

# A systematic review of evidence on the impacts of joint decision-making on community wellbeing

## PROTOCOL

May 2017

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Adapted from a What Works Centre for Wellbeing review protocol developed by Louise Preston, Tessa Peasgood, Suzy Paisley, Anna Cantrell, and John Brazier (University of Sheffield).

**Citation:** Pennington A, Pilkington G, Bache I, Corcoran R (2017) A systematic review of evidence on the impacts of joint decision-making on community wellbeing – PROTOCOL. University of Liverpool: Liverpool, and the What Works Centre for Wellbeing: London. <https://whatworkswellbeing.org>

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## Background

This report was commissioned by the What Works Centre for Wellbeing (WWC-WB). The WWC-WB is part of a network of What Works Centres: an initiative that aims to improve the way the government and other organisations create, share and use high quality evidence for decision-making. The WWC-WB aims to understand what governments, businesses, communities and individuals can do to improve wellbeing. They seek to create a bridge between knowledge and action, with the aim of improving quality of life in the UK. This work forms part of the WWC-WB **Community Wellbeing Evidence Programme**, whose remit is to explore evidence on the factors that determine community wellbeing, including the impacts of interventions.

During extensive stakeholder engagement (in workshops, an on-line questionnaire, community sounding boards, and one-to-one interviews), the Community Wellbeing Evidence Programme identified priority, policy-related topics within which evidence reviews were to be undertaken. One of the priority topics identified was the role of local people in decisions that affect their communities. Stakeholders consistently raised concepts of participation, joint decision-making, co-production, and empowerment of communities, as key ingredients to both individual and community wellbeing (Community Wellbeing Evidence Programme, 2015).

The role of individuals and communities in shaping the material and social conditions in which they live is recognized as a potentially fundamental determinant of community wellbeing. Approaches such as joint decision-making in communities, were recommended by the WHO Commission on the Social Determinants of Health, and the Marmot Review of Health Inequalities in England Post-2010, which placed the empowerment of individuals and communities at the center of necessary actions to reduce local, national and global inequalities in health and wellbeing (CSDH, 2008; Marmot, 2010).

### **Purpose of the systematic review, and place within the programme**

This systematic review forms part of a series of three evidence synthesis projects which explore the relationship between joint decision-making in communities, and community wellbeing. It follows on from a *Stage 1* 'scoping' review of existing review-level evidence conducted to identify the strengths, weaknesses, and gaps in the current evidence base (Pennington et al., In Press). This more in-depth, **stage 2** systematic review will locate, evaluate, and synthesise evidence from existing primary studies on the impacts of joint decision-making in communities on community wellbeing, and related

concepts such as co-production of decision-making in communities. See Box 1 for further information on the stages of evidence synthesis for this project.

**Box 1. Stages of evidence synthesis (Community Wellbeing Evidence Programme)**

**Stage 1:** Scoping review to identify the current state of review level evidence on the key community wellbeing topic areas identified during initial stakeholder and end user engagement exercises. The scoping reviews are designed to identify the strengths and weaknesses in existing knowledge and current gaps in the evidence base. Findings from the scoping review are then used as the basis for identifying priority areas for research during systematic reviews.

**Stage 2: Systematic review of priority areas for research into the community wellbeing impacts of specific interventions, or gaps in the existing evidence on the impacts of interventions, identified during the scoping review. The systematic review will examine the evidence from primary studies of interventions.**

**Stage 3:** Based on the findings of stages 1 and 2, identification of a ‘roadmap’ for future academic research and ‘frontline’ evaluation of interventions.

## **Aims of the review**

We aim to locate, assess and synthesise evidence on the impacts of joint decision-making interventions on community wellbeing, and to identify conditions that enable them to work effectively.

## **Review questions**

The systematic review will address the following questions and sub-questions:

- What are the effects (beneficial and adverse) on community wellbeing of interventions to promote joint decision-making in communities?
  - Is there evidence of differential distribution of effects across population sub-groups, including age, socioeconomic status, gender, ethnicity and disability status?
- What conditions/factors determine (enhance or undermine) the effectiveness of interventions to promote joint decision-making in communities, or influence the distribution of impacts across population sub-groups?

## **Outputs from the systematic review**

- Registration with PROSPERO, an International Register of Systematic Review protocols.
- A systematic review report (published on programme website).
- A summary document in accessible language and format (published on programme website).
- A journal publication.

## **Definitions**

Joint decision-making and community wellbeing are terms which are often used in social policy discourse; both refer to complex phenomena which relate loosely to a variety of associated concepts, are often difficult to define, and can be interpreted and measured in a variety of ways across different disciplines.

### ***Joint decision-making in communities***

For this review, we define joint decision-making in communities as:

*The meaningful involvement of local people in decisions that protect, maintain, or enhance the material and social conditions in which they live.*

There are a range of related concepts which will also be considered in the review, including:

- Co-production in local decision-making/service design/planning/production/policy-making.
- Shared community decision-making/service design/planning/production/policy-making.
- Lay involvement in local decision-making.
- Co-design, co-production in local service design.
- Community participation in local decision-making.

### ***Community wellbeing***

In the UK, national wellbeing is measured using Office for National Statistics (ONS) dimensions of wellbeing (Office for National Statistics 2016), which are:

- Personal wellbeing
- Relationships
- Health
- What we do
- Where we live
- Personal finance
- Economy
- Education and skills
- Governance
- Natural environment

For the purposes of this review, community wellbeing will be defined broadly as

“the combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfil their potential” (Wiseman & Brasher 2008).

The description of community wellbeing developed during the collaborative development phase of the Community Wellbeing Evidence Programme will also be considered:

“community wellbeing is about strong networks of relationships and support between people in a community, both in close relationships and friendships, and between neighbours and acquaintances” (Community Wellbeing Evidence Programme, 2015).

Concepts related to community wellbeing such as ‘social capital’, ‘social cohesion’, ‘social inclusion’, and ‘community resilience’ will be also considered (Elliott et al., 2011).

## Theory of Change

The WWC-WB Community Wellbeing Evidence Programme has produced a working Theory of Change (South et al., In Press), in which social relations are proposed to have a mechanistic and cyclical relationship with community wellbeing. It is proposed that enhanced social networks will yield improved community conditions and individual benefits, eventually leading to increased community (and individual) wellbeing (Figure 1).

Figure 1. Theory of change of what works to increase community wellbeing (South et al., In Press)



## Scope

The scope of the review is based on the findings from our scoping review on the state of the current evidence-base (including gaps), our definition of joint decision-making in communities, and the views of stakeholders expressed during the Voice of the User engagement exercise (including demand for evidence on particular topics). It will focus on empowerment-based approaches to joint decision-making in communities, for example, where communities have joint control in determining priorities or allocating budgets, or where communities share control of services. This will include interventions that enable citizens as co-designers or co-initiators, but not *just* as co-implementers of interventions designed by others. We are taking a broad view of community wellbeing and its potential determinants, including the definitions above, and the ONS dimensions of wellbeing.

The review will locate, assess and synthesise the available empirical evidence on how joint decision-making interventions in communities may be linked to community wellbeing outcomes, including the distribution of impacts across population sub-groups. If the current state of the evidence allows, we will additionally develop and illustrate a conceptual pathway showing potential links between the interventions and community wellbeing outcomes. We will also attempt to uncover evidence on factors that may determine the effectiveness of joint decision-making interventions.

Our (stage 1) scoping review identified that evidence on wellbeing-related impacts of empowerment-based joint decision-making interventions is currently scarce and spread across a wide-range of disciplines. It is also located (buried) within a much larger, broader body of evidence covering related concepts such as involvement, participation, consultation, engagement and volunteering. Our broad definition of community wellbeing, together with a broad search strategy and inclusion criteria, should help to ensure we locate this scarce and hard-to-find evidence.

## Methods

The review will use standard systematic review methodology, as described in the WWC-WB Methods Guide (Snape et al., 2017), and will be reported following PRISMA and PRISMA-Equity guidelines (Moher et al., 2009; Welch et al., 2012, 2016).

### Search strategy

A comprehensive search strategy will be developed by experienced systematic reviewers. The aim of the search is to identify all evidence on joint decision-making interventions in communities that consider impacts on community wellbeing-related outcomes.

The following **electronic databases** will be searched: MEDLINE and MEDLINE In-Process & Other Non-Indexed Citations, Social Sciences Citation Index, IDOX, PsycINFO. An example of the MEDLINE search strategy is in the Appendix (p15).

Searches of **grey literature** will be conducted via the Conference Proceedings Citations Index, ProQuest Dissertations & Theses, OpenSIGLE, Google, Google Scholar, and through searches for, and inspection of, specialist databases.

A **call for evidence** will be issued by the WWC-WB and distributed to a mailing list of over 1200 **academics and practitioners** who expressed an interest in evidence on community wellbeing during the Voice of the User stakeholder engagement phase of the Community Wellbeing Evidence Programme, and shared on social media.

We will contact **academic experts** on the health and wellbeing impacts of empowerment-based interventions in communities, from the fields of public health, health inequalities, human/social geography, psychology, politics, and local government studies.

We will scrutinise the introduction, background, and reference list of included papers to identify additional studies through 'citation snowballing', and through forward citation searches.

### Identification of studies

Results of the searches of electronic databases will be de-duplicated and uploaded to EPPI-reviewer 4 systematic review management software, which will be used to store information and manage each stage of the review process (Thomas, Brunton & Graziosi, 2010).



The results will be screened through two stages. First, a random 20% of the same titles and abstracts will be screened separately by two reviewers, followed by a ‘calibration’ exercise to ascertain levels of agreement. Once agreement between both reviewers is reached (on >90% of include/exclude), the remaining titles and abstracts will be screened by a single reviewer. Second, full-text copies of relevant papers will be obtained and assessed for inclusion based on the inclusion and exclusion criteria outlined in Table 1. Throughout the process, any queries and disagreements will be resolved by discussion, or by recourse to a third reviewer.

**Table 1: Inclusion and exclusion criteria**

	<b>Include</b>	<b>Exclude</b>
<b>Population / setting</b>	Communities of place in OECD countries. Studies set in the living environment.	Studies based on ‘communities of purpose’ (e.g. online interest groups or social networks). Studies based in workplace or institutional settings/environments (e.g. prisons). Studies in healthcare settings. Studies in formal educational settings (e.g. schools, universities).
<b>Intervention</b>	Studies reporting evidence on the community wellbeing effects of interventions to promote joint decision-making in communities, and related empowerment-based concepts.	Interventions that are not empowerment-based, including interventions to promote co-implementation of initiatives that were not initiated or designed through the involvement of local communities/people.
<b>Comparators</b>	All quantitative studies with comparators, including before and after studies. Qualitative studies without a comparator.	Quantitative studies which do not have any comparator.
<b>Outcomes:</b>	Outcomes related to any of the dimensions of community wellbeing (including ‘intermediate outcomes’, also known as ‘determinants’), and subjectively or objectively measured individual or population outcomes.	Outcomes affecting agencies, actors, or population groups outside local areas/communities.
<b>Study design &amp; publication characteristics</b>	Qualitative or quantitative primary studies. Published between 1980 and present day. Published in English language.	Opinion and discussion pieces. Studies conducted prior to 1980. Studies not published in English.

## **Data extraction**

Data from each included study will be extracted into pre-designed and piloted forms. Forms will be completed by one reviewer and checked for accuracy by another. Periodically throughout the process of data extraction, a random selection will be considered independently by 2 people (that is, double assessed) for at least 20% of the studies. Data to be extracted include: study aims, study design, setting/country and main findings in relation to the review questions. Owing to logistical and time constraints, depending on the number of relevant studies located, it may not be possible to contact study authors for any unclear, missing or additional data.

## **Critical appraisal**

It is likely that the included studies will be heterogeneous in terms of methods employed and populations studied. It is also likely that much of the evidence will be of low methodological quality. Given the scarcity of evidence on empowerment-based interventions for community decision-making, we propose to include studies that are of low quality, explicitly describing the implications of including them.

We will conduct quality assessment of all studies using the appropriate checklist (following the recommendations of the What Works: Wellbeing methods guide – Snape et al., 2017), and through discussion with our review advisors. We will distinguish between high and low quality evidence, based on the study designs and results of the quality assessment.

Each full paper will be assessed by two reviewers, and crossed checked for accuracy. Any differences in quality grading will be resolved by discussion or recourse to a third reviewer. Quality assessment data will be extracted and recorded.

We will examine specific features of the body of evidence, namely type of evidence, quality of the evidence, consistency of the findings, and consistency between unanswered research questions.

## **Data synthesis**

Evidence addressing the review questions will be narratively synthesised (Mays et al 2005; Popay et al 2006; Whitehead et al., 2014). This will include:

- Thematic analysis of data based on the review questions.
- Exploration of relationships within and between studies.
- Differential impacts in relation to gender, socioeconomic status, ethnicity, or disability status will be considered.
- The strength of evidence will be identified based on study design, and on the results of the critical appraisal (for each type of design).
- Contradictions in findings will be examined.
- Qualitative studies that help us to understand why interventions do or do not work will be synthesised separately (narratively, following Popay et al., 2006) from quantitative data on overall intervention effects, although we may present quantitative and qualitative results on an intervention together.

## **Recommendations**

We will adopt the formal rating methodology recommended by the What Works Centre: Wellbeing Methods Guide (Snape et al., 2017). This will provide a judgement on the overall quality of the evidence for each individual finding in the review, adopting GRADE ratings for quantitative evidence and the CERQual approaches for qualitative evidence. Using the GRADE approach, we will suggest recommendations for practice based on the review findings.

We will keep an evidence gap register and make recommendations about how gaps can be filled and where further research is required.

Within the systematic review report, we will identify approaches to joint decision-making interventions that are more likely to increase beneficial and reduce adverse impacts on community wellbeing.

We will make recommendations for policy and research within the systematic review report. We will also make recommendations for frontline evaluation practice within the later Stage 3 Evidence 'Road Maps'.

## Timelines

Activity	Duration	Start date (2017)	End date (2017)
Draft protocol development	2 weeks	17 <sup>th</sup> April	28 <sup>th</sup> April
Consultation on draft protocol, amendment, and sign-off	2 weeks	2 <sup>nd</sup> May	12 <sup>th</sup> May
Literature searches	3 weeks	15 <sup>th</sup> May	2 <sup>nd</sup> June
Study selection, data extraction, and quality assessment	9 weeks	5 <sup>th</sup> June	4 <sup>th</sup> August
BREAK	2 weeks	8 <sup>th</sup> August	18 <sup>th</sup> August
Analysis, synthesis, and report writing	9 weeks	21 <sup>st</sup> August	20 <sup>th</sup> October
<b>Submission of draft report</b>			<b>20<sup>th</sup> October</b>
Consultation on draft report, amendment, and sign-off	4 weeks	23 <sup>rd</sup> October	17 <sup>th</sup> November
<b>Submission of final report</b>			<b>17<sup>th</sup> November</b>
Production of accessible summary	2 Weeks	20 <sup>th</sup> November	1 <sup>st</sup> December

## Review advisors

**Pippa Coutts** - The Alliance for Useful Evidence.

**Professor Dame Margaret Whitehead, DBE** - WH Duncan Professor of Public Health; Head, Department of Public Health and Policy, University of Liverpool.

**Professor Richard Tomlins** - Director, Cohesia Ltd; Visiting Professor of Race and Diversity, Coventry University.

**Dr Mick McKeown** - Reader in Democratic Mental Health, University of Central Lancaster.

**Professor Kate Pickett** - Professor of Epidemiology, Department of Health Sciences, University of York.

**Professor Jane South** - Professor of Healthy Communities, School of Health & Community Studies, Leeds Beckett University.

**Malik Gul** – Director, Wandsworth Community Empowerment Network.

In addition, all members of the WWC-WB **Community Wellbeing Evidence Programme** may act as advisors.

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## Appendix

### Search strategy example (MEDLINE)

#### MEDLINE and MEDLINE In-Process & Other Non-Indexed Citations - Via OVID

1	((co-production or co-design or co-creation or coproduction or codesign or cocreation or joint or shared or lay or communit*) adj2 (decision-making or decision making or policy-making or policy making or service design or planning or governance)).ti,ab.
2	Charrette or citi?ens jury.ti,ab.
3	OR 1 - 2
4	limit 3 to (English language and humans and years 1980 to Current)