative Care Services
Zuchowski et al. (2019)	Mixed-Method Systematic Review	Australia	Children and young people, and families	SEI is not primary focus	Child Protection

As shown in the Table above, much of the Type 1 literature in this review on mechanisms, methodologies and tools is derived from Ireland. Most of the articles focus on children and young people in CPWS and ACS contexts, with a smaller number also focusing on families. There is no Type 1 literature directed specifically towards parents/guardians, or PPFS settings. Service experience insights (SEIs) are a primary focus for 2 of the 8 articles from the Type 1 literature on mechanisms, methodologies, and tools.

Non-empirical literature: Models, frameworks, guidelines and standards

Children, young people and families

Various mechanisms, methodologies and tools to support service user engagement are mentioned across the Type 1 literature. These are rarely described at length, but they are well-established and may already be familiar to some readers. O’Brien and Watson (2002) is one of the few articles from the Type 1 literature that focuses primarily on gathering and utilising service experience insights (SEIs) and provides a detailed methodology for developing SEIs. They propose a 5-step quality assurance

(QA) framework for child welfare services, and explicitly state children and young people should be included in the QA process. The five steps of the framework are:

1. Adopt outcomes and standards
2. Incorporate quality assurance throughout the agency
3. Gather data and information
4. Analyse data and information
5. Use analyses and information to make improvements.

More detailed sub-steps are described in Box 3.

For step 3, the gathering of data and information should include methods for listening to and involving children and families. The strategies suggested by O’Brien and Watson (2002) primarily, though not exclusively, rely on qualitative methods of gathering feedback. The suggested feedback methods include:

- Complaints systems
- Exit interviews
- Focus groups
- Surveys
- Staff dedicated to assuring agency responsiveness to consumers
- Qualitative case reviews.

Box 3: O’Brien and Watson’s (2002) 5-step quality assurance process

1. Adopt outcomes and standards

Explicit goals are crucial because they suggest the outcomes an agency intends to achieve with/for its clients. In turn, these outcomes suggest the key service level standards necessary to guarantee that children and families receive quality services to meet their needs. As such, these outcomes and standards should guide decisions about the types of data and information to collect and analyse in Steps 3 and 4.

- 1.1. Define child welfare outcomes
- 1.2. Define practice standards.

2. Incorporate quality assurance throughout the agency

The next steps are to incorporate the main child welfare outcomes and indicators into the agency's strategic plan, and create a QA structure within the organisation to facilitate the achievement of these outcomes and indicators. Create a culture throughout the agency that supports quality improvement by communicating frequently, clearly and consistently about agency expectations for performance on outcomes and practice standards. The creation of this culture begins with top management's commitment to quality assurance. In addition, agencies should have dedicated quality assurance staff to work with internal staff and external stakeholders and to send a strong signal that quality improvement is an agency priority.

- 2.1. Include QA elements in strategic plan
- 2.2. Create a QA structure
- 2.3. Communicate quality expectations throughout the organisation.

3. Gather data and information

The next steps are to collect a variety of quantitative and qualitative data relevant to the outcomes and standards identified in step 1. This should include strategies to listen to and involve service users in assessing quality. Specific methods are described in the main body of text.

- 3.1. Gather input from children and families.

4. Analyse data and information

Given the diverse and sometimes complex data, specialist QA staff will usually be needed to lead the development of analyses and reports that translate the results into understandable, relevant information. However, a variety of stakeholders should be included in the analysis process to ensure it is inclusive and improves the data interpretation.

- 4.1. Involve varied stakeholders in analysing information
- 4.2. Translate data and information into QA reports.

5. Use analyses and information to make improvements

The final step is distributing the QA information to staff and management in the organisation and using the information to plan and implement improvements that will enhance the quality of services and outcomes for children and families.

- 5.1. Create feedback loops

In qualitative case reviews, children and their family members are interviewed to assess the quality of the service provided. These are intensive, in-depth reviews that are usually conducted by review teams on a small sample of cases in specific local areas.

The Health Information and Quality Authority (2014, 2018) suggest additional methods of developing SEIs in children's services, such as:

- Audits
- Self-assessments
- Records of incidents
- Significant event notifications.

The extent to which service users are expected to be directly involved in providing feedback through these methods is not explicitly stated, but is likely to be limited, if not completely absent, due to the nature of the methods and data sources.

The data and information gathered should be translated into quality assurance reports and learning from this then used to enhance the quality of the services and thus the outcomes for children and families.

Families

When considering the engagement of families specifically, Augsberger et al. (2022) reviewed four models or structures through which families could be engaged in system-level change initiatives in child welfare systems. Although intended for family engagement more generally, these models or structures could conceivably also provide methods which assist with developing SEIs.

The four structures are:

- Advisory boards
- Peer mentoring/advocacy
- Consumer organizing
- Collaborations.

Advisory boards are a group of individuals (e.g. parents) with lived experience in child welfare who meet together to identify child welfare issues and priorities and advise decision-makers and management on policies, programmes and practices. Representation on advisor boards can vary, but may include, for example, parents, grandparents, foster parents and kin, as well as agency staff and representatives of other stakeholder organisations. Requirements also varied about whether family representatives needed current or previous child welfare system experience. Agency representatives typically served on the advisory boards only in a liaison capacity to the wider child welfare system.

Peer mentoring, or advocacy, referred to parents with lived experience in child welfare who support and promote the rights of families in the child welfare system. Peer mentors/advocates function mainly on the programme level by assisting parents in navigating the child welfare system and advocating for parents in meetings, but they can also advocate at a systems-level by representing the parent voice to the broader social services community.

Consumer organising refers to stakeholders, often with lived experiences in child welfare, who come together to empower families to raise their voices and promote the transformation of child welfare policy and practice. In contrast to advisory boards, they are often independent of the child welfare agency. Their membership does not necessarily require that participants have lived child welfare experience, and a wide variety of stakeholders including family members can often be involved.

Finally, Augsberger et al. (2022) also describe a fourth model for engaging families whereby family-focused activities were either coordinated with or led-by another group or organisation on behalf of the child welfare agency, termed ‘collaborations’. This model was mentioned in relation to Native and Tribal families in the US, with the authors identifying several potential benefits. These included, for example, the creation of community gathering opportunities, which could provide a better understanding of a community’s service needs, strengths, norms and practices. By gathering this knowledge through community and non-governmental mechanisms, Augsberger et al. (2022) suggest the collaborative model can foster trust and add legitimacy to the voices of Native families in state systems and processes. In theory, this understanding could be embedded in other engagement processes to foster a sense of safety in engaging and sharing experiences for families in marginalised communities.

Empirical literature: Evidence syntheses

Children, young people, and families

To start with the QA framework proposed by O’Brien and Watson (2002), the empirical literature included in this review does not directly assess its effectiveness. However, Zuchowski et al. (2019) systematically reviewed continuous quality improvement (CQI) processes in child protection, which O’Brien and Watson (2002) noted to be a closely related term with many overlapping techniques to QA. As such, Zuchowski et al’s (2019) review might provide tentative insights into whether the QA framework proposed by O’Brien and Watson (2002) is likely to produce positive effects, though the results should be interpreted cautiously.

In short, the studies included in Zuchowski et al’s (2019) review reported positive outcomes were achieved for both service users and organisations as a result of applying CQI processes to child protection systems. Among the positive outcomes reported were:

- Gathering of appropriate evidence to contribute to outcome measurement
- Heightened rapport and collaboration with stakeholders
- Increased support network for families
- Increased use of critical reflection among staff
- Improved practice in assessment and planning

- Enhanced organisational climate for teams, understanding of agency culture and problem-solving capacities of staff.

It should be noted that each of these outcomes were typically only reported in a small number of studies. With such a limited evidence base, it may be more appropriate to interpret reports of these outcomes as promising effects that might be achieved with CQI processes rather than definitive outcomes that are guaranteed to be achieved. Furthermore, time, training, resources and leadership support were noted as key influencing factors in whether CQI processes ultimately improve service delivery (Zuchowski et al., 2019). Just as relevant for this review, however, Zuchowski et al. (2019) also wrote:

> "*An analysis of the findings described in each of the studies under review highlights the importance of key stakeholder involvement and engagement, in particular the involvement of families and children in the development, review, and evaluation [of] child protection programs and systems*" (Zuchowski et al., 2019, p. 396).

Regarding the structures for family engagement reviewed by Augsberger et al. (2022), the empirical literature included in this review does not assess their effectiveness. Rather, Kennan et al. (2016) review the effectiveness of structures and procedures for child participation in decision-making in child welfare services, which could also conceivably be applied in some cases as structures for gathering SEIs. Kennan et al. (2016) reviewed six structures and procedures for the participation of individual children and young people, and two for collective participation. These were:

- Individual participation
    - One-to-one consultation with a case manager
    - Submitting written views
    - Attendance at meetings
    - Advocates
    - Family welfare conferences
    - Complaints procedures
- Collective participation
    - Youth advisory councils
    - Inspection reports.

Conclusions on effectiveness for each specific structure above are described in Box 4. However, in short, Kennan et al. (2016) concluded that evidence on the effectiveness of procedures for individual participation are limited, in some cases conflicting, and in all cases heavily dependent on external factors (which are discussed in more detail in 'Section 3: Dependencies and requirements'). Furthermore, for procedures on collective participation, Kennan et al. (2016, p. 22) concluded:

> "*As of yet, there is no body of evidence to draw a conclusion as to whether collective structures and procedures are effective in enabling children and young people to have their views taken into account*".

Box 4: Conclusions on the effectiveness of child participation structures and procedures in Kennan et al. (2016)

<u>Individual Participation Structures and Procedures</u>

- *One-to-One consultation with a case manager*

"Little research was found on how effective a one-to-one consultation with a child is in terms of… taking the child's views into account in the decision-making process" (pg. 13).

- *Submitting written views*

"When a child's written views are documented… for these views to be taken into account in proceedings their submission needs to be supported by good practices… [and] safeguards also need to be put in place to ensure they are the child's authentic views" (pg. 21).

- *Attendance at meetings*

"This literature review indicates that a child's attendance at a meeting, in and of itself, is not synonymous with participation… participation [also] depends heavily on [other] factors" (pg. 21).

- *Advocates*

"There is a body of evidence that the use of advocates is effective in enabling children to be engaged in decisions… To ensure an effective role in supporting a child to have their views taken into account, they must be independent of social work services" (pg. 16).

- *Family welfare conferences*

"…there is evidence that Family Welfare Conferences are effective in supporting children's involvement… However, not all studies reported positive findings" (pg. 17).

- *Complaints procedures*

"From the limited research reviewed on… complaints mechanisms, no definitive statement can be made on the effectiveness of these procedures" (pg. 21.).

<u>Collective Participation Structures and Procedures</u>

- *Youth advisory councils and inspection reports*

"There has been very little evaluation or monitoring to measure the effectiveness of collective structures or procedures" (pg. 18).

Families

One of the suggested feedback methods in the non-empirical Type 1 literature for children and families is surveys. In their systematic review of family feedback measures in child welfare services, Ayala-Nunes et al. (2014) identified and examined 8 service user feedback questionnaires. Namely:

- The Client Satisfaction Survey
- The Strengths-Based Practices Inventory
- The Client Satisfaction Inventory
- The Customer Satisfaction Survey
- The Current Client Satisfaction with Agency Staff
- The Parent Satisfaction Questionnaire
- The Client Satisfaction Scale
- The CPS Father Survey.

Almost all questionnaires were developed for the US context, meaning the use of these questionnaires may not be completely appropriate in an Irish context (Ayala-Nunes et al., 2014).

The number of items in each questionnaire ranged from 6 - 27, with most questionnaires then lacking information about other relevant characteristics, such as the typical amount of time to complete them or the reading levels they were developed for. Important aspects of service delivery and service user experiences were also noted to be missing from many surveys, such as questions about the service users expectations of a service or whether it helped to improve their autonomy and ability to solve problems without professional help (Ayala-Nunes et al., 2014). These insufficiencies tended to reflect broader limitations in the development and validation processes of the questionnaires, as well as in their characteristics and quality of reporting (Ayala-Nunes et al., 2014). Unsurprisingly then, Ayala-Nunes et al. (2014, p. 304) concluded:

> "*In sum, if we consider the available information about the instruments analyzed in this review, we may conclude that the vast majority have considerable weaknesses or at least that there is a great deal of uncertainty about their conceptual and psychometric features*".

To overcome these limitations in future, Ayala-Nunes et al. (2014) propose a series of recommendations for designing and validating future service user feedback questionnaires, a selection of which are described in Box 5.

Box 5: Selected recommendations from Ayala-Nunes et al. (2014) for designing and validating service user feedback questionnaires

1. **Define the constructs of interest**

Develop a theoretical model that attempts to define the aspects of service delivery to be evaluated and provide a definition of each of the constructs of interest in the questionnaire.

2. **Include evidence-based, relevant dimensions**

Evidence-based, relevant dimensions should be included, such as:

- The quality of the service or programme

- Practitioners’ competencies and/or the quality of the user-provider relationship
- Service effectiveness in terms of empowerment and improving family and child well-being
- Satisfaction with the characteristics of the service or programme (e.g. facilities and accessibility).

3. Keep short and simple
The questionnaire should be short (30 items max) to allow for quick administration, and items should be written in simple, colloquial language that can be understood by participants with low educational levels. There should be a balance between positive and negative sentences and responses should be anchored on a 4-6 point scale to avoid the tendency for neutral answers.

4. Ensure content validity
To improve content validity, the questionnaire should be submitted to an external evaluation that could provide evidence about each item's clarity, it’s relevance to a construct, and whether there is an adequate representation of each dimension. For this purpose, a panel of experts selected on basis of their knowledge or similarities with the target population could be consulted. Experts' evaluations could be performed with a simple numerical scale (e.g., five to seven point scale) or Delphi method.

‘TYPE 2: BLUE’ AND ‘TYPE 3: PINK’ SETTINGS AND SERVICES

There are 8 articles in ‘Type 2: Blue’ and ‘Type 3: Pink’ settings and services relevant to mechanisms, methodologies, and tools, all of which are non-empirical literature. The specific articles, as well as the specific populations, contexts, and extent to which they focus on the phenomena of interest, are listed in Table 16 below:

Table 16: Articles from 'Type 2: Blue' and 'Type 3: Pink' settings and services relevant to mechanisms, methodologies and tools

Citation	Literature Type	Country	PICo Classifications		
			Population	Phenomena of Interest	Context
Alam (2021)	Framework	Australia	Service users (generic)	SEI is (co-) primary focus	Public Services
Health and Social Care Regulatory Forum (2009)	Framework	Ireland	Service users (generic)	SEI is not primary focus	Health and Social Care Regulatory Bodies
Park (2019)	Framework	United States	Service users (generic)	SEI is not primary focus	Health and Social Service Settings
Ward et al. (2016)	Framework	United Kingdom	Service users (generic)	SEI is (co-) primary focus	Health and Social Service Settings
Krogstrup and Brix (2018)	Model	Denmark	Service users (generic)	SEI is (co-) primary focus	Public Services

Care Inspectorate (2012)	Guideline	United Kingdom	Children and young people	SEI is not primary focus	Children’s Services
McAuley and Brattman (2002)	Guideline	Ireland	Children and young people	SEI is not primary focus	Potentially All Contexts (primarily public policy development)
The National Children's Office, The Children's Rights Alliance, The National Youth Council (2005)	Guideline	Ireland	Children and young people	SEI is not primary focus	All Settings and Services Working with Children

Table 16 shows that the Type 2 and 3 literature on mechanisms, methodologies and tools is mainly derived from Ireland and the UK, with some insights from Australian, US and Danish contexts too. Unlike almost all other sections of this analysis, most articles focus on service users in general, with a smaller number focusing on children and young people. The literature again covers a wide range of contexts and developing service experience insights (SEIs) is a primary focus for 3 of the 8 articles.

Non-empirical literature: Models, frameworks, guidelines, and standards

Overall, the Type 2 and 3 non-empirical literature on mechanisms, methodologies and tools tended to be more detailed and further developed than that of the Type 1 literature. To reduce duplication, this section primarily focuses on additional mechanisms, methodologies and tools not previously covered, or providing extra information on methodologies and tools covered in the Type 1 literature.

Children and young people

Many of the methods noted in the Type 2 and 3 literature for capturing the views of children and young people overlap with those proposed in the Type 1 literature, with the exception of consultations.

Consultations can be appropriate when the views of children and young people are sought without their direct involvement in the decision-making process. Consultations can occur at various stages of an initiative (e.g. at the planning stage in order to gather a range of views or ideas; during the development stage in order to give children and young people a chance to have a more detailed input; or at the final stages in order to receive feedback on a proposal and/or to advise on implementation) (The National Children’s Office et al., 2005).

McAuley and Brattman (2002) note that consultations can take two forms: direct consultations with children and young people, and indirect consultations. With direct consultations, elements of a consultation process can include:

- Seeking the views from all children through media they have access to
- Inviting views in a wide range of formats (e.g. email, video, poems, etc.)
- Inviting both individual and collective views
- Conducting in-depth interviews
- Administering surveys
- Holding workshops or consultation events at various levels (i.e. local, regional, national) to allow the children and young people to engage in greater depth
- Holding catered consultation events for marginalised/socially isolated or excluded groups of children to ensure a diversity of views are captured
- Establishing working groups or advisory groups who can engage in processes on behalf of their peers and advocate accordingly (The National Children's Office et al., 2005).

However, it may not always be possible to consult directly with children for a number of reasons relating to the conditions, context or circumstance of the consultation, and indirect consultations may be more appropriate in such situations. Indirect consultation involves consulting with representatives or advocates of children and young people. Working with relevant representative organisations or young representatives can be opted for due to time pressure or a lack of resources which restricts organisations from engaging in wide-ranging consultation. If opting for indirect consultation it should be ensured that the representatives act both faithfully and strategically in their presentation of the voices and views of the young people they have consulted with (McAuley & Brattman, 2002).

Service users in general

Three Type 2 and 3 articles focused specifically on developing SEIs from the service user perspective. Namely, the SUFFICE Framework (Ward et al., 2016), the BIVKA Methodology (Krogstrup & Brix, 2018), and the Co-Production to Co-Creation Framework for Public Service Provision in Social Media Platforms (Alam, 2021).

On the SUFFICE framework and BIVKA methodology, both of these share some similarities with O'Brien and Watson's (2002) QA framework described earlier, but also have some differences. Both advocate the use of qualitative methodologies for developing SEIs, in part because they allow service users to provide rich descriptions of their experiences (Ward et al., 2016).

In comparison to both the SUFFICE and QA frameworks, the BIVKA methodology appears (at least on the surface) more simplistic, with fewer steps involved in the process. The BIVKA methodology consists of 4-steps:

1) Focus groups with service users on the topics being evaluated
2) Focus groups with frontline staff on the reflections and perspectives of service users

3) Focus groups with management on the reflections and perspectives of service users and frontline staff
4) Focus groups with politicians on the reflections and perspectives of service users, frontline staff and agency management.

Core to the BIVKA methodology is the first round of focus groups. Krogstrup and Brix (2018) state it is essential that only service users and a neutral facilitator participate, as the inclusion of agency staff and management in service user focus groups could introduce power imbalances which deter service users from openly sharing their views on service quality.

The findings and themes from each round of focus groups are turned into “triggers for learning” that inform the questions asked in the next round of focus groups with different stakeholders. However, step 4 is an optional step, as Krogstrup and Brix (2018) note it may be unnecessary to include politicians if the issues raised in previous steps can be addressed without political intervention.

The SUFFICE framework is explained in greater detail with specific tools developed for key stages in the framework (Ward et al., 2016). The methods and tools of the framework are developed around 2 key steps, with sub-steps in between:

1. Service user feedback
    a. Interview schedule
    b. Analysis plan
    c. Composite stories of service user experiences
2. Service improvement plans
    a. Logic models
    b. Service improvement protocol.

Box 6: Interview schedule sections in the SUFFICE framework (Ward et al., 2016)

The SUFFICE framework interview schedules for interviews with service users are divided into three sections:

Section 1: Introduction/basic information

This section focuses on gathering basic details about the service user and their current situation, as well as helping the interviewer and interviewee develop a rapport.

Section 2: Timeline

This section involves using a simple timeline to record significant events and experiences over the past 6–12 months. It is designed to be a visual tool to help focus the interview and identify key episodes to explore in more detail.

Section 3: Key events/episodes

This section involves focusing in more detail on the key events experienced by the service user. It includes a series of prompts to help explore the different types of event that a service user might have experienced (e.g. assessment, receiving care and support, changing needs/crisis, accessing new services).

See Ward et al. (2016) for templates of the interview schedule.

To support step 1a, Ward et al. (2016) developed semi-structured topic guides for interviews with service users, divided into three sections (see Box 6). For step 1b, the SUFFICE framework then divides the analysis plan into three phases (see Box 7). Step 1c then focuses on communicating key points from the analysis to a range of audiences and using the analysis as the basis for developing service improvement plans. In the SUFFICE framework this is done by constructing composite stories based on the experiences of several service users. Multiple composite stories can be produced for different aspects of service user experiences. Ward et al. (2016) note the use of stories were intentionally selected because of their power to inspire understanding and empathy, and to encourage service providers to listen, learn and act upon the feedback.

Box 7: Analysis plan phases in the SUFFICE framework (Ward et al., 2016)

The SUFFICE framework analysis plan is divided into three phases:

1. Familiarisation and identifying relevant material

This phase involves listening to an audio recording of each interview and noting the content using a timed grid. The aim is to identify the points at which various topics are discussed and start to identify material on service user experiences.

2. Coding and summarising

This phase involves listening in detail to key points of analytical interest and producing detailed summaries of this material guided by an analysis codebook.

3. Comparing and synthesising

This phase involves transferring the summaries produced for each interview into a simple table to enable the comparison of experiences between interviewees. The aim is to summarise the key points of similarity and difference in relation to key aspects of service user experience across several interviews.

See Ward et al. (2016) for templates of the analysis plan.

Devising service improvement plans then starts with the development of logic models. Logic models provide a visual way for services to clarify how their activities are expected to meet their defined goals. Logic models can be co-produced with staff but should incorporate the findings from the service user feedback. Within the SUFFICE framework, the main purpose of the logic models is to help facilitate structured reflection and the development of service improvement plans by services and staff (Ward et al., 2016). Finally, to support step 2b, a structured 4-stage protocol drawing on the service user composite stories and logic models was developed to guide teams through the process of devising an agreed service improvement action plan (see Box 8).

Box 8: Service improvement protocol stages in the SUFFICE framework (Ward et al., 2016)

The SUFFICE framework service improvement protocol has 4-stages:

Stage 1: Storytelling and initial reactions

The team is told one of the service user experience composite stories and has an opportunity to give initial reactions. This is to provide everyone with an opportunity to air and ‘park’ any initial thoughts, reactions, questions or concerns so that they do not distract the following stages.

Stage 2: Identifying areas for improvement

Team members consider their activities and ways of working and how these may have influenced the story they have heard using the relevant logic model and a series of questions and prompts. The aim is to identify areas for improvement.

Stage 3: Selecting an area for improvement

Team members select where to focus their service improvement efforts by discussing the results of the previous stage using a series of prompts. At the end of this stage, teams use the protocol to record their decisions about the activities that they have decided to focus on. If a second meeting is needed, teams also record the person who will lead/ coordinate those efforts and the date by which they will have devised a concrete service improvement plan.

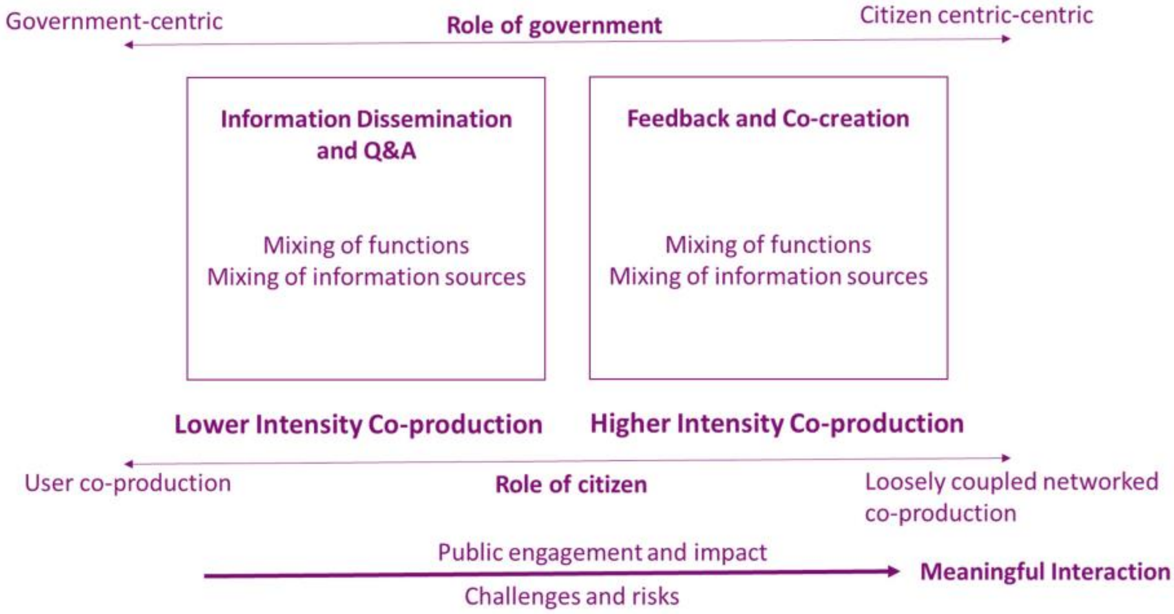
Stage 4: Developing a service improvement plan

Team members develop concrete plans for improving the selected activities using a series of prompts. This aims to uncover the causes of teams’ ability or inability to carry out activities influencing service user experiences and to think creatively and positively about possible solutions. Teams complete a service improvement action plan that includes the planned activities, who is responsible, and the expected completion date.

While the SUFFICE framework and BIVKA methodology both describe steps that can be followed for gathering SEIs, Alam’s (2021) ‘Co-Production to Co-Creation Framework for Public Service Provision in Social Media Platforms’ (herein referred to as the ‘Social Media Co-Production Framework’) takes a different focus. The Social Media Co-Production framework looks instead at the different types of co-production social media platforms can potentially enable for public services and notes some important distinguishing features that these have with more traditional face-to-face forms of co-production.

Alam (2021, p. 1089) define co-production as “the involvement of service users in any of the design, management, delivery and/or evaluation of services”. A graphic of the Social Media Co-Production framework is shown in Figure 8 below:

Figure 7: Co-production to co-creation framework for public service provision in social media platforms



The framework in Figure 8 identifies four forms of co-production using social media platforms: (1) broadcasting information, (2) questions and answers, (3) feedback, and (4) co-creation. When the four forms of co-production are compared, ‘broadcasting information’ and ‘questions and answers’ are described as lower intensity forms, meaning they have relatively low levels of service user participation, time and resource requirements. ‘Feedback’ and ‘co-creation’ are described as higher intensity forms of co-production with relatively high levels of service user participation, time and resource requirements. The framework suggests service users would likely make a greater impact with higher intensity forms of social media co-production, as they allow for greater engagement and more meaningful interactions between service users and agencies (Alam, 2021).

‘Feedback’ is the most directly relevant form of social media co-production to service experience insights (SEIs):

> *“This form of coproduction focuses primarily on open participation through consultation, involvement, deliberation and feedback from citizens… agencies actively seek feedback from citizens. Agencies use [social media] pages to have real conversations, to exchange ideas by facilitation of active participation by citizens and external stakeholders. Users can give feedback on services and influence proposals for changes in service over time”.*

When gathered through social media platforms, online feedback may help to facilitate more readily designing and evaluating services, compared to face-to-face forms of feedback. Other distinguishing features of social media-enabled co-production, when compared with face-to-face co-production, are said to be lower resource requirements; more repetitive, ad-hoc interactions between service users and agencies; and the development of knowledge by engaging with a relatively large number of service users who each make relatively small contributions (Alam, 2021).

Empirical literature: Evidence syntheses

All evidence syntheses in Type 2 or Type 3 settings and services were excluded due to being ‘critically low quality’.[5]

Section 3: Dependencies and requirements for developing and utilising service experience insights

Review Question 3:

In CPWS, ACS and PPFS services 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 insights to improve services and/or enhance outcomes for children and families?

‘TYPE 1: GREEN’ SETTINGS AND SERVICES

There are 2 articles in CPWS, ACS and PPFS (Type 1: Green) settings and services relevant to dependencies and requirements. The articles are empirical literature sources. The specific population, contexts, and extent to which they focus on the phenomena of interest are listed in Table 17 below:

Table 17: Articles from 'Type 1: Green' settings and services relevant to dependencies and requirements

Citation	**Literature Type**	**Country**	**PICo Classifications**		
			Population	Phenomena of Interest	Context
Empirical Literature					
Kennan et al. (2016)	Mixed-Method Systematic Review	Ireland	Children and young people	SEI is not primary focus	Child Welfare, Child Protection and Alternative Care Services
Zuchowski et al. (2019)	Mixed-Method Systematic Review	Australia	Children and young people, and families	SEI is not primary focus	Child Protection

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[5] Although Alam (2021) suggests social media-enabled co-production has lower resource requirements than more traditional face-to-face forms of co-production, the article does not provide specific details of the resources and is thus not discussed in the next section on ‘dependencies and requirements for developing SEIs’.

Both articles focus on children and young people, with one also focusing on families. There is no Type 1 literature directed specifically towards parents/guardians, or PPFS settings.

It is worth noting that **implementation of the best practices and principles of practice discussed in Section 1 could be considered dependencies and requirements, in and of themselves**, for effectively developing SEIs. As such, readers are recommended to also consult Section 1 when reading Section 3.

Non-empirical literature: Models, frameworks, guidelines and standards

The review found no non-empirical Type 1 literature on this review question.

Empirical literature: Evidence syntheses

As noted previously, Kennan et al. (2016) and Zuchowski et al. (2019) focus on 'structures and processes for children's involvement in decision-making' and 'continuous quality improvement' (CQI), respectively. Both concepts are broader than, but may include, gathering and utilising SEIs. Notably, both reviews also present a different set of dependencies and requirements affecting children's involvement and CQI, though the details in both are relatively thin.

For example, the following factors appeared to influence the implementation and effectiveness of CQI processes:

- Time
- Training
- Resources
- Leadership support
- Clear articulation of aims/objectives, and short, medium and long-term outcomes that pertain to benefits for children and young people (Zuchowski et al., 2019).

With participation structures and procedures for children and young people, enabling factors were:

- Positive, trusting, stable relationships between children and their case-workers
- Skilled communicators who can elicit and interpret the views of children and young people
- Child welfare systems that emphasise empowering children
- Buy-in amongst professionals and parents in the principles of participation
- Conceptualising children and young people as knowledgeable social actors with capacity to share their views.
- Clarity about the meaning of participation and what it entails
- Preparing children to participate and providing them with clear information

- Knowledge amongst decision-makers about what weight to give children’s views in the decision-making process (though Kennan et al. (2016) noted that the lack of guidance available for decision-makers on this)
- Taking measures to communicate children’s view to those with power to effect change
- A political climate of support for children’s participation (Kennan et al., 2016).

‘TYPE 2: BLUE’ AND ‘TYPE 3: PINK’ SETTINGS AND SERVICES

There are 11 articles in ‘Type 2: Blue’ and ‘Type 3: Pink’ settings and services relevant to dependencies and requirements, all of which are non-empirical literature. The specific articles, as well as the specific populations, contexts and extent to which they focus on the phenomena of interest, are listed in Table 18 below.

The Type 2 and 3 literature on dependencies and requirements is mainly derived from Ireland, the US, UK, and Australia. The articles mostly focus on children and young people, though several articles also focus on service users in general and families. The literature again covers a wide range of contexts, though developing service experience insights (SEIs) is not a primary focus for any of the 11 articles.

Table 18: Articles from 'Type 2: Blue' and 'Type 3: Pink' settings and services relevant to dependencies and requirements

Citation	**Literature Type**	**Country**	**PICo Classifications**		
			Population	Phenomena of Interest	Context
Alam (2021)	Framework	Australia	Service users (generic)	SEI is not primary focus	Public Services
Cahill and Dadvand (2018)	Framework	Australia	Children and young people	SEI is not primary focus	Youth Participation Programmes
Dworetzky et al. (2023)	Framework	United States	Families	SEI is not primary focus	Child and Family Serving Organisations (primarily in a healthcare context)
Health and Social Care Regulatory Forum (2009)	Framework	Ireland	Service users (generic)	SEI is not primary focus	Health and Social Care Regulatory Bodies
Park (2019)	Framework	United States	Service users (generic)	SEI is not primary focus	Health and Social Service Settings
Lundy (2007)*	Model	United Kingdom	Children and young people	SEI is not primary focus	Education and Child Welfare*
Care Inspectorate (2012)	Guideline	United Kingdom	Children and young people	SEI is not primary focus	Children’s Services
Council of Europe (2016)	Guideline	Europe	Children and young people	SEI is not primary focus	All Contexts
McAuley and Brattman (2002)	Guideline	Ireland	Children and young people	SEI is not primary focus	Potentially All Contexts (primarily public policy development)

Save the Children (2018)	Guideline	Sweden and Albania	Children and young people	SEI is not primary focus	Children’s Services
The National Children's Office, The Children's Rights Alliance, The National Youth Council (2005)	Guideline	Ireland	Children and young people	SEI is not primary focus	All Settings and Services Working with Children

*The original article (Lundy, 2007) was focused on educational contexts. Later articles (Jackson et al., 2020; Kennan et al., 2019) applied the model in a child welfare context.

Non-empirical literature: Models, frameworks, guidelines, and standards

While none of the type 2 and 3 non-empirical literature focused primarily on SEIs, overall, they expressed considerable consistency on the dependencies and requirements to be considered. The literature contained a mixture of structural, cultural, process and relational dependencies.

Structural requirements and dependencies refer to the resources and infrastructure available to support the functioning of a system for developing SEIs, such as time, funding, leadership, and teams of individuals with responsibilities related to SEIs. Cultural requirements and dependencies refer to the shared values, beliefs, and norms across an organisation. Process requirements and dependencies refer to the methods, activities, and strategies for planning, gathering, utilising and communicating SEIs. Finally, relational dependencies and requirements refer to the formal and informal relationships and networks between professionals and service users.

Children and young people

In terms of ‘cultural, process and relational’ dependencies and requirements, two particular sources provide useful overarching models to support a systematic consideration of factors that can influence the experience and effectiveness of developing SEIs with children and young people. The first is the well-established ‘Space, Voice, Audience, Influence’ model by Laura Lundy (2007). The second is the more recent ‘7P-model’ for visioning, planning, enacting and evaluating youth participation by Cahill and Dadvand (2018).

The Lundy (2007) model proposes a new way for understanding Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), which assures children the right to express their views freely in all matters affecting them and for their views to be given due weight in accordance with their age and maturity. Before outlining her model, Lundy (2007) first explores **barriers** to implementing article 12, many of which have relevance to gathering and utilising SEIs. They include:

- Limited awareness of Article 12 of the UNCRC, or the fact that it is a legally binding obligation

- Lack of commitment to, or vested interest against, Article 12 of the UNCRC. This can be broken down more specifically as:
    - Scepticism about children’s capacity to have a meaningful input into decision-making
    - Worry that giving children more control will undermine the adult’s authority
    - Concern that compliance will require too much effort which would be better directed elsewhere.

With these barriers in mind, Lundy (2007) proposed that successfully implementing children’s rights to express their views and have them given due weight required consideration of four separate yet inter-related factors:

- **Space:** Children must be given the opportunity to express a view
- **Voice:** Children must be facilitated to express their views
- **Audience:** The view must be listened to
- **Influence:** The view must be acted upon, as appropriate.

These four factors are explored in more detail in Box 9.

Box 9: Explanation of 'space', 'voice', 'audience' and 'influence' in Lundy's (2007) model

1) **Space**

Creating a space where children are proactively invited and encouraged to express their views is a prerequisite for the meaningful engagement of children and young people. An important first step in this regard is asking children what matters they consider to impact on them and how they would like to be involved in influencing decisions (or developing SEIs). Equally, expressing views is a right, not a duty, and children’s decisions about whether or not to participate should be respected. The space offered to children to express their views must be safe. That is, inclusive of a diverse range of views, protected from abuse, and without fear of rebuke or reprisal.

2) **Voice**

Children’s right to express a view is dependent only on their ability to form a view, regardless of whether that view is mature or not. Prerequisites to the meaningful and effective participation of children and young people include sufficient time to understand the issues, access to child-friendly documentation and information, capacity-building with child-led organisations, and training for adults to overcome their resistance to children’s involvement. Fun activities, such as plays, puppet shows, videos and drawing projects, can be organised to facilitate the involvement (and sharing of SEIs) amongst younger children. Children have a right to impart information through any of media of their choice. In some cases, children may need practical assistance to communicate their views (e.g. via assistance technologies, interpreters, etc.).

3) **Audience**

Adults should be trained and skilled in active listening, which includes taking account of non-verbal ‘cues’ which children deploy when expressing themselves. In the case of younger children (aged 8 or less), participation requires adults to show patience, creativity, and to adapt their expectations to a young child’s interests, level of understanding and preferred ways of communicating. The includes a right to communicate views to an ‘audience’. That is, an identifiable individual or body with the responsibility to listen.

4) Influence

Children and young people should be informed of the decision made, how their views were regarded and why action proceeded in a certain way. Securing such a change requires a culture shift in the service or system in which children’s views are seen to be integral and embedded within decision-making processes. This in turn may require a combination of awareness-raising, training, and the implementation of revised policies and practices.

The ‘7P Model’ could be seen as a compliment to the Lundy model by aiming to address the complexities that can be associated with youth participation. A strength of the framework is that it does not automatically assume enabling the voice of children and young people results in an empowered participation experience. Instead, it calls attention to the complexities in a range of domains that should be considered when engaging children and young people. Much of this learning could be applicable to gathering and utlising SEIs, and along with the Lundy model, the 7P model can act as an overarching framework that guides a systematic consideration of key dependencies and requirements.

The 7Ps are inter-related factors:

- **Purpose**
- **Positioning**
- **Perspectives**
- **Power relations**
- **Protection**
- **Place**
- **Process.**

These seven factors are explored in more detail in Box 10.

Box 10: Explanation of the seven ‘P’s’ of Cahill and Dadvand’s (2018) 7P model

Within the P7 Framework as described by Cahill & Dadvand (2018), attention is drawn to:

1. **Purpose**

It is important to have a clearly outlined purpose to the engagement as purpose provides a context to all other areas of consideration. It is especially important to ensure the purpose of the engagement is clear to the children and young people participating. Connected to this, Save the Children (2018) states the roles, responsibilities, and scope for influence of children and young people should be clearly communicated. This helps to ensure that children and young people understand their purpose in the engagement.

In thinking about ‘purpose’, it can be helpful to consider questions such as:

- What does the program aim to achieve?
- What opportunities can be constructed to enable young people to play an active role in shaping or evolving program objectives?

2. **Positioning**

Position refers to the ways in which “young people are culturally framed and understood in terms of what is possible or desirable in terms of their contribution”. Here significant attention should be paid to the cultural narratives, norms and values that informs their participation and also how they may view and position others. Therefore, staff should be intentional to gain an understanding and respect of the family, school, and context of the children’s lives. In this way, the position that children take in the engagement, for example as leaders, advocates, co-contributors, or dependents can affect their own sense of agency and empowerment. Considering position may help to limit resistance to the efforts of the overall purpose to the engagement.

In thinking about ‘positioning’, it can be helpful to consider questions such as:

- How are young people positioned within the wider cultural discourses, and how might this limit what is initially imagined to be possible?
- How are young people positioned within the program itself, and how do they in turn position others?
- What processes might work to interrupt limiting assumptions about the capacity of young people?

3. Perspectives

It is important to not approach youth as a homogenous social category. To ensure that diverse perspectives are captured, the cohort of young people should be reflective of society itself. The participation process should aim to avoid patterns of social inequity, stigma, and exclusion playing out. So, it is critical to ensure that there is an equal regard for the differences and diversities that exist among young people (Council of Europe, 2016).

In thinking about ‘perspectives’, it can be helpful to consider questions such as:

- Whose perspectives and voices are included, excluded, or privileged in the program?
- What methods are used to invite diverse perspectives?
- Who remains marginalised or is rendered ‘voiceless’ in the process?

4. Power Relations

Power structure can not only present themselves between adults and young people, but also between the young people themselves. Well managed power relations ensure that diverse perspectives are included and valued.

In thinking about ‘power relations’, it can be helpful to consider questions such as:

- How are roles and responsibilities assigned, adopted, and enacted in the program?
- How are relationships managed to ensure equity and respect is enacted between all parties?

5. Protection

Protection values the social, political, and physical safety of participants within and surrounding their participation. Particularly, ‘protection’ should consider the vulnerabilities alongside the capabilities of the child. The Council of Europe (2016) outlines that the protection of children should materialise in the way that children’s participation is planned and organised.

In thinking about ‘protection’, it can be helpful to consider questions such as:

- What is the balance between practices used to promote protection and those used to enhance participation?

- What measures are needed to protect young people's political, social, and material access and safety?
- How can young people themselves play an active role in ensuring the safety of their peers and those affected by their programs?

6. Place

Place ensures context is understood widely, beyond the spatial and physical. ‘Place’ sees that geographic, cultural, political material, relational and structural factors can impact, and oftentimes impede, participation. Thought can then be centred on navigating social vulnerabilities or socio-cultural norms or hierarchies, which could affect confidence in participation for example.

In thinking about ‘place’, it can be helpful to consider questions such as:

- What are the social, physical, and virtual spaces in which participation can take place?
- How does place or context affect what is possible or desirable in relation to participation?
- What mediates access to particular spaces and places?
- What strategies might be needed to create reach and access to the spaces of participation?

7. Process

Cahill and Dadvand (2018) see process as “the frame through which to attend to the alignment between intent and method, or between ends and means” (p.251). Process can be defined simply as “the methods that are used to invite and sustain interactions throughout the participatory project” (p. 251). ‘Process’ can promote or impede participatory opportunities and should be carefully considered.

In thinking about ‘process’, it can be helpful to consider questions such as:

- How will the methods structure and enable participatory exchange, and critical and creative thought?
- Which methods will best foster practices of inclusion, respect, and support for others?

In terms of more ‘structural’ dependencies and requirements for engaging children and young people, a range of dependences and requirements were identified. Namely:

- **Leadership**: Effective leadership is required to see that involving children and young people in service improvement is embedded into the organisation. In this way, leaders uphold values, promote a vision and model best practice in relation to child and youth engagement (Care Inspectorate, 2012).
- **An organisational commitment**: A commitment to promoting child centred services should see that staff in the organisation champion those same values, vision, and commitment. Afterall, it is staff who facilitate these processes and have fostered positive, trusting relationship with young people which is required to successfully make the involvement of young people happen. A number of criteria support an organisation in its commitment to involving and engaging young people. This includes:
    - Delegated authority that sees workers and staff supported and enabled to develop and pursue ideas that involve children and young people.

    - Access to those in different tiers in the organisation that have influence and can facilitate he needs of engagement processes, such as funding or resources.
    - Ability to challenge organisational reluctancy and help others to understand the benefits of engaging with young people (Care Inspectorate, 2012).
- **Support to children and young people**: Support is required in order to enable children and young people to participate fully, equally and at all decision-making stages in consultative processes. Thought should be given to how support can be given on a short-, medium- and long-term basis. Support can take a wide-ranging number of forms, for example language supports and the provision of translators or being provided with relevant basic knowledge on current policy and how this affects them (Lundy, 2007; McAuley & Brattman, 2002).
- **Resources**: A wide-ranging number of resources were mentioned. Collated, these include:
    - Time was consistently named a main resource needed to support genuine participation. Time is required, for example, to allow children to genuinely consider their involvement and provide informed consent. Time is also needed in the logistical planning and preparation of the involvement (Council of Europe, 2016; McAuley & Brattman, 2002).
    - Systematic and ongoing staff training in, for example, facilitation, intercultural competencies, providing emotional support, and children's rights (Council of Europe, 2016; Lundy, 2007; McAuley & Brattman, 2002).
    - Logistical considerations such as transport and suitable venues (Care Inspectorate, 2012).
    - Finance and funding: The amounts and conditions of funding can determine the extent to which the opportunities for involving, consulting and/or engaging children and young people can be explored. In this respect, how funding is provided, who provides the funding, and what conditions are associated with the funding should all be considered as influencing the ability to engage (McAuley & Brattman, 2002). Financial concerns also extend to having mechanism in place for reimbursing families for their time and expertise (Dworetzky et al., 2023).
- **Impact on children and young people**: It is also key to consider the impact and outcomes of the children and young people having been involved. By considering the learning and development gained from the participation, the value of participation can be assessed from the viewpoint of the child and young person (Council of Europe, 2016).
- **Setting**: Setting is another key dependency. The setting should be accessible, accepting and accommodating to their needs and capacities. The chosen setting should support their involvement, being mindful of both the physical and emotional/psychological wellbeing of the child or young person (McAuley & Brattman, 2002).

A final potential barrier to consider when engaging young children and young people is '**consultation fatigue**' (McAuley and Brattman, 2002, p. 7). Consultation fatigue can occur when children and young people are consulted too often, especially in unrelated or one-off consultative contexts. In this way, consulting, but this can extend to any method used to engage children and young people, should be strategic in a way that identifies the most appropriate and suitable time and context for consultation. Being mindful of the above aforementioned considerations (i.e., setting, resources, supports or leadership etc) is void if children and young people are weary of engaging from the outset. Two methods of offsetting this fatigue are provided. They include:

- Recognizing children and young people as a 'client group', and as such structurally embed their voice in decision-making processes. This lessens the likelihood that children and young people will feel tokenised and disengaged from the process.
- Incorporating consultation activities with the existing activities of the child's or young person's youth work or educational remits.

Families

The literature on families, albeit extremely limited, echoed many of the same dependencies and requirements as those mentioned in relation to children and young people above. These include a commitment to engagement, transparency, representation, and impact (Dworetzky et al., 2023) and are discussed in more detail in Section 1 on best practices and principles of practice (see pg. 39).

Service users

As was noted previously, the importance of establishing the **purpose** of the service user involvement was upheld (Health and Social Care Regulatory Forum, 2009). Purpose, alongside the **strategic goals** of the service or agency in engaging service users is described as heavily influencing the strategies, methodologies or **processes** used to engage (Alam, 2021). Similarly relevant to service users as it is to children and young people is key consideration of **resources**.

Park (2019) mentions a number of other dependencies that are unique to the population of service users. While spoken of in relation to the methodology of co-production, as discussed previously, much of the learning may have applicability to developing SEIs. Park (2019) counts the following as dependencies:

- **Location of authority**

It is important to consider to what extent service users have authority in this process. Ground the engagement by asking:

    - Is there shared authority over the process or does the service provider hold primary authority?

- **Nature of relationship**

The ‘nature of the relationship’ between those seeking to gain insight into the service user experience and those sharing their experience goes hand in hand with the above ‘location of authority’. Ground the engagement by asking:

  - To what degree is the nature of the relationship collaborative, directive, representative or mutually co-dependent?

- **Legitimacy base**

The insight and knowledge gained from the engagement can be generated in a number of ways and from a number of different sources or people. Ground the engagement by asking:

  - Is the knowledge base technical, experiential, or is it contextual and accounting for the lived experience?

- **Mutual trust**

The richness of the engagement is dependent upon mutual trust. This encourages the service users to not only feel at ease while sharing their experiences, but also to have faith and trust in the engagement process as contributing towards service development. Ground the engagement by asking:

  - Is there the level of trust to facilitate successful engagement?

Technology was an additional dependency that appeared uniquely in relation to service users. While technology was spoken of in the context of digital co-production/co-creation as discussed in section 3, much of the considerations surrounding technology can be applicable in any instance of developing SEI with the aid of technology. As a reminder, the digital co-production to co creation framework engages social media platforms as its means of digital co-production practices. In this way, technology itself is the dependency. Alam (2021) highlights the need when considering engaging service users digitally to consider the affordances of the technology, and more specifically the technological platform. It is important to consider its capacity to hinder or facilitate co-production activities of service users. The affordances of the technology, for example, can impact on the joint effort and collaboration needs of the co-production activities.

Empirical literature: Evidence syntheses

All evidence syntheses in Type 2 or Type 3 settings and services were excluded due to being ‘critically low quality’.

Section 4: Feedback loops with service users on how their feedback has or will influence service improvement

Review Question 4:

In CPWS, ACS and PPFS services for children and families:

4. How can information about service experience insights be communicated back to service users?

‘TYPE 1: GREEN’ SETTINGS AND SERVICES

There are 4 articles in CPWS, ACS and PPFS (Type 1: Green) settings and services relevant to feedback loops with service users, all of which are non-empirical literature. The specific articles, as well as the specific populations, contexts and extent to which they focus on the phenomena of interest, are listed in Table 19 below:

Table 19: Articles from 'Type 1: Green' settings and services relevant to feedback loops with service users

Citation	Literature Type	Country	PICo Classifications		
			Population	Phenomena of Interest	Context
Non-Empirical Literature					
Department of Health and Children (2003)	Standards	Ireland	Children and young people, and families	SEI is not primary focus	Foster Care Services
Health Information and Quality Authority (2014)	Standards	Ireland	Children and young people	SEI is not primary focus	Special Care Units
Health Information and Quality Authority (2018)	Standards	Ireland	Children and young people	SEI is not primary focus	Children’s Residential Centres
O’Brien and Watson (2002)	Framework	United States	Children and young people	SEI is (co-) primary focus	Child Welfare Services

As shown in the Table above, the Type 1 literature on feedback loops is relatively small and is mainly derived from Irish sources. Children and young people in CPWS and ACS contexts are the main service user group targeted by these articles, and developing SEIs is a primary focus for only 1 of the 4 articles.

Non-empirical literature: Models, frameworks, guidelines and standards

While keeping service users informed of how their feedback is used and any developments resulting from it is considered a best practice, the Type-1 non-empirical literature base lacks detail about the *process* of creating a feedback loop with service users, signalling the need for further development in this area.

Children, young people and families

Feedback loops are mainly discussed in the Type-1 non-empirical literature as part of complaints systems. For example, in line with the principles of ‘accessibility’, ‘timeliness’ and ‘transparency’ (Health Information and Quality Authority, 2014), complainant should be notified in writing about the actions and outcomes resulting from the response to their complaint (Department of Health and Children, 2003).

As well as complaints systems, the creation of feedback loops are also built into O’Brien and Watson’s (2002) child welfare quality assurance framework, though their discussions focus on feeding back SEIs to service management and staff so that service improvements can be made. At times, O’Brien and Watson (2002, p. 25) also suggest creating feedback loops with “community stakeholders” who, if interpreted loosely, could be taken to include service users. In this case feedback loops could be created by providing community stakeholders access to written reviews of SEIs and meeting with them to present and discuss the results of the reviews.

Empirical literature: Evidence syntheses

There is no Type 1 empirical literature focusing on feedback loops.

‘TYPE 2: BLUE’ AND ‘TYPE 3: PINK’ SETTINGS AND SERVICES

There are 4 articles in ‘Type 2: Blue’ and ‘Type 3: Pink’ settings and services relevant to feedback loops with service users, all of which are non-empirical literature. The specific articles, as well as the specific populations, contexts and extent to which they focus on the phenomena of interest, are listed in Table 20 below:

Table 20: Articles from 'Type 2: Blue' and 'Type 3: Pink' settings and services relevant to feedback loops with service users

Citation	Literature Type	Country	PICo Classifications		
			Population	Phenomena of Interest	Context
Dworetzky et al. (2023)	Framework	United States	Families	SEI is not primary focus	Child and Family Serving Organisations (primarily in a healthcare context)
Council of Europe (2016)	Guideline	Europe	Children and young people	SEI is not primary focus	All Contexts
McAuley and Brattman (2002)	Guideline	Ireland	Children and young people	SEI is not primary focus	Potentially All Contexts (primarily public policy development)
The National Children's Office, The Children's Rights Alliance, The National Youth Council (2005)	Guideline	Ireland	Children and young people	SEI is not primary focus	All Settings and Services Working with Children

As shown in the Table above, the Type 2 and 3 literature on feedback loops is mainly derived from Ireland and the US. The articles primarily focus on children and young people, with one article focusing on families. The literature covers a wide range of contexts, though developing service experience insights (SEIs) is not a primary focus for any of the 4 articles.

Non-empirical literature: Models, frameworks, guidelines and standards

The Type 2 and 3 literature provides greater detail than the Type 1 literature, and yet still lacks comprehensive details on creating feedback loops with service users.

Children and young people

The Type 2 and 3 literature, like the Type 1 literature, highlights the importance of creating feedback loops with children and young people who have engaged in an SEI process. Doing so is said to help participants feel like they have been meaningfully involved, listened to, valued and recognised as key stakeholder (McAuley & Brattman, 2002; The National Children's Office et al., 2005).

The Type 2 and 3 literature also provides some limited guidance on the processes and content of feedback to service users. In terms of processes, the feedback to children and young people should:

- Be clear and rapid
- Reach all children involved in the SEI processes
- Offer opportunities and supports to participate in follow-up and evaluation activities
- Ensure staff and partners are accountable for following through on any commitments that result from the SEIs (Council of Europe, 2016).

In terms of content, the literature advises that the feedback should ask children and young people about their satisfaction with the participatory process and their views on how it could be improved. It should acknowledge if mistakes were made in the participation process and give commitments about how the lessons learnt will be used to improve participatory processes in future (Council of Europe, 2016). Finally, the feedback should also contain information about:

- Key findings from consultations with children and young people
- Next steps and how the views of children and young people influenced resulting decisions, activities and impacts
- Outcomes of the wider initiative or process that the children and young people have been consulted in (Council of Europe, 2016; McAuley & Brattman, 2002).

Families

When discussing families and the provision of feedback, the importance of "closing the loop" was primarily highlighted (Dworetzky et al., 2023, p. 973). Here the importance of the organisation letting families know how the information they shared was utilised in improvement and creation of new polices and services service is echoed in a similar manner to that of children and young people.

Empirical literature: Evidence syntheses

All evidence syntheses in Type 2 or Type 3 settings and services were excluded due to being 'critically low quality'.

Discussion

The aim of this rapid integrative review is to inform Tusla's development of a service experience insights (SEIs) framework. SEIs are developed when a service actively seeks out, gathers and analyses data and information from service users about their experiences of a service, with the purpose of understanding their experiences for quality assurance and quality improvement, and to identify positive service user experiences so that services can replicate them.

This review is particularly interested in literature that can inform the development of SEIs in child protection and welfare services (CPWS), alternative care services (ACS) and prevention, partnership and family support (PPFS) services.

Four questions guided this review:

In CPWS, ACS and PPFS services 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 insights to improve services and enhance outcomes for children and families?
4. How can information about service experience insights be communicated back to service users?

The review team also included literature outside of CPWS, ACS and PPFS services due to the limited literature for CPWS, ACS and PPFS services specifically. To help readers assess the transferability of the findings for themselves, the articles included in this review are classified into three groups based on their contexts. These are:

- **Type 1: Green** --> The most directly relevant contexts, referring to literature that is specific to CPWS, ACS and/or PPFS settings and services.
- **Type 2: Blue** --> Less directly relevant contexts, referring to literature on social work, social care or family support settings and services in general, on the assumption it may have some transferability to 'Type 1: Green' contexts.
- **Type 3: Pink** --> Least directly relevant contexts, referring to literature in settings and services that are broader than 'Type 1' or 'Type 2' contexts, but which is also intended to be applicable to Type 1 or Type 2 contexts.

In the remainder of the discussion chapter, we first summarise the main findings for each review question and interpret these findings in the context of other literature outside the review. During this process we identify areas where the findings from different questions complement each other and combine key aspects of the literature together into a provisional framework.

Next, we discuss the limitations of the review, and then we end the chapter with a discussion of key learnings and considerations for Tusla in policy, practice and research contexts.

Summary of the findings

Characteristics and quality of the literature

Thirty-two articles were included in this review: 10 guidelines, 8 frameworks, 5 models, 5 evidence syntheses and 4 standards.

There are several notable characteristics shared across the 32 articles. For instance, the included articles project a heavily Anglo-European perspective, with most published by teams in Ireland, the United States and UK in particular. The vast majority of articles are directed towards children and young people, with relatively few focusing specifically on families or parents/guardians. Gathering and utilising service experience insights (SEIs) was the main focus of only a handful of the included articles, with many more focusing on broader yet related concepts like ‘participation’ and ‘quality improvement’. Furthermore, only one-third of the included articles were classified as **Type 1**, meaning most articles were not focused on CPWS, ACS or PPFS settings specifically. Given these characteristics, readers should interpret the findings cautiously.

The results of the quality assessments further emphasise need for readers to interpret the review findings cautiously. The guidelines, standards and evidence syntheses were quality assessed, with all except two guidelines judged to be of ‘low’ or ‘critically low’ quality.

Best practices and principles of practice

As shown in Table 21 (pg. 66), many important practices and guiding principles were identified with relevance to developing SEIs. For practices and principles listed under '*General Practices and Principles*', these tended to be described in a way that implied they have general applicability to all service user feedback methodologies. '*Additional principles and practices*', such as those for complaints systems, specify extra principles and practices relevant to specific methods of developing SEIs.

Table 21 also identifies the type of service users each practice and principle was specified for. However, the review team have little reason to believe that many of the principles and practices identified for one type of service user could not be applied to a broader range of service users. For example, that 'services respond proactively to feedback' only appeared in the literature on parents/guardians but it is not clear why this should not also apply to children and young people. As such, the review team encourage readers of this review to also consider the extent to which practices and principles not specified as applicable to their particular setting or type of service user may actually be applicable to them.

With that in mind, a consistent finding across the various types of literature is the importance of listening to, understanding, and **valuing the voices** of children and young people. The **Type 1** empirical literature further supports ensuring children and young people have **choice** on whether and how to participate, clarity about the **purpose** of participating, and access to a **range of child-friendly and engaging options** to accommodate them to share their experiences how they would most like to.

The **Type 2** and **Type 3** literature reaffirms much of the Type 1 literature, while also suggesting further principles and practices. For instance, it is recommended that the participation of children and young people be seen as a **process rather than one-off event**, with **special efforts** made to enable marginalised children and young people to participate. Principles such as **voluntary participation, respect, inclusivity, accountability, and safety** were frequently recommended, and staff should be **trained and supported** to facilitate meaningful child participation.

The **Type 1** literature on principles of practice for parents, guardians and families is relatively scant, but suggests **actively seeking feedback** and **responding proactively** may also be important when seeking SEIs from fathers.

Mechanisms, methodologies and tools

The empirical evidence supporting the effectiveness of MMTs for developing SEIs ranges from limited at best to absent at worst. For instance, many of the MMTs proposed in the non-empirical literature were simply not examined by the empirical literature, making it difficult to comment on their effectiveness. Where MMTs were examined in the empirical literature, the findings suggest that:

- evidence on the effectiveness of continuous quality improvement (CQI) processes is limited but promising, as it indicates that CQI processes may contribute to a range of positive outcomes for service users and organisations when the right external factors are present (Zuchowski et al., 2019).
- evidence on the effectiveness of procedures for the participation of individual children and young people is limited, sometimes conflicting, and heavily dependent on external factors (Kennan et al., 2016).
- evidence on the effectiveness of procedures for the collective participation of children and young people is absent (Kennan et al., 2016).
- evidence on the quality of feedback questionnaires for families and parents indicates they have considerable weaknesses and uncertain quality (Ayala-Nunes et al., 2014).

Despite the weak evidence-base for MMTs, several non-empirical sources provide overarching frameworks or methodologies that could usefully inform an SEI framework. The frameworks are also complementary in several respects.

Starting with the **Type 1** literature, O’Brien and Watson (2002) propose a relatively comprehensive 5-stage quality assurance (QA) framework for child welfare services which suggests (1) defining outcomes and standards, (2) incorporating quality assurance throughout the agency, (3) gathering data and information, (4) analysing data and information, and (5) using the analyses and information to make improvements. The framework also has some flexibility, in that a range of qualitative and quantitative data collection methods can be applied at stage 3 to gather service user feedback, such as complaints systems, interviews, focus groups and surveys.

Turning to the **Type 2** and **Type 3** literature, the SUFFICE framework (Ward et al., 2016) and BIVKA methodology (Krogstrup & Brix, 2018) are less comprehensive but can supplement parts of the QA framework. Both the SUFFICE framework and BIVKA methodology have components relevant to gathering and analysing data -- steps 3 and 4 of the QA frameworks -- with both advocating qualitative data collection methods to facilitate service users to provide rich descriptions of their experiences. The SUFFICE framework in particular provides a series of tools and templates which could be incorporated as part of the QA framework.

Table 22 (pg. 69) shows the steps in the QA framework, the SUFFICE framework and the BIVKA methodology that overlap and that can complement each other as part of a single framework.

Table 21: Summary table of best practices and guiding principles of practice

Best Practices and Guiding Principles of Practice	Type 1 Settings & Services		Type 2/3 Settings & Services
	Non-Empirical literature	Empirical literature	Non-Empirical literature
General Practices and Principles			
Services value, listen to, understand and take seriously the views of all parties	nnn	nn	nnn
Services respect the right of all children and young people to be heard, without discrimination on any grounds			n
Services view participation and feedback as a process rather than one-off event, which requires time and resource commitments			n
Services consider the evolving capacities of young people and encourage them to participate to an increasing degree as their capacities evolve			n
Services seek feedback from diverse, representative service users, but also make special efforts to include people affected by marginalisation or discrimination			nn
Services consider the nature and extent of service users' involvement when developing service experience insights			n
Service users have choice about if and how to participate, with a range of options available		n	nn
Service users have clarity about the purpose of sharing feedback		n	nn
Services provide all relevant information needed for participation in a way that is age-appropriate, meets the communication needs of all parties, and in settings where the choice to participate can be made freely	n	n	n
Services provide adequate support to service users, including access to advocates to assist with communicating their views	n	n	n
Services gather information through child-friendly and engaging mediums		n	n

Best Practices and Guiding Principles of Practice	Type 1 Settings & Services		Type 2/3 Settings & Services
	Non-Empirical literature	Empirical literature	Non-Empirical literature
All processes in which children and young people are heard are transparent, informative, voluntary, respectful, relevant to children's lives, inclusive, supported by trained staff, safe, and accountable			n
Parties are kept informed (in an age-appropriate way) of resulting developments throughout the feedback process	nn	n	nn
Services respond proactively to feedback		n	
Services ensure relevant parties can identify the impact of feedback			n

Children and young people: n Parents/Guardians: n Families: n Service Users in General: n

Best Practices and Guiding Principles of Practice	Type 1 Non-Empirical literature	Type 1 Empirical literature	Type 2/3 Non-Empirical literature
Additional Practices and Principles for Monitoring, Evaluation and Information Systems			
Services actively seek feedback on a regular basis from service users and/or significant people in their lives[6]	nn	nn	nn
Services have robust, transparent systems for managing feedback that support ethically using data and communicating clearly with relevant parties	nn		n
Services have data management strategies that facilitate real-time feedback to staff to improve services		n	
Additional Practices and Principles for Complaints Systems[7]			
Service users are entitled to make complaints	n		

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[6] There may be exceptional circumstances where feedback from significant people in a service users life are not appropriate (e.g. seeking the parental feedback of a child service user when a court direction limits the degree of parental involvement in the child's life).

[7] Complaints systems should be considered as a component of a larger monitoring, evaluation and information system. In that way, the principles and practices of monitoring, evaluation and information systems should also be considered relevant to complaints systems.

Best Practices and Guiding Principles of Practice	**Type 1 Settings & Services**		**Type 2/3 Settings & Services**
	Non-Empirical literature	Empirical literature	Non-Empirical literature
Complaints systems are developed in consultation with all interested parties	n		n
The organisation has procedures and guidelines for dealing with complaints that all parties can access	nn		
There is a culture of openness and transparency that welcomes feedback via complaints, with no adverse consequences for raising issues of concern	n	n	n
Parties right to confidentiality is respected	nn		
Service providers provide speedy, constructive, and agreeable solutions as close to the point of delivery as possible within clear and reasonable time limits	nn	n	
Parties have a right of appeal and are made aware of options to escalate a complaint to an external body	n		
There are mechanisms for parties to provide feedback on the complaints process and its effectiveness is regularly reviewed	n		
Additional Practices and Principles for Ethical Research			
Children and young people: n Parents/Guardians: n Families: n Service Users in General: n			
Researchers avoid the selection of topics that exploit, invade the privacy of, or compound problems experienced by, children and young people			n
Researchers ensure the confidentiality of research participants			n
Researchers use their findings for the benefit of research participants			n
Additional Practices and Principles for Participatory Action Research			
Researchers are committed to research that reflects and addresses the real-life problems, needs, desires, and experiences of youth researchers			n
Researchers are committed to genuinely collaborative research processes with youth researchers			n
Researchers are committed to actively seeking knowledge that is transformative in the lives of children and young people			n

Children and young people: n Parents/Guardians: n Families: n Service Users in General: n

Table 22: Comparison of steps and actions across the QA framework for child and welfare services, the SUFFICE framework and BIVKA methodology

Steps and Actions	**Taken from**		
	Quality Assurance (QA) Framework for Child Welfare Services (O'Brien & Watson, 2002)	**SUFFICE Framework** (Ward et al., 2016)	**BIVKA Methodology** (Krogstrup & Brix, 2018)
Step 1: Adopt outcomes and standards			
1.1. Define child welfare outcomes	n		
1.2. Define practice standards	n		
Step 2: Incorporate quality assurance throughout the agency			
2.1. Include QA elements in a strategic plan	n		
2.2. Create a QA structure	n		
2.3. Communicate quality expectations throughout the organisation	n		
Step 3: Gather data and information			
3.1. Develop data collection instruments		n	n
3.2. Gather input from service users	n		n
Step 4: Analyse data and information			
4.1. Develop analysis plan		n	
4.2. Analyse data		n	n
4.3. Involve varied stakeholders in analysis	n		
4.4. Develop composite stories of service user experiences		n	
4.5. Translate data and information into QA reports	n		
Step 5: Use analyses and information to make improvements			
5.1. Create feedback loops with a range of relevant audiences	n	n	

5.2. Co-produce logic models of services with service staff to facilitate structured reflection on service user feedback		n
5.3. Develop service improvement plans		n
5.4. Make improvements	n	
5.5. Evaluate actions taken	n	

Dependencies and requirements

Implementation of the best practices and principles of practice previously discussed in Table 21 should be considered dependencies and requirements, in and of themselves, for effectively developing SEIs and ensuring service users have a positive experience of the SEI process. As such, readers are recommended to also consult Table 21 when considering dependencies and requirements.

Beyond the best practices and principles of practice, the Type 1: Green literature was surprisingly limited in its discussion of dependencies and requirements, and addresses concepts that are broader than SEIs, such as ‘participation’ and ‘continuous quality improvement’, rather than focusing on SEIs directly.

Nevertheless, the available literature identifies a number of structural, cultural, process and relationship factors that may be required when developing SEIs (Kennan et al., 2016; Zuchowski et al., 2019). At an organisational and service-level, for example, sufficient time, training, resources and leadership support are examples of key structural requirements identified in the non-empirical Type 1 literature (Zuchowski et al., 2019). An organisation that collectively views children as knowledgeable social actors, and that genuinely values and emphasises children’s participation and empowerment, are key cultural dependencies (Kennan et al., 2016). Important process requirements can vary depending on the method of engagement with service users but usually include, for example, providing participants with clear information and clarity about the meaning of participation and what it entails (Kennan et al., 2016). Finally, at an individual-level, relationship factors with service users become increasingly important requirements, such as the presence of positive, trusting, stable relationships between children and their case-workers (Kennan et al., 2016).

The Type 2 and Type 3 literature reiterate the importance of several structural dependencies and requirements but also propose two useful overarching models -- the ‘Lundy Model’ and ‘7P Model’ -- that could support a systematic consideration of cultural, process and relationship factors when developing SEIs with children and young people. The models appear to be complimentary in several ways and neither assume that simply providing a space for sharing experiences will automatically lead to those experiences being heard or acted upon. Lundy’s (2007) model proposes that as well as ‘space’, children also need to be facilitated to ‘voice’ their views in the presence of a listening ‘audience’ that has sufficient ‘influence’ to act upon those views. Like the Lundy model, the 7P model emphasises the ‘process’ of participation, but can also guide a deeper consideration of why, how and with whom service experience insights will be developed. That is, the 7P model also guides a systematic consideration of the ‘purpose’ of engaging service users; how they are understood or ‘positioned’ culturally; whether ‘power relations’ are well managed, and the safety of participants is ‘protected’ to allow diverse ‘perspectives’ to be captured; and in what way the wider context or ‘place’ is likely to impact participation.

Feedback loops

Despite feedback loops with service users being considered a best practice, the literature in this review provides scant detail on how to do this. Where detail can be found, it is drawn from the non-empirical literature, and it is limited to guidance for children and young people. The empirical literature included in this review does not address feedback loops and so cannot provide supporting or refuting evidence for the guidance.

That said, collectively the Type 1**,** Type 2and Type 3 non-empirical literature suggest that feedback provided to service users about their involvement in an SEI process should be delivered clearly, rapidly, reach all children involved in the SEI process and offer opportunities to participate in follow-up and evaluation activities. The feedback should ask children about their satisfaction with the participatory process and their views on how it could be improved, as well as inform them of key findings, next steps, and how their views influenced resulting decisions, activities, and impacts.

Gaps in the findings

While this review attempted to answer the four review questions using a wide range of literature from varied disciplines and professions, there were several notable gaps in the content of the literature. Some of these gaps have been mentioned already. For example, limited literature on certain types of service users and on feedback loops in particular. Beyond that, the review team anticipated finding and including more literature on topics such as 'ethics', 'participatory and peer-led research', 'levels or types of service user participation', 'strategies for identifying and recruiting participants' and 'implementation guidance'.

Additional literature not included in this review but that may be worthy of consideration as part of the development of an SEI framework are listed in Appendix 3e. We briefly discuss a selection of the additional literature below to describe how it might help to fill certain gaps in the findings.

On levels or types of service user participation, many different models have been proposed over the years, such as Hart's (1992) 'Ladder of Participation', Treseder's (1997) 'Degrees of Participation', Shier's (2001) 'Pathways to Participation', and Wong et al's (2010) 'Typology of Youth Participation and Empowerment Pyramid', to name a few (Cahill & Dadvand, 2018). Often these models present participation along a spectrum ranging from 'user non-participation' to 'user-led'. The 7P-Model included in this review encourages consideration of the level of service user participation in a project (Cahill & Dadvand, 2018). Shippee et al's (2015) *Framework of Patient and Service User Engagement in Research*, which was developed in a healthcare context and is not included in this review, could help to facilitate considerations about how and at what stages service users could participate by clarifying different phases, stages and activities within the research process that service users could engage in.

On the topic of ethics, only a single article in this review addressed the topic of ethics directly (Wells & Sametz, 1985). The article is almost 40 years old and, while still relevant, more up-to-date literature may be beneficial, such as Groot and Abma’s (2022) recently published *Ethics Framework for Citizen Science and Public and Patient Participation in Research*. The framework recognises that new ethical issues “such as who decides, who participates, who is excluded, what it means to share power equally, or whose knowledge counts” can arise in research that seeks to collaboratively involve citizens and service users, and the framework is intended to help researchers to reflect on various ethical features of their work (Groot & Abma, 2022, p. 1).

Study recruitment is another under-explored topic in the literature included in this review. In the context of developing SEIs, recruitment isn’t necessary for all methods of data collection, such as complaints systems. However, if taking more proactive approaches to gathering SEIs, such as consultations or research with service users, recruiting participants will be necessary. The literature included in this review provides some limited guidance (for example, that diverse perspectives should be sought and special efforts made to involve service users from marginalised backgrounds). However, there is an absence of guidance on strategies for recruiting and retaining participants. For this, Lander et al’s (2023) INTACT-RS framework[8] could help. The framework was developed in a healthcare context and is not included in this review, but it identifies factors that can influence a person’s awareness, intention, capability, and motivation to participate in research and suggests potential strategies for each factor.

Finally, in terms of ‘implementation guidance’, there are several concepts and frameworks from the implementation science literature that could potentially supplement the findings and SEI framework in this review. We focus on two in particular: the ‘Quality Implementation Framework’ (Meyers, Durlak, et al., 2012; Meyers, Katz, et al., 2012) and the ‘$R=MC^2$’ model of implementation readiness (Scaccia et al., 2015).

The Quality Implementation Framework identifies 14 distinct steps that should take place during an implementation process to improve the quality of implementation. The steps are conceptualised as occurring over four phases:

- Phase 1: Initial considerations regarding the setting
- Phase 2: Creating a structure for implementation
- Phase 3: Ongoing structure once implementation begins
- Phase 4: Improving future applications.

The steps in Phase 1 would include undertaking assessments of the need for, fit, and readiness to implement an SEI system and developing strategies to build organisational capacity to implement such a system. In Phase 2, implementation teams and an implementation plan should be developed to create a structure to drive implementation. The steps in Phases 1 and 2 should take place before

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[8] INTACT-RS is an acronym for ‘intentional and actional components of engaged participation in public health research studies’.

implementation of SEI system begins (Meyers, Durlak, et al., 2012). Once implementation begins, the steps in Phases 3 and 4 should be carried out to ensure there is an ongoing support structure for the implementation of an SEI system and that feedback on the SEI system is used to continuously improve it over time (Meyers, Durlak, et al., 2012).

Related to the readiness assessment step proposed in phase 1 of the Quality Improvement Framework is Scaccia et al's (2015) 'R=MC^2' model of implementation readiness. Scaccia et al. (2015, p. 485) describe readiness as a "necessary precursor to successful organisational change" and define it as "the extent to which an organisation is both willing and able to implement a particular innovation". They conceptualise readiness to adopt an innovation as having three distinct components: (1) motivation; (2) general organisational capacities; and (3) innovation-specific capacities. Assessing and addressing each of these three components can help to build organisational readiness. Scaccia et al. (2015) also identify specific factors that contribute to motivation, general capacities, and innovation-specific capacities, which can be targeted by strategies to improve them.

Limitations

Limitations in the evidence

There are two main limitations to the literature included in this review. These relate to the quantity and quality of the literature.

Firstly, most of the included literature does not focus primarily on developing service experience insights and is drawn from contexts that are not directly relevant to CPWS, ACS and PPFS contexts. Furthermore, the vast majority of the included literature focuses on children and young people, with relatively little focused on families, parents, and guardians.

Secondly, the quality assessments of guidelines, standards and evidence syntheses indicated that the vast majority of these types of literature were of 'low' or 'critically low' quality.

Together, these limitations reduce the strength of the conclusions that can be drawn from the review and require readers to exercise considerable caution when considering the transferability of the findings to their particular contexts.

Limitations of the review

As previously stated, this 'rapid integrative review' accelerated the process of conducting a traditional integrative review by streamlining or omitting various methods to produce its findings in a resource-efficient manner. While this permitted the review team to complete the review within a relatively short timeframe, the streamlining also introduced limitations that may increase the likelihood of bias in the review.

To begin with, while the search strategy was comprehensive, it was not exhaustive and is unlikely to have identified all literature meeting the eligibility criteria. In particular, by excluding primary research, the review is likely to have missed findings from studies that were not included in the evidence syntheses of this review.

Best practice in evidence syntheses usually requires that at least two review authors independently determine the eligibility of studies, perform data extraction, and quality assess the included literature (Shea et al., 2017). For this review, these steps were either conducted by a single author only or were not done in duplicate if both authors were involved in the process. This may increase the likelihood of error in how the steps were conducted or potential sources of disagreement between authors going unidentified and unresolved.

Finally, some evidence syntheses methods were omitted from this review altogether to ensure the review could be completed on time and within budget. These include:

- Investigations of discrepancies and discordance across the included literature
- Assessments of publication, dissemination or reporting biases in the evidence syntheses
- Assessments of the certainty of evidence.

Key learnings and considerations

In this final section we propose key learnings and considerations for Tusla in developing a service experience insights (SEI) framework. In doing so, we identify key learnings and considerations from this review's findings. We also briefly examine a selection of relevant, existing frameworks, strategies and toolkits developed by Tusla that could be complemented or supplemented by the literature.

Key Learning and Consideration 1

There is unfortunately a limited amount of literature directly addressing service experience insights in CPWS, ACS and PPFS settings. Due to this the review team have also drawn on literature outside of these contexts.

Much of the literature included is directed mainly towards children and young people, is judged to be of low quality and is currently lacking in support from empirical evidence.

Readers are encouraged to exercise considerable caution when interpreting the findings of the review and to carefully assess the transferability of the findings to their particular context.

Key Learning and Consideration 2

With the above caveats in mind, the findings of this review could still be interpreted as indicating best practice in gathering and utilising SEIs, and should be an important source of information for the development of an SEI framework.

Key Learning and Consideration 3

The gaps and limitations identified in the literature and framework proposed by this review suggest that Tusla may want to consider additional sources of information (e.g. stakeholder consultations; short narrative literature review targeting gaps in this review, etc.) to assist with developing a comprehensive SEI framework.

Areas that additional sources of information could helpfully address include ‘feedback loops’, ‘implementation and ethics guidance’, and the development of SEIs with parents, guardians and families.

Key Learning and Consideration 4

Given the relatively limited evidence-base to underpin an SEI framework, Tusla may want to consider evaluating its SEI framework over time. This could facilitate Tusla in generating its own evidence-base on SEI practices and principles, and assess if the SEI framework is working as intended to improve services and outcomes for service users.

In recent years, Tusla and the DCEDIY (Department of Children, Equality, Disability, Integration and Youth) have published a range of frameworks, strategies and other types of guiding documentation of relevance to an SEI framework. A selection of these were examined by the review team and are listed in Table 24 below. The specific phenomena of interest and types of service users they are relevant to are also noted.

Table 23: Selection of Tusla and government documents relevant to the development of a service experience insights framework

Document	Phenomena of Interest			
	Best Practices & Principles of Practice	**Mechanisms, Methodologies & Tools**	**Dependencies & Requirements**	**Feedback Loops**
Participation Framework: National Framework for Children and Young People's Participation in Decision-Making (Department of Children Equality Disability Integration and Youth, 2021)	n	n	n	n
Tell Us -- Policy for Feedback and Complaints (Tusla, 2021)	nn	nn		
Child and Youth Participation Strategy 2019-2023 (Tusla, 2019)	n		n	
Tusla Quality Improvement Framework: A Tusla Approach to Improving the Quality and Safety of Services (Tusla, 2016b)	nn	nn	nn	
Child and Youth Participation Toolkit (Tusla, 2016a)	n	n	n	
Toolkit for Parental Participation: National Guidance & Local Implementation (Tusla, 2015a)	n	n	n	
Toward the Development of a Participation Strategy for Children and Young People: National Guidance & Local Implementation (Tusla, 2015b)	n	n	n	

Children and young people: n Parents/Guardians: n Families: n

The documents in Table 24 above share several similarities with the literature included in this review. For instance, they address concepts that are relevant to, but broader than, ‘SEIs’. They focus mainly on children and young people, with relatively few focused on parents, guardians or families. And ‘feedback loops’ with service users are a relatively neglected concept across the documents.

Perhaps unsurprisingly then, there appears to be considerable overlap between the findings of this review and the content, key sources, and service user target groups of the policies, strategies and toolkits in Table 24. For example, the Lundy Model (2007) already underpins several existing youth participation strategies (Department of Children Equality Disability Integration and Youth, 2021; Tusla, 2016a, 2019) and guides a consideration of several important dependencies and requirements for meaningful participation. Similarly, a number of documents draw on Council of Europe (2012) recommendations for their guiding principles of practice, which also informed the best practices and principles of practice identified in this review for SEIs.

Key Learning and Consideration 5

The findings of this review re-affirm much of the content of the existing frameworks, strategies and toolkits developed by Tusla and DCEDIY, which in turn suggest that Tusla may already be implementing many of the findings of this review.

This review also suggests gaps and limitations in the existing frameworks, strategies and toolkits may be reflective of gaps and limitations in the wider literature.

Key Learning and Consideration 6

The findings of this review can supplement the content of existing frameworks, strategies and toolkits in several areas. In particular, they highlight a broader range of best practices and principles of practice, and points towards some additional dependencies and requirements for SEIs.

Furthermore, the review findings suggest supplementing the Lundy Model with other models and methodologies that can provide a more wide-ranging framework for systematically gathering and utilising SEIs. These include, for example, the 7P model, the SUFFICE framework, and O’Brien and Watson’s QA process.

Key Learning and Consideration 7

In some areas, Tusla’s existing Toolkits may provide more useful guidance than the findings of this review. Specifically, the documents contain a wealth of suggestions for exercises, activities and tools to generate participation, and provide helpful guidance on establishing methods or structures that feedback can be provided through.

Conclusions

This rapid integrative review aimed to inform the development of Tusla’s Service Experience Insights (SEIs) framework for child protection and welfare services (CPWS), alternative care services (ACS), and partnership, prevention, and family support (PPFS) services.

Despite assessing 32 articles, the literature's overall quality and relevance were limited, with a strong focus on children and young people compared to parents, guardians, or families. Given these limitations, readers should interpret the findings cautiously and carefully assess their applicability to their specific context. And yet, while the review team believe it is important to be upfront about these limitations, we are also keen to stress that the literature still provides many important insights, learnings and guidance.

We believe the findings of this review can complement existing Tusla frameworks by providing a broader perspective on best practices, principles of practice, and dependencies and requirements for developing SEIs in particular. It may be possible to fill some of the gaps in the findings by considering additional sources of information (such as stakeholder consultations or a more traditional literature review targeting gaps in this review’s findings) and evaluating the SEI framework over time when developed and implemented.

References

AGREE-HS Research Team. (2018). *The Appraisal of Guidelines Research & Evaluation - Health Systems: AGREE-HS*. www.agreetrust.org

AGREE Next Steps Consortium. (2017). *The AGREE II Instrument*. https://doi.org/10.1016/j.ypmed.2010.08.005

Akoglu, C., & Dankl, K. (2021). Co-creation for empathy and mutual learning: a framework for design in health and social care. *CoDesign: International Journal of CoCreation in Design and the Arts*, *17*(3), 296–312. https://doi.org/10.1080/15710882.2019.1633358

Alam, S. L. (2021). Many hands make light work: towards a framework of digital co-production to co-creation on social platforms. *Information Technology and People*, *34*(3), 1087–1118. https://doi.org/10.1108/ITP-05-2019-0231

Allcock, A. (2018). *ESSS Outline: Frameworks for child participation in social care*. www.iriss.org.uk /esss esss@iriss.org.u

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*. http://eprints.mdx.ac.uk/18950/1/Making_the_difference_together_-_social_work_adult_mental_health_A.pdf

Alpert, L. T. (2005). Research Review: Parents' service experience - A missing element in research on foster care case outcomes. *Child and Family Social Work*, *10*(4), 361–366. https://doi.org/10.1111/j.1365-2206.2005.00387.x

Antle, B. F., Christensen, D. N., Van Zyl, M. A., & Barbee, A. P. (2012). The impact of the Solution Based Casework (SBC) practice model on federal outcomes in public child welfare. *Child Abuse & Neglect*, *36*(4), 342–353. https://doi.org/10.1016/J.CHIABU.2011.10.009

Arvidsson, P., Granlund, M., & Thyberg, M. (2008). Factors Related to Self-Rated Participation in Adolescents and Adults with Mild Intellectual Disability – A Systematic Literature Review. *Journal of Applied Research in Intellectual Disabilities*, *21*, 277–291.

Ashraf, K., Ng, C. J., & Goh, K. L. (2021). Theories, models and frameworks in men's health studies: A scoping review. *Journal of Men's Health*, *17*(2), 15–24. https://doi.org/10.31083/jomh.2021.006

Atkin, C. J. (2017). *Consent to Participate in Research by Adults with Intellectual Disabilities - A Systematic Review of the Literature AND Exploring the Experiences of Independent Advocates and Parents with Intellectual Disabilities Following their Involvement in Child Prot*. University of Birmingham.

Augsberger, A., Collins, M. E., & Levine, B. F. (2022). Family Engagement in Child Welfare System-Level Change: A Review of Current Models. *Families in Society: The Journal of Contemporary Social Services*, 1–15. https://doi.org/10.1177/10443894211067855

Ayala-Nunes, L., Jiménez, L., Hidalgo, V., & Jesus, S. (2014). Family feedback in

Child Welfare Services: A systematic review of measures. *Children and Youth Services Review*, *44*, 299–306. https://doi.org/10.1016/j.childyouth.2014.07.004

Ballard, M., & Montgomery, P. (2017). Risk of bias in overviews of reviews: a scoping review of methodological guidance and four-item checklist. *Research Synthesis Methods*, *8*(1), 92–108. https://doi.org/10.1002/jrsm.1229

Baran, M., & Sawrikar, V. (2022). Service-level barriers and facilitators to father engagement in child and family services: A Systematic review and thematic synthesis of qualitative studies. *PsyArXiv*. https://doi.org/10.31234/osf.io/vm3bn

Barnardo's. (2021). *A Care System That Cares: Lessons for the Independent Review of Children's Social Care from young people with direct experience of it*.

Bayley, J., Wallace, L., & Choudhry, K. (2009). Fathers and parenting programmes: barriers and best practice. *Community Practitioner*, *82*(4), 28–31.

Bell, M. (2011). *Promoting children's rights in social work and social care: a guide to participatory practice*. Jessica Kingsley Publishers.

Bell, Margaret, & Wilson, K. (2006). Children's Views of Family Group Conferences. *The British Journal of Social Work*, *36*(4), 671–681. https://doi.org/10.1093/BJSW/BCH421

Better Care Network and IPAN. (2020). *International Review of Parent Advocacy in Child Welfare: Strengthening Children's Care and Protection Through Parent Participation*.

Booth, A., & Carroll, C. (2015). Systematic searching for theory to inform systematic reviews: Is it feasible? Is it desirable? *Health Information and Libraries Journal*, *32*(3), 220–235. https://doi.org/10.1111/hir.12108

Bovarnick, S., Peace, D., Warrington, C., & Pearce, J. (2018). *Being Heard: Promoting Children and Young People's Involvement in Participatory Research on Sexual Violence: Findings from an international scoping review*. https://www.our-voices.org.uk/assets/documents/UoB_BeingHeard-report.pdf

Boylan, J. (2004). *Reviewing Your Review': A critical analysis of looked after children's participation their statutory reviews and the role of advocacy*. Staffordshire University.

Boylan, Jane, & Braye, S. (2011). Paid, Professionalised and Proceduralised: Can Legal and Policy Frameworks for Child Advocacy Give Voice to Children and Young People? *Journal of Social Welfare and Family Law*, *28*(3–4), 233–249. https://doi.org/10.1080/09649060601119417

Bradbury-Jones, C., Isham, L., & Taylor, J. (2018). The complexities and contradictions in participatory research with vulnerable children and young people: A qualitative systematic review. *Social Science and Medicine*, *215*, 80–91. https://doi.org/10.1016/j.socscimed.2018.08.038

Bridge, G., & Street, C. (2001). When things go wrong: Being an independent person under the children Act 1989 complaints procedure. *Social Policy and Administration*, *35*(6), 716–731. https://doi.org/10.1111/1467-9515.00263

Brodie, I., D'Arcy, K., Harris, J., Roker, D., Shuker, L., & Pearce, J. (2016). *The* *participation of young people in child sexual exploitation services: a scoping review of the literature*. http://www.scie-socialcareonline.org.uk/the-participation-of-young-people-in-child-sexual-exploitation-services-a-scoping-review-of-the-literature-summary-for-practice/r/a11G000000G6JJsIAN

Brouwers, M. C., Ako-Arrey, D., Spithoff, K., Vukmirovic, M., Florez, I. D., Lavis, J. N., Cluzeau, F., Permanand, G., Bosch-Capblanch, X., & Chen, Y. (2018). Validity and usability testing of a health systems guidance appraisal tool, the AGREE-HS. *Health Research Policy and Systems*, *16*(1), 1–9. https://doi.org/10.1186/s12961-018-0334-9

Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J. S., Cluzeau, F., Feder, G., Fervers, B., Graham, I. D., Grimshaw, J., Hanna, S. E., Littlejohns, P., Makarski, J., & Zitzelsberger, L. (2012). The Global Rating Scale complements the AGREE II in advancing the quality of practice guidelines. *Journal of Clinical Epidemiology*, *65*(5), 526–534. https://doi.org/10.1016/j.jclinepi.2011.10.008

Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J. S., Cluzeau, F., Feder, G., Fervers, B., Graham, I. D., Grimshaw, J., Hanna, S. E., Littlejohns, P., Makarski, J., & Zitzelsberger, L. (2017). *Appraisal of Guidelines for Research & Evaluation Global Rating Scale: AGREE GRS*. https://doi.org/10.1016/j.jclinepi.2011.10.008

Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J. S., Cluzeau, F., Feder, G., Fervers, B., Graham, I. D., Hanna, S. E., & Makarski, J. (2010a). Development of the AGREE II, part 1: Performance, usefulness and areas for improvement. *CMAJ. Canadian Medical Association Journal*, *182*(10), 1045–1052. https://doi.org/10.1503/cmaj.091714

Brouwers, M. C., Kho, M. E., Browman, G. P., Burgers, J. S., Cluzeau, F., Feder, G., Fervers, B., Graham, I. D., Hanna, S. E., & Makarski, J. (2010b). Development of the AGREE II, part 2: Assessment of validity of items and tools to support application. *CMAJ. Canadian Medical Association Journal*, *182*(10), E472–E478. https://doi.org/10.1503/cmaj.091716

Bruce, M. (2014). The voice of the child in child protection: Whose voice? *Social Sciences*, *3*(3), 514–526. https://doi.org/10.3390/SOCSCI3030514

Cahill, H., & Dadvand, B. (2018). Re-conceptualising youth participation: A framework to inform action. *Children and Youth Services Review*, *95*, 243–253. https://doi.org/10.1016/j.childyouth.2018.11.001

Canosa, A., Graham, A., & Simmons, C. (2022). Progressing children’s rights and participation: Utilising rights-informed resources to guide policy and practice. *Australian Journal of Social Issues*, *57*(3), 600–626. https://doi.org/10.1002/ajs4.202

Care Inspectorate. (2012). *Practice Guide: Involving children and young people in improving children’s services*.

Carlson, C. (2006). The Hampton experience as a new model for youth civic engagement. *Journal of Community Practice2*, *14*(1–2), 89–106. https://doi.org/10.1300/J125v14n01_06

Carretero-Dios, H., & Pérez, C. (2005). Normas para el desarrollo y revisión de estudios instrumentales. *International Journal of Clinical and Health Psychology*, *5*(3), 521–551.

Carroll, M. (1980). Collaboration with social work clients: a review of the literature. *Child Welfare*, *59*(7), 407–417.

Cash, S. J., Ingram, S. D., Biben, D. S., McKeever, S. J., Thompson, R. W., & Ferrell, J. Z. (2012). Moving forward without looking back: Performance management systems as real-time evidence-based practice tools. *Children and Youth Services Review*, *34*(4), 655–659. https://doi.org/10.1016/J.CHILDYOUTH.2011.12.008

Cashmore, J. (2002). Promoting the participation of children and young people in care. *Child Abuse & Neglect*, *26*(8), 837–847. https://doi.org/10.1016/S0145-2134(02)00353-8

Chaffin, M., Bard, D., Bigfoot, D., & Maher, E. (2012). Is a Structured, Manualized, Evidence-Based Treatment Protocol Culturally Competent and Equivalently Effective Among American Indian Parents in Child Welfare? *Child Maltreatment*, *17*(3), 242–252.

Chandler, S. M. (2013). The Application of Collaboration Models to Family Group Conferencing. *Journal of Policy Practice*, *12*(1), 3–22. https://doi.org/10.1080/15588742.2012.739125

Chase, E., Simon, A., Wigfall, V., Warwick, I., & Heathcote, S. (2006). *Findings from an Evaluation of the Voice Advocacy Service*.

Chisholm, A., & Sheldon, H. (2011). *Service User Feedback Tools: An evidence review and delphi consultation for the Health Professions Council*. www.pickereurope.org

Coady, N., Hoy, S., & Cameron, G. (2013). Fathers' experiences with child welfare services. *Child and Family Social Work*, *18*(3), 275–284.

Commissioner for Children and Young People Western Australia. (2009). *Involving children and young people: Participation guidelines*. https://doi.org/10.4324/9781315883595-21

Connolly, M., & Masson, J. (2014). Private and public voices: Does family group conferencing privilege the voice of children and families in child welfare? *Journal of Social Welfare and Family Law*, *36*(4), 403–414. https://doi.org/10.1080/09649069.2014.967989

Connolly, N., & Devaney, C. (2016). *Working with Families : A Review of the Literature on Parental Participation*.

Council of Europe. (2011). *Council of Europe Recommendation on children's rights and social services friendly to children and families*.

Council of Europe. (2012). *Council of Europe Recommendation on the participation of children and young people under the age of 18*.

Council of Europe. (2016). *Child Participation Assessment Tool: Indicators for measuring progress in promoting the right of children and young people under the age of 18 to participate in matters of concern to them*.

Council of Europe. (2019). *Promoting child-friendly approaches in the area of migration: Standards, guidance and current practices*. https://edoc.coe.int/en/refugees/8047-promoting-child-friendly-approaches-in-the-area-of-migration-standards-guidance-and-current-practices.html

Critical Appraisal Skills Programme. (2013). *CASP qualitative research checklist*. http://media.wix.com/ugd/dded87_29c5b002d99342f788c6ac670e49f274.pdf

Critical Appraisal Skills Programme. (2018). *CASP qualitative checklist*. https://casp-uk.net/casp-tools-checklists/

Cronin, M. A., & George, E. (2023). The Why and How of the Integrative Review. *Organizational Research Methods*, *26*(1), 168–192. https://doi.org/10.1177/1094428120935507

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. https://doi.org/10.1080/14733285.2022.2071598

Dalrymple, J. (2002). Family Group Conferences and youth advocacy: The participation of children and young people in family decision making. *European Journal of Social Work*, *5*(3), 287–299. https://doi.org/10.1080/714053160

Dalrymple, J. (2003). Professional Advocacy as a Force for Resistance in Child Welfare. *The British Journal of Social Work*, *33*(8), 1043–1062. https://doi.org/10.1093/BJSW/33.8.1043

Daly, F. (2014). *It’s About Me’: Young People’s Experiences of Participating in their Care Reviews*.

Damashek, A., Bard, D., & Hecht, D. (2012). Provider Cultural Competency, Client Satisfaction, and Engagement in Home-Based Programs to Treat Child Abuse and Neglect. *Child Maltreatment*, *17*(1), 56–66.

Danseco, E., Notarianni, M., & Kocourek, J. (2020). Quality standards on youth engagement and family engagement: Defining excellence for engagement. *Canadian Journal of Community Mental Health*, *39*(2), 59–64. https://doi.org/10.7870/cjcmh-2020-011

Davies, K., Gray, M., & Webb, S. A. (2014). Putting the parity into service-user participation: An integrated model of social justice. *International Journal of Social Welfare*, *23*(2), 119–127. https://doi.org/10.1111/ijsw.12049

Denby-Brinson, R., Klein-Cox, A., & Ingram, C. (2020). A Futuring Framework in University and Community Collaborations: A Science-Driven, Racially Just, and Interdisciplinary Child Welfare System. *Children’s Voice*, *29*(2), 30–32.

Department of Children and Youth Affairs. (2014). Promoting the participation of seldom-heard young people: A review of the literature on best practice principles. *Research Development Initiative: Research Briefing Note*, *6*, 2–7.

Department of Children Equality Disability Integration and Youth. (2021). *Participation Framework: National Framework for Children and Young People’s Participation in Decision-making*.

Department of Children Equality Disability Integration and Youth. (2023). *Children in*

Care and Young Adults Leaving Care: A Literature Review of Irish Research.

Department of Health and Children. (2003). *National Standards for Foster Care*.

Department of Health and Children. (2004a). *National Standards for Children's Residential Centres*. https://doi.org/10.1016/B978-0-12-822963-7.11005-9

Department of Health and Children. (2004b). *The National Standards for Residential Care – for Young People*. https://www.hiqa.ie/system/files/Standards_children_crc_young_peoples_version.pdf

Department of Public Expenditure and Reform. (2016). *Consultation Principles & Guidance*.

Department of Public Expenditure and Reform. (2022). *Designing Our Public Services: Design principles for Government in Ireland*.

Department of Public Expenditure and Reform and National Disability Authority. (2020). *Customer Communications Toolkit for the Public Service — A Universal Design Approach*. http://universaldesign.ie/Products-Services/Customer-Communications-Toolkit-for-the-Public-Service-A-Universal-Design-Approach/

Dickson, K., & Gough, D. (2008). *Supporting people in accessing meaningful work: Recovery approaches in community based adult mental health services*.

Dickson, R., Gemma Cherry, M., & Boland, A. (2017). Carrying Out a Systematic Review as a Master's Thesis. In A. Boland, M. Gemma Cherry, & R. Dickson (Eds.), *Doing a Systematic Review: A Student's Guide* (2nd ed., pp. 1–19). SAGE Publications Ltd.

Dixon, J., Ward, J., & Blower, L. S. (2018). They sat and actually listened to what we think about the care system': the use of participation, consultation, peer research and co-production to raise the voices of young people in and leaving care in England. *Child Care in Practice*.

Dworetzky, B., Hoover, C. G., & Walker, D. K. (2023). Family Engagement at the Systems Level: A Framework for Action. *Maternal and Child Health Journal*, *27*, 969–977. https://doi.org/10.1007/s10995-023-03619-2

Effective Public Health Practice Project. (2009). *Quality assessment tool for quantitative studies*. https://www.ephpp.ca/quality-assessment-tool-for-quantitative-studies/

Eriksson, M. (2023). Enabling Children's participation: Putting the 'good dialogues' model into practice. *Children and Society*, *January*, 1–15. https://doi.org/10.1111/chso.12702

Farrington, D., & Jolliffe, D. (2017). Special issue on systematic reviews in criminology. *Agression and Violent Behavior*, *33*, 1–3. https://doi.org/10.1016/j.avb.2017.01.020.

Fitt, K., Maylea, C., Costello, S., Kuyini, B., & Thomas, S. (2023). Independent non-legal advocacy in the child protection context: A descriptive review of the literature. *Child Abuse & Neglect*, *143*(106285). https://doi.org/10.1016/j.chiabu.2023.106285

Fitzmaurice, L. (2016). Towards a participation ecosystem: A literature review on participation in decision-making for children in state care. *Journal of Applied Youth Studies*, *1*(3), 84–95. http://search.informit.com.au/documentSummary;dn=333193236264729;res=IELHSS%3E EISSN: 2204-9207

Flango, V. E., Gatowski, S., & Sydow, N. E. (2015). Using Outcome Measurement to Promote Continuous Quality Improvement for Children in Foster Care. *Juvenile and Family Court Journal*, *66*(3), 19–32. https://doi.org/10.1111/JFCJ.12030

Fox, M., & McTeigue, D. (1999). *Standards and criteria for the inspection of children's residential centres*.

Gal, T. (2017). An ecological model of child and youth participation. *Children and Youth Services Review*, *79*, 57–64. https://doi.org/10.1016/j.childyouth.2017.05.029

Garcia, A. (2009). Contextual pathways to Latino child welfare involvement: A theoretical model located in the intersections of place, culture, and socio-structural factors. *Children and Youth Services Review*, *31*(12), 1240–1250. https://doi.org/10.1016/j.childyouth.2009.05.009

Garritty, C, Gartlehner, G., Kamel, C., King, V., Nussbaumer-Streit, B., Stevens, A., Hamel, C., & Affengruber, L. (2020). *Cochrane Rapid Reviews: Interim Guidance from the Cochrane Rapid Review Methods Group*.

Garritty, Chantelle, Gartlehner, G., Nussbaumer-Streit, B., King, V. J., Hamel, C., Kamel, C., Affengruber, L., & Stevens, A. (2021). Cochrane Rapid Reviews Methods Group offers evidence-informed guidance to conduct rapid reviews. *Journal of Clinical Epidemiology*, *130*, 13–22. https://doi.org/10.1016/j.jclinepi.2020.10.007

Gates, M., Gates, A., Pieper, D., Fernandes, R. M., Tricco, A. C., Moher, D., Brennan, S. E., Li, T., Pollock, M., Lunny, C., Sepúlveda, D., McKenzie, J. E., Scott, S. D., Robinson, K. A., Matthias, K., Bougioukas, K. I., Fusar-Poli, P., Whiting, P., Moss, S. J., & Hartling, L. (2022). Reporting guideline for overviews of reviews of healthcare interventions: Development of the PRIOR statement. *The BMJ*, 1–13. https://doi.org/10.1136/bmj-2022-070849

Gathen, J. M., Slettebø, T., & Skjeggestad, E. (2022). User participation among people in vulnerable situations at service level: A scoping review exploring impact for individual stakeholders and services. *Nordic Welfare Research*, *7*(1), 52–67. https://doi.org/10.18261/nwr.7.1.4

Gawron, G. (2022). Social Services Co-production as a Source of the Personal and Social Productivity Among the Older People – a Conceptual Model Proposal. *Studia Socjologiczne*, *4*(247), 129–152. https://doi.org/10.24425/sts.2022.143585

Glisson, C., Dukes, D., & Green, P. (2006). The effects of the ARC organizational intervention on caseworker turnover, climate, and culture in children's service systems. *Child Abuse & Neglect*, *30*(8), 855–880. https://doi.org/10.1016/J.CHIABU.2005.12.010

Godoy, S., Kainz, K., Brevard, K., & Keyes, O. (2022). A conceptual model to guide collaborative reflective practice and values-driven child welfare decision-making. *Children and Youth Services Review*, *143*(106681). https://doi.org/10.1016/j.childyouth.2022.106681

Goldbeck, L., Laib-Koehnemund, A., & Fegert, J. M. (2007). A randomized controlled trial of consensus-based child abuse case management. *Child Abuse & Neglect*, *31*(9), 919–933. https://doi.org/10.1016/J.CHIABU.2007.03.018

Gough, D., Davies, P., Jamtvedt, G., Langlois, E., Littell, J., Lotfi, T., Masset, E., Merlin, T., Pullin, A. S., Ritskes-Hoitinga, M., Røttingen, J. A., Sena, E., Stewart, R., Tovey, D., White, H., Yost, J., Lund, H., & Grimshaw, J. (2020). Evidence Synthesis International (ESI): Position Statement. *Systematic Reviews*, *9*(1), 1–9. https://doi.org/10.1186/s13643-020-01415-5

Goulden, A., Hoekstra, K., & King, B. (2023). A Scoping Review of Programs for Young Mothers with Child Welfare Involvement in Canada and the United States. *Child and Adolescent Social Work Journal*, *40*, 299–312. https://doi.org/10.1007/s10560-021-00782-9

Government of Ireland. (2023). *Better Public Services -- A transformation strategy to deliver for the public and build trust*. https://doi.org/10.1080/14719030903286656

Gray, A. (2002). *Increasing the participation of children, young people and young adults in decision making: A literature review*. https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/monitoring/agenda-children-action-areas-update/increasing-participation-children-young-adults-in-decision-making-literature-review.pdf

Green, B., McAllister, C., & Tarte, J. (2004). The Strengths-Based Practices Inventory: A Tool for Measuring Strengths-Based Service Delivery in Early Childhood and Family Support Programs. *Families in Society*, *85*(3), 326–334.

Groot, B., & Abma, T. (2022). 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

Hart, R. (1992). *Children's participation: From tokenism to citizenship*.

Hawaii Child Welfare Services. (n.d.). *Hawaii Child Welfare Services (CWS): Family Partnership and Engagement Practice Model*.

Head, B. W. (2011). Why not ask them? Mapping and promoting youth participation. *Children and Youth Services Review*, *33*(4), 541–547. https://doi.org/10.1016/j.childyouth.2010.05.015

Health and Social Care Regulatory Forum. (2009). *Framework for Public & Service User Involvement in Health and Social Care Regulation in Ireland*.

Health Information and Quality Authority. (2012). *National Standards for the Protection and Welfare of Children: for the Health Service Executive Children and Family Services*.

Health Information and Quality Authority. (2014). *National Standards for Special Care Units*.

Health Information and Quality Authority. (2017a). *Background document to support the development of National Standards for Children's Residential Centres*.

Health Information and Quality Authority. (2017b). *Guidance for providers on the monitoring programme for regulated services for children: Child protection and welfare services, foster care services, residential centres, special care units, obserstown children detention campus*.

Health Information and Quality Authority. (2018). *National Standards for Children's Residential Centres*.

Health Information and Quality Authority. (2019a). *Background document to inform the development of guidance on a human rights- based approach to care and support in health and social care settings*.

Health Information and Quality Authority. (2019b). *Guidance on a Human Rights-Based Approach in Health and Social Care Services*.

Health Information and Quality Authority. (2019c). *National Care Experience Programme Strategic Plan (2019-2021)*.

Health Information and Quality Authority. (2020). *Evidence review to inform the development of National Standards for Children's Social Services*.

Health Information and Quality Authority. (2021a). *Evidence review to inform the development of Overarching National Standards for the Care and Support of Children using Health and Social Care Services*. https://www.hiqa.ie/sites/default/files/2021-01/Final_-Evidence-review-to-inform-the-development-of-Overarching-Children.pdf

Health Information and Quality Authority. (2021b). *We want to hear from you: How to provide feedback or make a complaint about a children's social care service*.

Healy, K., & Darlington, Y. (2009). Service user participation in diverse child protection contexts: Principles for practice. *Child and Family Social Work*, *14*(4), 420–430. https://doi.org/10.1111/j.1365-2206.2009.00613.x

Holden, M., Izzo, C., Nunno, M., Smith, E., Endres, T., Holden, J., & Kuhn, F. (2010). Children and Residential Experiences: A Comprehensive Strategy for Implementing a Research-Informed Program Model for Residential Care. *Child Welfare*, *89*(2), 131–149.

Holland, S. (2001). Representing Children in Child Protection Assessments. *Childhood*, *8*(3), 322–339. https://doi.org/10.1177/0907568201008003002

Holland, S., & O'Neill, S. (2006). 'We Had to be There to Make Sure it was What We Wanted': Enabling children's participation in family decision-making through the family group conference. *Childhood*, *13*(1), 91–111.

Hoy, M. (2013). *The participation promise of family group conferencing - theory or practice?: a qualitative comparison study of children's participation in family group conferences and child protection case conferences*.

Huebner, R., Jones, B., Miller, V., Custer, M., & Critchfield, B. (2006). Comprehensive family services and customer satisfaction outcomes. *Child Welfare*, *85*(4), 691–714.

Huebner, R., MacWerner, M., Hartwig, S., White, S., & Shewa, D. (2008). Engaging Fathers. *Administration in Social Work*, *32*(2), 87–103.

Idaho Department of Health and Welfare. (2005). *Involving Families Through Family Group Decision-Making Meetings*.

Inan Nur, A., B. Santoso, H., & O. Hadi Putra, P. (2021). The Method and Metric of User Experience Evaluation: A Systematic Literature Review. *2021 10th International Conference on Software and Computer Applications (ICSCA, 2021), February 23-26, 2021, Kuala Lumpur, Malaysia*, 307–317. https://doi.org/10.1145/3457784.3457832

Ivec, M. (2013). *A necessary engagement: an international review of parent and family engagement in child protection*.

Jackson, R., Brady, B., Forkan, C., Tierney, E., & Kennan, D. (2020). Influencing policy and practice for young people in foster care: Learning from a model of collective participation. *Children and Youth Services Review*, *113*(104901), 1–11. https://doi.org/10.1016/j.childyouth.2020.104901

Jelicic, H., Gibb, J., La Valle, I., & Payne, L. (2013). *Involved by Right: The voice of the child in the child protection conferences*.

Johannisen, J., van Wyk, C., & Yates, H. (2021). Facilitating Children's Participation within Multidisciplinary Meetings: Guiding Principles for Child and Youth Centres. *Social Work/Maatskaplike Werk*, *57*(3), 376–392. http://socialwork.journals.ac.za/pub/article/view/14/10

Jordan, K. (2009). Need To Be Heard: Increasing Child Participation in Protection Mediation Through the Implementation of Model Standards*. *Family Court Review*, *47*(4), 715–736. https://doi.org/10.1111/j.1744-1617.2009.01283.x

Jørgensen, C. R. (2019). Children's involvement in research-A review and comparison with service user involvement in health and social care. *Social Sciences*, *8*(5), 1–24. https://doi.org/10.3390/socsci8050149

Kaehne, A., Beacham, A., & Feather, J. (2018). Co-production in integrated health and social care programmes: A pragmatic model. *Journal of Integrated Care*, *26*(1), 87–96. https://doi.org/10.1108/JICA-11-2017-0044

Kelleher, C., Seymour, M., & Halpenny, A. M. (2014). *Promoting the Participation of Seldom Heard Young People: A Review of the Literature on Best Practice Principles*. https://arrow.tudublin.ie/aaschsslrep

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 & Safety*, *Epub ahead*, 1–13. https://doi.org/10.1136/bmjqs-2022-015287

Kennan, D., Brady, B., & Forkan, C. (2016). *Exploring the Effectiveness of Structures and Procedures Intended to Support Children's Participation in Child Welfare, Child Protection and Alternative Care Services: A Systematic Literature Review*.

Kennan, D., Brady, B., & Forkan, C. (2019). Space, Voice, Audience and Influence: The Lundy Model of Participation (2007) in Child Welfare Practice. *Practice: Social Work in Action*, *31*(3), 205–218.

https://doi.org/10.1080/09503153.2018.1483494

King, P. T., Cormack, D., Edwards, R., Harris, R., & Paine, S. J. (2022). Co-design for indigenous and other children and young people from priority social groups: A systematic review. *SSM - Population Health*, *18*(101077). https://doi.org/10.1016/j.ssmph.2022.101077

Knight, A., & Oliver, C. (2007). Advocacy for disabled children and young people: benefits and dilemmas. *Child & Family Social Work*, *12*(4), 417–425. https://doi.org/10.1111/J.1365-2206.2007.00500.X

Krogstrup, H., & Brix, J. (2018). *Service User Involvement in Collaborative Governance: Introducing a Nordic Welfare State Model*. https://vbn.aau.dk/en/publications/service-user-involvement-in-collaborative-governance-introducing-

Lambert, D., Richards, T., & Merrill, T. (2016). Keys to Implementation of Child Welfare Systems Change Initiatives. *Journal of Public Child Welfare*, *10*(2), 132–151. https://doi.org/10.1080/15548732.2015.1113226

Lander, J., Heiberger, A., Von Sommoggy, J., Schulz, A. A., Dresch, C., Altawil, H., Schmitt, G., & Wirtz, M. A. (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

Larkins, C., Nowland, R., Robertson, L., Farrelly, N., Sharpe, D., Roy, A., Morocza, N., & Bernardo de Lemos, J. (2021). *Peer Research by Children and Young People and their allies: Rapid Evidence Review of best practices in health and social science literature*. http://clok.uclan.ac.uk/39353/

Larsson, I., Staland-Nyman, C., Svedberg, P., Nygren, J. M., & Carlsson, I. M. (2018). Children and young people’s participation in developing interventions in health and well-being: A scoping review. *BMC Health Services Research*, *18*(507), 1–21. https://doi.org/10.1186/s12913-018-3219-2

Lawrence, C. N., Rosanbalm, K. D., & Dodge, K. A. (2011). Multiple Response System: Evaluation of Policy Change in North Carolina’s Child Welfare System. *Children and Youth Services Review*, *33*(11), 2355–2365. https://doi.org/10.1016/J.CHILDYOUTH.2011.08.007

Lucero, N. M., & Bussey, M. (2012). A collaborative and trauma-informed practice model for urban Indian Child Welfare. *Child Welfare*, *91*(3), 89–112.

Lundy, L. (2007). ‘Voice’ is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, *33*(6), 927–942. https://doi.org/10.1080/01411920701657033

Ma, L.-L., Wang, Y.-Y., Yang, Z.-H., Huang, D., Weng, H., & Zeng, X.-T. (2020). Methodological Quality (Risk of Bias) Assessment Tools for Primary and Secondary Medical Studies: What are they and which is better? *Military Medical Research*, *7*(7), 1–11. https://mmrjournal.biomedcentral.com/track/pdf/10.1186/s40779-020-00238-8.pdf

Macauley, T., Rolker, H. B., Scherer, M., Brock, J., Savona, N., Helleve, A., & Knai, C. (2022). Youth participation in policy-making processes in the United Kingdom: a scoping review of the literature. *Journal of Community Practice*, *30*(2), 203–224. https://doi.org/10.1080/10705422.2022.2073308

Madsen, W. C. (2009). Collaborative helping: A practice framework for family-centered services. *Family Process*, *48*, 103–116. https://doi.org/10.1111/j.1545-5300.2009.01270.x

Martin, S., Pittman, K., Ferber, T., & Mcmahon, A. (2007). *Building Effective Youth Councils: A Pratical Guide to Engaging Youth in Policy Making*.

Masterson, D., Areskoug Josefsson, K., Robert, G., Nylander, E., & Kjellström, S. (2022). Mapping definitions of co-production and co-design in health and social care: A systematic scoping review providing lessons for the future. *Health Expectations*, *25*(3), 902–913. https://doi.org/10.1111/hex.13470

Mateos-blanco, T., Sánchez-lissen, E., Gil-jaurena, I., & Romero-pérez, C. (2022). Child-Led Participation: A Scoping Review of Empirical Studies. *Social Inclusion*, *10*(2), 32–42. https://doi.org/10.17645/SI.V10I2.4921

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012). Engaging fathers in child welfare services: A narrative review of recent research evidence. *Child and Family Social Work*, *17*(2), 160–169. https://doi.org/10.1111/j.1365-2206.2012.00827.x

Maynard, K. (2008). *Fostering youth engagement: A model of youth voice, empowerment, and participation*. Texas A&M University.

McAuley, K., & Brattman, M. (2002). *Hearing Young Voices: Consulting Children and Young People, including those experiencing Poverty or other forms of Social Exclusion, in relation to Public Policy Development in Ireland: Key Issues for Consideration*.

Mccafferty, P., & Garcia, E. M. (2023). Children's Participation in Child Welfare: A Systematic Review of Systematic Reviews. *British Journal of Social Work*, *00*, 1–17.

McGregor, C., & Devaney, C. (2020). A framework to inform protective support and supportive protection in child protection and welfare practice and supervision. *Social Sciences*, *9*(43). https://doi.org/10.3390/socsci9040043

McMurty, S., & Hudson, W. (2000). The Client Satisfaction Inventory: Results of an Initial Validation Study. *Research on Social Work Practice*, *10*(5), 644–663.

McPherson, L., Vosz, M., Gatwiri, K., Parmenter, N., Macnamara, N., Mitchell, J., & Tucci, J. (2021). What does research tell us about young people's participation in decision making in residential care? A systematic scoping review. *Children and Youth Services Review*, *122*(105899). https://doi.org/10.1016/j.childyouth.2020.105899

McTavish, J. R., McKee, C., & MacMillan, H. L. (2022). Foster children's perspectives on participation in child welfare processes: A meta-synthesis of qualitative studies. *PLoS ONE*, *17*(10), 1–18. https://doi.org/10.1371/journal.pone.0275784

Medici, A. (2020). *Participatory Design for sustainable social innovation in developing countries: Design experiments towards a model to deploy interventions with marginalised youth*. University of Leeds.

Merriam-Webster. (2023). *Best practice*. Merriam-Webster.Com Dictionary. https://www.merriam-webster.com/dictionary/best practice

Meyers, D. C., Durlak, J. A., & Wandersman, A. (2012). The Quality Implementation Framework: A Synthesis of Critical Steps in the Implementation Process. *American Journal of Community Psychology*, *50*(3–4), 462–480. https://doi.org/10.1007/s10464-012-9522-x

Meyers, D. C., Katz, J., Chien, V., Wandersman, A., Scaccia, J. P., & Wright, A. (2012). Practical Implementation Science: Developing and Piloting the Quality Implementation Tool. *American Journal of Community Psychology*, *50*(3–4), 481–496. https://doi.org/10.1007/s10464-012-9521-y

Montgomery, L., Hanlon, D., & Armstrong, C. (2017). 10,000 Voices: Service users' experiences of adult safeguarding. *Journal of Adult Protection*, *19*(5), 236–246. https://doi.org/10.1108/JAP-03-2017-0012

Morgan, A., & Fraser, S. (2010). Looked after Young People and Their Social Work Managers: A Study of Contrasting Experiences of Using Computer-Assisted-Self-Interviewing (A-CASI). *British Journal of Social Work*, *40*(2), 445–461. https://doi.org/bcp009

National Complaints Managers' Group (England). (2016). *Good Practice guidance for handling complaints concerning adults and children social care services (England)*.

National Institute for Health and Care Excellence. (2021). *Looked-after children and young people: NICE guideline*.

Ney, T., Stoltz, J. A., & Maloney, M. (2013). Voice, power and discourse: Experiences of participants in family group conferences in the context of child protection. *Journal of Social Work*, *13*(2), 184–202. https://doi.org/10.1177/1468017311410514

Nolas, S. M. (2015). Children's participation, childhood publics and social change: A review. *Children and Society*, *29*(2), 157–167. https://doi.org/10.1111/chso.12108

Norrie, C., Bramley, S., Lipman, V., & Manthorpe, J. (2022). Transferable learning about patient and public involvement and engagement in gambling support services from health and social care: findings from a narrative review and workshop with people with lived experience. *Journal of Integrated Care*, *30*(2), 189–202. https://doi.org/10.1108/JICA-06-2021-0030

Nurmatov, U., Foster, C., Bezeczky, Z., Owen, J., El-Banna, A., Mann, M., Petrou, S., Kemp, A., Scourfield, J., Forrester, D., & Turley, R. (2020). *Impact of Shared Decision-Making Family Meetings on Children's Out-of-Home Care, Family Empowerment and Satisfaction: A Systematic Review*.

O'Brien, M., & Watson, P. (2002). *A framework for quality assurance in child welfare*.

O'Kane, C. (2013). *Children's Participation in the Analysis, Planning and Design of*

Programmes: A guide for Save the Children staff. https://www.unicef.org/adolescence/cypguide/files/Children_Participation_in_Programming_Cycle.pdf

Office of the Minister for Children and Youth Affairs. (2010). *National Quality Standards Framework (NQSF) for Youth Work*. http://youthworkireland.ie/images/uploads/general/nqsf.pdf

Oliver, C., Knight, A., & Candappa, M. (2006). *Advocacy for Looked After Children and Children in Need*.

Osborne, S. P. (2013). It takes two to tango? Understanding the co-production of public services by integrating the services management and public administration perspectives. *Strokosch, K*, *24*(S), 31–47.

Ozer, E. J., Abraczinskas, M., Duarte, C., Mathur, R., Ballard, P. J., Gibbs, L., Olivas, E. T., Bewa, M. J., & Afifi, R. (2020). Youth Participatory Approaches and Health Equity: Conceptualization and Integrative Review. *American Journal of Community Psychology*, *66*(3–4), 267–278. https://doi.org/10.1002/ajcp.12451

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., … Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *PLoS Medicine*, *18*(3), 1–15. https://doi.org/10.1371/JOURNAL.PMED.1003583

Pålsson, D. (2017). Conditioned agency? The role of children in the audit of Swedish residential care. *Child & Family Social Work*, *22*, 33–42. https://doi.org/10.1111/CFS.12234

Park, S. (2019). Beyond patient-centred care: a conceptual framework of co-production mechanisms with vulnerable groups in health and social service settings. *Public Management Review*, *22*(3), 452–474. https://doi.org/10.1080/14719037.2019.1601241

Partnership for Maternal Newborn and Child Health. (2020). *Global Consensus Statement on Meaningful Adolescent and Youth Engagement*. http://www.youthpower.org/youth-engagement-cop

Partnership for Maternal Newborn and Child Health. (2022). *Practical guidance resource to operationalise the global consensus statement on meaningful adolescent and youth engagement (MAYE)*. https://doi.org/10.1109/icpr.2004.1333674

Petras, D. D., Massat, C. R., & Essex, E. L. (2002). Overcoming hopelessness and social isolation: The ENGAGE model for working with neglecting families toward permanence. *Child Welfare*, *81*(2), 225–248.

Pieper, D., Antoine, S. L., Mathes, T., Neugebauer, E. A. M., & Eikermann, M. (2014). Systematic review finds overlapping reviews were not mentioned in every other overview. *Journal of Clinical Epidemiology*, *67*(4), 368–375. https://doi.org/10.1016/j.jclinepi.2013.11.007

Pitt, C., Talwar, R., & Maxwell, N. (2020). *The Impact of Shared Decision-Making Family Meetings: EMMIE Summary*.

Platt, D. (2012). Understanding parental engagement with child welfare services: An integrated model. *Child and Family Social Work*, *17*(2), 138–148. https://doi.org/10.1111/j.1365-2206.2012.00828.x

Plush, L. (2021). What is voice?: The implementation of the best interests' standard in an Australian child protection context. *Advances in Social Work and Welfare Education*, *23*(1), 122–133.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews: A Product from the ESRC Methods Programme: Vol. Version 1*. https://doi.org/10.1001/archderm.1985.01660090059014

Reid, M. J., Webster-Stratton, C., & Beauchaine, T. . (2001). Parent Training in Head Start: A Comparison of Program Response Among African American, Asian American, Caucasian, and Hispanic Mothers. *Prevention Science*, *2*(4), 209–227.

Rodgers, M., Raine, G., Harden, M., & Eastwood, A. (2020). *Regulating and inspecting integrated health and social care in the UK: Scoping the literature*. https://eprints.whiterose.ac.uk/170793/1/3033703.pdf

Rodríquez, L., & Brown, T. (2009). From voice to agency: Guiding principles for participatory action research with youth. *New Directions for Youth Development*, *123*, 19–35. https://doi.org/10.1002/yd

Roose, R., Mottart, A., Dejonckheere, N., Van Nijnatten, C., & De Bie, M. (2009). Participatory social work and report writing. *Child & Family Social Work*, *14*(3), 322–330. https://doi.org/10.1111/J.1365-2206.2008.00599.X

Russell, C. L. (2005). An overview of the integrative research review. *Progress in Transplantation*, *15*(1), 8–13. https://doi.org/10.1177/152692480501500102

Salinas, A., Smith, J., & Armstrong, K. (2011). Engaging Fathers in Behavioral Parent Training: Listening to Fathers' Voices. *Journal of Pediatric Nursing*, *26*(4), 304–311.

Sanders, R., & Mace, S. (2006). Agency policy and the participation of children and young people in the child protection process. *Child Abuse Review*, *15*(2), 89–109. https://doi.org/10.1002/CAR.927

Save the Children. (2018). *General Children's Participation Criteria: Sectoral Guideline and Instruments for Ensuring Children's Meaningful Participation*.

Scaccia, J., Cook, B., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. (2015). A practical implementation science heuristic for organizational readiness: R = MC2. *Journal of Community Psychology*, *43*(4), 484–501. https://doi.org/10.1002/jcop.21698.A

Schaper, M. M., Márquez Segura, E., Malinverni, L., & Pares, N. (2023). Think-4-EmCoDe framework: Highlighting key qualities in embodied co-design techniques for children. *International Journal of Human Computer Studies*, *177*(103065). https://doi.org/10.1016/j.ijhcs.2023.103065

Seekamp, S., Ey, L. A., Wright, S., Herbert, J., & Tsiros, M. D. (2022). Service delivery goals and underlying interprofessional practices: A scoping review to support interprofessional collaboration in the field of child protection. *Children and Youth Services Review*, *143*(106680). https://doi.org/10.1016/j.childyouth.2022.106680

Shamrova, D. P., & Cummings, C. E. (2017). Participatory action research (PAR) with children and youth: An integrative review of methodology and PAR outcomes for participants, organizations, and communities. *Children and Youth Services Review*, *81*, 400–412. https://doi.org/10.1016/j.childyouth.2017.08.022

Shamseer, L., Moher, D., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L. A., Altman, D. G., Booth, A., Chan, A. W., Chang, S., Clifford, T., Dickersin, K., Egger, M., Gøtzsche, P. C., Grimshaw, J. M., Groves, T., Helfand, M., … Whitlock, E. (2015). Preferred reporting items for systematic review and meta-analysis protocols (prisma-p) 2015: Elaboration and explanation. *BMJ (Online)*, *349*(January), 1–25. https://doi.org/10.1136/bmj.g7647

Shea, B. J., Reeves, B. C., Wells, G., Thuku, M., Hamel, C., Moran, J., Moher, D., Tugwell, P., Welch, V., Kristjansson, E., & Henry, D. A. (2017). AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ (Online)*, *358*, 1–9. https://doi.org/10.1136/bmj.j4008

Shier, H. (2001). Pathways to participation: Openings, opportunities and obligations. *Children and Society*, *15*(2), 107–117.

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., & 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

Simmel, C. (2012). Highlighting adolescents' involvement with the child welfare system: A review of recent trends, policy developments, and related research. *Children and Youth Services Review*, *34*(7), 1197–1207. https://doi.org/10.1016/j.childyouth.2012.02.004

Sinclair, R. (1998). Involving Children in Planning Their Care. *Child and Adolescent Social Work Journal1*, *3*, 137–142. https://doi.org/10.1080/15411796.2011.585906

Sinha, V., Caldwell, J., Paul, L., & Fumaneri, P. R. (2021). A Review of Literature on the Involvement of Children from Indigenous Communities in Anglo Child Welfare Systems: 1973-2018. *International Indigenous Policy Journal*, *12*(1), 1–43. https://doi.org/10.18584/IIPJ.2021.12.1.10818

Skauge, B., Storhaug, A. S., & Marthinsen, E. (2021). The what, why and how of child participation—a review of the conceptualization of "child participation" in child welfare. *Social Sciences*, *10*(54), 1–15. https://doi.org/10.3390/socsci10020054

Smith, D. R. (2015). *Evaluating Family Engagement: Program Application of the Parent, Family, and Community Engagement Framework*. California Institute of

Integral Studies.

Smith, L. (2018). *ESSS Outline: Service user interviewers in quality assurance*.

Souza, M. T. de, Silva, M. D. da, & Carvalho, R. de. (2010). Integrative review: what is it? How to do it? *Einstein (São Paulo)*, *8*(1), 102–106. https://doi.org/10.1590/s1679-45082010rw1134

Sparks, E., Molina, M., Shepp, N., & Davey, F. (2021). The Evaluation Skill-a-Thon: Evaluation Model for Meaningful Youth Engagement. *Journal of Youth Development*, *16*(1), 100–125. https://doi.org/10.5195/JYD.2021.968

Stabler, L., O'Donnell, C., Forrester, D., Diaz, C., Willis, S., & Brand, S. L. (2019). *Shared Decision-Making: What is good practice in delivering meetings? Involving families meaningfully in decision-making to keep children safely at home: A rapid realist review*. https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_Shared_Decision_Making_Rapid_Realist_Review_full_report.pdf

Steinitz, L. Y. (2009). *Guidelines for Promoting Child Participation*. www.fhi.org

Stern, C., Jordan, Z., & Mcarthur, A. (2014). Developing the review question and inclusion criteria. *American Journal of Nursing*, *114*(4), 53–56. https://doi.org/10.1097/01.NAJ.0000445689.67800.86

Stoecklin, D. (2013). Theories of action in the field of child participation: In search of explicit frameworks. *Childhood*, *20*(4), 443–457. https://doi.org/10.1177/0907568212466901

ten Brummelaar, M. D. C., Harder, A. T., Kalverboer, M. E., Post, W. J., & Knorth, E. J. (2018). Participation of youth in decision-making procedures during residential care: A narrative review. *Child and Family Social Work*, *23*(1), 33–44. https://doi.org/10.1111/cfs.12381

The National Children's Office, The Children's Rights Alliance, & The National Youth Council of Ireland. (2005). *Young Voices: guidelines on how to involve children and young people in your work*.

Thomas, N., & Percy-Smith, B. (2012). 'It's about changing services and building relationships': evaluating the development of Children in Care Councils. *Child & Family Social Work*, *17*(4), 487–496. https://doi.org/10.1111/J.1365-2206.2011.00806.X

Thomas, & O'Kane. (1999). Children's participation in reviews and planning meetings when they are 'looked after' in middle childhood. *Child & Family Social Work*, *4*(3), 221–230. https://doi.org/10.1046/J.1365-2206.1999.00112.X

Toronto, C. (2020). Overview of the Integrative Review. In C. Toronto & R. Remington (Eds.), *A Step-by-Step Guide to Conducting an Integrative Review* (1st ed., pp. 14–29). Springer Nature.

Toronto, C., & Remington, R. (2020). *A Step-by-Step Guide to Conducting an Integrative Review* (C. Toronto & R. Remington (eds.); 1st ed.). Springer Nature.

Toros, K. (2021a). A systematic review of children's participation in child protection decision-making: Tokenistic presence or not? *Children and Society*, *35*(3), 395–

411. https://doi.org/10.1111/chso.12418

Toros, K. (2021b). Children’s Participation in Decision Making From Child Welfare Workers’ Perspectives: A Systematic Review. *Research on Social Work Practice*, *31*(4), 367–374. https://doi.org/10.1177/1049731520984844

Toros, K., DiNitto, D. M., & Tiko, A. (2018). Family engagement in the child welfare system: A scoping review. *Children and Youth Services Review*, *88*, 598–607. https://doi.org/10.1016/j.childyouth.2018.03.011

Tregeagle, S., & Mason, J. (2008). Service user experience of participation in child welfare case management. *Child & Family Social Work*, *13*(4), 391–401. https://doi.org/10.1111/J.1365-2206.2008.00564.X

Treseder, P. (1997). *Empowering children and young people*.

Tusla. (2015a). *Toolkit for Parental Participation: National Guidance & Local Implementation*.

Tusla. (2015b). *Toward the development of a Participation Strategy for Children and Young People: National Guidance & Local Implementation*.

Tusla. (2016a). *Child and Youth Participation Toolkit*.

Tusla. (2016b). *Tusla Quality Improvement Framework: A Tusla Approach to Improving the Quality and Safety of Services*.

Tusla. (2019). *Child and Youth Participation Strategy 2019-2023*.

Tusla. (2021). *Tell Us - Policy for Feedback and Complaints*.

Tuurnas, S. P., Stenvall, J., Rannisto, P. H., Harisalo, R., & Hakari, K. (2015). Coordinating co-production in complex network settings. *European Journal of Social Work*, *18*(3), 370–382. https://doi.org/10.1080/13691457.2014.930730

UNICEF. (2018). *Adolescent and Youth Engagement Strategic Framework*. http://www.un.org/en/development/desa/publications/files/2015/01/SynthesisReportENG.pdf,

United Nations. (2009). *Guidelines for the Alternative Care of Children: A United Nations Framework*. www.iss-ssi.org

van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2015). Children’s and young people’s participation within child welfare and child protection services: A state-of-the-art review. *Child and Family Social Work*, *20*(2), 129–138. https://doi.org/10.1111/cfs.12082

van Zyl, M. A., Barbee, A. P., Cunningham, M. R., Antle, B. F., Christensen, D. N., & Boamah, D. (2014). Components of the Solution-Based Casework Child Welfare Practice Model That Predict Positive Child Outcomes. *Journal of Public Child Welfare*, *8*(4), 433–465. https://doi.org/10.1080/15548732.2014.939252

Vis, S. A., & Thomas, N. (2009). Beyond talking – children’s participation in Norwegian care and protection cases. *European Journal of Social Work*, *12*(2), 155–168. https://doi.org/10.1080/13691450802567465

Waddington, H., Sonnenfeld, A., Finetti, J., Gaarder, M., John, D., & Stevenson, J.

(2019). Citizen engagement in public services in low- and middle-income countries: A mixed-methods systematic review of participation, inclusion, transparency and accountability (PITA) initiatives. *Campbell Systematic Reviews*, *15*(e1025). https://doi.org/10.1002/cl2.1025

Ward, V., Pinkney, L., & Fry, G. (2016). Developing a framework for gathering and using service user experiences to improve integrated health and social care: The SUFFICE framework. *BMC Research Notes*, *9*(437), 1–11. https://doi.org/10.1186/s13104-016-2230-0

Wells, K., & Sametz, L. (1985). Involvement of Institutionalized Children in Social Science Research: Some Issues and Proposed Guidelines. *Journal of Clinical Child Psychology*, *14*(3), 245–251.

What Works Centre for Children's Social Care. (2019). *Supporting Shared Decision-Making Meetings Delivery, Implementation and Evaluation: Practice Guidance*. www.frg.org.uk/involving-

What Works Centre for Children's Social Care. (2020). *Shared Decision-Making Meetings Programme Theory: Children and Young People Involvement*.

Whittaker, K. A., & Cowley, S. (2012). An effective programme is not enough: A review of factors associated with poor attendance and engagement with parenting support programmes. *Children and Society*, *26*(2), 138–149. https://doi.org/10.1111/j.1099-0860.2010.00333.x

Whittemore, R., & Knafl, K. (2005). The Integrative Review: Updated Methodology. *Journal of Advanced Nursing*, *52*(5), 546–553. https://doi.org/10.1016/j.pmn.2007.11.006

Willumsen, E., & Skivenes, M. (2005). Collaboration between service users and professionals: Legitimate decisions in child protection - A Norwegian model. *Child and Family Social Work*, *10*(3), 197–206. https://doi.org/10.1111/j.1365-2206.2005.00371.x

Winefield, H., & Barlow, J. (1995). Client and worker satisfaction in a child protection agency. *Child Abuse & Neglect*, *19*(8), 897–905.

Winter, K. (2006). Widening our knowledge concerning young looked after children: The case for research using sociological models of childhood. *Child and Family Social Work*, *11*(1), 55–64. https://doi.org/10.1111/j.1365-2206.2006.00385.x

Wollscheid, S., Munthe-Kaas, H. M., Hammerstrøm, K. T., & Noonan, E. (2015). Effect of Interventions to Facilitate Communication Between Families or Single Young People with Minority Language Background and Public Services: A Systematic Review. *Campbell Systematic Reviews*, *7*, 1–98. https://doi.org/10.4073/csr.2015.7

Wong, G., Greenhalgh, T., Westhorp, G., & Pawson, R. (2014). Development of methodological guidance, publication standards and training materials for realist and meta-narrative reviews: The RAMESES (Realist and Meta-narrative Evidence Syntheses: Evolving Standards) project. *Health Services and Delivery Research*, *2*(30). https://doi.org/10.1111/jan.12095/pdf

Wong, N., Zimmerman, M., & Parker, E. (2010). A typology of youth participation and empowerment for child and adolescent health promotion. *American Journal of Community Psychology*, *46*(1–2), 100–114.

Zuchowski, I., Miles, D., Woods, C., & Tsey, K. (2019). Continuous Quality Improvement Processes in Child Protection: A Systematic Literature Review. *Research on Social Work Practice*, *29*(4), 389–400. https://doi.org/10.1177/1049731517743337

This report should be cited as follows:

McGrath, K., Scott, J., and McGovern, A. (2024). *Service User Experience: Methodologies, Tools, Requirements and Feedback Mechanisms: A Rapid Integrative Review.* Centre for Effective Services: Dublin.

Produced by Centre for Effective Services, 2024.

27 Fitzwilliam Street Upper,
Dublin 2,
D02 TP23

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