Systematic reviews: making them policy relevant

A briefing for policy makers and systematic reviewers

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Competing interest:

The authors are systematic reviewers. They have published systematic reviews under the auspices of Cochrane (SO, KD), the Campbell Collaboration (SO), the Collaboration for Environmental Evidence (SO, KD, MB) and the EPPI-Centre (SO, KD, MB) and have ongoing formal roles with the Alliance for Health Policy and Systems Research (SO), Cochrane (SO), the Campbell Collaboration (SO) and the EPPI-Centre (SO, KD, MB).

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Abbreviations

LMIC     Low and Middle Income Country/ies
uMIC     upper Middle Income Country
lMIC     lower Middle Income Country
Key messages

Policy relevant systematic reviews are available in different models:

- Where multiple policy makers face similar decisions across the world and key concepts are clear and widely agreed....
  ....evidence is available in libraries of systematic reviews with standardised formats that are kept up-to-date and easy to access.
- Where specific policy makers face urgent decisions and key concepts are clear and widely agreed...
  ....rapid delivery is helped by: systematic review teams being on call; using or reanalysing existing systematic reviews; limiting the breadth or depth of any new systematic reviews; or accelerating review procedures with a larger team, less rigorous methods or advances in information technology.
- Where multiple policy makers face similar decisions across the world but key concepts lack clarity...
  ....time for wide consultation and debate to understand and agree the key concepts in advance helps produce widely relevant systematic reviews.
- Where specific policy makers face urgent decisions but key concepts lack clarity...
  ....knowledge brokers can help policy makers and systematic review teams collaborate to quickly shape a precisely focused review that can be delivered rapidly.

These systematic review models address policy makers’ requirements for use of evidence:

- Relevance is achieved by interaction between policy makers and researchers during the review process.
- Ready access is through publicly available libraries of systematic reviews or close collaboration with research teams.
- Timeliness is addressed by publicly available libraries, knowledge brokers and rapid review methods.

Policy makers and systematic reviewers making decisions about the production or use of systematic reviews can learn from research about collective decision making.

- Having members representing the full range of stakeholders can bring a fuller range of relevant knowledge to discussions, although increasing the size of a committee above 12 members has diminishing returns.
- Larger groups offer greater credibility and wider acceptance of decisions.
- Time, formal processes and good facilitation allow better sharing and consideration of specialist knowledge, and exploration of issues requiring judgements.

Policy makers’ use of evidence for decisions can be enhanced by:

- Mass mailing a printed bulletin which summarises systematic review evidence...
  ....when there is a single clear message, if the change is relatively simple to accomplish, and there is a growing awareness by users of the evidence that a change in practice is required.

Evidence is lacking about the effects of multifaceted interventions for developing awareness and knowledge of systematic review evidence and the skills for implementing this evidence.
Informing policy decisions with systematic reviews of research evidence

Policy decisions are made without research evidence when there is a lack of timely access to clear and relevant research findings, a lack of research literacy amongst decision makers or a lack of funds for research or implementation.¹ This last barrier is discounted by the assertion that:

*If you are poor, actually you need more evidence before you invest, rather than if you are rich.* [Dr Hassan Mshinda, Director of the Tanzanian Council for Science and Technology].

Collaboration between policy makers and researchers not only enhances policy makers’ use of research evidence¹ but, as this briefing note explains, it can also enhance the policy relevance of research.

As health systems research grows, study findings are increasingly used in efforts to strengthen health systems. This includes drawing on multiple studies to inform decisions. Drawing on multiple studies increases the size of the evidence, offers a choice of better studies and of studies conducted in a range of contexts so, rather than relying on single studies, it provides ‘average’ results or results related to different contexts. These are the benefits driving the production of systematic reviews of evidence.

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**A systematic review is a review of research literature using methods that are systematic, explicit and accountable².** Systematic reviews can be considered relevant to policy (and policy makers) when they present findings clearly for policy audiences to: illuminate policy problems; challenge or develop policy assumptions; or offer evidence about the impact or implementation of policy options; and take into account diversity of people and contexts³. Systematic reviews may configure the findings of studies on an issue to construct a theory about health systems. More often they aggregate the findings of similar studies to test a theory or even mix these approaches within frameworks that make sense to stakeholders to present what can be learnt from the available literature⁴.
Figure 1 shows the steps typically taken for a systematic review that synthesises the effects of an intervention, highlighting opportunities for input from people designing, managing, working in or using health systems. Systematic reviews that build or explore theories, rather than test them, are more iterative.

**Figure 1**: Typical steps for conducting a systematic review (adapted from Gough et al. 2012²)
Systematic reviews for strengthening health systems

Systematic reviews increasingly inform national and international policy. However, as a tool for spanning the worlds of policy and research for health systems, reviews have encountered two major challenges.

First, policy makers frequently ask questions about broad, complex issues, where causal pathways between intervention and outcome are long and raise issues that cut across academic disciplines.

> It’s basic sciences, it’s operational, and [it’s] health systems... (uMIC policy maker)

Second, local policy makers who are tasked with implementing packages of interventions are interested in how interventions are influenced by each other and local contexts and these methods are not yet well developed.

> [In] health systems research, there’s not enough standardised health systems methodology [so] that you can... contextualise health systems decisions. That’s part of the problem... So the health systems field for systematic reviews, from where I am sitting, is very, very (pause) immature. (uMIC policy maker)

Consequently, researchers have often been overwhelmed by the breadth of literature and number of studies to be navigated, or policy makers have been disappointed either by the time taken to review the literature, or by the limited findings from narrower, more manageable investigations.

Developing policy relevant questions

Good policy-relevant systematic review questions emerge from combining knowledge of the policy problems faced and decisions to be made, with knowledge of the evidence available and methods required to fill the gaps. The former is largely held by people responsible for enhancing and managing health services, while the latter is largely held by researchers.
Good systematic review questions...

<table>
<thead>
<tr>
<th>Are important for policy debates and decisions...</th>
<th>...as judged by people making those decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have not been answered by systematic reviews before...</td>
<td>...as apparent from maps of systematic reviews</td>
</tr>
<tr>
<td>Have consensus over the definitions of their key concepts...</td>
<td>...which is explored in background literature and discussions between stakeholders</td>
</tr>
<tr>
<td>Find sufficient studies to provide useful answers...</td>
<td>...as judged by maps of primary studies and initial searches by the review team</td>
</tr>
<tr>
<td>Avoid overwhelming numbers to allow a manageable review...</td>
<td>...as judged by discussions about the initial searches by the review team</td>
</tr>
</tbody>
</table>

Recognising diversity in policy interest and systematic reviews

Policy makers and systematic reviewers, often with limited experience of each other’s worlds, need to recognise the diverse interests and responsibilities of the policy world and the diverse products of systematic reviewing. For instance, research needs will differ depending on the scale of policy responsibility (local, national and international) or whether responsibilities are focused on particular populations or particular programmes. Similarly, systematic reviews vary in scale, depth and the similarity of included studies. When reviewing an unfamiliar literature a useful starting point is to describe the literature available in terms of policy interests and research designs, and subsequently focus effort on reviewing a subset of studies that are likely to provide usable findings. Only once the subset is identified will the appropriate reviewing methods be apparent.

‘They’re called systematic because they’re transparent, and because they treat every piece of research the same way - that’s not the same as every review treating studies in the same way...’ (uMIC reviewer)

Aligning the motivations of policy interest and research efforts

Given the diversity of policy research needs and systematic review products, aligning the motivations of policy makers and systematic reviewers is an essential first step for a satisfactory project. Policy problems may call for imminent decisions, making time the priority. Alternatively widespread, enduring problems may call for evidence that can convince multiple users, making generalisability the priority. Imminent decisions may attract systematic reviewers motivated to inform policy decisions, while enduring problems drive priorities for review libraries offering evidence as ‘public goods’. Similarly, systematic review methods, and the skills they require, differ depending on whether their purpose is to understand a problem, compare policy options, or inform policy
implementation. Given this diversity of policy research needs and systematic review products, aligning the motivations of policy makers and systematic reviewers is an essential first step for a satisfactory project. This may involve mechanisms for encouraging policy teams to use evidence in their business cases:

*If [staff] get personal kudos for using evidence and it becomes part of their professional integrity this can strengthen the incentive to use evidence.* (Evidence into Action and What Works Team 2014)

and mechanisms to encourage review teams to focus on policy interests and present reader-friendly summaries of their findings.

*Policy makers are less concerned about the methods compared to the question and the answer (uMIC reviewer).*

**Emphasising engagement between policy and research**

Most guidance about systematic reviewing addresses the technical aspects of review methodology. Yet systematic reviewing is a social enterprise - success also depends on whether and how people work together, particularly how policy teams and review teams understand each other’s interests, and how they work together to focus a review and interpret the findings.

*In an ideal world, you would not be commissioning a SR unless you’ve already had a conversation with a practitioner and policy maker and you know that the review is coming from a need of somebody trying to change the system (local policy maker uMIC)*

Working together is not necessarily easy. Such collaboration can be encouraged by training and support for both parties, developed over successive reviews by a stable team, or enforced by contracts whereby policy input for systematic reviews is a requirement.

*Successful meetings have been more structured [with] an agenda... for eliciting ideas... about conceptual definitions of terms in the question, [the] scope and geographical location of funders’ priorities, to make the review manageable. (HIC review facility)*

Policy expertise can also be valued by asking a few questions pertinent to policy interests alongside academic peer review, and ensuring the responses are considered as the work progresses.

**Supporting review activity with conducive structures**

Various structures conducive to policy-research collaboration have evolved for different types of systematic reviews. At a national or international level, some systematic review teams work inside policy organisations or for guideline development panels, where there are multiple opportunities to discuss the focus of reviews and the meaning of the findings. Elsewhere, exchanging ideas between policy and research to shape the scope and interpret the findings can be supported by facilities that oversee the production of systematic reviews or by knowledge brokers who understand both the research and the policy makers’ environment. It is useful if they have worked in a government department
or agency; bring credibility, respect and a level of humility that made people feel comfortable; and are at ease in an intermediate space and able to liaise efficiently with senior, knowledgeable people. Typically the review facilities support reviews destined for multiple potential users, while knowledge brokers support rapid reviews for imminent, local decisions.

**Standardising procedures for engagement**

The policy relevance of reviews assessing effectiveness by pooling the findings of similar studies is enhanced when policy makers are involved in setting the question and the scope of the review, identifying studies of interest to them, and discussing the emerging findings (Figure 1). Reviews that advance understanding by configuring the findings of multiple different, but related, studies may benefit from policy input throughout the process as the findings gain coherence through the course of the review. Policy input can be face-to-face with local advisory groups, or with the help of communication technology when working on a national or international scale.

Review facilities that support review production encourage review teams to convene advisory groups with members drawn from policy and practice and also invite other policy input alongside academic peer review of the review’s protocol and draft report.

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**Working with Advisory Groups**

To make the most of Advisory Groups, systematic review teams can draw on research about committees (or other small decision-making groups) conducted in social psychology and business administration as well as health systems.\(^5\)

Having members representing the full range of stakeholders can bring a fuller range of relevant knowledge to discussions, although increasing the size of a committee above 12 members has diminishing returns.

Larger groups offer credibility to their networks and wider acceptance of their decisions. However, they need to be well facilitated, especially as numbers increase. Groups with fewer than six members reach less reliable judgements, but more than 12 members brings diminishing returns.

Time is required to allow knowledge brought to the meeting to be shared and evaluated before decisions are made. Particular effort should be made to reveal knowledge initially held by individual, rather than all, members especially if their status is not high. Clear presentation of technical issues may help overcome information asymmetry within the group. More time and effort may be required to explore issues requiring judgements where committee members vary in status.

Formal processes are better than informal processes, for instance the Delphi method (used with geographically dispersed groups) or the Nominal Group Technique (for face to face meetings). The Delphi method may also prevent undue influence by individuals, while the Nominal Group Technique may provide better opportunities for discussion.
Consequences of collaborative working

The aim of this collaborative working is to produce accessible, timely reports with appropriate review methods focused on policy concerns. As policy makers and researchers accrue experience of working together they become more skilled in combining their knowledge to shape reviews for decision making.

Four models for producing policy relevant systematic reviews

Listening to policy makers, systematic reviewers and people working with them revealed four models for achieving policy-relevant evidence products and subsequent decisions (Figure 2). These models were distinguished largely in terms of their starting point and their purpose. Reviews could start with or without wide agreement about their key concepts (see the two rows in Figure 2), and with the purpose of offering ‘public goods’ for multiple audiences (as, for instance, Cochrane or Campbell reviews) or informing policy decisions with a specific jurisdiction and timescale (see the two columns in Figure 2).

Figure 2: Models for achieving policy-relevant systematic reviews
Model 1: Systematic reviews offer evidence as public goods where problems are widespread and key concepts (such as intervention taxonomies and core outcomes) are widely agreed. Methods are required to generate generalizable evidence that convinces multiple users who can find reviews in the public domain with clear messages using plain language.

Systematic reviewing as a public good

These products offer up-to-date, widely available, generic evidence such as is found in the Cochrane or Campbell libraries. However, most of these reviews address effectiveness questions and emphasise the methodological rigour of controlled trials. Where there are few trials, as in many areas of health systems research, this approach often highlights gaps in the evidence rather than what can be learnt from existing evidence.

Example: Giving health professionals in low income countries additional training in emergency care probably improves their ability to care for seriously ill newborns. We need additional high-quality studies, including studies in which health professionals are trained to care for seriously ill older children.

Box 1: Institutional mechanisms for supporting systematic reviews as public goods

For conducting systematic reviews

For choosing which reviews to conduct:
- priority setting methods (e.g. James Lind Alliance Guidebook\(^7\)) and methodology\(^8\)

For categorising interventions:
- intervention taxonomies (e.g. for effective practice/ organisation of care\(^9\); communication\(^10\))

For choosing outcomes:
- core outcome sets (e.g. The COMET Initiative\(^11\))

For systematic review guidance:
- conducting effectiveness reviews of health systems (e.g. Cochrane Effective Practice and Organisation of Care Group: resources for authors\(^12\); Handbook: Methodology Centre for Systematic Reviews of Health Policy and System Research in LMICs, Chile\(^13\));
- conducting reviews of a broader range of quasi-experimental studies (3ie: a toolkit\(^14\));
- conducting reviews addressing a broader range of questions (e.g. The RAMESES (Realist And Meta-narrative Evidence Syntheses: Evolving Standards) project\(^15\); the Collaboration for Environmental Evidence\(^16\); the EPPI-Centre\(^2\);
- reporting systematic reviews (PRISMA\(^17\)).

For using systematic reviews

For accessing systematic reviews:
- searchable databases of systematic reviews (e.g. The Cochrane Library\(^18\); The Campbell Library\(^19\); 3ie\(^20\); Environmental Evidence Library\(^21\))
- open access publishing
- countrywide licences and subsidised access to reviews

For appraising the quality of systematic reviews
- AMSTAR - for Assessing the Methodological Quality of Systematic Reviews\(^22\)
Model 2: Systematic reviews offer **evidence for urgent decisions** that are driven by political priorities and can be accelerated by slim-line searching and appraisal methods and automating some processes. For widespread problems where key concepts are widely agreed, updating or re-analysing existing ‘public goods’ systematic reviews is an efficient approach. The products are topical, contextualised, rapid reviews, or ‘locally’ applicable evidence such as is produced for fast working national guideline panels.

**Responding to urgent requests for evidence**

Rapid review practices: Summaries or syntheses of evidence may be produced within a matter of days or over weeks or months to meet urgent needs for evidence. Quick methods have been developed for narrower questions and effectiveness questions; they are considered less appropriate for addressing complex interventions, economic implications, ethics or safety. Search strategies tend to be less exhaustive, quality assessment less robust and findings presented as descriptive or tabular summaries. How speed influences the findings is unclear, but there is concern about losing detail and assurance.

Rapid review programmes: Demand for evidence to inform pressing decisions has led to programmes of reviews that are designed, primarily, to inform funding of health care technologies, services and policy, and programme development. How reviews are produced and disseminated varies widely, and depends upon the time and resources available, the complexity and sensitivity of the research topics, and permission from the decision maker.

Example: A six week scoping review sought evidence for medical malpractice models, frameworks or policies to control litigation damages in obstetrics. The authors adapted their methods to accommodate the timeline: they did not seek unpublished studies or studies in languages other than English. They did not scan fully the references lists of included studies for further evidence, nor did they contact authors for further information. Finally they did not appraise the methodological quality of the included studies. Nevertheless they were able to inform decision-makers about various initiatives for improving medical malpractice litigation systems, including no fault approaches, safety programmes and practice guidelines, specialized courts and alternative claim resolution, communication and resolution, caps on compensation and attorney fees, alternative payment system and liabilities, limitations on litigation and multi-component models.

**Box 2: Institutional mechanisms for supporting systematic reviews for urgent decisions**

Review teams housed by operational arms of government agencies, or with ‘on call’ contracts

Rapid review guidance

Automation technologies, such as text mining
Model 3: Systematic reviews that offer evidence as public goods without prior consensus on key concepts require considerable preparatory work in scoping the nature of the issues in addition to the time required to generate convincing, generalizable evidence for multiple users. A typical product is international guidelines for complex issues.

Developing consensus internationally

Example: Evidence-informed guidance on optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting began with extensive stakeholder consultation to identify the critical questions and outcomes. An online consultation engaged policy makers, programme managers, researchers and health-care providers, from 33 countries. Questions and issues raised by the 187 participants were summarized and considered by a guidance scoping panel which included midwives, obstetricians, an associate clinician (non-physician clinician), neonatologists, researchers, experts in research synthesis, and experts in health-care programmes. Only after questions had been clarified and prioritised did a search for relevant evidence begin.

Box 3: Institutional mechanisms for supporting systematic reviews for poorly conceptualised issues

Open Access publishing
Searchable databases of systematic reviews
Time for facilitated discussion and wide consultation amongst stakeholders
Model 4: Systematic reviews that offer evidence for local urgent decisions need rapid methods as for any urgent decisions but can bypass the time-consuming preparatory collaborative work for developing consensus on the key concepts by employing a knowledge broker to mediate between local policy teams and systematic reviewers.

Bespoke systematic reviewing

Example: The report of a rapid review describing paediatric models of care acknowledged the organisation that commissioned the work; the research team who prepared the review; and the organisation that brokered their working partnership. A disclaimer notes no guarantee of comprehensiveness and emphasises the focus on specific questions from the commissioning agency.

Box 4: Institutional mechanisms for supporting systematic reviews for urgent, local decisions

- Review teams housed by operational arms of government agencies, or with ‘on call’ contracts
- Rapid review guidance
- Automation, such as text mining
- Tools for rapid communication between policy and research teams
- Knowledge broker
Recommendations for fostering policy relevant systematic reviews

Achieving policy-relevant reviews requires investment in working relationships between the policy and research worlds. This can be through supporting relationships with a knowledge broker, benefitting from participating individuals familiar with both worlds, or giving time to developing relationships and interactive skills gradually over the course of a review or series of reviews.

Important policy dilemmas tend to spawn broad questions which need reconceptualising before being readily tackled by research. Mapping out causal pathways or logic models helps to develop narrower, answerable research questions.

Developing important, answerable review questions is easier when review production is embedded in facilities that span the worlds of policy and research, such as evidence-informed guidance producers, knowledge broking organisations, and systematic review facilities prioritising stakeholder input. Policy makers as authors or co-authors can bring familiarity with the issues to the conduct of the review.

Existing systematic review guidance may need adapting to accommodate the evidence available to address complex health systems questions. Where research literatures are underdeveloped, the value of a review may be in analysing existing models of intervention or in the thinking required to develop models for intervention.

The capacity for conducting policy-relevant systematic reviews in the relatively young discipline of health systems research is enhanced by:

- Including someone with experience of policy, either as an author of the review, or to work closely with the authors
- Training and support for mutual engagement, through structured or facilitated discussion, and exposure to the other, less familiar world
- Ensuring the financial viability of research centres to retain experienced staff

Successful approaches to conducting health systems systematic reviews vary depending on how widespread and how urgent the question is.

**For widespread issues:**

- check whether a systematic review already exists
- emphasise generalisability of findings
- make the protocol and review publicly available
- keep the review up-to-date
- where concepts are not sufficiently clear and widely agreed in advance, allow time for a well-facilitated, far-reaching stakeholder dialogue to shape the review and interpret the findings.

**For local issues:**

- check whether an existing systematic review can be re-analysed
- retain systematic review teams to provide an evidence service

**For urgent issues, accelerate reviews:**

- with the help of knowledge brokers for clarifying key concepts and questions in advance
- by drawing on existing systematic reviews
- by more focused, less rigorous methods
- with the help of advances in information technology
- subsequently, consider transforming the initial product into a more rigorous and widely-relevant systematic review.
Recommendations for enhancing capacity of policy makers to use evidence

Policy makers’ use of evidence is constrained largely by lack of timely access to clear and relevant research findings and enhanced by collaboration with researchers; other barriers are lack of research literacy and costs associated with either research or policy options.¹

A systematic review of interventions to improve the use of systematic reviews in decision-making by health system managers, policy makers and clinicians found evidence for the relatively simple intervention of mass mailing a printed bulletin which summarises systematic review evidence. The review found that this may improve evidence-based practice when there is a single clear message, if the change is relatively simple to accomplish, and there is a growing awareness by users of the evidence that a change in practice is required. However, there was insufficient evidence to support multifaceted interventions that develop awareness and knowledge of systematic review evidence, and the skills for implementing this evidence.²

The production of policy relevant systematic reviews may provide such a multifaceted intervention. The access barriers are overcome by the ‘public goods’ models for systematic reviews (models 1 and 3). The timeliness barrier is overcome by use of existing reviews (model 1), by knowledge brokers accelerating the shaping of new reviews (model 4), or by numerous shortcuts during review production (model 2). Collaboration with researchers can take the form of engaging policy makers in shaping reviews which in turn leads to clearer and more relevant findings. That collaboration, essential for developing clarity and consensus over the important issues, is easier if one or more of the people involved have experience of working in both the policy and research worlds, or if collaboration is supported by a knowledge broker or skilled group discussion facilitator.

Thus, engaging policy makers in the production of systematic reviews is a mechanism to maximise both their relevance to policy and consideration in policy development.

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³ Oliver S, Dickson K (2015) Policy-relevant systematic reviews to strengthen health systems: models and mechanisms to support their production. *Evidence and Policy* Online ISSN 1744 2656 • http://dx.doi.org/10.1332/174426415X14399963605641


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20 [http://www.3ieimpact.org/evidence/systematic-reviews/](http://www.3ieimpact.org/evidence/systematic-reviews/)


23 Advances in Rapid Reviews series of articles [http://www.systematicreviewsjournal.com/series/ARR](http://www.systematicreviewsjournal.com/series/ARR)


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