Rapid Review Protocol
The experiences of teenagers in care
Evaluator (institution): The RTK Ltd
Principal investigator(s): Dr Tony Munton

Teenagers in Contact with Social Care: What Works to Keep Them Safe and Improve Their Outcomes

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Funder	What Works for Children's Social Care

Summary

As part of work undertaken to support the Independent Review into Children's Social Care, What Works for Children's Social Care (WWCSC) has commissioned a rapid review on effective interventions in working with teenagers. Specifically, the review will focus on those teenagers/young people who are in contact with children's social care, whether that is a result of being in care or being subject of a Child in Need (CIN) or Child Protection Plan (CP).

WWCSC are commissioning this rapid review to summarise the current evidence on effective interventions for keeping teenagers (those aged 13-19) safe and optimising their outcomes. In doing so, WWCSC recognises that the risks and needs for this age group are often distinct from younger children. For example, teenagers have a greater level of independence and unsupervised time compared to younger children. As such, the review will focus on interventions designed to address extrafamilial harms or potential harms outside of the home environment which they are particularly vulnerable to.

The aim of the review is to identify effective interventions tailored to meet the needs of teenagers involved with children's social care. Those needs may have arisen as a consequence of experiences including, but not limited to, exploitation, substance misuse, or peer to peer abuse. Effective interventions are those which reduce risks and keep young people safe, meet their needs and improve their outcomes.

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Part 1) Rationale and question formulation

Rationale

The level of vulnerabilities and risks faced by teenagers is reflected in the numbers entering care.[1] Whilst more children have entered care year on year since 2008, the numbers entering care in their teenage years has increased disproportionately. To compound this, the teenage years are a challenging developmental period, for those in contact with social care these challenges are likely overlaid with a raft of significant stresses and uncertainties.

Teenagers who receive support from children's social care have specific needs which differ from younger children in contact with social care due to their developmental stage.[2] Rather than being caused direct harm by their parents or carers, teenagers may experience, or be at risk of experiencing, specific harms outside of the home context that parents are unable to stop. These extrafamilial harms may include criminal and sexual exploitation, serious youth violence and peer-on-peer abuse.[3] There is an urgent need to improve capacity to identify these external risks, and ensure the right support is in place.[4] The review will therefore focus on contextual safeguarding issues, looking at interventions designed to support young people exposed to harms and abuse in their relationships in schools, communities and online.[5]

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[1]Children's Commissioner (2021). *Characteristics of children entering care for the first time as teenagers* https://www.childrenscommissioner.gov.uk/report/characteristics-of-children-entering-care-for-the-first-time-as-teenagers/
[2] ibid.
[3] The Independent Review of Children's Social Care (2021). *The case for change*. case-for-change.pdf (independent-review.uk)
[4] ibid
[5] Firmin, C. E. (2017). *Contextual safeguarding: an overview of the operational, strategic and conceptual framework*. University of Bedfordshire.

	Considering the complexity, level, and prevalence of extrafamilial harms experienced by this age group. WWCSC has commissioned this review to identify what strategies or interventions are effective in reducing risks to keep young people safe, meeting their needs and improving their outcomes.
Research question(s)	***Primary research question:*** What interventions have been put in place to respond to the needs of teenagers involved with children's social care and are these effective? ***Secondary research question:*** What are the barriers and facilitators to implementation of interventions and does evidence suggest they are acceptable to target groups?

PICO	Definition
Population	Teenagers (aged 13-19) who are receiving services from Children's social care either due to being in care or via a CP or CIN plan.
Interventions	Approaches to responding to the needs of the target population that meet all inclusion criteria.
Comparators	Any study that includes an intervention and comparison group, with samples randomly allocated or matched.
Outcomes	Those specifically associated with interventions designed to address extra-familial/out of home harm. These may include social outcomes such as housing or employment, as well as educational, physical and mental health outcomes. Any other outcomes specifically identified in the literature by teenagers or their families and carers as important to them.

Part 2) Identifying relevant work

Search Strategy

Electronic databases	ASSIA; IBSS; PsycInfo; SCOPUS; Social Policy & Practice (SPP); Social Services Abstracts; ERIC and Web of Science. Depending on the results of our early searches, we may also include Embase.
Other sources	The SPP database is a major source of grey literature in this area – it forms around 30% of total SPP content. For additional grey literature we will undertake searches of the ERIC database (another major grey literature source primarily for research conducted in the US). We will also search relevant websites, including: British Association of Social Workers (BASW); Centre for Excellence and Outcomes in Children and Young People's Service (C4EO); Google Scholar; National Children's Bureau (NCB); and the National Society for the Protection of Children against Cruelty (NSPCC). In addition, we will ask WWCSC colleagues for any additional key literature.

Key search terms	'Adolescent', 'teenager', 'youth', 'young', 'in care', 'out of home care' 'contextual safeguarding' 'extrafamilial harms' 'child in need plan' 'child protection plan', 'intervention' 'evaluation' 'outcome'.

Draft search strategy	Developing search strategies is an iterative process. Early strings include a set of broad search terms. Subsequent iterations are refined through comparing successive search strings in terms of their sensitivity and precision. The development process ends once novel string developments fail to identify new relevant records.[6]
	
	For this review, the first iteration of search strings will be as follows:
	    1. **(adolescen* or teenage* or young or youth) and ("in care" or "out of home care" or "foster care" or "residential care" or "social care") and (intervention* or outcome* or experience)**
	
	    2. **(adolescen* or teenage* or young or youth) and (("child in need" or "child protection" or safeguarding) and plan*) and (intervention* or outcome* or experience)**
	
	Subsequent iterations of search strings may include terms to reflect teenagers' experiences including, but not limited to, exploitation, substance misuse, and peer to peer abuse. Issues of research design and effectiveness are identified at the inclusion/exclusion filtering stage of the review process.
	
	To ensure replicability of searches, the review report will provide methodical documentation of the string development process. That will include details of each search string iteration, the databases to which they were applied, and the total number of records retrieved by each search strategy.

Study selection criteria

Inclusion criteria	Date: 2000 onwards Language: English Country: UK (including devolved administrations), USA, Canada, Australia, New Zealand, Ireland. Study type: Selected range of evaluations from the SCIE review guidelines[7] – from RCTs, QEDs and process evaluations, descriptive studies including teenager and carer views, and reports of local authority committees, organisational and expert intelligence. In the first instance we will search for systematic reviews. Population: Teenagers (aged 13-19) who are receiving services from Children's social care either due to being in care or via a CP or CIN plan.
Exclusion criteria	- Studies published prior to 2000 - Single case study designs - Specific interventions for services designed for disabled children

[6] Lefebvre C, Glanville J, Briscoe S, Littlewood A, Marshall C, Metzendorf MI, Noel-Storr A, Rader T, Shokraneh F, Thomas J, Wieland LS. (2021). *Chapter 4: Searching for and selecting studies*. In: Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors). *Cochrane Handbook for Systematic Reviews of Interventions version 6.2*). Chichester (UK): John Wiley & Sons.

[7]Rutter, D., Francis, J., Coren, E. and Fisher, M. (2010). *SCIE Research resource 1: SCIE systematic research reviews: guidelines (2nd edition)* SCIE Research resource 1: SCIE systematic research reviews: guidelines

	- Interventions not provided by health, social or care work professionals - Studies that include only a small sub-sample of teenage children - Papers not published in English - Papers published in countries outside of those specified for inclusion Papers published in EU countries and Scandinavia will not be included in the main analysis. However, WWCSC have asked that the review team flag any high-quality studies they identify for later review.
Process of study selection	a) Remove duplicates and screen abstracts Searching multiple databases using the same or similar search strings inevitably results in producing duplicate papers; duplicates are removed to arrive at a final number of unique abstracts. Each abstract is then read to establish whether the study or review it summarises is likely to meet the specified inclusion/exclusion criteria. This process ensures that key papers are not missed but a significant proportion of studies are usually excluded at this stage. As per Cochrane guidelines for rapid reviews, two experienced reviewers dual screen around 20% of abstracts, with conflict resolution. The remaining abstracts are screened by one reviewer. Another reviewer will screen excluded abstracts and if needed resolve conflicts. b) Full text retrieval Full versions of the texts selected on abstract are retrieved. Retrieval rates typically exceed 90%. Paper copies are accessed only where digital copies of texts are unavailable. (c) Screen full texts to ensure relevance and include any additional materials Full versions of papers are read to check they meet agreed inclusion criteria. Sector experts review the list of texts for retrieval and advise of any significant omissions. For this review, sector experts are Karen Harrison, a manager of an Edge of Care service with over 40 years' experience within various roles in children's social care, and Dr Miriam Silver, a Consultant Clinical Psychologist specialising in children and families' practice. Colleagues from WWCSC will be consulted to identify any additional sources that they are aware of. Grey literature in addition to that identified through the SPP and ERIC databases, and Google searches of government, professions and third sector websites will be included. This additional material will be identified through web-based searches for unpublished reports referred to in papers retrieved, and further citation-chasing. Unpublished works include work in progress, work submitted for publication, work prepared for publication but not submitted, or work not formally published but available on a university website, an electronic archive or an author's personal website. The entire process is clearly documented in forms developed and standardised for rigour and transparency by the review team (see below). The forms provide a systematic record of the retrieval and

	screening process, enabling scrutiny of material excluded for the purposes of verification.

Study records

Data collection	Data will be extracted from reports using standardised forms (see below for details). Extraction from the first six reports is done independently by two researchers and the results compared to establish consistency. Data from all remaining reports are extracted by a single member of the research team.
Data management process	Standardised forms are used to ensure rigour and transparency in the process. (see details in section below). Extracted data forms are stored in a secure folder in our Microsoft OneDrive facility file sharing site.
Data items	Using standardized forms, papers are assessed on criteria based on the Critical Appraisal Skills Programme (CASP) checklists[8] that cover research design, methodological rigour, data analysis and validity of conclusions. The quality of primary research studies of all designs, as set out above, are assessed on seven criteria: 1. Research rationale; 2. Research design; 3. Sampling; 4. Data collection; 5. Data analysis; 6. Interpretation and reporting of results; 7. Credibility of conclusions. The quality of reviews are assessed on eight criteria: 1. Review method; 2. Search strategy; 3. Data collection (sift); 4. Quality appraisal; 5. Data analysis/synthesis (quantitative); 6. Qualitative synthesis; 7. Interpretation and reporting of results; 8. Credibility of conclusions. The quality of grey literature are assessed on six criteria: 1. Authority 2. Purpose 3. Publication and format 4. Relevance 5. Date of publication 6. Documentation The criteria above are based on the widely used AACODS checklist for the evaluation of grey literature.[9] As described in the 'Process of study

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[8]Critical Appraisal Skills Programme (n.d.). *CASP Checklists.* CASP CHECKLISTS - CASP - Critical Appraisal Skills Programme (casp-uk.net)

[9] Tyndall, J. (2010). *The AACODS checklist*. Flinders University.
AACODS_Checklist.pdf;jsessionid=460074D842978E2544C2584BEAFC639B (flinders.edu.au)

	selection' section of the protocol, grey literature includes unpublished reports from experts working in the field, theses, and dissertations.[10] Whilst not all that literature will describe primary research, some will. Papers identified from grey literature searches that do describe primary research will be assessed using the seven primary research criteria.
Outcomes and prioritisation	We distinguish between primary and intermediate outcomes. Intermediate outcomes are those that lie on the causal pathway to the primary or final outcomes.[11] **Primary outcomes** - Outcomes specifically associated with interventions designed to address extra-familial/out of home harm. These may include improved physical health outcomes, mental health and emotional wellbeing outcomes, social outcomes, or any other outcomes identified by teenagers or their families and carers as important **Intermediate outcomes** - Improved knowledge and understanding of care needed by teenagers - Improved relationships between practitioners and families - Improved understanding of how to effectively tailor interventions to the needs of teenagers - Improved understanding of effective support for teenagers, their families and carers - Improved knowledge of how to develop culturally safe practice The outcomes described reflect the review objectives set out by WWCSC and SCIE review guidelines.[12]

Part 3) Risk of bias assessment

Risk of bias assessment criteria	Evaluation criteria used to assess the quality of included publications (see above) includes assessment of the risk of bias in findings
Purpose of risk of bias assessment	Risk of bias assessment is a critical element in the data synthesis process. It will be used to establish the degree of confidence the cumulative evidence provides in supporting interventions.

Part 4) Summarising the evidence

Data synthesis	Based on initial searches and experience of conducting reviews in this area, we anticipate that the majority of papers will not be rigorous quantitative studies and as such, quantitative synthesis is unlikely to be the most appropriate reporting style.

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[10] Adams, J., Hillier-Brown, F.C., Moore, H.J., Lake, A.A., Araujo-Soares, V., White, M., & Summerbell, C. (2016). Searching and synthesising 'grey literature' and 'grey information' in public health: critical reflections on three case studies. *Syst Rev* **5,** 164 (2016). https://doi.org/10.1186/s13643-016-0337-y

[11] Seuc, A.H., Peregoudov, A., Betran, A.P., & Gulmezoglu, A.M. (2013). Intermediate outcomes in randomized clinical trials: an introduction. *Trials* **14**:78

[12] Rutter, D., Francis, J., Coren, E. and Fisher, M. (2010). *SCIE Research resource 1: SCIE systematic research reviews: guidelines (2nd edition* SCIE Research resource 1: SCIE systematic research reviews: guidelines [pg. 37, para 125]

	The Cochrane guidelines specify using a narrative synthesis to report review findings.[13] We follow Economic and Social Research Council guidelines to pull together the findings into a narrative synthesis. The defining characteristic of this method is that it uses text to 'tell the story' of the findings from the included studies. A narrative synthesis includes four key elements: (i) Developing a theory of how the intervention works, why and for whom; (ii) Developing a preliminary synthesis of findings of included studies; (iii) Exploring relationships in the data; and (iv) Assessing the robustness of the synthesis.[14]
Meta-bias(es)	n/a
Confidence in cumulative evidence	Using the data extracted using standardized forms, the cumulative strength of evidence will be assessed against four essential characteristics as described by the Department for International Development (DfID).[15] • The quality of individual articles or papers; • The quantity (number) of papers that make up the body of evidence; • The consistency of the findings from studies; and • The context in which the available evidence has been collected: how well the evidence collected in a particular context can be generalised to another. The DfID approach to assessing the cumulative strength of evidence is particularly well-suited to summarising studies typical of social research. It is informed by both the GRADE framework (designed for assessing the quality of medical evidence)[16], CASP checklists.[17]
Reporting and interpreting findings	The findings will be written up in a report using WWCSC's pre-specified review template. It will include an overview of the area, an account of methods and results, strengths and limitations of the review process and evidence base. The report will include analysis of how existing research findings can be translated into practice. The team of practitioners, academics, and policy evaluators will distil research findings into actionable findings for policymakers and practitioners. The approach will be tailored to meet the needs of WWCSC such that the implications of findings for practice, policy and research are clearly and usefully communicated.

Registration

The review was registered with the OSF on 19/10/2021. Registration link: 10.17605/OSF.IO/QTVSE

[13]Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors).(2021). *Cochrane Handbook for Systematic Reviews of Interventions version 6.2*. Chichester (UK): John Wiley & Sons. https://training.cochrane.org/handbook/current/chapter-15

[14] 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*. Lancaster University. https://www.researchgate.net/publication/233866356_Guidance_on_the_conduct_of_narrative_synthesis_in_systematic_reviews_A_product_from_the_ESRC_Methods_Programme.

[15] Department for International Development (2014). *"Assessing the Strength of Evidence" How to Note*. London: DfID How to Note: Assessing the Strength of Evidence - GOV.UK (www.gov.uk)

[16] Guyatt, G.H., Oxman, A.D., Kunz, R., Vist, G.E., Falck-Ytter, Y., Schünemann, H.J. (2008). What is "quality of evidence" and why is it important to clinicians? *British Medical Journal*, 336:995. What is "quality of evidence" and why is it important to clinicians? | The BMJ

[17] Critical Appraisal Skills Programme (n.d.). *CASP Checklists*. CASP CHECKLISTS - CASP - Critical Appraisal Skills Programme (casp-uk.net)

Personnel

Dr Tony Munton will write the final report and provide oversight for the project as a whole. Alan Gomersall will conduct searches of databases, citation chases and grey literature searches. Miriam Antcliffe and Dr Emma Carter will lead on data extraction and quality appraisal of the papers. Dr Emma Carter will project manage the review to ensure it remains within time and budget. Karen Harrison and Dr Miriam Silver will provide sector expertise, they will review the final list of papers to be included and highlight any additional material they are aware of, they will also review early drafts of the final report.

Timeline

Dates	Activity	Staff responsible/ leading
17th September	Submit draft protocol	Tony Munton Miriam Antcliffe
w/b 6th October	Conduct searches and forward citation chasing	Miriam Antcliffe Alan Gomersall Karen Harrison Miriam Silver
w/b 15th November	Complete data extraction	Miriam Antcliffe Emma Carter Tony Munton
w/b 6th December	Submit first draft of review report	Tony Munton Karen Harrison Miriam Silver
January 2022	Review draft and submit final report	Tony Munton

References

Department for International Development (2014). *"Assessing the Strength of Evidence" How to Note*. London: DfID

Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors).(2021). *Cochrane Handbook for Systematic Reviews of Interventions version 6.2*. Chichester (UK): John Wiley & Sons.

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Rutter, D., Francis, J., Coren, E., & Fisher, M. (2010). *SCIE systematic research reviews: guidelines (2nd ed.)*. London: Social Care Institute for Excellence