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| What are *What Works* reviews? |
| --- |
| *What Works* reviews complement the performance reporting in the Report on Government Services (RoGS) by reviewing current global evidence on what works (or does not) to achieve particular outcomes for government services. The aim is to improve the wellbeing of all Australians through providing decision makers with high quality information on what works to address existing social policy needs. The reviews are intended to be targeted at policy issues, be rigorous yet timely and balance the overall evidence with practical advice and theory. The *What Works* approach will also include follow‑up with governments on the use of the reviews, and the monitoring of relevant outcomes in the RoGS to ensure a feedback loop between evidence production and implementation. |
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Contents

Acknowledgments vi

1 Introduction 1

2 Develop question 2

3 Set inclusion/exclusion criteria and search strategy 4

3.1 Inclusion and exclusion criteria 5

3.2 Search strategy – identifying potential studies 7

4 Literature Screening 8

5 Data extraction 10

6 Evidence assessment 11

7 Evidence synthesis 11

8 Communication of findings 12

9 Follow up 13

References 14

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# What Works Review Protocol

## 1 Introduction

The aim of What Works reviews is to provide information on what works (or does not work) to improve outcomes related to social services covered in the Report on Government Services (RoGS). The RoGS monitors the performance of governments in delivering outcomes, but it does not state what is working (or not) and why. The What Works reviews are intended to complement the RoGS by reporting on this where possible.

The reviews will analyse existing research to respond to research questions agreed by the Steering Committee. The method for each review will depend upon the type of question being answered, the quantity and quality of existing research, and the nature and similarity of outcome variables across the research. At a minimum they will include a structured and replicable approach to determining in-scope research, an assessment of the quality of in‑scope research, an analysis of results — including consideration of context and scalability, and targeted communication to key audiences.

What Works reviews can be considered as a type of evidence assessment. The distinguishing features of the What Works reviews over other evidence assessments include:

* targeted research questions to address nationally agreed policy problems
* a balance of rigour and timeliness to answer research questions (each review is intended to be completed within 6 months) so output remains policy-relevant
* judgements that balance the overall evidence, practical advice and theory (as far as possible)
* targeted, plain English communication to policy makers — that goes beyond a stand‑alone review to include follow up with governments on the review’s use (many evidence assessments end once the research is produced)
* monitoring of related outcomes via the RoGS as a feedback loop between evidence production and evidence implementation (providing a partial indication of the impact of use).

The protocol for a What Works review contains the following steps:

1. *Develop question —* develop a structured research question to define the scope of the review.
2. *Set inclusion/exclusion criteria and search strategy —* develop the criteria to refine the search and the information repositories to be searched.
3. *Screen literature —* ensure application of inclusion/exclusion criteria and remove duplicate studies.
4. *Extract evidence —* extract and record the material relevant to the review question.
5. *Assess evidence —* assess the robustness of the studies using publicly available and appropriate assessment tools.
6. *Synthesise evidence —* provide a narrative synthesis of the evidence coverage (and identify gaps), the findings and their implications, and areas for further research. Subject to available data and resources, include a statistical synthesis.
7. *Communicate findings —* communicate review findings through written reports, social media, conferences/seminars and other media as appropriate.
8. *Follow up* — monitor if findings have been used, and implications for future studies.

## 2 Develop question

The type of research question will influence the method used for the review.

Research questions about *intervention effectiveness* aim to examine whether one intervention is more effective than (a) another intervention or (b) no intervention, in addressing a problem or condition. In a review process, effectiveness questions will typically focus on studies that identify causality and the impact of interventions on a target group (taking into account the likely counterfactual). Some of these studies also undertake meta-analyses as part of the review.

However, often research questions will have a broader focus in examining the extent and nature of the existing research in a given area. In this case, the goal is to understand *what is known about a policy problem* (a particular issue in a particular area). The range of study designs[[1]](#footnote-1) in scope for these reviews may therefore be broader than intervention effectiveness reviews, and the synthesis of findings will often be more complex and rely on narrative methods.

For reviews concerned only with intervention effectiveness, the application of the PICOS (Population, Intervention, Comparison, Outcome, Study design) framework will help develop a structured review question (Methley et al. 2014; Varker et al. 2014).

Applying the PICOS framework to a topic clarifies the scope of the research, and yields a structured research question. Table 1 sets out the PICOS framework with a worked example of the effect of school-based interventions on childhood obesity.

| Table 1 PICOS Framework for assessing effectiveness of intervention*Example research question:* What interventions are effective in reducing childhood obesity? |
| --- |
|

| PICOS Element | Example |
| --- | --- |
| **P: Population** |  |
| What are the important characteristics of the population of interest?  | Overweight or obese children (5–18 years) |
| **I: Interventions** |  |
| What are the specific interventions of interest? | Primary and secondary school-based interventions |
| **C: Comparisons** |  |
| What alternative treatments are being considered? | No intervention |
| **O: Outcomes** |  |
| What are the results of applying the intervention or the comparison condition? | *What are the desired outcomes?** Improved eating behaviours
* Increase in physical activity
* Reduction in sedentary behaviour
* Reduction in overweight/obesity
* Healthy weight maintenance

*What outcomes are not wanted?** Eating disorders
* Under-eating
* Malnutrition
 |
| **S: Study design** |  |
| What study designs are included? | *Quantitative studies including:** Interrupted time series
* Case-control study
* Cohort study
* Randomised controlled trial
 |
| **Structured research question** |  |
| In overweight or obese children, what is the effect of early interventions in school-based settings (compared to no intervention) on weight loss and maintenance? |

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For broader research questions, such as those that ask what is known about a certain policy problem, a different approach is required as not all elements of the PICOS framework may be able to be applied. At a minimum, the review question should include the target population, concept, and outcomes of interest (Levac, Colquhoun and O’Brien 2010).

Table 2 sets out an *adapted* PICOS framework with a worked example of what is known about the impact of economic policies on obesity.

| Table 2 Adaption of PICOS framework for reviews looking at what is known about a particular area*Example Research Question*:What is known about the impact of economic policies on obesity?  |
| --- |
|

| Framework Element | Worked Example |
| --- | --- |
| **P: Population** |  |
| What are the important characteristics of the population of interest?  | All people |
| **C: Concept** |  |
| What are the key concepts the need to be defined?  | Economic policies (taxes, subsidies, targeted income transfer programs)Causal behaviours (diet, physical activity) |
| **O: Outcomes** |  |
| What are the results of what can be accomplished, improved or affected? | *What are the desired outcomes?** Improved eating behaviours
* Increase in physical activity
* Reduction in sedentary behaviour
* Reduction in overweight/obesity
* Healthy weight maintenance

*What outcomes are not wanted?** Eating disorders
* Under-eating
* Malnutrition
 |
| **Structured research question** |  |
| What is known about the relationship between economic policies targeting obesity and the behaviours causing obesity in the broader population? |

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## 3 Set inclusion/exclusion criteria and search strategy

Inclusion criteria are characteristics of studies that are required for them to be included in the review. Clearly defined inclusion criteria are a critical component of the review process because they set the scope limits for the review. If inclusion criteria are too narrow then important and potentially influential studies could be missed. In contrast, if inclusion criteria are too broad then screening out irrelevant literature will become overly time-consuming, and/or some literature could be included erroneously, distorting research conclusions.

### 3.1 Inclusion and exclusion criteria

The inclusion and exclusion criteria will depend on the research question for each review and the quantity of research. The only generic inclusion criterion for What Works reviews is that publications be written in English.[[2]](#footnote-2)

Inclusion and exclusion criteria are driven by the PICOS framework (table 1), or the adaptation in table 2 for reviews of a broader scope. As shown in the examples, these frameworks determine the study population, the interventions, comparisons and concepts the review is concerned with (or area of interest for research where no specific intervention is being reviewed), the types of outcomes to be analysed, and the sorts of study designs within scope.

To correctly define parameters for the review, the search strategy must be tested against a bibliographic database. This process allows reviewers to gain a sense of the volume and general scope of the research field (Arksey and O’Malley 2005). The process is iterative and involves trialling certain terms and phrases into search engines to ensure the scope of the research question is correct.

There are also some additional criteria that need to be scoped for reviews, which will be determined at the time of the review in consultation with experts and after the reviewers have become familiar with the depth and breadth of the literature. These criteria include:

1. *Date* — each review will specify a cut-off excluding all studies published/released afterwards (typically the date review searches were conducted). Some reviews will also specify a date excluding all studies published/released earlier, creating a date range for study inclusion. (This earlier date restriction may be unnecessary in certain circumstances, such as when an intervention of interest has only been implemented recently or there are not many studies analysing its effects.)
2. *Peer review and grey literature*[[3]](#footnote-3) *—* each review will search bibliographic databases of peer reviewed academic journals, and the review will also state whether grey literature was included in the search.[[4]](#footnote-4)

For illustrative purposes, table 3 provides an example of inclusion/exclusion criteria for a review of what is known about a policy problem, and table 4 provides an example for a review of intervention effectiveness.

| Table 3 Example of inclusion/exclusion criteria for a review of what is known about a policy problem*Example study:*Information and Communication Technology–Enabled Person-Centred Care for the ‘Big Five’ Chronic Conditions (Scoping Review) |
| --- |
|

| Criterion | Included | Excluded |
| --- | --- | --- |
| *Date* | Publications from 1989 when the first studies have been reported on e-health, in which internet technology is applied in the health domain |  |
| *Language* | English |  |
| *Type of article* | Studies published in EMBASE, PubMed and Cochrane Library | Letters, editorials, news items and conference abstracts from these databases |
| *Population and sample* | Persons coping with one or more of the “big five” chronic diseases (diabetes mellitus, cardiovascular disease, chronic respiratory disease, cancer and stroke)Chronic care for people already diagnosed with a chronic diseasePerson-centred self-management and self-care involved | Persons coping with acute diseases, such as acute strokePreventive Care and Public Care involving screening and prevention activitiesChildren (since they are taken care of by their parents) |
| *Study Focus* | ICT (information and communication technology) involvedMedical study relating outcomes to ICT interventionDocumenting, monitoring and interaction applications for person-centred careConnected care communication: multiple target groups as users of the applicationRelated to a person or patientMinimal two users involved; a patient with chronic condition and health care professionalTelephone as device to connect patients with caregivers, in combination with remote health care servicesShare personal health concernsManage own personal health information Virtual Reality for stroke rehabilitationTwitter Skype | No ICT involved in the study Mobile in sense of mobility (mobile teams)The risk on brain damage through the use of cellular phoneManagerial study outcomes of for example cost estimation comparisons, or proposed strategies, care models etc.Personal health records and other medical records applications for other usageOne target group of the Health care applicationNo patients mentioned or involvedHealth care professional applicationsPatient community applications |
| *Outcomes* | Theoretical study outcomes such as frameworksOutcomes measuring health related quality of life (HRQL) and quality of life (QoL)Outcomes measuring cost efficiencyOutcomes measuring other impact and performance factors |  |
| *Setting* | Home health care setting: care activities at home connected to care activities at other health care settings | Care only in a hospital or other intramural settingSelf-tests at home (e.g. self-diagnosis) |

 |
| *Source*: Wildevuur and Simonse (2015) |
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| Table 4 Example of inclusion/exclusion criteria for an effectiveness review*Example study*:Sedentary behaviour and diet across the lifespan (Updated systematic review) |
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| Criterion | Included | Excluded |
| --- | --- | --- |
| *Date* | Publications released between January 2010 and October 2013 inclusive |  |
| *Language* | English |  |
| *Type of article* | Studies published in Medline, PsychInfo, Cochrane Library, Web of Science and Science DirectStudies published in Sedentary Behaviour review papersAuthor’s personal files |  |
| *Population and sample* | Preschool children (<5 years), school aged children (6-11 years), adolescents (12-18 years) and adults (>18 years) | Studies that did not involve healthy free living individuals (i.e. chronic illnesses preventing physical activity), unless reported risk factors were included |
| *Outcomes* | Measure at least one domain of sedentary behaviour and one aspect of dietary intakeAssess an association between at least one sedentary behaviour and one aspect of dietary intake | Studies that reported physical inactivity (low physical activity) as a measure of sedentary behaviour |
| *Study designs* | Observational studies | Studies that manipulated a sedentary behaviour and/or aspects of dietary intake |

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| *Source*: Hobbs et al. (2014) |
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### 3.2 Search strategy — identifying potential studies

When the inclusion criteria have been chosen, reviewers may conduct a pilot search of the literature to test whether the inclusion criteria are appropriate (a subject-relevant bibliographic database will be used for the pilot), and adjust them if they are too broad/narrow.

When they are satisfied the criteria are appropriate, reviewers will search for studies via the following sources (Arksey and O’Malley 2005):

* *Electronic databases* — depending on the research question, the reviewers may use the skills of a Productivity Commission librarian who will assist in choosing the most relevant databases (a minimum of two databases will be used), selecting relevant terms for search queries and running the searches.
* *Hand-searching key journals* — in case some of the databases used are incomplete or not up-to-date, several key journals may be hand-searched to recover additional studies not retrieved by the database search. Hand-searching may also be relevant when conducting reviews within new fields of research that may not have not been indexed.
* *Contacting relevant organisations or networks —* networks of individuals or organisations may be contacted to get additional guidance on the field of research and on some key studies. This could be particularly useful if the review includes grey literature.
* *Reference lists —* after all three data sources above have been searched and studies screened for relevance (i.e. completion of full text eligibility screening in section 3 below), the bibliographies of the final group of included studies are searched for additional studies.

Each review will document which databases were searched, the key journals that were
hand-searched, the search terms used (including search fields where relevant) and the results of those searches. The number of articles retrieved from each of the sources will also be recorded (see Figure 1). The review will also document any external contacts who were contacted, those who responded and their input to the review.

## 4 Literature Screening

What Works reviews will screen studies searched across all literature sources over three steps involving two reviewers (any differences between the two will be resolved by discussion):

1. *Duplicate removal* — removing any articles doubled up across the various literature sources.
2. *Title and abstract screening* — study titles and abstracts are screened for relevance against the inclusion and exclusion criteria.
3. *Full text eligibility screening* — for studies where it is unclear whether the inclusion/exclusion criteria are met after title and abstract screening, the full texts are read to make a final determination.

Each individual study included in the review after step three will have the full text retrieved and will be recorded in a spreadsheet. Another team member will test this screening for the first 10 articles to ensure inclusion/exclusion criteria are applied consistently.

What Works reviews will utilise the PRISMA (**P**referred **R**eporting **I**tems for **S**ystematic Reviews and **M**eta-**A**nalyses) flowchart to display the results of each step of the search and screening process. Figure 1 gives an example of a PRISMA flowchart.

| Figure 1 PRISMA flowchart recording citations throughout a literature search*Example study*:The use of flipped classrooms in higher education (Scoping review) |
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| --- |

 |
| *Source*: (O’Flaherty and Phillips 2015) |
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## 5 Data extraction

The information extracted from the full text will be recorded in chart form, setting the categories of relevant information against the list of included studies. This chart will be made available as an appendix to the final report.

For guidance on format of data extraction, What Works reviews will draw guidance from studies such as Costello et al. 2014 and Fitzpatrick-Lewis et al. 2011 for reviews of intervention effectiveness. For reviews looking at what is known about a policy problem, guidance will been drawn from Archer et al. 2011, Arksey and O’Malley 2005 and O’Flaherty and Phillips 2015.

The categories used for each review will be tailored to the type of review. Below is a subset of categories that could be drawn up appropriate to the review question:

* study aim/research question
* study country
* study design
* sample population size (and including demographics if known)
* comparison condition
* setting
* intervention program
* intervention time period (including follow up)
* interactions between multiple interventions (if known)
* primary outcome measure/s
* secondary outcome measure/s
* results (for example, effect sizes)
* evidence relating to any secondary questions (if asked in addition to primary research question).

If there are quantifiable results based on similar outcome measures, information may also be recorded to inform a meta-analysis (otherwise information will only be narrative synthesis).

For effectiveness reviews, one reviewer will undertake the data extraction. A second reviewer will test the data extraction process for the first 10 studies to ensure no bias in recording.

For reviews of a broader scope, the range of categories may need to be refined in an iterative process to ensure the correct balance of relevance and completeness (Levac, Colquhoun and O’Brien 2010). This process consists of two reviewers independently categorising and recording the relevant data and information for a subset of the studies. When the subset results are finished the results can be compared and refined before applying the new categories to the full list of studies.

## 6 Evidence assessment

Where possible, What Works reviews will conduct an assessment of the robustness of both quantitative and qualitative studies.

Different assessment techniques are needed to assess different study designs, so each review will stipulate which assessment tool was used. Below are some key resources (guides, checklists and information repositories) to be used when assessing studies.

* The Cochrane Handbook for Systematic Reviews of Interventions.
* Campbell Collaboration Systematic Reviews: Policies and Guidelines.
* AMSTAR (Assessing the Methodological Quality of Systematic Reviews) checklist.
* EQUATOR Network (Enhancing the QUAlity and Transparency Of Health Research).
* Joanna Briggs Institute (assessment tools for qualitative studies).

## 7 Evidence synthesis

All evidence that passes the initial screening is included in the synthesis stage. Where an assessment of evidence quality can be undertaken (step 6) greater weight will be given to studies that were assessed as being robust, as measured against the assessment criteria in the chosen assessment tool.

The synthesis has four components:

* Volume and characteristics of the evidence
* includes: types of evidence; research designs; populations covered; interventions used; and overall assessment of quality
* enables identification of gaps or excesses in evidence base
* Describing what the evidence indicates
* provides information on what the evidence indicates in relation to the research question, and will cover context and scalability issues
* synthesis will be narrative in nature (primarily relies on the use of text, with some tabular or graphical representations), but may include some statistical synthesis[[5]](#footnote-5) if resources and information are available
* Implications of the findings
* relates the findings to the policy context, including identification and responses to address issues of scalability
* Suggestions for further research
* Provide findings to government and content specialist expert/s for feedback.

To ensure appropriate content focus and contextualisation of findings, it is anticipated that a content specialist will be required for expert comment on individual reviews.

## 8 Communication of findings

What Works reviews aim to assist decision makers to improve government services, by providing accessible information to target audiences that is able to be actioned.[[6]](#footnote-6)

#### What to communicate

What Works reviews will follow the approach developed by the Canadian Health Services Research Foundation (CHSRF 2001).

* A 1-page document of *main messages*
* The information will be non-technical in nature and contain the main messages or lessons to be learned from the review’s findings. This will incorporate some interpretation of the findings, and is aimed at users who may not require the additional detail that would be present in part in the executive summary, and contained in the full report.
* A 3-page *executive summary*
* The executive summary will be non-technical in nature and contain the key issues analysed in the review, provide some background and context to the issues, summarise the review’s key findings and include a brief overview of the strengths and limitations of the review as they relate to interpretation of the findings. It is primarily aimed at users who need to quickly decide whether the review is relevant for them and how they can use it.
* A full *report*
* The report (with technical appendixes attached) will document the process of review, the review findings, strengths and limitations of the review, what it means for policy and practice, and areas for further research. The report is aimed at policy makers and researchers who require the technical detail for further research and analysis.

It is anticipated that the 1-page and 3-page documents will be more commonly read, and that the following standard headings will be used:

* What is the review about?
* What is the evidence?
* What does this mean for policy, practice and research?

#### How to communicate

The mediums for communicating the findings will be informed by the review’s target audiences (policy makers, governments, service providers, researchers and clients). They will be considered on a case-by-case basis and may include a mix of the following:

* placement on the Productivity Commission website and cross-link to relevant government and non-government websites
* social media (Facebook and Twitter)
* conference presentations and journal articles.

The above communication mediums and content delivery within those mediums may be subject to change based on feedback from target audiences.

## 9 Follow up

The Secretariat will monitor the extent to which review findings are being implemented by the target audiences (in the short term via correspondence with the Steering Committee and desk top research) including reasons for non-use. This forms a key part of the loop between policy formation and policy implementation. The Secretariat will investigate *if* the findings from the reviews have been used (both nationally and internationally), but does not have the necessary resources to make an assessment of the quality of *how* they were used. Learnings from the use of the reviews can inform future reviews.

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1. Study design refers to the set of methods or procedures used to collect and analyse information relevant to a research question, such as descriptive (for example, case study), experimental (for example, randomised control trial), review (for example, systematic review) and meta-analytic (meta-analysis) design methods. [↑](#footnote-ref-1)
2. This restriction could cause language bias as it is possible researchers are more likely to report positive results in large, international, English-language journals and leave negative findings for smaller local journals (The Cochrane Collaboration 2011). However, research on the effects of language bias is conflicted and the Secretariat considers this particular risk to be low. [↑](#footnote-ref-2)
3. Grey literature refers to studies not available in bibliographic sources such as databases or indexes, and includes both print and electronic literature (Outten 2017). Typical sources include working papers, reports, government documents, editorials, news items, conference papers etc. [↑](#footnote-ref-3)
4. For interventions, excluding grey literature could lead to ‘publication bias’, whereby studies that do not find effects/impacts are less likely to be published in an academic journal than those that do, creating a bias towards studies showing their purported impacts (Gough, Oliver and Thomas 2013; Song, Hooper and Loke 2013). The inclusion of grey literature will depend upon the nature and extent of the relevant literature, and resource constraints which may limit the extent of the search. [↑](#footnote-ref-4)
5. Statistical synthesis could include calculation of aggregate effect sizes and statistical significance. [↑](#footnote-ref-5)
6. Target audiences were agreed by the Steering Committee as part of the What Works framework development and are: policy makers; governments; service providers; researchers and clients. [↑](#footnote-ref-6)