National Institute for Health and Care Excellence

Draft for consultation

Adults with complex needs: social work interventions including assessment, care management and support

[B] Risk assessment

NICE guideline number tbc

Evidence reviews underpinning recommendations 1.1.6, 1.1.8, 1.1.12, 1.2.12, 1.2.15 to 1.2.42 and research recommendation 2 in the NICE guideline

November 2021

Draft for consultation

These evidence reviews were developed by the National Guideline Alliance which is a part of the Royal College of Obstetricians and Gynaecologists

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This evidence report contains information on 2 reviews relating to preventing an escalation of need, the first being an effectiveness review and the second, a qualitative review.

- What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?
- Based on the views and experiences of everyone involved, what works well and what could be improved about social work risk assessments with adults with complex needs?

Risk Assessment

Review questions

- What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?
- Based on the views and experiences of everyone involved, what works well and what could be improved about social work risk assessments with adults with complex needs?

Introduction

Risk assessment is a required core competency for social workers. The British Association of Social Workers (BASW) Professional Capabilities Framework states that experienced social workers must be competent to "anticipate, assess and manage risk, including in complex cases, and support others to develop risk management skills".[1] Social Work England professional standards state that "Using an evidence-informed approach to make impartial decisions is an integral part of social work practice".[2] Reviewing the quantitative and qualitative evidence regarding social work approaches to risk assessment was therefore identified as a topic of key relevance for this guideline.

Summary of the protocol

See Table 1 for a summary of the Population, Intervention, Comparison and Outcome (PICO) characteristics of the effectiveness review question.

See Table 2 for a summary of the Population and Phenomenon of interest for the qualitative review question.

Table 1: Summary of the protocol (PICO table) – effectiveness question

Population	• People aged 18 or older with complex needs*. * Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.
Intervention	Risk assessment and review of complex care and support needs, which is led or delivered by a social worker* *As well as identifying risks and the associated social and clinical presentation and ways of reducing and containing risks, a social work risk assessment would generally involve some or all of the following: • Thoroughly considering someone's preferences, strengths, resilience, mental capacity and mitigating factors. • Considering the role of involved family and the person's wider social support network and environment in contributing to or mitigating risks. • Considering the benefits and harms of risk taking and less restrictive responses to risks. • Considering people's choices and wishes within existing legal frameworks.
Comparison	Different social work risk assessments compared with each other.

[1] BASW PCF competency 7 - skills and interventions Experienced social worker 7 - Skills and interventions | www.basw.co.uk.
[2] SWE professional standards 3.2, 3.3, 3.5, 3.6 and 3.7 - Decision making Professional standards guidance - Social Work England.

	Different social work risk assessments compared with 'usual practice'.
Outcome	**Critical** Person focused outcomes: • Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D. • Mortality. Service focused outcomes: • Adverse events resulting in emergency medical treatment or admission to hospital – events might include suicide, attempted suicide, adverse reaction to psychological therapy, self-harm, falls (or others) and these will be treated as a composite measure of outcome. **Important** Person focused outcomes: • Inflicting harm on others – measured according to study reporting. • Carer quality of life – measured using a validated tool such as the Carer Experience Scale or ASCOT-Carer. Service focused outcomes: • Safeguarding incidents – measured by rates of reporting safeguarding concerns or by numbers of s42 enquires. • Care home admissions.

ASCOT: Adult Social Care Outcomes Toolkit; EQ-5D: EuroQol-Five Dimensionas; ICECAP-A: ICEpop CAPability measure for adults; MANSA: Manchester Short Assessment.

Table 2: Summary of the protocol (population and phenomenon of interest) – qualitative question

Population	• People aged 18 or older with complex needs*. • Families and supporters of adults with complex needs. • Relevant social-/health- care and other practitioners involved in risk assessment for adults with complex needs. *Studies involving adults whose social circumstances result in complex needs in many aspects of daily life or whose social circumstances combine with a health condition to result in complex needs will be considered for inclusion.
Phenomenon of interest	Risk assessment and review of complex care and support needs, which is led or delivered by a social worker. In order to understand what works and what does not work well, from the perspective of everyone involved, the committee want to locate data about the following aspects of risk management and review although they are aware that other relevant themes may be identified: • Satisfaction with the process of accessing a social work risk assessment. • Involvement of all relevant people. • Relationship between risk assessment and other assessments. • Satisfaction among service users. • Subjective perception of risk. • Assumptions about risk. • Role/ influence of culture and other equality issues. • Perceived appropriateness of risk assessment (for example, usefulness, appropriateness, timeliness). • Positive and negative aspects of risk assessment. • Carers satisfaction with social work risk assessment. • Practitioner satisfaction with social work risk assessment.

For further details see the review protocol in appendix A.

Methods and process

This was designed as a mixed-methods review using parallel synthesis. However, no quantitative data were located so there was no integration by the committee of the two types of evidence.

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods specific to this review question are described in the review protocol in appendix A and the methods document (supplementary document 1).

Declarations of interest were recorded according to NICE's conflicts of interest policy.

Effectiveness evidence

Included studies

A systematic review of the literature was conducted but no studies were identified which were applicable to this review question.

See the literature search strategy in Appendix B and study selection flow chart in Appendix C.

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in Appendix J.

Summary of included studies

No studies were identified which were applicable to this review question (and so there are no evidence tables in Appendix D). No meta-analysis was conducted for this review (and so there are no forest plots in Appendix E).

Qualitative evidence

Included studies

A systematic review of the literature was conducted using a combined search for all qualitative questions. Four studies were included in this review (Nolan 2012, O'Hare 2013, Stevenson 2019 and Taylor 2013).

The included studies provided data on people's views and experiences of social work risk assessments and risk management (Nolan 2012, O'Hare 2013, Stevenson 2019 and Taylor 2013).

Data collection methods included face-to-face interviews, questionnaires and observation of project group discussions, and a survey using vignettes and open questions.

Study populations included adults living with mild to moderate dementia or adults living with disability; social work students or experienced social workers supporting people with mental health problems or people who self-neglect.

The included studies are summarised in Table 3.

See the literature search strategy in Appendix B and study selection flow chart in Appendix C.

Excluded studies

Studies not included in this qualitative review are listed, and reasons for their exclusion are provided in Appendix J.

Summary of included studies

Summaries of the studies that were included in the qualitative review are presented in Table 3.

Table 3: Summary of included studies

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
Nolan 2012 Grounded theory design Scotland **Aim of study** To explore the reality of the everyday practice of mental health social work professionals in managing the risks service users with mental health issues face and present.	N=7 mental health officers working with all age groups from 16 years upwards.	**Data collection** Individual interviews were conducted using an interview guide. **Data analysis** Grounded theory approach and constant comparative method were used to identify patterns in the data.	• Involvement of all relevant people. • Positive aspects of risk assessment. • Subjective perception of risk. • Practitioner satisfaction with social work risk assessment. • Challenges in assessing risk (including self-neglect).
O'Hare 2013 General qualitative inquiry UK (England, Scotland and Northern Ireland) **Aim of study** To provide early and appropriate responses from services (Department of Health, Social Services and Public Safety, 2009).	N=28 social work practitioners Social work students, n=8 Social workers in training, n=7 Experienced mental health social workers, n=13	**Data collection:** Survey using vignettes and open questions. **Data analysis:** Thematic analysis.	• Involvement of all relevant people. • Practitioner satisfaction with social work risk assessment. • Challenges in assessing risk (including self-neglect).
Stevenson 2019	N=17 adults living with mild to moderate dementia.	**Data collection:** Interviews were conducted using a topic	• Involvement of all relevant people.

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
Grounded theory design UK, Northern Ireland **Aim of study** To explore concepts of risk and experiences from the perspectives of individuals with dementia and how risks were communicated between these individuals with families and healthcare providers.	 <u>Age group (years) - n</u> Under 65: 3; 65 to 69: 1; 70 to 74: 2; 75 to 79: 2; 80 to 84: 1; over 85: 3; not specified: 5 <u>Gender - n</u> Male: 9; female: 8	guide. **Data analysis:** , Constant comparison approach within a grounded theory framework.	• Positive aspects of risk assessment. • Assumptions about risk. • Satisfaction among service users. • Subjective perception of risk.
Taylor 2013 General qualitative inquiry Northern Ireland **Aim of study** To facilitate more open communication about risk issues between social workers and clients with a physical disability, addressing both client perceptions and the management of risks by the service organisation	N=44 people with disabilities and social workers Adults living with disability, n=20 Social workers, n=24 <u>Age group (years) of adults living with disability - n</u> 0 to 17: 1; 18 to 29: 2; 30 to 39: 3; 40 to 49: 6; 50 to 54: 6; 60 to 72: 2 <u>Gender of adults living with disability - n</u> Male: 5; female: 15	**Data collection:** Questionnaires including both open and closed questions. **Data analysis:** Not reported.	• Involvement of all relevant people. • Subjective perception of risk. • Positive aspects of risk assessment.

MHO: mental health officer; UK: United Kingdom

See the full evidence tables in appendix D.

The following themes were identified through analysis of the included studies:

- What works well
    - Involvement of all relevant people
        - Sharing responsibility and decision making

    - Subjective perception of risk
        - Facilitating open discussions
        - Understanding risk from different perspectives
    - Positive aspects of risk assessment
        - Contextual risk assessment
        - Helping to balance risk assessment and autonomy
    - Practitioner satisfaction with social work risk assessment
        - Organisational support for risk assessment

- What could be improved
    - Satisfaction among service users
        - Excluding people from risk assessment discussions
    - Subjective perception of risk
        - Definition and concept of risk
    - Practitioner satisfaction with social work risk assessment
        - Resource pressures
        - Knowledge and training
        - Staff safety

An additional main theme with 2 subthemes was identified that had not been a predefined phenomenon of interest in the protocol:

- Challenges in assessing risk (including self-neglect).
    - Risk as a complex concept
    - Risk choices and adaptive strategies

The theme maps (Figure 1 and Figure 2) illustrate these overarching themes, their related themes and sub-themes. Overarching themes are shown below in orange, related themes in blue and sub-themes in green.

Figure 1: theme map – what works well

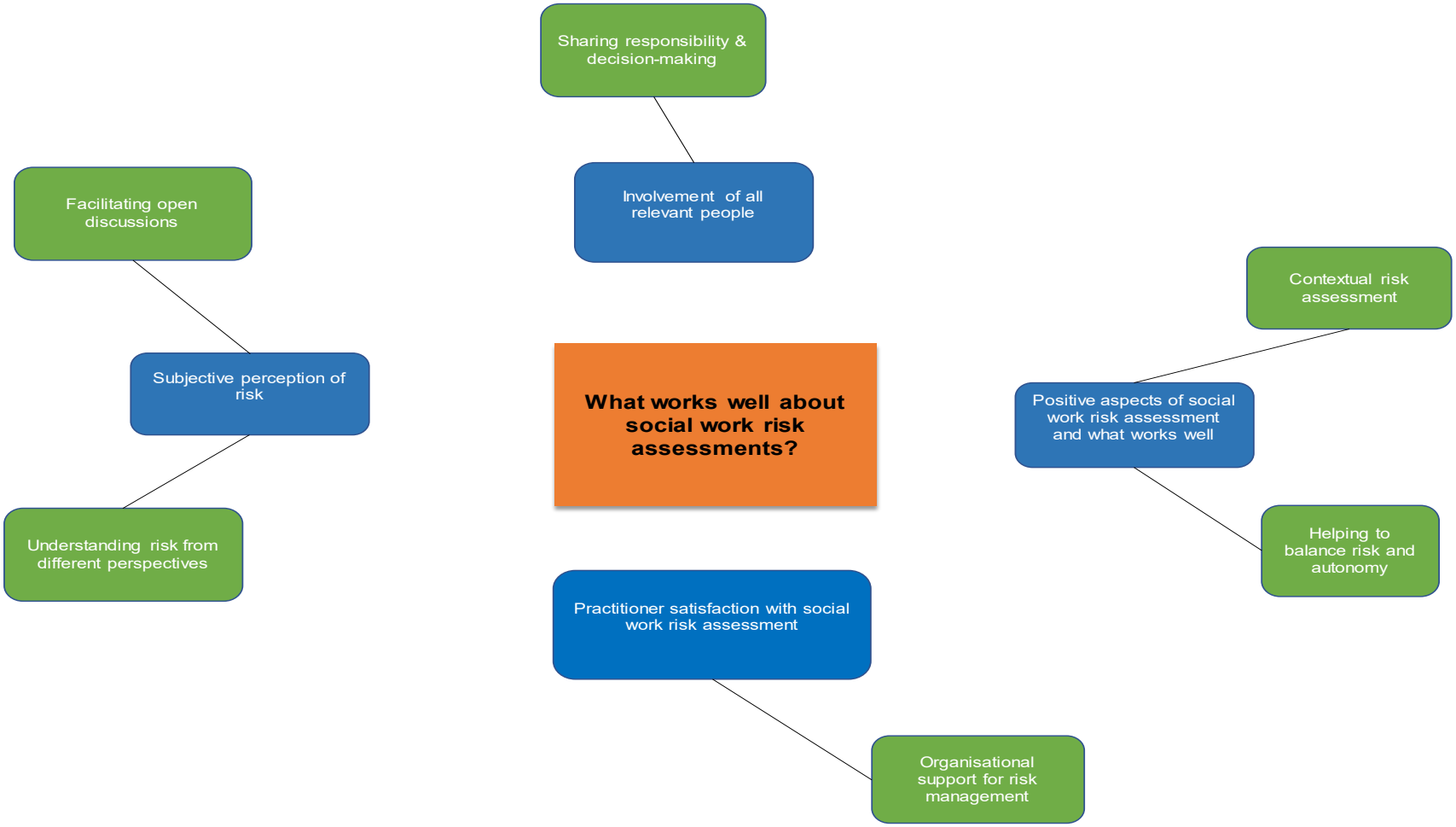
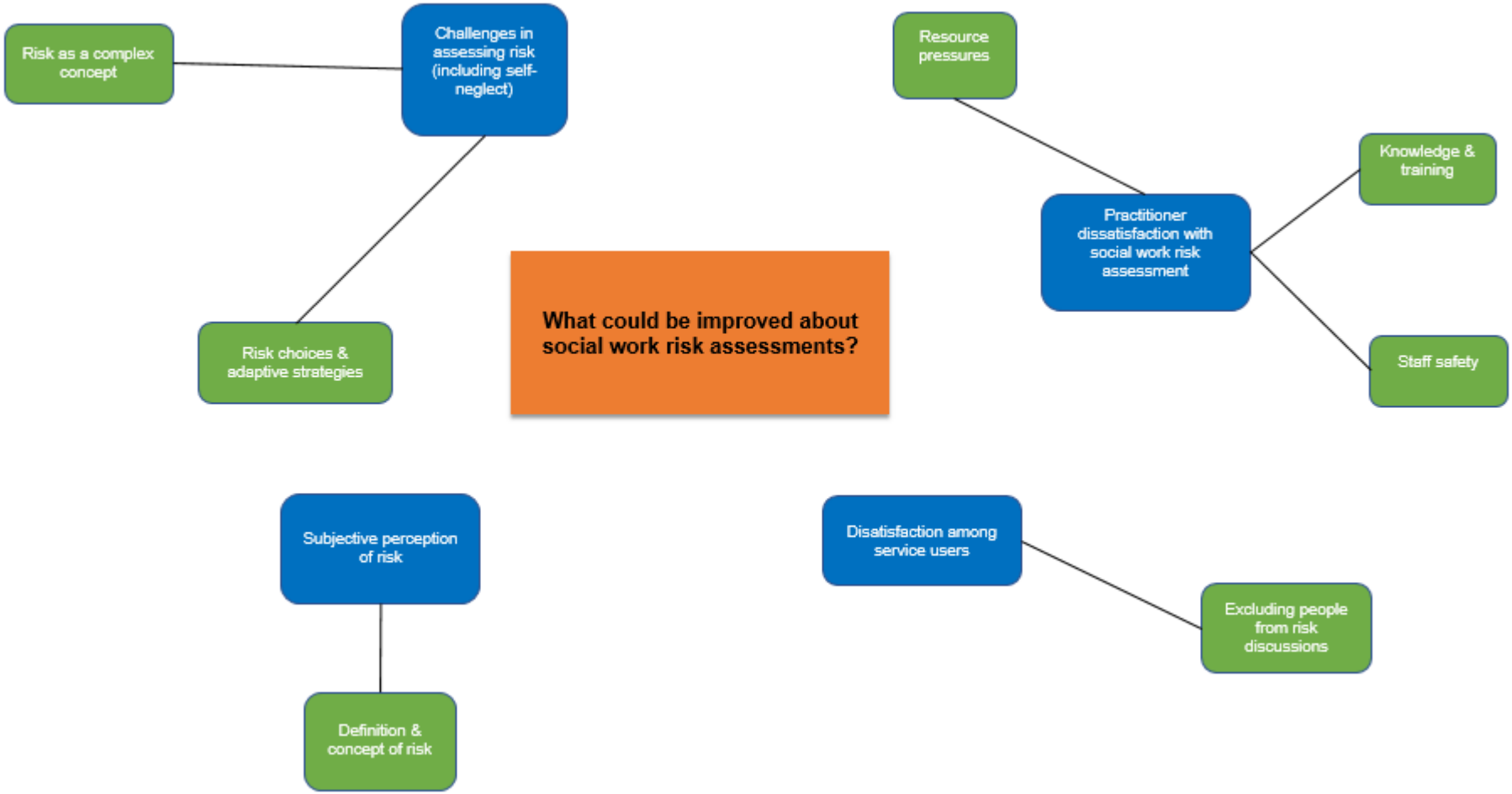


Figure 2: theme map – what could be improved



Summary of the evidence

Effectiveness evidence

No studies were identified which were applicable to this review question (and so there are no GRADE tables in Appendix F). No meta-analysis was conducted for this review (and so there are no forest plots in Appendix E).

Qualitative evidence

The evidence generated 6 central themes about the views and experiences of people with complex needs and practitioners involved in social work risk assessments. There was no evidence about relevant views and experiences of families and carers of people with complex needs.

All 4 qualitative studies provided evidence relating to 'what works well' in social work risk assessments. Relevant themes generated from the data included promoting good communication between relevant service providers and people at risk and assessing risk in the context of people's broader lives. Benefits were also highlighted in relation to undertaking comprehensive assessments to identify the availability of support and services to promote risk management.

All 4 qualitative studies provided evidence relating to 'what could be improved' about social work risk assessments. Themes generated from the data related to issues including the willingness of people to engage with care, a lack of availability of risk assessment tools, and also other challenges and dilemmas faced by professionals.

See Appendix F for full GRADE-CERQual tables.

Economic evidence

Included studies

A systematic review of the economic literature was conducted but no economic studies were identified which were applicable to this review question.

A single economic search was undertaken for all topics included in the scope of this guideline. See supplement 2 for details.

Excluded studies

A single economic search was undertaken for all topics included in the scope of this guideline. See supplement 2 for further information.

Summary of studies included in the economic evidence review

Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation.

The committee's discussion and interpretation of the evidence

The outcomes that matter most

Social work risk assessment involves balancing the potential benefits and the potential harms of risk-taking and of acting to manage risks. The committee therefore selected

outcomes for the quantitative review which related both to potential benefits of social work risk assessment: service user and carer subjective quality of life; and outcomes relating to potential harms: mortality, adverse events resulting in emergency treatment or admission to hospital, harm to others, safeguarding incidents and care home admissions. Service user-focused outcomes were prioritised as critical outcomes: quality of life, mortality and adverse events requiring an immediate service response (emergency treatment or hospital admission).

To address the issue of what works well and what could be improved about risk assessment, the second part of the review was designed to include qualitative data and as a result the committee could not specify in advance the data that would be discovered. Instead, they agreed, by consensus, on the following main themes to guide the review, although the list was not exhaustive and the committee were aware that additional themes may be identified.

- Satisfaction with the process of accessing a social work risk assessment.
- Involvement of all relevant people.
- Relationship between risk assessment and other assessments.
- Satisfaction among service users.
- Subjective perception of risk.
- Assumptions about risk.
- Role/influence of culture and other equality issues.
- Perceived appropriateness of risk assessment (for example, usefulness, appropriateness, timeliness).
- Positive and negative aspects of risk assessment.
- Carers satisfaction with social work risk assessment.
- Practitioner satisfaction with social work risk assessment.

These themes were chosen as they cover aspects of what works and does not work well from the perspective of everyone involved. Questions focused on service users' and other stakeholders' experience of and satisfaction with social work risk assessment, for which qualitative research can provide rich evidence. The committee sought all available evidence about how assumptions and subjective perceptions of risk may influence social work risk assessment, and how culture and other equality issues may affect the process of assessment, because they recognised the importance of identifying and understanding potential sources of bias in the assessment process. The committee sought available evidence about risk assessment in the context of other assessments (such as needs assessments) because they recognise the need to balance risks of harm against service users' needs and wishes in planning care and service response.

The quality of the evidence

There was no evidence identified for the effectiveness review question.

The qualitative evidence was assessed using GRADE-CERQual methodology and the overall confidence in the findings ranged from very low to moderate. The review findings were generally downgraded because of methodological limitations of the included studies, including, for example, limited information on the rigour of data analysis. The evidence was also downgraded due to the relevance of the findings because the study context in some instances was slightly different to the review protocol. Finally, some data were downgraded for adequacy because together, the studies did not offer rich data. The review findings were not downgraded for coherence because the evidence was not generally considered ambiguous or contradictory.

See appendix F for full GRADE-CERQual tables with quality ratings of all review findings.

Benefits and harms

Principles of social work for adults with complex needs – for social workers

The committee used the evidence from this review to support the recommendation that social workers should discuss with a person how their experiences may impact their care needs, which had originally made on the basis of evidence (C2.3.2 Relationships; low quality) from report C Case Management. The committee discussed the evidence from this review (B2.3.2 Risk choices and adaptive strategies; moderate quality) that highlighted some factors that increase risk such as homelessness, poverty and stigma. The committee agreed that the evidence supported the recommendation and would allow social workers to identify whether people were at a higher risk depending on any life circumstance or experience. They agreed that by identifying these factors they would be able to provide person-centred care specific to a person's needs.

Principles of social work for adults with complex needs – for organisations

The committee discussed the evidence (B2.4.2 Knowledge & training; low quality; B2.4.3: Staff safety; very low quality) that suggested that a lack of knowledge on specific risk education and policies, could lead to further risk to the person. The committee agreed that although the evidence was of very low and low quality, it was important to address continuous professional development in a recommendation. The committee expanded on the evidence and made a recommendation that in all areas of social work for adults with complex needs, organisations should provide legal literacy training to social workers. They agreed this would benefit people using services as social workers would be able to support them with appropriate and specific care and knowledge.

Assessment

Needs assessment – recording and reviewing the assessment

The committee used the evidence (B1.1.1 Sharing responsibility and decision-making; low) which suggested there could be dilemmas between professionals working in multi-disciplinary teams on balancing different perspectives related to risk. They also discussed the evidence (B2.2.1 Definition and concept of risk; moderate) that suggested these differences could also exist between professionals and people undergoing a risk assessment. Based on their experience in practice, differences in opinion can also create dilemmas when undergoing a needs assessment, as various different professionals can be involved in the process. The committee agreed it was important to address these issues with a recommendation relevant to a needs assessment, as it could create problems regarding access to care if professionals did not agree on factors such as meeting eligibility criteria. The committee acknowledged that they would not be able to resolve differing opinions, but agreed that by recommending that differences are formally recorded in case notes, they would be maintaining transparency. This would allow for a documented process that could be referred to if any issues arose.

Risk assessment – planning the assessment

The committee acknowledged the limitations of the evidence, including the lack of quantitative evidence relating to the effectiveness of different approaches to a social work risk assessment, and the quality of the included qualitative evidence. However, they agreed that they would use the qualitative evidence, supported by their own experiential knowledge and relevant legislation (see Other factors the committee took into account), to make recommendations about the principles of conducting social work risk assessment.

The committee discussed the evidence around what works well in approaches to risk assessment. In particular, they discussed evidence (B1.1.1 Sharing responsibility and decision-making; low quality; B1.3.1 Contextual risk assessment; moderate quality) that

highlighted the importance of assessing risk in the context of people's lives in order to better understand their specific risk factors. The committee agreed with the evidence and decided to make a recommendation to support a holistic approach to assessing risks. The committee agreed this recommendations would facilitate person-centred care and enable the identification of risks in all aspects of a person's life. In this way, the social worker would be able to personalise care. The committee discussed some of the evidence around what could be improved (B2.1.1 Excluding people from risk discussions; low quality) which suggested that excluding the person at risk from discussions, and only involving professionals or their family, could lead to the person feeling disempowered. The committee agreed that it was important to highlight with a recommendation, that a person's views regarding the involvement of family, carers or other people should be formally recorded. In addition to maintaining transparency, the committee agreed that this recommendation would strengthen a person-centred approach to risk assessment, and ensure that decision-making always happens with the person in mind.

The committee further discussed the evidence (B1.3.1 Contextual risk assessment; moderate quality) which described the importance of engagement to build relationships and understand the risk in the context of people's lives. The evidence highlighted that visiting people in their homes when making assessments could help professionals decide on interventions that were tailored to people's strengths and needs. The committee agreed with this evidence and in combination with their experiential knowledge, recommended risk assessments be conducted over several contacts, including home visits. They agreed this recommendation would ensure that a comprehensive and person-centred approach to risk assessment is achieved, and could be a way of minimising any future risks. They also agreed that it could address some of the concerns raised in the evidence (B2.2.1 Definition and concept of risk; moderate quality) regarding the varied perceptions about risk between professionals and adults with complex needs. The committee agreed that by building a relationship, this would be a step toward addressing some of these differences. However, the committee also acknowledged that there may be situations when conducting a risk assessment over several contacts may not be appropriate, for example when there is an escalation of need and a risk assessment is needed urgently, and within a short time-frame. The committee therefore agreed on a recommendation to address this.

Risk assessment – conducting the assessment

The committee discussed the evidence (B1.1.1 Sharing responsibility and decision-making; low quality) that highlighted that the benefits of involving people in decision making would lead to them to feeling content. They agreed that by enabling active participation in the risk assessment, this would encourage a person to be engaged not only at the assessment stage, but in other aspects of their care. Expanding on from this, the committee discussed other qualitative evidence (B2.3.2 Risk choices and adaptive strategies; moderate quality) that suggested risk-taking should be planned for to avoid harmful impacts on the person and others. The committee used the evidence, supported by their experience in practice, to recommend engaging the person in discussions around advanced care planning, including a risk management plan. They agreed with the evidence that this would be way of avoiding any harmful impacts. The committee discussed that planning together with the person would be a way of identifying what an individual wants, and finding solutions to risk that would be appropriate and achievable to them.

Following on from the discussions related to planning together with the person, the committee used the Care Act 2014, to discuss the importance of tailoring a risk assessment to a person's strengths. They discussed the importance of using a person's strengths to protect their independence and maintain their wellbeing, and agreed it was important for people to recognise and use their strengths in order to manage their risks. Such knowledge would help social workers make an informed decision on the severity of the potential harms, the reasonable likelihood of harms occurring, and their potential consequences. It would also help to explore the attitudes of the person at risk towards risk and what risk means to them.

Such approaches will help social workers to identity the resources available to the person at risk, which will promote a person-centred approach to developing a risk management plan that is acceptable to the person. In the absence of national definitions for risk, the recommendation may also promote a more standardised approach to assessing risk, without overreliance on generic risk categories which do not take personal circumstances into account. The committee were aware that it is inevitable that there will always be an element of subjectivity to risk assessments, but agreed that the benefits of a person-centred risk management plan resulting from the recommendation, would outweigh any of these concerns.

The committee used the evidence (B2.2.1 Definition and concept of risk; moderate quality; B2.3.1 Risk as a complex concept; low quality) and their experience to discuss that different perspectives of risk could result in assumptions regarding capacity. The committee agreed that they would not be able to resolve different perspectives of risk, and therefore it was essential that social workers were signposted to the Mental Capacity Act 2005, which gives guidance on determining a person's best interests, based on their wishes and abilities, and not based on any assumptions or bias a social worker might hold. The committee used the Mental Capacity Act to support a recommendation that social workers should take into consideration a person's previous wishes, if they lacked the capacity to make decisions about risk. The committee agreed that this was in line with achieving a person-centred approach to care and support. The committee discussed that the recommendation to highlight not assuming a lack of capacity, could lead to social workers not assessing capacity at all. They wanted to avoid such situations, as they recognised in practice, there would be times when people make decisions that would put them at risk and they would need support and guidance from health and social care professionals. The committee, therefore, made a recommendation for social workers to consider an assessment of capacity when a person has made a decision that is likely to result in significant risk, in order to best understand the person's specific situation, their past actions and as such gain a wider picture of their individual risk status.

The committee discussed the evidence (B2.2.1 Definition and concept of risk; moderate quality) that described the mixed perceptions of risk and what the word 'risk' means among professionals and adults with complex needs. The evidence also highlighted that there could be differences in perceptions of whether a risk was positive or negative. The committee used this evidence, drew upon the shared decision making guideline and their experience in practice to discuss the challenges associated with this. They discussed that using terminology which is not understood by everyone, could mean potential situations related to harm and danger are not identified, and not addressed. The committee agreed that it was essential to use language that could be understood by all, and would not have different meanings between different people. They agreed on a recommendation, and included some examples of words, to guide social workers working with risk assessment.

The committee discussed some of the evidence (B1.1.1 Sharing responsibility and decision-making; low quality; B1.2.1 Facilitating open discussions; low quality) that suggested there were perceived benefits to using risk checklists when assessing people at risk, particularly when addressing contentious issues such as financial abuse. The checklists reportedly enabled the person at risk to have more open discussions with social workers and other practitioners, and to decide collaboratively on the most acceptable and least intrusive approaches to manage risk. The committee discussed this evidence and agreed that structured risk checklists can provide a useful means for gathering information and promoting joint discussions between the person and the social worker around risk, as well as between professionals. They, therefore, agreed on a recommendation for using a checklist to promote discussion. The committee discussed, based on their knowledge and expertise, some of the disadvantages to risk assessment tools, such as being poorly defined and not validated. Their experience also suggests that they may not necessarily be effective in improving risk assessment and management as checklists could potentially be a barrier to holistic assessments, since it could encourage a rigid adherence to topics on the list rather than a

thorough discussion. However, on balance, the committee agreed that combined with the previous recommendations regarding social workers taking the time to get to know the person and their personal circumstances before making decisions around risk, a recommendation for using checklists to promote discussion could provide an additional and useful supplement to the risk assessment process. They also agreed to use their practice experience to highlight in a recommendation that a risk assessment should include discussions regarding past causes of escalation of need, and what has worked well previously. They agreed that by actively enabling a discussion around previous risks, they would avoid potential harm from social workers relying on a checklist, and the risk of an assessment which was not person-centred and did not consider the person's circumstances. Following on from this, the committee acknowledged that, in the absence of standardised definitions of risk, risk assessments can potentially place too much emphasis on the use of generic risk categories such as 'high' and 'low' risk, which do not distinguish the severity of potential harms from their likelihood, and do not take into account the different contexts and choices of the person at risk. They therefore agreed that it was important to highlight this in a recommendation.

Stemming from the discussions around how a risk assessment should be conducted, and evidence (B2.2.1 Definition and concept of risk; moderate quality) around the different definitions of risk, the committee raised the importance of the social worker considering their personal bias and values when conducting a risk assessment. They committee discussed that there could be situations when they may misjudge a person's preferences as a result of unconscious bias. They gave some examples, such as assuming frail people do not want to participate in physical activities. The committee wanted to ensure that everyone undergoing a risk assessment is treated equally, are offered the same opportunities and any preconceptions a social worker may have about risk do not disadvantage people. They agreed to make a recommendation highlighting these issues, and recognised it was supported by the Social Work England's Professional Standards.

Following on from discussions around personal bias, the committee used their experiential knowledge, as well as some of the evidence (B2.2.1 Definition and concept of risk; moderate quality) around different perspectives of risk, and raised concerns around refusal of care by social workers who disagree with decisions people make if they perceive them as risky or unwise. The committee agreed that such situations can present professionals with challenging issues especially when decisions can lead to harm for the person. However, aware of Principle 3 of the Mental Capacity Act 2005, the committee agreed to make a recommendation that highlighted that social workers should respect a person's rights to make an unwise decision. They agreed it was necessary to highlight that, in line with the social worker's duty of care, disagreements in decisions made must not be used as a reason to refuse care. They also highlighted that social workers have a duty to continue to work with people, regardless of their decisions, to try and minimise risk to them. Following on from this, the committee agreed that it was also important to highlight the ways in which social workers can work toward providing the best care for someone when they have been assessed as lacking capacity. The committee discussed that they must continue to keep the person's best interests in mind, and tailor supervision and support to their specific needs, in order to continue to provide a person-centred approach. These are in line with and supported by the Principles of the Mental Capacity Act.

The committee discussed that many of the recommendations described above, regarding how to conduct risk assessments, use of checklists, decisions made regarding unwise choices, and assessment for capacity, would all result in the recording of information regarding a person's risk to themselves and to others. The committee agreed that all the necessary agencies should be provided with information about a person's risks, and supported this with a recommendation. This would be of benefit to the person, as people relevant in their care gain a wider understanding of their situation and are able to better support them. It would also benefit those around the person who may be affected by a person's assessment of risk. However, the committee were aware that it is within a person's

rights to not give consent for their information to be shared. Therefore, they agreed it was necessary to highlight the Human Rights Act to support social workers to balance a person's right to not give consent with regard to sharing information, with the potential risks involved in withholding information that could lead to harm to the person or those around them.

Risk assessment – recording and reviewing the assessment

Discussions around sharing information regarding risks, led the committee to discuss cases that involve risks of serious harm. Practical dilemmas identified through the evidence (B2.3.1 Risk as a complex concept; low quality) included balancing the needs and rights of individuals in making certain choices in relation to risks, with the duty of care that social workers and other practitioners have in terms of intervening to safeguard individuals from potential harm as a consequence of risk-taking. Also aware of the differences highlighted in the evidence (B2.3.1 Risk as a complex concept; low quality) with how levels of risk were defined and conceptualised between professionals, and from their own experience, the committee discussed that this could lead to tensions across different organisations and among different practitioners. Therefore, the committee were keen to emphasise the need to balance any competing demands and perspectives of different organisations and for different practitioners to exercise professional judgement. To achieve this, they recommended that, in complex situations, social workers co-ordinate a case conference to share information. The committee discussed the potential benefits that would be gained from the recommendation, including encouraging collaboration and promoting shared decision-making across different service providers and practitioners, in terms of assessing and managing risk. They agreed this would promote joint discussions and enable a coordinated risk management plan to be created. The committee also discussed the relevance of formally recording differences of opinion in risk assessment. They agreed that the same justification, as within the Need Assessment section discussed above, would be valid here and also made a recommendation relevant to formally recording differences of opinion about a risk assessment.

Leading on from discussions of varying opinions, the committee discussed changes to a person's risk status. They discussed, using their experience that given the population of adults with complex needs, a person's situation and circumstance can change often and at times unexpectedly. In order to make sure risk assessments are relevant and up to date, the committee made a recommendation to guide social workers as to when risk assessments should be reviewed. The committee agreed that this recommendation was important to ensure the safety of people, and to continue to provide the best care for them depending on their individual circumstances. It would also aim to ensure that risks are either prevented, or managed early and do not lead to crises.

Risk assessment – organisational support

The committee discussed the evidence (B1.4.1 Organisational support for risk management; low quality) that indicated that where more positive organisational cultures and acceptance towards risk-taking existed, and providing the level of risk is deemed acceptable, then professionals feel more supported to avoid unduly defensive practice. This can lead to supporting risk-taking decisions which accord with the wishes and needs of the person at risk. However, the evidence (B2.4.2 Knowledge & training; low quality) also highlighted that most social workers had not received specific education on risk to prepare them for the complex challenges that may be faced when working with a person at risk. Including, for example, the potential for staff to face adversity in terms of safety if they are subjected to behaviours such as aggression and threats. The evidence (B2.4.2 Knowledge & training; low quality; B2.4.3: Staff safety; very low quality) suggested that an organisational strategy would need to be underpinned by education and training to enable social workers and other practitioners to develop the necessary skills required to work with people with complex needs. Therefore, the committee made a number of recommendations to ensure that organisations have relevant training, continuous professional development (including legal literacy, multi-agency training and de-escalation training to manage challenging behaviour

appropriately) and supervision structures in place to support staff to assess risks thoroughly, in terms of risks to both the person at risk but also their own personal safety.

The committee discussed that the benefits gained through multi-agency education and training, would include a more in-depth and shared understanding about the complex decisions needed when assessing and managing risk, and should promote a greater understanding of the different professional roles involved in risk assessment and management. This should lead to greater co-operation between health and social services and enable practitioners to apply their knowledge and skills in practice and provide service users with a more person-centred and human rights based approach to risk assessment and management. The committee also agreed that these recommendations would support social workers to make decisions with the person in mind, and with the person's best interests. They agreed the recommendations would support the social worker to make decisions that, although may be deemed a risk, would be beneficial to the person's freedom.
The committee acknowledged that the evidence in this review did not cover all aspects or situations when a person lacks capacity. They were aware of current NICE guidance in the area, and agreed to make a recommendation to sign-post to that guideline.

The committee also made a research recommendation to address the gap in the evidence relating to the use of validated approaches to social work risk assessment. The committee were particularly interested in recommending research to define and evaluate models of social work risk assessment across a range of settings and different groups of people with complex needs to improve the evidence base in the long term and inform future guidelines.

Cost effectiveness and resource use

The recommendations reinforce current legislation and usual practice. These recommendations are unlikely to lead to any increase in resource use or cost.

The recommendations should strengthen person-centred care. This should also improve the identification of risks and achievable expectations allowing for better planning and consequently improvements in quality of life. There may also be cost savings from identifying risks more effectively and preventing or tackling them earlier when intervention is less costly. Setting person centred goals may also prevent wasted resources on goals which are unachievable or which are not in line with the person's own wishes.

Other factors the committee took into account

When making the recommendations, the committee also aimed to ensure individual choice is respected and fundamental human rights upheld in relation to decision-making. They therefore took into account relevant legislation, including, the Mental Capacity Act 2005 and the Mental Health Act 2007 and the Human Rights Act 1998 as well as guidance from the NICE Shared Decision Making Guideline NG197 (2021). The committee were also aware that people at risk include a wide variety of people with individual needs and living situations, and decisions around risk can be influenced by culture, personal beliefs, and coping strategies. They therefore took into consideration the Equality Act 2010 when making the recommendations.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.1.6, 1.1.8. 1.1.12, 1.2.12, 1.2.15 to 1.2.42. It also supports research recommendation 2 on the use of tools and checklists to support a social worker risk assessment.

References – included studies

Qualitative evidence

Nolan 2012

Nolan, D., Quinn, N., The context of risk management in mental health social work, Practice: Social Work in Action, 24, 175-188, 2012

O'Hare 2013

O'Hare, P., Davidson, G., Campbell, J., Maas-Lowit, M, Implementing mental health law: a comparison of social work practice across three jurisdictions, The Journal of Mental Health Training, Education and Practice, 8, 196-207, 2013

Stevenson 2019

Stevenson, M. Savage, B, Taylor, B.J., Perception and communication of risk in decision making by persons with dementia, Dementia: The International Journal of Social Research and Practice, 1108-1127, 2019

Taylor 2013

Taylor, B. J., McKeown, C., Assessing and managing risk with people with physical disabilities: the development of a safety checklist, Health, Risk & Society, 15:2, 162-175, 2013

Other

BASW PCF competency 7 - skills and interventions Experienced social worker 7 - Skills and interventions, www.basw.co.uk.

SWE professional standards 3.2, 3.3, 3.5, 3.6 and 3.7 - Decision making Professional standards guidance - Social Work England.

Appendices

Appendix A Review protocols

Review protocol for review question B1: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

Table 4: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42020216460
1.	Review title	Risk Assessment (quantitative)
2.	Review question	B1. What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs? *Note that this review is linked with B2, which is described in a separate review protocol: Based on the views and experiences of everyone involved, what works well and what could be improved about risk assessment with adults with complex needs?*
3.	Objective	To establish and compare the effectiveness of various approaches to assessing risk for adults with complex needs.
4.	Searches	The following databases will be searched: • Cochrane Database of Systematic Reviews (CDSR) • Cochrane Central Register of Controlled Trials (CENTRAL) • MEDLINE & Medline in Process • Embase • Applied Social Science Index and Abstracts (ASSIA) • International Bibliography of the Social Sciences (IBSS) • Social Policy and Practice • Social Services Abstracts

ID	Field	Content
		• Sociological Abstracts • Social Care Online Searches will be restricted by: • Date limit: 2010 onwards (see rationale under Section 10) • English language • Human studies • Systematic reviews filter Other searches: • Additional searching may be undertaken if required. For each search (including economic searches), the principal database search strategy is quality assured by a second information specialist using an adaption of the PRESS 2015 Guideline Evidence-Based Checklist With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies will be published in the final review.
5.	Condition or domain being studied	Risk assessment and review of complex care and support needs, which is led or delivered by a social worker.
6.	Population	• People aged 18 or older with complex needs*. * Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.
7.	Intervention	Risk assessment and review of complex care and support needs, which is led or delivered by a social worker*

ID	Field	Content
		*As well as identifying risks and the associated social and clinical presentation and ways of reducing and containing risks, a social work risk assessment would generally involve some or all of the following: • Thoroughly considering someone's preferences, strengths, resilience, mental capacity and mitigating factors. • Considering the role of involved family and the person's wider social support network and environment in contributing to or mitigating risks. • Considering the benefits and harms of risk taking and less restrictive responses to risks • Considering people's choices and wishes within existing legal frameworks.
8.	Comparator	Different social work risk assessments compared with each other. Different social work risk assessments compared with 'usual practice'.
9.	Types of study to be included	• Experimental studies (where the investigator assigned intervention or control) including: o Randomised or quasi-randomised controlled trials. o Non-randomised controlled trials. • Systematic reviews/meta-analyses of controlled trials. In the absence of controlled trials reporting critical outcomes, studies using the following designs will be included if they report data on critical outcomes: • Other non-randomised studies (where neither control nor intervention were assigned by the investigator) including: o Systematic reviews of observational studies. o Prospective and retrospective cohort studies (studies with multivariate analyses will be prioritised over those using univariate methods of analysis). o Case control studies. o Before and after study or interrupted time series.
10.	Other exclusion criteria	Inclusion:

ID	Field	Content
		• Full text papers. • Only studies conducted in the UK will be included. However if insufficient UK based studies are available for the purposes of decision making about recommendations then studies from the following high income countries (as defined by the World Bank) from Europe, plus Australia, New Zealand, Canada and South Africa, will be included. Exclusion: • Observational studies that do not report critical outcomes. • Conference abstracts. • Articles published before 2010. • Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality. • Non-English language articles.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	Person focused outcomes: • Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D. • Mortality. Service focused outcomes: • Adverse events resulting in emergency medical treatment or admission to hospital – events might include suicide, attempted suicide, adverse reaction to psychological therapy, self-harm, falls (or others) and these will be treated as a composite measure of outcome.
13.	Secondary outcomes (important outcomes)	Person focused outcomes: • Inflicting harm on others – measured according to study reporting. • Carer quality of life – measured using a validated tool such as the Carer Experience Scale or ASCOT-Carer.

ID	Field	Content
		Service outcomes: • Safeguarding incidents – measured by rates of reporting safeguarding concerns or by numbers of s42 enquires. • Care home admissions.
14.	Data extraction (selection and coding)	• All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. • Duplicate screening will be undertaken for 10% of items. • Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. • Draft excluded studies will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair. • A standardised form will be used to extract data from included studies. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.
15.	Risk of bias (quality) assessment	Risk of bias will be assessed using the appropriate checklist as described in Developing NICE guidelines: the manual.
16.	Strategy for data synthesis	NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction. If pairwise meta-analyses are undertaken, they will be performed using Cochrane Review Manager (RevMan). 'GRADEpro' will be used to assess the quality of evidence for each outcome. Being a parallel review to B2, the NGA technical team will present findings from this review together with qualitative evidence (B2), where data allow. The committee will be

ID	Field	Content
		supported to complete the synthesis of these mixed data through their discussions of the evidence. Their interpretation of the relationship between the quantitative and qualitative data will be described in the committee discussion of the evidence section of the evidence report.
17.	Analysis of sub-groups	Subgroup analysis will be conducted wherever possible if the issue of heterogeneity appears relevant, for example in relation to: • Different approaches to risk assessment. • Different groups of people with different needs. • All groups highlighted in the Equality Impact Assessment.
18.	Type and method of review	☒ Intervention ☐ Diagnostic ☐ Prognostic ☐ Qualitative ☐ Epidemiologic ☐ Service Delivery ☒ Other (please specify) This intervention review is linked with a qualitative review [B2] on the same issue.
19.	Language	English
20.	Country	England
21.	Anticipated or actual start date	July 2020
22.	Anticipated completion date	January 2022

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<tr><td>Piloting of the study selection process</td><td>☑</td><td>☑</td></tr>
<tr><td>Formal screening of search results against eligibility criteria</td><td>☑</td><td>☑</td></tr>
<tr><td>Data extraction</td><td>☑</td><td>☑</td></tr>
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<tr><td>24.</td><td>Named contact</td><td>5a. Named contact
National Guideline Alliance</td></tr>
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ID	Field	Content
		5b. Named contact e-mail SWIadults@nice/org.uk **5c Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) and National Guideline Alliance
25.	Review team members	NGA Technical Team
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance, which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents.
29.	Other registration details	Not applicable.
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020216460
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.

ID	Field	Content
32.	Keywords	Social work, complex needs, risk assessment
33.	Details of existing review of same topic by same authors	Not applicable.
34.	Current review status	☐ Ongoing ☒ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35.	Additional information	Not applicable.
36.	Details of final publication	www.nice.org.uk

ASCOT: Adult Social Care Outcomes Toolkit; ASSIA: Applied Social Science Index and Abstracts; CCTR: Cochrane Controlled Trials Register; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; EQ-5D: EuroQol 5 Dimensions; GRADE: Grading of Recommendations Assessment, Development and Evaluation; IBSS: International Bibliography of the Social Sciences; ICECAP-A: ICEpop CAPability measure for adults; NGA: National Guideline Alliance; MANSA: Manchester Short Assessment; NICE: National Institute for Health and Care Excellence; s42: section 42.

Review protocol for review question B2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work risk assessments with adults with complex needs?

Table 5: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42020216486
1.	Review title	Risk Assessment (views and experiences)
2.	Review question	B2. Based on the views and experiences of everyone involved, what works well and what could be improved about social work risk assessments with adults with complex needs? *Note that this review is linked with B1, which is described in a separate review protocol: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?*
3.	Objective	• To establish what adults with complex needs, their families and carers believe works well and what could be improved about social work risk assessment and review. • To establish what practitioners believe works well and what could be improved about social work risk assessment and review for adults with complex needs. • To understand for whom and in what contexts social work risk assessment works well and for whom and in what contexts it works less well.
4.	Searches	The following databases will be searched: • Cochrane Database of Systematic Reviews (CDSR) • Cochrane Central Register of Controlled Trials (CENTRAL) • MEDLINE & Medline in Process • Embase • Emcare

ID	Field	Content
		• CINAHL • PsycINFO • Applied Social Science Index and Abstracts (ASSIA) • International Bibliography of the Social Sciences (IBSS) • Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts • Social Care Online Searches will be restricted by: • Date limit: 2010 onwards (see rationale under Section 10) • English language • Human studies • Qualitative studies filter Other searches: • Additional searching may be undertaken if required. One search will be conducted to cover all qualitative questions. For each search (including economic searches), the principal database search strategy

ID	Field	Content
		is quality assured by a second information specialist using an adaption of the PRESS 2015 Guideline Evidence-Based Checklist With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies will be published in the final review.
5.	Condition or domain being studied	Views, perceptions and/or lived experiences of risk assessments for adults with complex needs, which are led or delivered by a social worker.
6.	Population	• People aged 18 or older with complex needs*. • Families and supporters of adults with complex needs • Relevant social-/health- care and other practitioners involved in risk assessment for adults with complex needs. * Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.
7.	Phenomenon of interest	Risk assessment and review of complex care and support needs, which is led or delivered by a social worker. In order to understand what works and what does not work well, from the perspective of everyone involved, the committee want to locate data about the following aspects of risk management and review although they are aware that other relevant themes may be identified: • **Satisfaction with the process of accessing a social work risk assessment**. The committee are aware of significant variation in terms of how risk assessments are accessed or triggered, their perceived purpose and by whom they are conducted. The committee expect to locate data showing that these differences lead to confusion and a lack of transparency about the process of accessing a social work risk assessment, whether among professionals, families or the person themselves.

ID	Field	Content
		• **Involvement of all relevant people.** The committee expect to locate data demonstrating the importance of involving not only the person with complex needs but also carers and families as well as multi-disciplinary teams, including voluntary sector professionals. The committee expect the evidence to show that this type of partnership working does not currently work well, resulting in a lack of involvement by key people who have in-depth knowledge of the adult being assessed and failure among professionals to assume leadership or responsibility for the person. • **Relationship between risk assessment and other assessments.** The committee hope to find data about how risk assessment can be better aligned with other planning or processes such as needs assessments which support the wider family. They are particularly interested in the impact of risk assessments and potential adverse consequences for dependent children or child protection. • **Satisfaction among service users**. The committee expect satisfaction data to reflect on the extent to which the person feels enabled to balance their own risk and 'juggle' the effects of their choices, for instance how taking a particular decision might adversely affect their mental health. • **Subjective perception of risk.** The committee believe that people's perception of risk is affected by the intersection between their condition or needs and other aspects of their identity. The question is whether and to what extent practitioners are aware of this and understand how it affects people's experience of risk. • **Assumptions about risk**. It would be helpful to locate data about the assumptions often made about risk, in particular on the part of professionals. For example, it can be assumed that risk stems from something someone does or chooses in their everyday lives when it can actually stem from the services in place to support them. • **Role/ influence of culture and other equality issues.** The committee are particularly concerned about accounts of risk assessments being potentially

ID	Field	Content
		discriminatory and in particular, racist. Aware of evidence that black people are subject to more coercive control (particularly relevant in the context of mental health risk assessments) they hope to find data about whether people's experiences of risk assessment are affected by culture or whether risk assessments are anti discriminatory. • **Perceived appropriateness of risk assessment (e.g. usefulness, appropriateness, timeliness).** Views and experiences about whether risk assessments are necessary and proportionate are key to answering the question about the perceived appropriateness of risk assessments. • **Positive and negative aspects of risk assessment**. The committee anticipate data about a range of positive and negative aspects of risk assessments. These include: the extent to which the risk assessment is perceived to be a collaborative process with the person at the centre or in the lead, whether the results of the risk assessment are appropriately shared (and if not, the reasoning is transparent) and what support or action follows a risk assessment. • **Carers satisfaction with social work risk assessment.** The committee believe it is important to triangulate data by including carers' views and experiences of social work risk assessments. Carers might report a lack of support and information (for example about their rights under the Care Act) and this can be felt acutely during challenging periods or acute episodes. The sometimes conflicting needs and preferences of the person and their carers or family can also be brought into sharp focus during crises and this may be compounded by misguided assumptions about their willingness and ability to provide support. • **Practitioner satisfaction with social work risk assessment.** This is another way in which the committee wish to triangulate qualitative data. Given that they aim to locate people's views about the experience of social work risk assessment, including whether they feel their needs and preferences are recognised, the committee wish to understand whether practitioners feel they have the resources or working arrangements to enable this to happen. This includes the extent to which joint

ID	Field	Content
		working supports the involvement of and collaboration with all relevant professionals.
8.	Comparator/Reference standard/Confounding factors	Not applicable as this is a qualitative review.
9.	Types of study to be included	• Systematic reviews of qualitative studies • Studies using qualitative methods: focus groups, semi-structured and structured interviews, observations • Surveys conducted using open ended questions and a qualitative analysis of responses Note: Mixed methods studies will be included but only qualitative data will be extracted and risk of bias assessed.
10.	Other exclusion criteria	Inclusion: • Full text papers • Only studies conducted in the UK will be included. However if no UK based studies are available then studies from the following high income countries (as defined by the World Bank) from Europe, plus Australia, New Zealand, Canada and South Africa, will be included. Exclusion: • Articles published before 2010 • Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality. • Studies using quantitative methods only (including surveys that report only quantitative data) • Surveys using mainly closed questions or which quantify open ended answers for analysis. • Non-English language articles Thematic saturation: 1. Data or theme(s) from included studies will not be extracted for particular theme(s) if

ID	Field	Content
		thematic saturation is reached. 2. Papers included on full text will subsequently be excluded when the whole anticipated framework of phenomena (11 anticipated themes listed in row 7) has reached thematic saturation. That is, when evidence synthesis and the application of GRADE-CERQual show that data about all 10 aspects of the phenomenon of interest are 'adequate' and 'coherent'. See row 7 above for details of the anticipated framework of phenomenon and associated rationale.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	Outcomes, not applicable as this is a qualitative review. For anticipated themes, see row 7 above. 'Phenomenon of interest'.
13.	Secondary outcomes (important outcomes)	Not applicable.
14.	Data extraction (selection and coding)	• All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. • Duplicate screening will not be undertaken for this question. • Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. • The excluded studies list will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair. • A standardised form will be used to extract data from included studies, providing study reference, research question, data collection and analysis methods used, participant characteristics, second-order themes, and relevant first-order themes (i.e. supporting quotes). One reviewer will extract relevant data into a standardised form. This will be quality assessed by the senior reviewer.
15.	Risk of bias (quality) assessment	Risk of bias of individual qualitative studies will be assessed using the CASP (Critical Skills Appraisal Programme) qualitative checklist, and for systematic reviews of

ID	Field	Content
		qualitative studies will be assessed using the CASP Systematic Review checklist. See Appendix H in Developing NICE guidelines: the manual for further details. The quality assessment will be performed by one reviewer and this will be quality assessed by the senior reviewer.
16.	Strategy for data synthesis	• Extracted second-order study themes and related first-order quotes will be synthesised by the reviewer into third-order themes and related sub-themes as 'review findings'. • The GRADE-CERQual approach will be used to summarise the confidence in the review findings synthesized from the qualitative evidence ('Using qualitative evidence in decision making for health and social interventions'; Lewin 2015). The overall confidence in evidence about each review finding will be rated on four dimensions: methodological limitations, coherence, adequacy, and relevance.
17.	Analysis of sub-groups	As this is a qualitative review sub group analysis is not possible. However, if data allow, the review will include information regarding differences in views held between certain groups or about different approaches to social work risk assessment, focused on different groups and delivered via different modes.
18.	Type and method of review	☐ Intervention ☐ Diagnostic ☐ Prognostic ☒ Qualitative ☐ Epidemiologic ☐ Service Delivery ☒ Other (please specify) This qualitative review is linked with an intervention review [B1] on the same issue.
19.	Language	English

<table>
<tr><th>ID</th><th>Field</th><th>Content</th></tr>
<tr><td>20.</td><td>Country</td><td>England</td></tr>
<tr><td>21.</td><td>Anticipated or actual start date</td><td>July 2020</td></tr>
<tr><td>22.</td><td>Anticipated completion date</td><td>January 2022</td></tr>
<tr><td>23.</td><td>Stage of review at time of this submission</td><td>
<table>
<tr><th>Review stage</th><th>Started</th><th>Completed</th></tr>
<tr><td>Preliminary searches</td><td>☑</td><td>☑</td></tr>
<tr><td>Piloting of the study selection process</td><td>☑</td><td>☑</td></tr>
<tr><td>Formal screening of search results against eligibility criteria</td><td>☑</td><td>☑</td></tr>
<tr><td>Data extraction</td><td>☑</td><td>☑</td></tr>
<tr><td>Risk of bias (quality) assessment</td><td>☑</td><td>☑</td></tr>
</table>
</td></tr>
</table>

ID	Field	Content
		Data analysis ☑ ☑
24.	Named contact	**5a. Named contact** National Guideline Alliance **5b. Named contact e-mail** SWIadults@nice/org.uk **5c Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) and National Guideline Alliance
25.	Review team members	NGA Technical Team
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance, which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents.
29.	Other registration details	Not applicable.
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020216486

ID	Field	Content
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Social work, complex needs, assessment, care management
33.	Details of existing review of same topic by same authors	Not applicable.
34.	Current review status	☒ Ongoing ☐ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35.	Additional information	Not applicable.
36.	Details of final publication	www.nice.org.uk

ASSIA: Applied Social Science Index and Abstracts; CASP: Critical Skills Appraisal Programme; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; GRADE-CERQual: Grading of Recommendations Assessment, Development and Evaluation-Confidence in the Evidence from Reviews of Qualitative Research; IBSS: International Bibliography of the Social Sciences; NICE: National Institute for Health and Care Excellence.

Appendix B Literature search strategies

Literature search strategies for review question B1: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

Database(s): Embase 1980 to 2021 Week 22, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations and Daily 1946 to June 07, 2021

Multifile database codes: emez= Embase 1980 to 2021 Week 22; ppez= Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to June 07, 2021

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/))) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez
20	(exp human activities/ or exp "lifestyle and related phenomena"/) use emez
21	18 and (19 or 20)
22	(Employment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
23	(unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
24	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
25	(support* adj3 (employment? or work or vocational)).ti,ab.
26	(employment or unemploy* or underemploy* or under employ*).ti.
27	individual placement?.ti,ab.
28	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
29	(social firms or (sheltered adj (employment or work))).ti,ab.
30	(precar* adj1 (employment or work)).ti,ab.
31	(paid work or paid employment).ti,ab.
32	(voluntary work or volunteering or unpaid work or un paid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.
37	or/22-36

#	Searches
38	(Family Conflict/ or Family Relations/ or Intergenerational Relations/) use ppez
39	family functioning/ or family conflict/ use emez
40	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
41	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
42	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
43	((carer? or partner or relationship?) adj support*).ti,ab.
44	or/38-43
45	(Housing/ or Homeless Persons/ or Independent Living/ or Assisted Living Facilities/ or Group Homes/ or Halfway Houses/ or Housing for the Elderly/ or Poverty Areas/ or Public Housing/ or Residence Characteristics/) use ppez
46	(housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/) use emez
47	housing.ti.
48	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
49	homeless*.ti,ab.
50	(permanent housing or social housing).ti,ab.
51	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
52	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
53	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
54	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
55	or/45-54
56	(*Economic Status/ or *Financing, Personal/ or exp *Income/ or Poverty/ or Working Poor/ or *Social Welfare/) use ppez
57	(*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/) use emez
58	money.ti.
59	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
60	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
61	(extreme poverty or high poverty).ti,ab. or poverty.ti.
62	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
63	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
64	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
65	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
66	(family adj (income? or tax credit?)).ti,ab.
67	welfare benefit?.ti,ab.
68	or/56-67
69	(Criminals/ or Prisoners/ or Recidivism/) use ppez
70	(offender/ or exp maladjustment/ or prisoner/) use emez
71	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
72	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
73	(community adj2 (reentry or re-entry)).ti,ab.
74	or/69-73
75	("Social Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
76	("social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/) use emez
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/

#	Searches
	or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	exp Risk Assessment/
113	exp Risk/ and exp "Outcome and Process Assessment, Health Care"/
114	112 or 113 use ppez
115	risk assessment/
116	risk benefit analysis/
117	clinical assessment/ or clinical assessment tool/
118	family assessment/
119	patient risk/
120	(or/115-119) use emez
121	((risk* or uncertain*) adj3 (assess* or analy* or anteced* or cause* or decid* or decision? or enabl* or evaluat* or factor* or positiv* or predict* or reason* or record* or review*)).ti,ab.
122	((risk* or uncertain*) adj3 (contingen* or control* or improv* or interven* or manag* or neglect* or plan* or prevent* or protect* or reduc* or remov* or safeguard* or stop* or strateg* or treat*)).ti,ab.
123	risk*.ti.
124	(risk* and "duty of care").ab.
125	(risk* and assess* and (instrument* or measur* or model* or scale* or tool*)).ab.
126	(risk* and case conference*).ab.
127	(risk* and (strength* or resilien* or capacity or capabilt* or mitigat*)).ab.
128	(risk* adj3 (famil* or advocate* or carer* or caregiver* or household* or other* or person? or people? or representative*)).ab.
129	or/121-128
130	or/114,120,129
131	111 and 130
132	Letter/ use ppez
133	letter.pt. or letter/ use emez
134	note.pt.
135	editorial.pt.
136	Editorial/ use ppez
137	News/ use ppez
138	exp Historical Article/ use ppez
139	Anecdotes as Topic/ use ppez
140	Comment/ use ppez
141	Case Report/ use ppez
142	case report/ or case study/ use emez
143	(letter or comment*).ti.
144	or/132-143
145	randomized controlled trial/ use ppez
146	randomized controlled trial/ use emez

#	Searches
147	random*.ti,ab.
148	or/145-147
149	144 not 148
150	animals/ not humans/ use ppez
151	animal/ not human/ use emez
152	nonhuman/ use emez
153	exp Animals, Laboratory/ use ppez
154	exp Animal Experimentation/ use ppez
155	exp Animal Experiment/ use emez
156	exp Experimental Animal/ use emez
157	exp Models, Animal/ use ppez
158	animal model/ use emez
159	exp Rodentia/ use ppez
160	exp Rodent/ use emez
161	(rat or rats or mouse or mice).ti.
162	or/149-161
163	131 not 162
164	limit 163 to (conference abstract or conference paper or conference review or conference proceeding) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]
165	164 use emez
166	163 not 165
167	limit 166 to english language
168	limit 167 to yr="2010 -Current"

The Cochrane Library: Cochrane Database of Systematic Reviews, Issue 6 of 12, June 2021; Cochrane Central Register of Controlled Trials, Issue 5 of 12, May 2021

ID	Search
#1	MeSH descriptor: [Social Work] explode all trees
#2	MeSH descriptor: [Social Work, Psychiatric] this term only
#3	MeSH descriptor: [Social Workers] this term only
#4	MeSH descriptor: [Social Work Department, Hospital] this term only
#5	MeSH descriptor: [Social Welfare] this term only
#6	MeSH descriptor: [Case Management] this term only
#7	MeSH descriptor: [Case Managers] this term only
#8	MeSH descriptor: [Accountable Care Organizations] this term only
#9	MeSH descriptor: [Mental Health Services] explode all trees
#10	((social* or case* or outreach or personal or relief or support) next/3 (advisor* or agenc* or assistan* or care* or department* or deliver* or institution* or intervention* or lead* or manager* or organisation* or organization* or personnel or planning or practi* or profession* or program* or provider* or provision or sector* or service* or setting* or staff or supervi* or system* or team* or unit* or work*)):ti,ab
#11	("care coordinator*" or "care co ordinator*" or "case manager*" or caseworker* or "case worker*" or "best interest* assessor*"):ti,ab
#12	(("approved mental health" next/3 (professional or personnel or staff or team* or worker*)) or AMHP):ti,ab
#13	("social welfare" or "social assistance" or "local authorit*" or "local council*" or "state support" or "social prescribing" or "welfare service*"):ti,ab
#14	{or #1-#13}
#15	MeSH descriptor: [Comorbidity] explode all trees
#16	((complex* or chang* or chronic or coexist* or "co exist*" or combin* or concomitant or comorbid* or "co morbid*" or cooccur* or "co occur*" or develop* or "high support" or (intellectual* and physical*) or "life limiting" or "long standing" or longstanding or "long term" or (mental* and physical*) or multi* or ongoing or "on-going" or persistent or priorit* or serious* or severe or several or simultaneous or special*) next/4 (need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people? or problem* or realit* or situation* or "social factor*" or support or target*)):ti,ab
#17	(SHCN or "complex* case*"):ti,ab
#18	("dual diagnosis" or "dual diagnoses" or "multi* diagnosis" or "multi* diagnoses"):ti,ab
#19	(impact next/3 daily next (life or living or activit* or experienc*)):ti,ab
#20	{or #15-#19}
#21	#14 and #20 with Cochrane Library publication date Between Jan 2010 and Dec 2020
#22	MeSH descriptor: [Risk Assessment] explode all trees
#23	MeSH descriptor: [Risk] explode all trees
#24	MeSH descriptor: [Outcome and Process Assessment, Health Care] explode all trees
#25	#23 and #24
#26	#22 or #25
#27	risk*:ti
#28	((risk* or uncertain*) next/3 (assess* or analy* or anteced* or cause* or decid* or decision? or enabl* or evaluat* or factor* or positiv* or predict* or reason* or record* or review*)):ti,ab
#29	((risk* or uncertain*) next/3 (contingen* or control* or improv* or interven* or manag* or neglect* or plan* or prevent* or protect* or reduc* or remov* or safeguard* or stop* or strateg* or treat*)):ti,ab
#30	(risk* and "duty of care"):ab
#31	(risk* and assess* and (instrument* or measur* or model* or scale* or tool*)):ab

ID	Search
#32	(risk* and "case conference*"):ab
#33	(risk* and (strength* or resilien* or capacity or capabilt* or mitigat*)):ab
#34	(risk* next/3 (famil* or advocate* or carer* or caregiver* or household* or other* or person? or people or representative*)):ab
#35	{or #26-#34}
#36	#21 and #35 with Cochrane Library publication date Between Jan 2010 and Jun 2020

Database(s): Applied Social Sciences Index & Abstracts (ASSIA) (1987 - current) [via Proquest]; International Bibliography of the Social Sciences (IBSS) (1951 - current); Sociological Abstracts (1952 - current) [via Proquest]; Social Services Abstracts [via Proquest]

Set#	Searched for
S1	(AB,TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB,TI (care coordinator? OR care co-coordinator? OR case manager* OR caseworker* OR case-worker* OR case worker* OR best interest? assessor?)) OR (AB,TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*))) AND pd(20100101-20201231) AND la.exact("ENG"))
S2	(AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20201231) AND la.exact("ENG"))
S3	(AB,TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR impact* OR issue* OR life OR lives OR living OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20201231) AND la.exact("ENG"))
S4	((ab((risk* NEXT (assess* OR analy* OR anteced* OR cause* OR decid* OR decision? OR enabl* OR evaluat* OR factor* OR positiv* OR predict* OR reason* OR record* OR review* OR contingen* OR control* OR improv* OR interven* OR manag* OR neglect* OR plan* OR prevent* OR protect* OR reduc* OR remov* OR safeguard* OR stop* OR strateg* OR treat* OR instrument* OR measur* OR model* OR scale* OR tool* OR case conference* OR strength* OR resilien* OR capacity OR capabilt* OR mitigat* OR famil* OR advocate* OR carer* OR caregiver* OR household* OR other* OR person? OR people OR representative*))) OR ti(risk*))AND pd(20100101-20201231) AND la.exact("ENG")))
S5	2 and 3
S6	1 and 5
S7	4 and 6

Database(s): Social Policy and Practice 202104

#	Searches
1	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
2	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
3	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
4	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
5	or/1-4
6	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
7	SHCN.ti,ab.
8	complex case?.ti,ab.
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.

#	Searches
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.
20	(voluntary work or volunteering or unpaid work or un paid work).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	or/25,30,39,50,54-55,61,68
70	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
71	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reable* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
72	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.

#	Searches
73	71 or 72
74	5 and 11 and 69 and (70 or 73)
75	risk*.ti.
76	((risk* or uncertain*) adj3 (assess* or analy* or anteced* or cause* or decid* or decision? or enabl* or evaluat* or factor* or positiv* or predict* or reason* or record* or review*)).ti,ab.
77	((risk* or uncertain*) adj3 (contingen* or control* or improv* or interven* or manag* or neglect* or plan* or prevent* or protect* or reduc* or remov* or safeguard* or stop* or strateg* or treat*)).ti,ab.
78	(risk* and "duty of care").ab.
79	(risk* and assessment and (instrument* or measur* or model* or scale* or tool*)).ab.
80	(risk* and case conference*).ab.
81	(risk* and (strength* or resilien* or capacity or capabilt* or mitigat*)).ab.
82	(risk* adj3 (famil* or advocate* or carer* or caregiver* or household* or other* or person? or people or representative*)).ab.
83	or/75-82
84	74 and 83
85	(animal* or rat or rats or mouse or mice).ti.
86	84 not 85
87	limit 86 to yr="2010 -Current"

Social Care Online: https://www.scie-socialcareonline.org.uk/

Titles search:
- PublicationTitle:'social work* or social care*'
- OR PublicationTitle:'care coordinator* or care co-ordinator* or case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR PublicationTitle:'"approved mental health professional*" or amhp'
- OR PublicationTitle:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service'
- AND PublicationTitle:'risk*'
- AND PublicationYear:'2010 2020'

OR

Abstracts search:
AbstractOmitNorms:'social work* or social care*'
- OR AbstractOmitNorms:'care coordinator* or care co-ordinator* or case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR AbstractOmitNorms:'"approved mental health professional*" or amhp'
- OR AbstractOmitNorms:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service'
- AND AbstractOmitNorms:'risk*'
- AND AbstractOmitNorms:'assess* or analy* or tool* or measur* or instrument* or scale* or model*'
- AND PublicationYear:'2010 2020'

Literature search strategies for review question B2: Based on the views and experiences of everyone involved, what works well and what could be improved about risk assessment with adults with complex needs?

A combined search was used for all qualitative questions.

Database(s): Embase 1980 to 2020 Week 11, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to March 17, 2020

Multifile database codes: emez= Embase 1980 to 2020 Week 11; ppez= Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to March 17, 2020

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/))) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez
20	(exp human activities/ or exp "lifestyle and related phenomena"/) use emez
21	18 and (19 or 20)
22	(Employment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
23	(unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
24	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
25	(support* adj3 (employment? or work or vocational)).ti,ab.
26	(employment or unemploy* or underemploy* or under employ*).ti.
27	individual placement?.ti,ab.
28	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
29	(social firms or (sheltered adj (employment or work))).ti,ab.
30	(precar* adj1 (employment or work)).ti,ab.
31	(paid work or paid employment).ti,ab.
32	(voluntary work or volunteering or unpaid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.

#	Searches
37	or/22-36
38	(Family Conflict/ or Family Relations/ or Intergenerational Relations/) use ppez
39	family functioning/ or family conflict/ use emez
40	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
41	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
42	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
43	((carer? or partner or relationship?) adj support*).ti,ab.
44	or/38-43
45	(Housing/ or Homeless Persons/ or Independent Living/ or Assisted Living Facilities/ or Group Homes/ or Halfway Houses/ or Housing for the Elderly/ or Poverty Areas/ or Public Housing/ or Residence Characteristics/) use ppez
46	(housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/) use emez
47	housing.ti.
48	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
49	homeless*.ti,ab.
50	(permanent housing or social housing).ti,ab.
51	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
52	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
53	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
54	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
55	or/45-54
56	(*Economic Status/ or *Financing, Personal/ or exp *Income/ or Poverty/ or Working Poor/ or *Social Welfare/) use ppez
57	(*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/) use emez
58	money.ti.
59	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
60	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
61	(extreme poverty or high poverty).ti,ab. or poverty.ti.
62	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
63	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
64	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
65	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
66	(family adj (income? or tax credit?)).ti,ab.
67	welfare benefit?.ti,ab.
68	or/56-67
69	(Criminals/ or Prisoners/ or Recidivism/) use ppez
70	(offender/ or exp maladjustment/ or prisoner/) use emez
71	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
72	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
73	(community adj2 (reentry or re-entry)).ti,ab.
74	or/69-73
75	("Social Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
76	("social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/) use emez
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez

#	Searches
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	(Qualitative Research/ or Nursing Methodology Research/ or Interviews as Topic/ or Interview/ or Interview, Psychological/ or Narration/ or "Surveys and Questionnaires"/) use ppez
113	(qualitative research/ or nursing methodology research/ or exp interview/ or narrative/ or questionnaire/ or qualitative analysis/) use emez
114	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).mp.
115	((discourse* or discurs* or conversation* or content) adj analys?s).mp.
116	((lived or life or personal) adj experience*).mp.
117	(focus adj group*).ti,ab.
118	(grounded adj (theor* or study or studies or research or analys?s)).mp.
119	action research.ti,ab.
120	(field adj (study or studies or research)).ti,ab.
121	descriptive study.ti,ab.
122	or/112-121
123	((Letter/ or Editorial/ or News/ or exp Historical Article/ or Anecdotes as Topic/ or Comment/ or Case Report/ or (letter or comment*).ti.) not (Randomized Controlled Trial/ or random*.ti,ab.)) or (Animals not Humans).sh. or exp Animals, Laboratory/ or exp Animal Experimentation/ or exp Models, Animal/ or exp Rodentia/ or (rat or rats or mouse or mice).ti.
124	123 use ppez
125	((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti,ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)
126	125 use emez
127	124 or 126
128	limit 122 to (conference abstract or conference paper or conference review or conference proceeding) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]
129	128 use emez
130	122 not (127 or 129)
131	111 and 130
132	limit 131 to english language
133	limit 132 to yr="2010 -Current"

Database(s): EBSCO Host CINAHL Plus

#	Query	Limiters/Expanders
S22	S17 AND S21	Limiters - Publication Year: 2010-2020; English

#	Query	Limiters/Expanders
		Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S21	S18 OR S19 OR S20	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S20	TX (qualitative or "action research" OR "descriptive study" OR ethnogra* OR existential OR experiential OR experience* OR "field research" OR "field study" OR "field studies" OR "focus group?" OR grounded OR hermeneutic* OR heuristic* OR humanistic OR interview* OR "mixed method?" OR narrative OR paradigm* OR semiotic* OR thematic)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S19	(MH "Interviews+") OR (MH "Narratives+") OR (MH "Questionnaires+") OR (MH "Surveys")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S18	(MH "Qualitative Studies+")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S17	S9 AND S16	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S16	S10 OR S11 OR S12 OR S13 OR S14 OR S15	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S15	TX (impact adj3 daily W2 (life or lives or living or activit* or experienc*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S14	TX (dual diagnos#s or multi* diagnos#s)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S13	TX complex case?	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S12	TX SHCN	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S11	TX ((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) W4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S10	(MH "Comorbidity")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S9	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S8	TX (social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S7	TX (("approved mental health" W2 (professional? or personnel or staff or team* or worker?)) or AMHP)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

#	Query	Limiters/Expanders
S6	TX (care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S5	TX ((social* or case* or outreach or personal or relief or support) W3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi#ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S4	((MH "Mental Health Services+") AND ((MH "Accountability") OR (MH "Professional Practice") OR (MH "Professional Role")))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S3	(MH "Accountable Care Organizations")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S2	(MH "Case Management") OR (MH "Case Managers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S1	(MH "Social Welfare") OR (MH "Social Work") OR (MH "Social Work Practice") OR (MH "Social Work Service") OR (MH "Social Worker Attitudes") OR (MH "Social Workers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

Database(s): Emcare 1995 to present

#	Searches
1	social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
4	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
13	or/7-12
14	exp *social problem/
15	exp human activities/ or exp "lifestyle and related phenomena"/
16	14 and 15
17	unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30

#	Searches
32	family functioning/ or family conflict/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	offender/ or exp maladjustment/ or prisoner/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	"social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
69	exp migrant/ or minority group/ or vulnerable population/
70	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/
77	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.

#	Searches
87	or/85-86
88	health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	qualitative research/ or nursing methodology research/ or exp interview/ or narrative/ or questionnaire/ or qualitative analysis/
95	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).mp.
96	((discourse* or discurs* or conversation* or content) adj analys?s).mp.
97	((lived or life or personal) adj experience*).mp.
98	(focus adj group*).ti,ab.
99	(grounded adj (theor* or study or studies or research or analys?s)).mp.
100	action research.ti,ab.
101	(field adj (study or studies or research)).ti,ab.
102	descriptive study.ti,ab.
103	or/94-102
104	((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti,ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)
105	limit 103 to (conference abstract or conference paper or conference review or conference proceeding)
106	103 not (104 or 105)
107	93 and 106
108	limit 107 to english language
109	limit 108 to yr="2010 -Current"

Database(s): Applied Social Sciences Index & Abstracts (ASSIA) (1987 - current) [via Proquest]; International Bibliography of the Social Sciences (IBSS) (1951 - current); Sociological Abstracts (1952 - current) [via Proquest]; Social Services Abstracts [via Proquest]

Set#	Searched for
S1	(AB,TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB,TI (care coordinator? OR care co-coordinator? OR case manager* OR caseworker* OR case-worker* OR case worker* OR best interest? assessor?)) OR (AB,TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*))) AND pd(20100101-20201231) AND la.exact("ENG")
S2	AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20201231) AND la.exact("ENG")
S3	AB,TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR impact* OR issue* OR life OR lives OR living OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20201231) AND la.exact("ENG")
S4	(AB,TI (qualitative OR interview* OR ("mixed method" OR "mixed methods") OR questionnaire* OR survey*) AND pd(20100101-20201231)) AND la.exact("ENG")
S5	2 and 3
S6	1 and 6
S7	4 and 6

Database(s): APA PsycInfo 1806 to March Week 2 2020

#	Searches
1	exp social workers/ or exp social services/ or exp social casework/ or case management/ or social security/ or "welfare services (government)"/ or community welfare services/ or government agencies/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best

#	Searches
	interest? assessor?).ti,ab.
4	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
13	or/7-12
14	exp social issues/
15	"activities of daily living"/ or exp lifestyle/
16	14 and 15
17	employment status/ or employability/ or occupational tenure/ or occupational status/ or job security/ or job search/ or supported employment/ or vocational rehabilitation/ or vocational evaluation/ or work adjustment training/ or sheltered workshops/ or unemployment/ or personnel termination/ or employee layoffs/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family relations/ or intergenerational relations/ or exp marital relations/ or family conflict/ or marital conflict/ or home environment/ or living alone/ or family reunification/ or living arrangements/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living/ or group homes/ or shelters/ or homeless/ or homeless mentally ill/ or deinstitutionalization/ or independent living programs/ or living arrangements/ or residential care institutions/ or halfway houses/ or independent living programs/ or living arrangements/ or residential care institutions/ or poverty areas/ or social environments/ or therapeutic social clubs/ or built environment/ or urban planning/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	socioeconomic status/ or "income (economic)"/ or budgets/ or economic security/ or financial strain/ or exp employee benefits/ or *disadvantaged/ or *social deprivation/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.

#	Searches
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	exp criminal offenders/ or criminal record/ or prisoners/ or criminal rehabilitation/ or reintegration/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	social isolation/ or loneliness/ or abandonment/ or alienation/ or exp social discrimination/ or stigma/ or health disparities/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or exp civil rights/ or exp freedom/ or government policy making/ or digital divide/ or information literacy/
69	exp minority groups/ or exp "racial and ethnic groups"/ or asylum seeking/ or immigration/ or refugees/ or at risk populations/ or disadvantaged/
70	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victims/ or elder abuse/ or domestic violence/ or battered females/ or exposure to violence/ or intimate partner violence/ or physical abuse/ or exp sexual abuse/ or shelters/ or interpersonal control/ or coercion/ or slavery/ or human trafficking/ or *freedom/ or exp alcohol abuse/ or exp drug abuse/
77	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabilities/ or exp chronic illness/ or cognitive impairment/ or diminished capacity/ or exp health impairments/ or exp mental disorders/ or exp sensory system disorders/ or special needs/ or exp central nervous system disorders/ or exp sense organ disorders/ or terminally ill patients/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	exp health care services/ or exp community facilities/ or exp elderly care/ or exp mental health programs/ or social psychiatry/ or exp occupational health/ or exp rehabilitation/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	exp qualitative methods/ or interviews/ or narratives/ or exp questionnaires/ or qualitative measures/
95	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).mp.
96	((discourse* or discurs* or conversation* or content) adj analys?s).mp.
97	((lived or life or personal) adj experience*).mp.
98	(focus adj group*).ti,ab.
99	(grounded adj (theor* or study or studies or research or analys?s)).mp.
100	action research.ti,ab.
101	(field adj (study or studies or research)).ti,ab.
102	descriptive study.ti,ab.
103	or/94-102
104	((case report/ or (letter or comment*).ti.) not (randomized controlled trials/ or random*.ti,ab.)) or (animals/ or "primates (nonhuman)"/ or exp animal research/ or animal models/ or exp rodents/ or (rat or rats or mouse or mice).ti.)
105	103 not 104

#	Searches
106	93 and 105
107	limit 106 to english language
108	limit 107 to yr="2010 -Current"

Social Care Online: https://www.scie-socialcareonline.org.uk/

Search:
PublicationTitle:'complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or life limiting or long standing or longstanding or long term or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special'
- OR PublicationTitle:'need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people or problem* or realit* or situation* or social factor* or support or target*'
- AND AllFields:'qualitative or interview* or mixed method* or questionnaire* or survey*'
- AND PublicationYear:'2010 2020'
- AND SubjectTerms:'"social care"' including related terms
Social work search:
AllFields:'social work* or social care* or care coordinator* or care co-ordinator*'
- OR AllFields:'case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR AllFields:'approved mental health professional* or AMHP'
- OR AllFields:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*'
- AND AllFields:'qualitative or interview* or mixed method* or questionnaire* or survey*'
- AND PublicationYear:'2010 2020'

Database(s): Social Policy and Practice 202001

#	Searches
1	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
2	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
3	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
4	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
5	or/1-4
6	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
7	SHCN.ti,ab.
8	complex case?.ti,ab.
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.
20	(voluntary work or volunteering).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj work* disabilit*).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.

#	Searches
32	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
70	or/25,30,39,50,54-55,61,68-69
71	5 and 11 and 70
72	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).ti,ab.
73	((discourse* or discurs* or conversation* or content) adj analys?s).ti,ab.
74	((lived or life or personal) adj experience*).ti,ab.
75	focus group*.ti,ab.
76	(grounded adj (theor* or study or studies or research or analys?s)).ti,ab.
77	action research.ti,ab.
78	(field adj (study or studies or research)).ti,ab.
79	descriptive study.ti,ab.
80	or/72-79
81	71 and 80
82	limit 81 to yr="2010 -Current"

Literature search strategies for economics

A combined search was used for all economic questions.

Embase 1980 to 2021 Week 22, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to June 07, 2021

Multifile database codes: emez= Embase 1980 to 2021 Week 22; ppez= Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to June 07, 2021

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/))) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez
20	(exp human activities/ or exp "lifestyle and related phenomena"/) use emez
21	18 and (19 or 20)
22	(Employment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
23	(unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
24	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
25	(support* adj3 (employment? or work or vocational)).ti,ab.
26	(employment or unemploy* or underemploy* or under employ*).ti.
27	individual placement?.ti,ab.
28	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
29	(social firms or (sheltered adj (employment or work))).ti,ab.
30	(precar* adj1 (employment or work)).ti,ab.
31	(paid work or paid employment).ti,ab.
32	(voluntary work or volunteering or unpaid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.
37	or/22-36
38	(Family Conflict/ or Family Relations/ or Intergenerational Relations/) use ppez
39	family functioning/ or family conflict/ use emez
40	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
41	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
42	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
43	((carer? or partner or relationship?) adj support*).ti,ab.
44	or/38-43
45	(Housing/ or Homeless Persons/ or Independent Living/ or Assisted Living Facilities/ or Group Homes/ or Halfway Houses/ or Housing for the Elderly/ or Poverty Areas/ or Public Housing/ or Residence Characteristics/) use ppez

#	Searches
46	(housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/) use emez
47	housing.ti.
48	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
49	homeless*.ti,ab.
50	(permanent housing or social housing).ti,ab.
51	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
52	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
53	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
54	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
55	or/45-54
56	(*Economic Status/ or *Financing, Personal/ or exp *Income/ or Poverty/ or Working Poor/ or *Social Welfare/) use ppez
57	(*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/) use emez
58	money.ti.
59	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
60	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
61	(extreme poverty or high poverty).ti,ab. or poverty.ti.
62	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
63	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
64	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
65	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
66	(family adj (income? or tax credit?)).ti,ab.
67	welfare benefit?.ti,ab.
68	or/56-67
69	(Criminals/ or Prisoners/ or Recidivism/) use ppez
70	(offender/ or exp maladjustment/ or prisoner/) use emez
71	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
72	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
73	(community adj2 (reentry or re-entry)).ti,ab.
74	or/69-73
75	("Social Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
76	("social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/) use emez
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99

#	Searches
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	Economics/
113	Value of life/
114	exp "Costs and Cost Analysis"/
115	exp Economics, Hospital/
116	exp Economics, Medical/
117	Economics, Nursing/
118	Economics, Pharmaceutical/
119	exp "Fees and Charges"/
120	exp Budgets/
121	(or/112-120) use ppez
122	health economics/
123	exp economic evaluation/
124	exp health care cost/
125	exp fee/
126	budget/
127	funding/
128	(or/122-127) use emez
129	budget*.ti,ab.
130	cost*.ti.
131	(economic* or pharmaco?economic*).ti.
132	(price* or pricing*).ti,ab.
133	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
134	(financ* or fee or fees).ti,ab.
135	(value adj2 (money or monetary)).ti,ab.
136	or/129-135
137	121 or 128 or 136
138	Quality-Adjusted Life Years/ use ppez
139	Sickness Impact Profile/
140	quality adjusted life year/ use emez
141	"quality of life index"/ use emez
142	(quality adjusted or quality adjusted life year*).tw.
143	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
144	(illness state* or health state*).tw.
145	(hui or hui2 or hui3).tw.
146	(multiattribute* or "multi attribute*").tw.
147	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
148	utilities.tw.
149	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
150	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
151	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
152	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
153	Quality of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
154	Quality of Life/ and ec.fs.
155	Quality of Life/ and (health adj3 status).tw.
156	(quality of life or qol).tw. and Cost-Benefit Analysis/ use ppez

#	Searches
157	(quality of life or qol).tw. and cost benefit analysis/ use emez
158	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
159	Cost-Benefit Analysis/ use ppez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
160	cost benefit analysis/ use emez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
161	*quality of life/ and (quality of life or qol).ti.
162	quality of life/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
163	quality of life/ and health-related quality of life.tw.
164	Models, Economic/ use ppez
165	economic model/ use emez
166	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
167	(subjective wellbeing or subjective well-being).tw.
168	(ASCOT or "adult social care outcomes toolkit").tw.
169	(SCRQOL or "social care- related quality of life").tw.
170	"capacity to benefit score".tw.
171	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
172	(ASCOF or "adult social care outcomes framework").tw.
173	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
174	ONS-4.tw.
175	GHQ-12.tw.
176	(Personal Well-Being Index* or PWI-A).tw.
177	(OPUS* or "older people's utility scale").tw.
178	or/138-177
179	137 or 178
180	(((Letter/ or Editorial/ or News/ or exp Historical Article/ or Anecdotes as Topic/ or Comment/ or Case Report/ or (letter or comment*).ti.) not (Randomized Controlled Trial/ or random*.ti,ab.)) or ((Animals not Humans).sh. or exp Animals, Laboratory/ or exp Animal Experimentation/ or exp Models, Animal/ or exp Rodentia/ or (rat or rats or mouse or mice).ti.)) use ppez
181	(((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti,ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)) use emez
182	180 or 181
183	limit 179 to (conference abstract or conference paper or conference review or conference proceeding) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]
184	183 use emez
185	179 not (182 or 184)
186	111 and 185
187	limit 186 to english language
188	limit 187 to yr="2010 -Current"

Database(s): Centre for Reviews and Dissemination (CRD): Health Technology Assessments (HTA); NHS Economic Evaluation Database (NHS EED)

Search
(complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co morbid* or cooccur* or co occur* or develop* or high support or life limiting or long standing or longstanding or long term or multi* or ongoing or on going or persistent or priorit* or serious* or severe or several or simultaneous or special"):TI AND (need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people or problem* or realit* or situation* or social factor* or support or target*):TI AND (social work* or social care* or care coordinator* or care co ordinator* or case manager* or caseworker* or case worker* or best interest* assessor* or approved mental health professional* or AMHP* or social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*) IN NHSEED, HTA FROM 2010 TO 2021

EBSCO Host CINAHL Plus

#	Query	Limiters/Expanders
S60	S17 AND S59	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S59	S23 OR S58	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S58	S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

#	Query	Limiters/Expanders
	S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57	
S57	TX (OPUS* or "older people's utility scale")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S56	TX ("Personal Well-Being Index*" or "PWI-A")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S55	TX "GHQ-12"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S54	TX "ONS-4"	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S53	TX "ONS-4"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S52	TX ("Warwick Edinburgh Mental Well-being scale" or WEMBS or S-WEMWBS)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S51	TX (ASCOF or "adult social care outcomes framework")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S50	TX (ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S49	TX "capacity to benefit score"	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S48	TX "capacity to benefit score"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S47	TX (SCRQOL or "social care- related quality of life")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S46	TX (ASCOT or "adult social care outcomes toolkit")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S45	TX ("subjective wellbeing" or "subjective well-being")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S44	TX ((capabilit* or wellbeing or well-being) N3 (measur* or index* or instrument* or tool*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S43	TX ((capabilit* or wellbeing or well-being) N3 (measur* or index* or instrument* or tool*)).tw.	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S42	(MH "Quality of Life") AND TX (health-related quality of life)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S41	(MH "Quality of Life") AND TI (quality of life or qol)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S40	AB ((qol or hrqol or quality of life) AND ((qol or hrqol* or (quality of life N2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S39	(MH "Cost Benefit Analysis") AND TX ((quality of life or qol) or (cost-effectiveness ratio* and (perspective* or life expectanc*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S38	(MH "Quality of Life") AND TX (health N3 status)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S37	(MH "Quality of Life") AND TX ((quality of life or qol) N (score*1 or measure*1))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S36	(MH "Quality of Life") AND TX ((quality of life or qol) N (score*1 or measure*1))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S35	TX (time trade off*1 or time tradeoff*1 or tto or timetradeoff*1)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S34	TX (sf36 or sf 36 or sf thirty six or sf thirtysix)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S33	TX (euro* N3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S32	TX (eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S31	TI utilities	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S30	TX (utilit* N3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S29	TX (multiattibute* or multi attribute*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S28	TX (hui or hui2 or hui3)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S27	TX (illness state* or health state*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S26	TX (quality adjusted or quality adjusted life year*or qaly* or qal or qald* or qale* or qtime* or qwb* or daly)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

#	Query	Limiters/Expanders
S25	(MH "Sickness Impact Profile")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S24	(MH "Quality-Adjusted Life Years")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S23	S18 OR S19 OR S20 OR S21 OR S22	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S22	TX (value N2 (money or monetary))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S21	TX (cost* N2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S20	TI cost* or economic* or pharmaco?economic*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S19	TX budget* or fee or fees or finance* or price* or pricing	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S18	(MH "Fees and Charges+") OR (MH "Costs and Cost Analysis+") OR (MH "Economics") OR (MH "Economic Value of Life") OR (MH "Economics, Pharmaceutical") OR (MH "Economic Aspects of Illness") OR (MH "Resource Allocation+")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S17	S9 AND S16	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S16	S10 OR S11 OR S12 OR S13 OR S14 OR S15	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S15	TX (impact adj3 daily W2 (life or lives or living or activit* or experienc*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S14	TX (dual diagnos#s or multi* diagnos#s)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S13	TX complex case?	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S12	TX SHCN	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S11	TX ((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) W4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S10	(MH "Comorbidity")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S9	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S8	TX (social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S7	TX (("approved mental health" W2 (professional? or personnel or staff or team* or worker?)) or AMHP)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S6	TX (care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S5	TX ((social* or case* or outreach or personal or relief or support) W3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi#ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S4	((MH "Mental Health Services+") AND ((MH "Accountability") OR (MH "Professional Practice") OR (MH "Professional Role")))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S3	(MH "Accountable Care Organizations")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S2	(MH "Case Management") OR (MH "Case Managers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S1	(MH "Social Welfare") OR (MH "Social Work") OR (MH "Social Work Practice") OR (MH "Social Work Service") OR (MH "Social Worker Attitudes") OR (MH "Social Workers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

Cochrane Central Register of Controlled Trials, Issue 5 of 12, May 2021

ID	Search
#1	MeSH descriptor: [Social Work] explode all trees
#2	MeSH descriptor: [Social Work, Psychiatric] this term only
#3	MeSH descriptor: [Social Workers] this term only
#4	MeSH descriptor: [Social Work Department, Hospital] this term only
#5	MeSH descriptor: [Social Welfare] this term only
#6	MeSH descriptor: [Case Management] this term only
#7	MeSH descriptor: [Case Managers] this term only
#8	MeSH descriptor: [Accountable Care Organizations] this term only
#9	MeSH descriptor: [Mental Health Services] explode all trees
#10	((social* or case* or outreach or personal or relief or support) next/3 (advisor* or agenc* or assistan* or care* or department* or deliver* or institution* or intervention* or lead* or manager* or organisation* or organization* or personnel or planning or practi* or profession* or program* or provider* or provision or sector* or service* or setting* or staff or supervi* or system* or team* or unit* or work*)):ti,ab
#11	("care coordinator*" or "care co ordinator*" or "case manager*" or caseworker* or "case worker*" or "best interest assessor*" or “best interests assessor*):ti,ab
#12	(("approved mental health" next/3 (professional or personnel or staff or team* or worker*)) or AMHP):ti,ab
#13	("social welfare" or "social assistance" or "local authorit*" or "local council*" or "state support" or "social prescribing" or "welfare service*"):ti,ab
#14	{or #1-#13}
#15	MeSH descriptor: [Comorbidity] explode all trees
#16	((complex* or chang* or chronic or coexist* or "co exist*" or combin* or concomitant or comorbid* or "co morbid*" or cooccur* or "co occur*" or develop* or “high support” or (intellectual* and physical*) or "life limiting" or "long standing" or longstanding or "long term" or (mental* and physical*) or multi* or ongoing or "on going" or persistent or priorit* or serious* or severe or several or simultaneous or special*) next/4 (need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people? or problem* or realit* or situation* or "social factor*" or support or target*)):ti,ab
#17	(SHCN or "complex* case*"):ti,ab
#18	("dual diagnosis" or "dual diagnoses" or "multi* diagnosis" or "multi* diagnoses"):ti,ab
#19	(impact next/3 daily next (life or living or activit* or experienc*)):ti,ab
#20	{or #15-#19}
#21	#14 and #20 with Cochrane Library publication date Between Jan 2010 and Dec 2020
#22	MeSH descriptor: [Economics] this term only
#23	MeSH descriptor: [Value of Life] this term only
#24	MeSH descriptor: [Costs and Cost Analysis] explode all trees
#25	MeSH descriptor: [Economics, Hospital] explode all trees
#26	MeSH descriptor: [Economics, Medical] explode all trees
#27	MeSH descriptor: [Economics, Nursing] this term only
#28	MeSH descriptor: [Economics, Pharmaceutical] this term only
#29	MeSH descriptor: [Fees and Charges] explode all trees
#30	MeSH descriptor: [Budgets] explode all trees
#31	budget*:ti,ab
#32	cost*:ti
#33	(economic* or pharmaco?economic*):ti
#34	(price* or pricing*):ti,ab
#35	(cost* next/2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)):ab
#36	(financ* or fee or fees):ti,ab
#37	(value next/2 (money or monetary)):ti,ab
#38	{or #22-#37}
#39	MeSH descriptor: [Quality-Adjusted Life Years] this term only
#40	MeSH descriptor: [Sickness Impact Profile] this term only
#41	(“quality adjusted” or “quality adjusted life year*”):ti,ab
#42	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly):ti,ab
#43	(“illness state*” or “health state*”):ti,ab
#44	(hui or hui2 or hui3):ti,ab
#45	(multiattribute* or "multi attribute*"):ti,ab
#46	(utilit* next/3 (score? or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)):ti,ab
#47	utilities:ti,ab
#48	("eq-5d*" or eq5d* or "eq-5*" or eq5* or euroqual* or "euro qual*" or "euroqual 5d*" or "euro qual 5d*" or "euro qol*" or euroqol* or "euro quol*" or euroquol* or "euro quol5d*" or euroquol5d* or "eur qol*" or eurqol* or "eur qol5d*" or eurqol5d* or eur?qul* or eur?qul5d* or "euro* quality of life" or "european qol"):ti,ab
#49	(euro* next/3 (“5 d*” or 5d* or "5 dimension*" or 5dimension* or "5 domain*" or 5domain*)):ti,ab
#50	(sf36 or "sf 36" or "sf thirty six" or "sf thirtysix"):ti,ab
#51	("time trade off?" or "time tradeoff?" or tto or timetradeoff?):ti,ab
#52	{or #39-#51}
#53	MeSH descriptor: [Quality of Life] this term only
#54	(("quality of life" or qol) next (score? or measure?)):ti,ab
#55	(health next/3 status):ti,ab
#56	(“quality of life” or qol):ti
#57	((“quality of life” or qol) next/3 (improv* or chang*)):ti,ab
#58	"health related quality of life":ti,ab
#59	#53 and {or #54-#58}

ID	Search
#60	MeSH descriptor: [Cost-Benefit Analysis] this term only
#61	(“cost effectiveness ratio*” and (perspective* or “life expectanc*”)):ti,ab
#62	("quality of life" or qol):ti,ab
#63	#60 and {or #61-#62}
#64	(qol or hrqol or "quality of life"):ti
#65	("quality of life" and ((qol or hrqol* or "quality of life") next/2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score? or change? or impact? or impacted or deteriorat*))):ab
#66	MeSH descriptor: [Models, Economic] explode all trees
#67	((capabilit* or wellbeing or "well being") next/3 (measur* or index* or instrument* or tool*)):ti,ab
#68	("subjective wellbeing" or "subjective well being"):ti,ab
#69	(ASCOT or "adult social care outcomes toolkit"):ti,ab
#70	(SCRQOL or "social care related quality of life"):ti,ab
#71	"capacity to benefit score":ti,ab
#72	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure"):ti,ab
#73	(ASCOF or "adult social care outcomes framework"):ti,ab
#74	("Warwick Edinburgh Mental Well being scale" or WEMBS or S-WEMWBS):ti,ab
#75	"ONS-4":ti,ab
#76	"GHQ-12":ti,ab
#77	("Personal Well Being Index*" or "PWI-A"):ti,ab
#78	(OPUS* or "older people's utility scale"):ti,ab
#79	{or #64-#78}
#80	#52 or #59 or #63 or #79
#81	#38 or #80
#82	#21 and #81 with Publication Year from 2010 to 2020, in Trials

EMCare 1995 to present.

#	Searches
1	social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
4	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
13	or/7-12
14	exp social problem/
15	exp human activities/ or exp "lifestyle and related phenomena"/
16	14 and 15
17	unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.

#	Searches
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family functioning/ or family conflict/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	money/ or economic status/ or household economic status/ or social welfare/ or socioeconomics/ or household income/ or personal income/ or family income/ or financial management/ or "salary and fringe benefit"/ or pension/ or salary/ or poverty/ or exp lowest income group/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	offender/ or exp maladjustment/ or prisoner/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	"social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
69	exp migrant/ or minority group/ or vulnerable population/
70	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/
77	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82

#	Searches
84	or/16,31,37,47,59,64,67,75,83
85	exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	health economics/
95	exp economic evaluation/
96	exp health care cost/
97	exp fee/
98	budget/
99	funding/
100	budget*.ti,ab.
101	cost*.ti.
102	(economic* or pharmaco?economic*).ti.
103	(price* or pricing*).ti,ab.
104	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
105	(financ* or fee or fees).ti,ab.
106	(value adj2 (money or monetary)).ti,ab.
107	or/94-106
108	Sickness Impact Profile/
109	quality adjusted life year/
110	"quality of life index"/
111	(quality adjusted or quality adjusted life year*).tw.
112	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
113	(illness state* or health state*).tw.
114	(hui or hui2 or hui3).tw.
115	(multiattibute* or multi attribute*).tw.
116	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
117	utilities.tw.
118	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
119	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
120	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
121	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
122	"quality of life"/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
123	"quality of life"/ and (health adj3 status).tw.
124	(quality of life or qol).tw. and cost benefit analysis/
125	((qol or hrqol or quality of life).tw. or "quality of life"/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
126	cost benefit analysis/ and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
127	"quality of life"/ and (quality of life or qol).ti.
128	"quality of life"/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
129	"quality of life"/ and health-related quality of life.tw.
130	economic model/
131	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
132	(subjective wellbeing or subjective well-being).tw.
133	(ASCOT or "adult social care outcomes toolkit").tw.
134	(SCRQOL or "social care- related quality of life").tw.
135	"capacity to benefit score".tw.
136	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
137	(ASCOF or "adult social care outcomes framework").tw.
138	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
139	ONS-4.tw.

#	Searches
140	GHQ-12.tw.
141	(Personal Well-Being Index* or PWI-A).tw.
142	(OPUS* or "older people's utility scale").tw.
143	or/108-142
144	107 or 143
145	((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti,ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)
146	limit 144 to (conference abstract or conference paper or conference review or conference proceeding)
147	144 not (145 or 146)
148	93 and 147
149	limit 148 to english language
150	limit 149 to yr="2010 -Current"

Applied Social Sciences Index & Abstracts (ASSIA) (1987 - current) [via Proquest]; International Bibliography of the Social Sciences (IBSS) (1951 - current); Sociological Abstracts (1952 - current) [via Proquest]; Social Services Abstracts [via Proquest].

Health Economics

Set	Searched for
S1	(AB,TI ('budget* or cost* or economic* or fee or fees or financ* or money or monetary or pharmacoeconomic* or price* or pricing) AND pd(20100101-20210608))
S2	AND (((AB,TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB,TI (care coordinator? OR care co coordinator? OR case manager* OR caseworker* OR case worker* OR best interest? assessor?)) OR (AB,TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*))) AND la.exact("ENG") AND pd(20100101-20210608))
S3	AND ((AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20210608))
S4	AND (AB,TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR issue* OR live? OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20210608))))) AND la.exact("ENG")

Health Utility Values

Set	Searched for
S1	(AB,TI (eq 5d* OR eq5d* OR eq 5* OR eq5* OR euroqual* OR euro qual* OR euroqual 5d* OR euro qual 5d* OR euro qol* OR euroqol*OR euro quol* OR euroquol* OR euro quol5d* OR euroquol5d* OR eur qol* OR eurqol* OR eur qol5d* OR eurqol5d* OR eurqul* OR eurqul5d* OR euro* quality of life OR european qol OR sf36 OR sf 36 OR sf thirty six OR sf thirtysix OR time trade off* OR time tradeoff* OR tto OR timetradeoff* OR subjective wellbeing OR subjective well being OR ASCOT OR adult social care outcomes toolkit OR SCRQOL OR social care related quality of life OR capacity to benefit score OR ICECAP* OR Icepop capability measure for adults OR Icepop capability measure for older people OR Icecap supportive care measure OR Icecap close person measure OR ASCOF OR adult social care outcomes framework) AND pd(20100101-20210608))
S2	AND (((AB,TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB,TI (care coordinator? OR care co coordinator? OR case manager* OR caseworker* OR case worker* OR best interest? assessor?)) OR (AB,TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*))) AND la.exact("ENG") AND pd(20100101-20210608))
S3	AND ((AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20210608))
S4	AND (AB,TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR issue* OR live? OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20210608))))) AND la.exact("ENG")

APA PsycInfo 1806 to March Week 5 2021

#	Searches
1	exp social workers/ or exp social services/ or exp social casework/ or case management/ or social security/ or "welfare services (government)"/ or community welfare services/ or government agencies/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
4	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
13	or/7-12
14	exp social issues/
15	"activities of daily living"/ or exp lifestyle/
16	14 and 15
17	employment status/ or employability/ or occupational tenure/ or occupational status/ or job security/ or job search/ or supported employment/ or vocational rehabilitation/ or vocational evaluation/ or work adjustment training/ or sheltered workshops/ or unemployment/ or personnel termination/ or employee layoffs/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family relations/ or intergenerational relations/ or exp marital relations/ or family conflict/ or marital conflict/ or home environment/ or living alone/ or family reunification/ or living arrangements/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living/ or group homes/ or shelters/ or homeless/ or homeless mentally ill/ or deinstitutionalization/ or independent living programs/ or living arrangements/ or residential care institutions/ or halfway houses/ or independent living programs/ or living arrangements/ or residential care institutions/ or poverty areas/ or social environments/ or therapeutic social clubs/ or built environment/ or urban planning/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	socioeconomic status/ or "income (economic)"/ or budgets/ or economic security/ or financial strain/ or exp employee benefits/ or *disadvantaged/ or *social deprivation/
49	money.ti.

#	Searches
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	exp criminal offenders/ or criminal record/ or prisoners/ or criminal rehabilitation/ or reintegration/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	social isolation/ or loneliness/ or abandonment/ or alienation/ or exp social discrimination/ or stigma/ or health disparities/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or exp civil rights/ or exp freedom/ or government policy making/ or digital divide/ or information literacy/
69	exp minority groups/ or exp "racial and ethnic groups"/ or asylum seeking/ or immigration/ or refugees/ or at risk populations/ or disadvantaged/
70	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victims/ or elder abuse/ or domestic violence/ or battered females/ or exposure to violence/ or intimate partner violence/ or physical abuse/ or exp sexual abuse/ or shelters/ or interpersonal control/ or coercion/ or slavery/ or human trafficking/ or *freedom/ or exp alcohol abuse/ or exp drug abuse/
77	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabilities/ or exp chronic illness/ or cognitive impairment/ or diminished capacity/ or exp health impairments/ or exp mental disorders/ or exp sensory system disorders/ or special needs/ or exp central nervous system disorders/ or exp sense organ disorders/ or terminally ill patients/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	exp health care services/ or exp community facilities/ or exp elderly care/ or exp mental health programs/ or social psychiatry/ or exp occupational health/ or exp rehabilitation/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	exp economics/
95	exp "costs and cost analysis"/
96	cost containment/
97	money/
98	resource allocation/
99	or/94-98
100	budget*.ti,ab.
101	cost*.ti.

#	Searches
102	(economic* or pharmaco?economic*).ti.
103	(price* or pricing*).ti,ab.
104	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
105	(financ* or fee or fees).ti,ab.
106	(value adj2 (money or monetary)).ti,ab.
107	or/99-105
108	"quality of life measures"/
109	(quality adjusted or quality adjusted life year*).tw.
110	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
111	(illness state* or health state*).tw.
112	(hui or hui2 or hui3).tw.
113	(multiattibute* or multi attribute*).tw.
114	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
115	utilities.tw.
116	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
117	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
118	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
119	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
120	exp "quality of life"/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
121	exp "quality of life"/ and (health adj3 status).tw.
122	(quality of life or qol).tw. and "costs and cost analysis"/ use psyh
123	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
124	"costs and cost analysis"/ use psyh and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
125	exp "quality of life"/ and (quality of life or qol).ti.
126	exp "quality of life"/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
127	exp "quality of life"/ and health-related quality of life.tw.
128	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
129	(subjective wellbeing or subjective well-being).tw.
130	(ASCOT or "adult social care outcomes toolkit").tw.
131	(SCRQOL or "social care- related quality of life").tw.
132	capacity to benefit score.tw.
133	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
134	(ASCOF or "adult social care outcomes framework").tw.
135	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
136	ONS-4.tw.
137	GHQ-12.tw.
138	(Personal Well-Being Index* or PWI-A).tw.
139	(OPUS* or "older people's utility scale").tw.
140	or/108-139
141	107 or 140
142	93 and 141
143	limit 142 to english language
144	limit 143 to yr="2010 -Current"

Social Care Online: https://www.scie-socialcareonline.org.uk/

Search
AllFields:'social work* or social care* or care coordinator* or care co-ordinator*'
- OR AllFields:'case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR AllFields:'approved mental health professional* or AMHP'
- OR AllFields:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*'
AND
HE search:
AND AllFields:'budget* or cost* or economic* or fee or fees or financ* or money or monetary or pharmacoeconomic* or price* or pricing'
OR
HUV search:
eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eurqul* or eurqul5d* or euro* quality of life or european qol
OR
sf36 or sf 36 or sf thirty six or sf thirtysix

Search
OR
time trade off* or time tradeoff* or tto or timetradeoff*
OR
subjective wellbeing or subjective well-being
OR
ASCOT or adult social care outcomes toolkit
OR
SCRQOL or social care- related quality of life
capacity to benefit score
OR
ICECAP* or Icepop capability measure for adults or Icepop capability measure for older people or Icecap supportive care measure or Icecap close person measure
ASCOF or adult social care outcomes framework
OR
Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS
OR
ONS-4 or GHQ-12 or Personal Well-Being Index* or PWI-A or OPUS* or older people's utility scale

Social Policy and Practice 202104 [OVID]

#	Searches
1	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
2	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
3	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
4	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
5	or/1-4
6	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
7	SHCN.ti,ab.
8	complex case?.ti,ab.
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.
20	(voluntary work or volunteering).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighb?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.

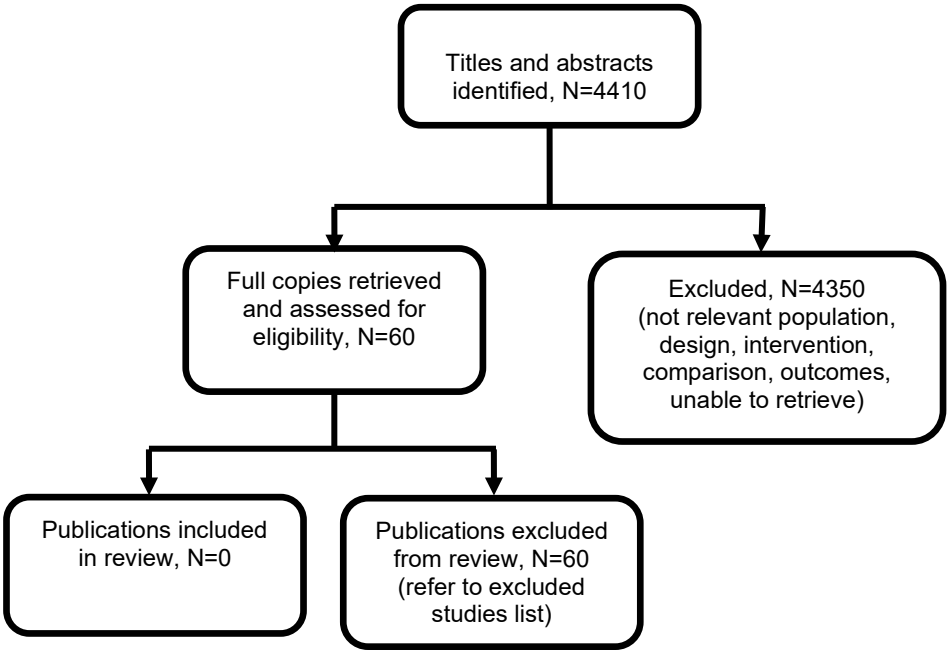
#	Searches
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	or/25,30,39,50,54-55,61,68
70	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
71	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reable* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
72	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
73	71 or 72
74	5 and 11 and 69 and (70 or 73)
75	budget*.ti,ab.
76	cost*.ti.
77	(economic* or pharmaco?economic*).ti.
78	(price* or pricing*).ti,ab.
79	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
80	(financ* or fee or fees).ti,ab.
81	(value adj2 (money or monetary)).ti,ab.
82	or/75-81
83	(quality adjusted or quality adjusted life year*).tw.
84	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
85	(illness state* or health state*).tw.
86	(hui or hui2 or hui3).tw.
87	(multiattribute* or multi attribute*).tw.
88	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
89	utilities.tw.
90	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
91	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.

#	Searches
92	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
93	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
94	((quality of life or qol) adj (score*1 or measure*1)).tw.
95	((quality of life or qol) and (health adj3 status)).tw.
96	((qol or hrqol or quality of life) and (qol or hrqol* or quality of life)).tw. adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*).ab.
97	(cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
98	((quality of life or qol) adj3 (improv* or chang*)).tw.
99	health-related quality of life.tw.
100	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
101	(subjective wellbeing or subjective well-being).tw.
102	(ASCOT or "adult social care outcomes toolkit").tw.
103	(SCRQOL or "social care- related quality of life").tw.
104	"capacity to benefit score".tw.
105	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
106	(ASCOF or "adult social care outcomes framework").tw.
107	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
108	ONS-4.tw.
109	GHQ-12.tw.
110	(Personal Well-Being Index* or PWI-A).tw.
111	(OPUS* or "older people's utility scale").tw.
112	or/83-111
113	82 or 112
114	74 and 113
115	limit 114 to yr="2010 -Current"

Appendix C Effectiveness evidence study selection

Study selection for review question B1: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

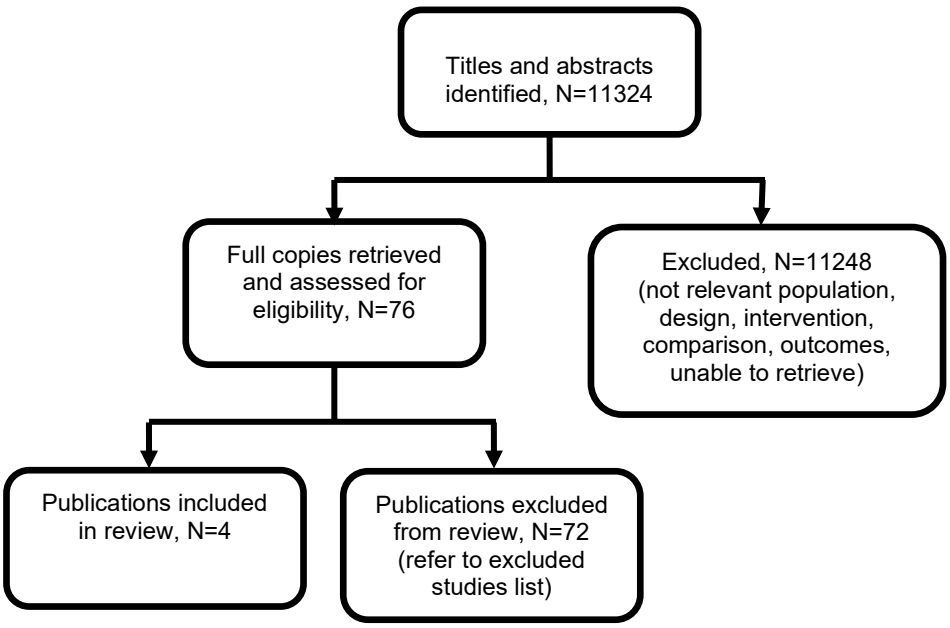
Figure 3: Study selection flow chart



Qualitative evidence study selection

Study selection for review question B2: Based on the views and experiences of everyone involved, what works well and what could be improved about risk assessment with adults with complex needs?

Figure 4: Study selection flow chart



Appendix D Evidence tables

Evidence tables for review question B1: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

No evidence was identified which was applicable to this review question.

Evidence tables for review question B2: Based on the views and experiences of everyone involved, what works well and what could be improved about risk assessment with adults with complex needs?

Table 6: Evidence tables – qualitative evidence

Study details	Methods and participants	Results	Limitations
Full citation Nolan, D., and Quinn, N, The context of risk management in mental health social work, Practice: Social Work in Action, 24, 175-188, 2012 **Ref Id** 1275606 **Country/ies where the study was carried out** UK (Scotland) **Study type** Grounded theory. **Study Aims** To explore the reality of the everyday practice of mental health social work professionals in managing the risks service users	**Recruitment strategy** Purposive sampling of 7 of 43 Mental Health Officers (MHOs)* from 1 Scottish local authority. **Setting** 2 geographically different Community Mental Health Teams (CMHTs) and other care group teams based in the community. **Participant characteristics** N=7 MHOs working with all age groups from 16 years upwards. **Data collection and analysis** <u>Data collection</u> Individual interviews were conducted using an interview guide and interviews were tape recorded.	**Findings (including author's interpretation)** <u>Risk minimisation and risk-taking</u> No dominant approach to risk taking emerged and both risk-taking and risk minimisation were discussed and differences between risk management, risk-taking and risk reduction were highlighted. Participants emphasised that attempts to minimise risk could not ethically or legally be employed in case something went wrong and could be counter-productive in increasing levels of risk. All respondents provided definitions and examples of positive risk-taking. For example, "we always look to take risks ... you have to risk-take but put measures in place to protect" (MHO1, p.179) and "to maintain people in their own homes and communities, individuals are encouraged to manage their own risks and supported to do so appropriately" (MHO6, p.179). Another participant stated that legislation encourages risk-taking in situations where intervention under the mental health legislation was not warranted, nor was the individual deemed to lack capacity, and therefore professionals have no authority to intervene beyond monitoring under the Adult Support and Protection (Scotland) Act 2007. Participants frequently mentioned that risks should be calculated and deemed acceptable and risk-taking should be planned to minimise harmful impacts on the individual	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes - how MHOs were recruited is explained.

Study details	Methods and participants	Results	Limitations
with mental health issues face and present. **Study dates** Not reported.	**Data analysis** Data were analysed iteratively with more data continually collected and then validated by participants. Data were interpreted using a systematic approach to data coding and identifying themes and consistencies in the data. A grounded theory approach and constant comparative method were used to identify patterns in the data.	and others. Risks should also be monitored and reviewed continually, with clear contingency plans in place if needed. One MHO clarified the process for risk-taking, "what does the individual want, look at the benefits of this, if benefits are agreed, what do we need to put in place to support this and what do we do if things start to go wrong" (MHO5, p.179). Participants recognised that risk taking could be potentially positive and the benefits of risk-taking were identified as being empowering and offering service users the same opportunities as everyone else to develop skills. Risk-taking was also seen "necessary for moving towards self-actualisation, helps people to become more autonomous and independent" (MHO6, p.180). Barriers to risk-taking included discrimination, limited service provision, and the reluctance to recognise social control as the other side of risk-taking. One participant highlighted the impact of repercussions and the 'blame culture', "Risk-taking and promoting an individual's freedom is encouraged but you're conscious of the fact that if someone gets hurt, it's not just them ... criticism will be levelled at each level within the authority" (MHO5, p.180). In practice, lower levels of risk were reported to be managed through care management and higher levels of risk required a separate risk assessment and multi-disciplinary risk management (for example, Care Programme Approach and Risk Assessment, Management and Audit Systems). Statutory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003 were only used where compulsory measures were required, but risk-taking was still encouraged, for example, service users spending time out of hospital settings. Definition and nature of risk All participants defined risk as 'the chance or likelihood of something happening'. Only 1 participant recognised that the term had "various definitions and means different things in different contexts" (MHO6, p.180).	**5. Was the data collected in a way that addressed the research issue?** Yes - methods of data collection are clear, but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No - the authors did not discuss their own roles in the formulation of the research questions, or consider the researcher's influence on the respondents. **7. Have ethical issues been taken into consideration?** Yes - ethical approval was obtained from the Scottish local authority's research and management department. **8. Was the data analysis sufficiently rigorous?** Yes - it is clear how themes and sub-themes were derived using grounded theory and constant comparison analysis, and validation was sought from participants. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable in identifying different perceptions of risk taking and risk minimisation as positive or negative. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)**

Study details	Methods and participants	Results	Limitations
		Over half the participants recognised that risks are part of everyday life but "in mental health risk is usually seen negatively and in relation to harm and danger" (MHO2, p.180). Only 2 participants stated that risk could be positive or negative, but all respondents recognised that risk could be potentially positive. Two participants stated that people with mental health issues experience the same risk as people without mental illness, but all participants recognised that the presence of mental illness can have specific risks, particularly when a person's illness manifests in behaviour that challenges. Risk enhancers included stigma and labelling (identified by 5 MHOs) and social isolation, insufficient support, homelessness, poverty and over-medication (identified by 3 MHOs). Six participants highlighted that the risk of self-harm or harm to others was given the most significant focus and priority in social work practice; recognising that if harm occurred, the professionals involved and the local authority would be more likely to be blamed and face greater repercussions than if any of the other identified risks had been realised. <u>Decisions and dilemmas in the management of risk</u> One participant stated that "whether risk-taking or minimising risk is encouraged depends on the individual, their situation at that time and what risks you are talking about. You wouldn't have a uniform approach" (MHO1, p.181). All participants highlighted the need to get to know individuals and identify their risk and protective factors and history, and highlighted the need to include service users and their families. However, 2 participants mentioned this could be constrained by workload pressures and inaccurate historical information, and also difficulties if service users were less forthcoming in getting involved if they did not accept the need for social work involvement. Dilemmas associated with taking or minimising risks included balancing the risks, needs and rights of mental health service users and the duty of care required of professionals to intervene where this placed individuals or	Minor limitations. **Source of funding** Not reported. **Other information** *MHOs are local authority employees and are registered Social Workers who have completed additional approved training. They also meet requirements specified in the Mental Health (Care and Treatment) (Scotland) Act 2003.

Study details	Methods and participants	Results	Limitations
		others at risk, and to balance the individual's rights and desires with those of the wider community. For example, where a service user was suicidal, self-harmed or self-neglected. Dilemmas, particularly in high-risk cases and where there was risk of physical harm to individuals or others, also included situations where "a senior manager is more risk averse than you are but the worker's role is constrained as an officer of the local authority" and "fear of repercussions can lead to restrictions of people's right to choose which is fundamentally wrong" (MHO2, p.181). Further frequently reported dilemmas included determining when professionals should and legally could intervene. A number of participants believed such dilemmas would be compounded by recession and the necessity for the local authority to make significant financial savings, which could place service users at greater risk as a result of unsuitable or insufficient support. The right to risk-take could also be constrained if lack of support resulted in individuals being hospitalised for prolonged periods. Legalisation was highlighted as crucial in resolving such dilemmas, including determining when intervention would legally be warranted and complying with the 'least restrictive' principle. Two participants suggested the Human Rights Act 1998 as helpful in resolving dilemmas in balancing control and self-determination by safeguarding the rights of the individual, including a private life and freedom of choice, and enshrining that these rights could only be constrained in a minority of cases. Participants also highlighted knowledge of current research and findings as fundamental in resolving dilemmas and the use of social work skills, as well as skills and knowledge of other agencies and partnership working to share decision-making and ownership of risk. However, all participants were clear that resolving dilemmas varied on a case-by-case basis and would involve balancing competing demands and perspectives and exercising professional judgement. For example, "It is a balancing act all the time but that is what we are in the business of doing" (MHO1, p.182). <u>The organisational approach to risk management</u>	

Study details	Methods and participants	Results	Limitations
		Participants frequently stated that, in the past, organisations had been “accused of being risk averse but this is no longer the case” (MHO6). All participants stated a 'forward thinking' (MH04), 'proactive' (MHO5, p.182), and more positive acceptance of, and organisational approach towards, risk. Stating that, provided the level of risk was deemed acceptable, risk-taking was encouraged and credited a shift in organisational culture in "starting to realise you cannot safeguard someone 24 hours a day" (MHO3, p.182) and "you can have everything in place but things can still go wrong" (MHO5, p.182). Participants discussed support for decision-making by the local authority "provided you can evidence and support the decisions made" (MHO2, p.182) and participants frequently recognised that organisational support positively impacted on practice by providing enhanced scope of positive risk-taking and supported professionals to uphold people's rights and freedoms and remain person-centred. All respondents recognised the existence of tools, procedures and forums for supporting risk management. All participants were aware of policies on staff safety, but 4 participants stated this was underdeveloped and the focus on risk was for the service user. Respondents within multi-disciplinary CMHTs highlighted the enhanced emphasis in health services to staff safety, but in social work a culture of accepting threats and abuse as part of the job and lack of practical advice, de-escalation training, formal recording and managerial support was cited.	
Full citation O’Hare, Philip, Davidson, Gavin, Campbell, Jim, Maas-Lowit, Michael, Implementing mental health law: a comparison of social work practice across three jurisdictions, The Journal of Mental Health Training,	**Recruitment strategy** Purposive sampling methods used to select mental health social worker students close to qualification, social workers training to use mental health law, and social workers with more than 5 years' experience of using mental health law. **Setting**	**Findings (including author’s interpretation)** <u>Variations in understanding and assessing risk</u> Although participants were fairly consistent in identifying relevant risk factors for each case study, definitions for levels of risk varied and were portrayed in generalised ways. For example, "High risk of further/continued deterioration in his mental health and self-neglect" (Scottish MHO). "Risk of self-neglect and risk of deteriorating mental	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are ‘yes’, ‘can’t tell’ or ‘no’.** **1. Was there a clear statement of the aims of the research?** Yes **2. Is a qualitative methodology appropriate?**

Study details	Methods and participants	Results	Limitations
Education and Practice, 8, 196-207, 2013 **Ref Id** 1284318 **Country/ies where the study was carried out** UK (England, Scotland and Northern Ireland) **Study type** Exploratory, general qualitative inquiry. **Study dates** Not reported. **Study Aims** To explore the views of students and experienced mental health social workers about risk, decision-making and compulsory intervention in England, Scotland and Northern Ireland.	Universities and local networks in England, Scotland and Northern Ireland. **Participant characteristics** Social work students: n=8; social workers in training: n=7; experienced mental health social workers: n=13. **Data collection and analysis** <u>Data collection</u> Data collection involved a survey using vignettes and open questions relating to a crisis situation involving a man potentially needing admission by compulsion; a man with intellectual disabilities who may required compulsory measures in the community upon discharge; and a woman with mental health and alcohol problems, which raises issues of capacity in relation to adult support and protection. <u>Data analysis</u> Responses to questions about the vignettes were independently read by all authors, and themes were developed using thematic analysis. Themes were then discussed among researchers and consensus reached about the themes.	health. He is obviously distressed, his mental state and situation merits further assessment in his own interests" (Northern Irish ASW, p.200) Participant responses reflected an ambiguity about thresholds of risk and although dangers were identified there appeared to be limited reflection about how they informed judgements about levels of risk. Some student responses were brief with little contextual narrative about how risk factors are considered. For example, "(...) deteriorating mental health, hallucinations - high risk; possible use of cannabis - high risk; possibility of not taking medication - high risk". (Scottish social work student, p.201). This could reflect a lack of experience or indicate a need for further education to facilitate a process of reflection and analysis to develop skills in managing complex cases. <u>Managing risk and decision-making</u> When considering how to manage risks, participants used more holistic narratives. For example, "The critical factor is the degree of collaboration that can be established with Duncan. If he remains relatively lucid and has insight (...) it is possible he may be willing to accept support and address his cannabis use, engage in home treatment to review or re-establish an effective medication regime. In tandem a significantly increased level of daily contact could be provided. If his levels of self-determination and self-control appear limited, it may be necessary to revert to an inpatient admission with home treatment as an early discharge option". (English AMHP, p.201) Participants also reflected on the need to work with a crisis, consider least restrictive options and use available resources. For example, "Gather as much background information as possible from psychiatric services, social services and family (...) See his risk assessment and update as required (...) Try to ascertain his (Duncan) wishes and what would help him feel safe. Try to find out what he is experiencing (...) Consider offering increased support at home or a voluntary hospital admission".	Yes. **3. Was the research design appropriate to address the aims of the research?** Yes - the authors stated that vignettes are routinely used in social care research to help elicit attitudes and views about sensitive subjects because participants may perceive the vignette as separated from their own practice. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes - how students and experienced mental health social workers were recruited is explained. **5. Was the data collected in a way that addressed the research issue?** Yes - methods of data collection are clear, but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Yes - the authors did mention that some authors had a professional involvement with participants either as teachers or through professional associations, which may imply potential insider bias in the way data were collected and analysed. **7. Have ethical issues been taken into consideration?** Yes - ethical approval obtained by the universities where investigators were employed; consent was obtained prior to interviews from participants. **8. Was the data analysis sufficiently rigorous?** Can't tell - themes were derived using thematic analysis, but only limited details were provided.

Study details	Methods and participants	Results	Limitations
		(Northern Irish ASW, p.201) Participants also highlighted issues with managing risk in terms of geographical complications for mental health services. For example, "Due to no Consultant Psychiatrist being based on the island most detentions are done as an Emergency Detention. This places pressure on services, due to the time scales for a person reaching hospital laid out in the Act is dependent on the availability of the air ambulance/weather conditions/availability of nurses for the retrieval team to ensure transfer within that window. There is a substantial cost implication (...). (Scottish MHO, p.202)	**9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Limited value - the authors acknowledged the limitations of the study, including the small number of participants, potential for bias in the way data were collected and analysed, and the limitations in using vignettes. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate limitations. **Source of funding** Not reported.
Full citation Stevenson, Mabel, Savage, Beverley, Taylor, Brian J., Perception and communication of risk in decision making by persons with dementia, Dementia: The International Journal of Social Research and Practice, 18, 1108–1127, 2019 **Ref Id** 1223842 **Country/ies where the study was carried out** Northern Ireland **Study type** Grounded theory.	**Recruitment strategy** Purposive recruitment of participants by health and social care professionals practicing in community dementia care. **Setting** 5 Health and Social Care Trusts in Northern Ireland. **Participant characteristics** Adults with mild to moderate dementia: N=17 <u>Age group (years) - n</u> Under 65: 3; 65 to 69: 1; 70 to 74: 2; 75 to 79: 2;	**Findings (including author's interpretation)** <u>Defining risk</u> Risk was perceived as a negative concept and associated with danger and vulnerability by some participants. Other participants associated risk with emotions such as feelings of fear, being scared or worried, while others did not feel risk was important. For example: "I don't really think about it (risk) at all" (p.1112). Risk was often associated with safety and being careful. For example, "It is really important that you can be independent but safe" (p.1113). While at other times it was described as an action or a situation, both of which have consequences. For example, "It means to me risk about, about (my wife) ... that I might harm her or something with the dementia" (p.1113). <u>Constructing risk</u> Risk was constructed as an ongoing process influenced by life history (for example, previous occupation informed how risk may be perceived); media representations of dementia; psychological processes including personality and emotions (for example, experiences that may have caused	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes. **3. Was the research design appropriate to address the aims of the research?** Yes. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes - how people living with dementia were recruited is explained. **5. Was the data collected in a way that**

Study details	Methods and participants	Results	Limitations
Study dates November 2015 to November 2016. **Study Aims** To explore the concepts and experiences of risk from the perspectives of individuals living with dementia and how this is communicated with their families and health professionals	80 to 84: 1; over 85: 3; not specified: 5 <u>Gender - n</u> Male: 9; female: 8 <u>Type of dementia - n</u> Alzheimer's: 8; vascular dementia: 1; dementia with Lewy Bodies: 1; not specified: 7 <u>Living arrangements - n</u> Living alone: 2; supported living accommodation: 4; living with a relative: 11 **Data collection and analysis** <u>Data collection</u> Interviews were conducted using a topic guide to facilitate discussions around ideas about risk; approaches to risk; and risk communication. Interviews were audio recorded with consent from participants. <u>Data analysis</u> Data were analysed based on grounded theory, using a constant comparison approach.	anxiety or panic such as falling, experiencing a health scare). Risk situations included: <u>Daily activities</u> • Going out alone (associated consequences, for example, falling, getting lost and panicking). • Using the oven/cooking (consequences such as causing a fire). • Lighting a fire or candles (burning the carpet, causing a fire). • Driving (being involved in an accident or harming others). <u>Hobbies, occupation & socialising</u> • Activities/hobbies (falling off a ladder or falling over). • Going out or on holiday (drinking too much or being in an unfamiliar environment). • Giving up an occupation/paid employment (loss of confidence, financial worries). <u>Risk to others</u> • Looking after grandchildren (worrying about their road safety). • Risks to public (feeling others might be afraid of them). • Fear of what might happen in the future (fear of becoming violent towards others). • Concern for others in terms of needing a break. • Nightmares and hitting out in sleep. <u>Risks from others</u> • Strangers (feeling frightened and vulnerable when	**addressed the research issue?** Yes - methods of data collection are clear and justified, but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Yes - researchers gained advice and guidance on interviewing individuals living with dementia prior to conducting interviews, including, for example, dealing with issues that may arise such as if the interviewee became upset. Interviews were conducted in the participant's own home to enhance a relaxed and familiar environment. **7. Have ethical issues been taken into consideration?** Yes - ethical approval was obtained from the OREC NI. **8. Was the data analysis sufficiently rigorous?** Yes - it is clear how themes and sub-themes were derived using constant comparison analysis (based on grounded theory) and discussions with the research team which included other people living with dementia to include a user-perspective. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)**

Study details	Methods and participants	Results	Limitations
	Data were coded to identify themes and concepts. Individuals living with dementia but not participating in the study were involved in analysing and interpreting meanings of data from a user-perspective.	a stranger comes to the door). • Attending a day centre where other residents are at a more advanced stage (concerns being around people more advanced would make them progress more quickly). <u>Medications and mental health</u> • Medication side effects (unpleasant side effects, thinking the medication is not effective). • Independently administering own medications (associated being medicated by others with ending up in a care home). • Feeling suicidal (risk of suicide). Consequences of risks were realised and adaptive strategies identified (for example, adapting to risk from leaving the home included carrying a mobile phone, wearing a tracking device, going out with others). <u>Risk communication in decision-making processes</u> Decisions involving risks (including driving, medications, health or social care and general everyday decisions) were discussed by individuals living with dementia, their family and a range of professionals. Risk communications included concerns and wishes of individuals living with dementia and included active participation in decision-making, or passive models whereby communications were initiated by professionals or family members and followed the advice or wishes of the individual living with dementia, rather than them being actively involved. Individuals tended to make decisions by balancing benefits against harms, but also involved communicating with others about the risks involved. Risk communication in social care involved the person living with dementia expressing their concerns and wishes about risk with professionals, but there were also feelings of being disempowered in decisions relating to, for example, day care, residential care or moving to supported housing schemes. For example, 2 participants viewed day care as a	No or minor limitations. **Source of funding** Health and Social Care Research and Development Division, Public Health Agency in Northern Ireland and Atlantic Philanthropies.

Study details	Methods and participants	Results	Limitations
		risk to their well-being and chose not to access this service on the basis of concern in terms of being with people with more advanced stages of dementia progressing their level of dementia more rapidly "It [going to the day centre] made me feel worse because most of the people [are at a] further stage on than I am and that to me [was] making me go quicker on" (p.1119). Decision making around risk also involved making wishes known for the future. One participant requested that if he became violent towards his wife he should be placed in a residential care home. "That's my own decision ... I have spoken to (wife) about it and told (wife) ... She doesn't want me to go into a home" (p.1119). Participants who had made decisions regarding their situations were more content than participants who did not indicate such autonomy over decision-making. Support from family and friends helped reduce worry around many risks experienced by participants, for example, relating to sorting medications, being accompanied to social activities or provision of transport. Time was critical to good communications and decision making to enable processing of information, making choices and adapting to changes. For example, "Sometimes it takes a while for it to sink in you know". "You see I am trying to make a decision but there's millions of things going through my head too" (p.1120).	
Full citation Taylor, B. J., McKeown, C., Assessing and managing risk with people with physical disabilities: The development of a safety checklist, Health, Risk and Society, 15, 162-175, 2013 **Ref Id** 1286636	**Recruitment strategy** One social worker from each of 4 Social Work Teams in the Health and Physical Disability Programme of Care were invited to participate in the Project Group, and 1 occupational therapist from the Programme of Care was also invited to participate. Adults living with disability were recruited as part of daily social work practice.	**Findings (including author's interpretation)** <u>Client comments</u> • Clients indicated that the risk checklist enabled them to have more detailed discussions around practical responses to risk challenges that they faced in living more independently in the community. They suggested this created a better balance between health and social care. For example, "Completing the safety checklist with my social worker identified risks which can be helped with the provision of assisted technology.	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes.

Study details	Methods and participants	Results	Limitations
Country/ies where the study was carried out Northern Ireland **Study type** General qualitative inquiry. **Study dates** Not reported. **Study Aims** To examine the complex phenomena of risk communications in daily social work practice to provide a framework for risk communication with service users	**Setting** Health and Social Care Trust in Northern Ireland. **Participant characteristics** Adults living with disability: n=20 <u>Gender - n</u> Male: 5 Female: 15 <u>Age category (years) - n (%)</u> 0 to 17: 1 (5) 18 to 29: 2 (10) 30 to 39: 3 (15) 40 to 49: 6 (30) 50 to 59: 6 (30) 60 to 72: 2 (10 <u>Main illness or disability characteristics</u> Epilepsy; lung cancer; heart problem; brain injury; Crohn's disease; alcohol abuse; hip replacement; cerebral palsy; visual loss; ulcerative colitis; terminal illness; chronic illness; multiple sclerosis. Social workers: n=24 **Data collection and analysis** <u>Data collection</u>	This means I will be able to be safer and more confident living in the community" (Client, 29 years old with visual impairment, p.168). • Clients suggested that the checklist enabled them to discuss and agree more openly areas of risk and safety that were considered more sensitive and contentious. For example, "In completing the safety checklist with my social worker I disclosed the extent of my alcohol intake and am now going to attend addiction services, and hopefully this will improve my family life" (Client, 47 years old with cerebral palsy, p.168). • "When the safety checklist was completed, I recognised how useful it had been as it helped me talk about the financial abuse by a family member, although I did not want police involved in case of prosecution. I got help to get it sorted out" (Client, 35 years old with epilepsy, p.168). • Joint completion of the checklist enabled clients to view risk from a different perspective as health and social care staff often face challenges in persuading people with physical needs to accept the use of certain equipment. • Issues included in the checklist relating to personal safety and vulnerabilities appeared to help clients to appreciate professional concerns more fully. For example, "To be able to see the risks written down helped me to understand the protection plan in place and ... help me feel safer living at home (Client, 54 years old with moderate brain injury, p.168). • The openness of discussion through the checklist was reported to sometimes enable significant work to be accomplished. For example, "Following completion of the checklist and identifying the risks which were then discussed with my family in fact resolved the issues, and I no longer require social work intervention" (Client, 43 years old with Crohn's disease, p.169). • With the exception of 1 client, the remaining clients perceived that professionals assessing them shared generally similar views to them on	**3. Was the research design appropriate to address the aims of the research?** Yes. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes - social workers and an occupational therapist were invited to participate in the Project Group and their clients were included as part of daily social work practice. **5. Was the data collected in a way that addressed the research issue?** Yes - open and closed questions used to elicit service user and professionals' views on risk domains to develop the risk assessment checklist, and to identify experiences in the use of the checklist. However, there was no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No - the authors did not discuss their own role in the formulation of the research questions, or consider the researchers influence on the respondents. **7. Have ethical issues been taken into consideration?** Yes - ethical approval was obtained from a senior manager in the organisation. **8. Was the data analysis sufficiently rigorous? (Yes/Can't tell/No)** No - no details provided on methods and rigour of data analysis.

Study details	Methods and participants	Results	Limitations
	Data collected through questionnaires with adults with disability and social workers, and from observations of project group discussions.* The project group involved a study author, a social worker and an occupational therapist from a Health and Physical Disability Programme of Care. Data analysis Not reported.	risk issues. The client who felt her views were not similar to those of her social worker reported that she did not identify any issues and the professional did not know her well enough to express views on her risk issues. However, all clients stated that completion of the safety checklist was beneficial. Social worker comments • Social workers initially expressed concerns about the length of the checklist, but comments about the usefulness of the tool in addressing issues of risk and safety with clients were generally positive otherwise. • Social workers, particularly those who were newly qualified, appreciated the rooting of the checklist in the literature, and developing the most helpful sequence of topics through the project process (that is, the step-by-step nature of the process). For example, "Because of our statutory duty of care, I have a responsibility to complete risk assessments and the safety checklist has taken me thorough step-by-step to identify risks with clients" (Social worker, qualified 9 years, p.169). • "As a newly qualified social worker I am able to follow all the steps in risk management by using the safety checklist with clients and carers" (Social worker, qualified 6 months, p.169). • The tool was reported to be useful in more contentious situations, although there were concerns about the challenge in completing the checklist with clients. One such situation involved the client refusing to adhere to the health care plans, and the checklist facilitated more open discussions about risk issues and greater clarity on the differing views of the client and professionals. For example, "When a client does not adhere to the nursing/occupational therapy assessments for safety, the safety checklist enables me to get the client to sign up to differences of opinion of client and professionals"	**9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable - a balanced approach to risk management was taken by including professionals and service users, although it is unclear how transferable the findings are to other populations. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Serious limitations. **Source of funding** Not reported. **Other information** Health and Social Care Trusts are required by statute to have a social worker as well as a medical doctor and a nurse as Executive Directors on the Trust Board. *The project group involved a study author, a social worker and an occupational therapist from a Health and Physical Disability Programme of Care. The aim of the group was to engage with service users and other social workers to develop an acceptable and accessible tool to aid communication about risk.

Study details	Methods and participants	Results	Limitations
		(Social worker, qualified 19 years, p.169). • Social workers reported that the checklist questions relating to issues such as addictions and aggressive behaviour enabled them to more readily broach issues that might be regarded as more sensitive or might provoke a hostile reaction. Social workers particularly appreciated this as these issues are difficult to raise and are cause for concern in case such behaviour should precipitate a crisis. For example, "Risk management is at the centre of all my work with clients who all have a physical disability and live in the community. I use the safety checklist with every client and it enables me to discuss risk with my clients and my Team Leader at supervision" (Social worker, qualified 31 years, p.169). • Social workers, even those with substantial practice experience, reported appreciation for the tool from an organisational perspective because it assisted with key issues in risk management such as recording risks, providing a structure for alerting systems, and prioritising aspects within action plans. For example, "The Checklist assists me to discuss and record risk issues and how to prioritise an action plan with clients and the multi-disciplinary team" (Social worker, qualified 14 years, p.170). • "Even having been in practice for ten years, the Safety Checklist helps to quickly and clearly identify risk issues and this enables the risks to be managed in a planned way. The document is placed at the front of files to alert colleagues to identified risks" (Social worker, qualified 10 years, p.170). • All social workers reported the usefulness in completing the checklist because it generated discussion on risk and safety issues for clients living in the community and enabled clients and social workers to decide together how identified risks were to be managed. • Team leaders welcomed the checklist because it encouraged understanding around risks, providing	

Study details	Methods and participants	Results	Limitations
		structure to risk assessment, and facilitating communication about risk issues in supervision and between professionals. • The tool enabled recording of critical issues in 1 place and ensured holistic consideration of these. • Team leaders believed that the checklist enhanced the service that social workers provided to clients by raising awareness of safety, risk management and social care governance issues. • However, whilst the usefulness for a wide variety of clients was highlighted, it was reportedly difficult to use with terminally ill people. The timing and frequency of use needed to be considered in each case.	

AMHP: approved mental health professional; ASW: approved social worker; CMHT: community mental health team; EAS: elder abuse services; HSE: Health Service Executive; MHO: mental health officer; OREC NI: Office of Research Ethics Committee Northern Ireland; SCW: senior case worker; SW: social worker.

Appendix E Forest plots

Forest plots for review question B1: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

No meta-analysis was conducted for this review question and so there are no forest plots.

Appendix F GRADE and/or GRADE-CERQual tables

GRADE tables for review question B1: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

No evidence was identified which was applicable to this review question.

GRADE CERQual tables for review question B2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work risk assessment with adults with complex needs?

Overarching theme B1 – What works well

Table 7: Evidence profile (GRADE-CERQual) for theme B1.1: Involvement of all relevant people

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
Sub-theme B1.1.1: Sharing responsibility & decision-making						
4 studies • Nolan 2012 Grounded theory study. MHOs: N=7. • O'Hare 2013 Exploratory, general qualitative inquiry. Social workers (experienced and in training): N=28. • Stevenson 2019 Grounded theory study. Adults living with mild to moderate dementia: N=17. • Taylor 2013	Data from 4 studies indicated preferences for multi-disciplinary and multi-agency approaches which use social work skills, as well as skills and knowledge of other agencies and partnership working to assist in sharing decision-making and responsibility across different service providers. Social work practitioners were, however, aware that resolving dilemmas in relation to risk management varied on a case-by-case basis and would involve balancing competing demands and perspectives and exercising professional judgement. Social work team leaders welcomed a risk checklist because, among other benefits, it	Moderate concerns[1]	No or minor concerns	No or minor concerns[2]	Moderate concerns[3]	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
General qualitative inquiry. Adults living with disability: n=20; social workers: n=24.	facilitated communication about risk issues in supervision and between professionals. For example, “It [the checklist] also highlights the need for multi-agency working for example working in collaboration with dual diagnosis practitioner" (English AMHP). [O'Hare 2013, p.201] Data also highlighted the benefits of involving individuals at risk and their families as well as a range of professionals in decision-making. For example, individuals at risk indicated that they felt more content when making decisions about their situations, including making their wishes known for the future. For example, one participant emphasised that if at any stage he became violent towards his wife, he wanted to be moved into a care home, "That's my own decision ... I have spoken to (wife) about it and told (wife) ... She doesn't want me to go into a home". [Stevenson 2019, p.1119]					

AMHP: approved mental health professional; MHO: mental health officer.
[1] Moderate concerns about methodological limitations as per CASP qualitative checklist.
[2] Studies together offered moderately rich data.
[3] Most evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment; O’Hare 2013 - some participants were students).

Table 8: Evidence profile (GRADE-CERQual) for theme B1.2: Subjective perception of risk

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
Sub-theme B1.2.1: Facilitating open discussions						
1 study • Taylor 2013 General qualitative inquiry. Adults living with disability: n=20; social workers: n=24.	Data from 1 study indicated initial concerns by social workers about the length of the risk checklist. However, comments about the usefulness of the tool in addressing issues of risk and safety with clients were otherwise generally positive and suggested that a risk	Moderate concerns[1]	No or minor concerns	Moderate concerns[2]	No or minor concerns	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	checklist enabled service users to more openly discuss areas of risk and safety that were considered more sensitive and contentious (such as financial abuse, addictions and adherence to agreed care [risk] plans). For example, "When the safety checklist was completed, I recognised how useful it had been as it helped me talk about the financial abuse by a family member, although I did not want police involved in case of prosecution. I got help to get it sorted out" (Client, 35 years old with epilepsy). [Taylor 2013, p.168] This provided greater clarity on the differing views of the service user and professionals, and enabled them to decide together how identified risks were to be managed. For example, "Risk management is at the centre of all my work with clients who all have a physical disability and live in the community. I use the safety checklist with every client and it enables me to discuss risk with my clients and my Team Leader at supervision" (Social worker, qualified 31 years). [Taylor 2013, p.169] Data also highlighted the realisation of consequences of risk to individuals (such as getting lost when leaving the house) and how individuals at risk try to balance benefits against harms and adapt to change (such as carrying a mobile phone when leaving the house or going out with others). Such openness of discussion supported by the checklist was reported by service users to sometimes achieve significant risk management. For example, "Following completion of the checklist and identifying the risks which were then discussed with my family in fact resolved the issues, and I no longer require social work intervention" (Client, 43 years old with Crohn's disease). [Taylor					

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	2013, p.169] Data also highlighted that social workers appreciated the risk checklist from an organisational perspective because it provided written evidence that issues were discussed with service users, whether service users clearly understood the key issues and what their views were, and the steps taken to manage risk issues. "Even having been in practice for ten years, the Safety Checklist helps to quickly and clearly identify risk issues and this enables the risks to be managed in a planned way. The document is placed at the front of files to alert colleagues to identified risks" (Social worker, qualified 10 years). [Taylor 2013, p.170] Data indicated that team leaders believed that the risk checklist enhanced the service that social workers provided by raising awareness of safety, risk management and social care governance issues.					
Sub-theme B1.2.2: Understanding risk from different perspectives						
1 study • Taylor 2013 General qualitative inquiry. Adults living with disability: n=20; social workers: n=24.	Data from 1 study indicated that joint completion of the risk checklist by service users and social workers together enabled service users to view risk from a different perspective, providing them with a greater understanding of hazards and how to manage them. For example, data indicated that health and social care staff often face challenges in persuading people with physical needs to accept the use of certain equipment, but the inclusion of issues relating to personal safety and vulnerabilities in the checklist appeared to help service users to appreciate professional concerns more fully. For example, "To be able to see the risks written down helped me to understand the protection plan in place and ...	Moderate concerns[1]	No or minor concerns	Moderate concerns[2]	No or minor concerns	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	help me feel safer living at home (Client, 54 years old with moderate brain injury). [Taylor 2013, p.168] Data reported that, with the exception of 1 person, the remaining service users perceived that professionals shared generally similar views to them on risk issues. The service user who felt her views were not similar to those of her social worker reported that she did not identify any issues and the professional did not know her well enough to express views on her risk issues. However, all service users stated that completion of the safety checklist was beneficial.					

[1] Moderate concerns about methodological limitations as per CASP qualitative checklist.
[2] One study offered some rich data.

Table 9: Evidence profile (GRADE-CERQual) for theme B1.3: Positive aspects of risk assessment

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
Sub-theme B1.3.1: Contextual risk assessment						
3 studies • Nolan 2012 Grounded theory study. MHOs: N=7 • Stevenson 2019 Grounded theory study. Adults living with mild to moderate dementia: N=17.	Data from 3 studies emphasised the importance of engaging with people at risk to build trusting relationships with them over time and to identify some of the factors that influence how risk is constructed and the importance of assessing risk within the context of people's lives to provide appropriate and tailored support and care (for example, their life history, personality and emotions). For example One participant stated that "whether risk-taking or minimising risk is encouraged	Moderate concerns[1]	No or minor concerns	No or minor concerns[2]	Minor concerns[3]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
• Taylor 2013 General qualitative inquiry. Adults living with disability: n=20; social workers: n=24.	depends on the individual, their situation at that time and what risks you are talking about. You wouldn't have a uniform approach" (MHO1). [Nolan 2012, p.181] The data highlighted the importance of visiting people's homes to make assessments and decide upon the most appropriate interventions tailored to their individual needs and circumstances. "Completing the safety checklist with my social worker identified risks which can be helped with the provision of assisted technology. This means I will be able to be safer and more confident living in the community" (Client, 29 years old with visual impairment). [Taylor 2013, p.168]					
Sub-theme B1.3.2: Helping to balance risk and autonomy						
1 study • Nolan 2012 Grounded theory study. MHOs: N=7.	Data from 1 study Highlighted legalisation as crucial in resolving any dilemmas involved with taking or minimising risks and balancing the risks, needs and rights of mental health service users and the duty of care required of professionals to intervene, including determining when intervention would legally be warranted and comply with the 'least restrictive' principle. For example, "It is a balancing act all the time but that is what we are in the business of doing" (MHO1). [Nolan 2012, p.182]. Two professionals suggested Human Rights Act 1998 as helpful in resolving dilemmas in balancing control and self-determination by safeguarding the rights of the individual, including a private life and freedom of choice, and enshrining that these rights could only be constrained in a minority of	Minor concerns[4]	No or minor concerns	Moderate concerns[5]	Moderate concerns[6]	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	cases.					

MHO: mental health officer.

[1] Moderate concerns about methodological limitations as per CASP qualitative checklist.
[2] Studies together offered moderately rich data.
[3] Some evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment).
[4] Minor concerns about methodological limitations as per CASP qualitative checklist.
[5] One study offered moderately rich data.
[6] Some evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment).

Table 10: Evidence profile (GRADE-CERQual) for theme B1.4: Practitioner satisfaction with social work risk assessment

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
Sub-theme B1.4.1: Organisational support for risk management						
1 study • Nolan 2012 Grounded theory study. MHOs: N=7.	Data from 1 study highlighted that risk-taking was encouraged through positive organisational cultures, with supportive approaches to decisions and risk-taking provided by 'forward thinking' (MH04), 'proactive' (MHO5), and more positive acceptance of, and an organisational approach towards, risk. Professionals stated that, provided the level of risk was deemed acceptable, risk-taking was encouraged and credited a shift in organisational culture in "starting to realise you cannot safeguard someone 24 hours a day" (MHO3) and "you can have everything in place but things can still go wrong" (MHO5). [Nolan 2012, p.182] Professionals discussed support for decision-making by the local authority "provided you can evidence and support the decisions made" (MHO2) and participants frequently	Minor concerns[1]	No or minor concerns	Moderate concerns[2]	Moderate concerns[3]	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	recognised that organisational support positively impacted on practice by enhancing positive risk-taking and supporting professionals to uphold people's rights and freedoms and remain person-centred. All professionals acknowledged the existence of tools, procedures and forums for supporting risk management. [Nolan 2012, p.182]					

MHO: mental health officer.
[1] Minor concerns about methodological limitations as per CASP qualitative checklist.
[2] Study offered some rich data.
[3] Evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment).

Overarching theme B2 – What could be improved

Table 11: Evidence profile (GRADE-CERQual) for theme B2.1: Satisfaction among service users

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
Sub-theme B2.1.1: Excluding people from risk discussions						
1 study • Stevenson 2019 Grounded theory study. Adults with mild to moderate dementia: N=17.	Data from 1 study showed evidence of a passive model of risk communication. This involves professionals or family members initiating communications and decision making without the person at risk being actively included in the process. Data suggested that this model can often leave people at risk feeling disempowered in decision-making in relation to certain choices about their care. For example, decisions relating to day care, residential care, respite options, or moving to supported housing schemes. [No relevant quotes provided]	No or minor concerns[1]	No or minor concerns	Serious concerns[2]	No or minor concerns	LOW

[1] No or minor concerns about methodological limitations as per CASP qualitative checklist.

[2] *One study offered moderately rich data.*

Table 12: Evidence profile (GRADE-CERQual) for theme B2.2: Subjective perception of risk

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
Sub-theme B2.2.1: Definition & concept of risk						
2 studies • Nolan 2012 Grounded theory study. MHOs: N=7. • Stevenson 2019 Grounded theory study. Adults with mild to moderate dementia: N=17.	Data from 2 studies indicated there are mixed perceptions about risk among mental health professionals and adults with complex needs. All mental health professionals defined risk as 'the chance or likelihood of something happening', but only 1 recognised that the term had "various definitions and means different things in different contexts" (MHO6). [Nolan 2012, p.180]. Over half the mental health professionals recognised that risks are part of everyday life but "in mental health risk is usually seen negatively and in relation to harm and danger" (MHO2, p.180). Indeed, some adults with complex needs saw risk as a negative concept and associated with danger and vulnerability or safety and being careful. For example, "It is really important that you can be independent but safe". [Stevenson 2019, p.1113] Other adults with complex needs often associated risk with emotions such as fear, while others did not feel risk was important. At times they described risk as an action or a situation, both of which have consequences. For example, "It means to me risk about, about (my wife) ... that I might harm her or something with the dementia". [Stevenson 2019, p.1113] Only 2 mental health professionals stated that risk could be positive or negative, but all professionals recognised that risk could be potentially positive, and the benefits of risk-taking were identified as offering service users the same opportunities as everyone else to	No or minor concerns[1]	No or minor concerns	Moderate concerns[2]	Minor concerns[3]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	develop skills and empowerment.					

[1] *No or minor concerns about methodological limitations as per CASP qualitative checklist.*
[2] *Studies together offered some rich data.*
[3] *Some evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment).*

Table 13: Evidence profile (GRADE-CERQual) for theme B2.3: Challenges in assessing risk (including self-neglect)

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
Sub-theme B2.3.1: Risk as a complex concept						
2 studies • Nolan 2012 Grounded theory study. MHOs: N=7. • O'Hare 2013 Exploratory, general qualitative inquiry. Social workers (experienced and in training): N=28.	Data from 2 studies highlighted the complexity of identifying risk factors consistently and the complexity of demonstrating the nature of risk management, risk-taking and risk minimisation in practice, particularly as risk and risk management could be perceived to be on a continuum and involve a wide range of factors (including, for example, health, environment, support networks and service refusal). Professionals emphasised that attempts to minimise risk could not ethically or legally be employed in case something went wrong and could be counter-productive in increasing levels of risk. One professional highlighted the impact of repercussions and the 'blame culture' if something did go wrong. For example, "Risk-taking and promoting an individual's freedom is encouraged but you're conscious of the fact that if someone gets hurt, it's not just them ... criticism will be levelled at each level within the authority" (MHO5). [Nolan 2012, p.180] All professionals provided definitions and examples of positive risk-taking. For example, "we always look to take risks ... you have to risk-take but put measures in place to protect" (MHO1, p.179) and "to maintain people in their own homes and communities, individuals are encouraged to manage their own risks and supported to do so appropriately" (MHO6). [Nolan 2012, p.179] Data suggested that although professionals were able to identify relevant risk factors and dangers, there were variations in their responses and little explanation as to how	Moderate concerns[1]	No or minor concerns	Minor concerns[2]	Moderate concerns[3]	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	levels of risk were defined. Professionals' responses to risk situations reflected an ambiguity about thresholds of risk and this was reflected in their generalised notions of risk. For example, "Risk of self-neglect and risk of deteriorating mental health. He is obviously distressed, his mental state and situation merits further assessment in his own interests" (Northern Irish ASW). [O'Hare 2013, p.200] In practice, lower levels of risk were reported to be managed through care management and higher levels of risk required a separate risk assessment and multi-disciplinary risk management (for example, Care Programme Approach and Risk Assessment, Management and Audit Systems).					
Sub-theme B2.3.2: Risk choices & adaptive strategies						
1 study ● Nolan 2012 Grounded theory study. MHOs: N=7.	Data from 1 study suggested that some of the choices people make and the ways they adapt to situations makes it difficult to identify risk and find solutions. Professionals highlighted factors which increase risk, for example, stigma and labelling, social isolation, insufficient support, homelessness, poverty and over-medication. Professionals frequently mentioned that risks should be calculated and deemed acceptable and risk-taking should be planned to minimise harmful impacts on the individual and others. Risks should also be monitored and reviewed continually, with clear contingency plans in place if needed. One professional clarified the process for risk-taking, "what does the individual want, look at the benefits of this, if benefits are agreed, what do we need to put in place to support this and what do we do if things start to go wrong" (MHO5). [Nolan	Minor concerns[4]	No or minor concerns	Minor concerns[5]	Moderate concerns[6]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	2012, p.179]					

MHO: mental health officer.
[1] Moderate concerns about methodological limitations as per CASP qualitative checklist.
[2] Studies together offered some rich data.
[3] All evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment; O'Hare 2013 - some participants were students).
[4] Minor concerns about methodological limitations as per CASP qualitative checklist.
[5] One study offered moderately rich data.
[6] Some evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment).

Table 14: Evidence profile (GRADE-CERQual) for theme B2.4: Practitioner satisfaction with social work risk assessment

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
Sub-theme B2.4.1: Resource pressures						
2 studies • Nolan 2012 Grounded theory study. MHOs: N=7. • O'Hare 2013 Exploratory, general qualitative inquiry. Social workers (experienced and in training): N=28.	Data from 2 studies highlighted the resource requirements needed to perform a comprehensive assessment of risk and the impact of limited resources on deciding how to respond to risk. Resources in terms of, for example, time needed for often lengthy and frequent home visits to assess risk and the lack of specific assessment tools to guide assessment, and the timing and frequency of assessments therefore needed to be considered in each case. Data indicated that the identification of needs and risks, and the decision-making process were aided by self-report, observational assessment, speaking with people who self-neglect and interviewing health care professionals, family and people in individuals' social network. Professionals mentioned that such processes could be compromised by workload pressures and inaccurate historical information, and also	Moderate concerns[1]	No or minor concerns	Minor concerns[2]	Moderate concerns[3]	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
	difficulties if service users did not accept the need for social work involvement. Data also highlighted issues with managing risk in terms of geographical complications for mental health services. Social workers may work in remote, rural practices which can challenge principles of mental health law in terms of practical use of least restrictive measures when managing risk. For example, "Due to no Consultant Psychiatrist being based on the island most detentions are done as an Emergency Detention. This places pressure on services, due to the time scales for a person reaching hospital laid out in the Act is dependent on the availability of the air ambulance/weather conditions/availability of nurses for the retrieval team to ensure transfer within that window. There is a substantial cost implication [...] (Scottish MHO). [O'Hare 2013, p.202] Other challenges related to decision-making capacity, caseload management, ongoing support and maintenance, and education and skills. A number of professionals believed challenges associated with taking or minimising risks would be compounded by recession and the necessity for the local authority to make significant financial savings, which could place service users at greater risk as a result of unsuitable or insufficient support.					
Sub-theme B2.4.2: Knowledge & training						
1 study ● O'Hare 2013 Exploratory, general qualitative inquiry. Social workers (experienced and in training):	Data from 1 study indicated that the majority of professionals had no specific education on risk to prepare them for the complex challenges faced when working with people at risk and this was often reflected in professionals' responses to vignettes which	Moderate concerns[1]	No or minor concerns	Minor concerns[4]	Moderate concerns[5]	LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Adequacy of data	Relevance of evidence	Overall confidence
N=28.	were brief and demonstrated little insight. For example, "[...] deteriorating mental health, hallucinations - high risk; possible use of cannabis - high risk; possibility of not taking medication - high risk") Scottish social work student). [O'Hare 2013, p.201] This suggested a need for further education and training to facilitate a process of reflection and analysis to develop skills in managing complex cases.					
Sub-theme B2.4.3: Staff safety						
1 study ● Nolan 2012 Grounded theory study. MHOs: N=7.	Data from 1 study indicated that all professionals were aware of policies on staff safety, but that this was underdeveloped and the focus on risk was for the person using services. Professionals working within multi-disciplinary CMHTs highlighted the enhanced emphasis on staff safety in health services compared with social work respondents who described a culture of accepting threats and abuse as part of the job and lack of practical advice, de-escalation training, formal recording and managerial support.	Minor concerns[6]	No or minor concerns	Serious concerns[7]	Moderate concerns[8]	VERY LOW

CMHT: community mental health teams; MHO: mental health officer.
[1] Moderate concerns about methodological limitations as per CASP qualitative checklist.
[2] Studies together offered moderately rich data.
[3] Some evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment; O'Hare 2013 - some participants were students).
[4] One study offered moderately rich data.
[5] Some evidence is from a substantially different context to the review question (Nolan 2012 – not exclusively social work risk assessment).
[6] Minor concerns about methodological limitations as per CASP qualitative checklist.
[7] Study did not offer rich data.
[8] Some evidence is from a substantially different context to the review question (Nolan 2012 - not exclusively social work risk assessment).

Appendix G Economic evidence study selection

Study selection for review question: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

A single economic search was undertaken for all topics included in the scope of this guideline. See Supplement 2 for further information.

Appendix H Economic evidence tables

Economic evidence tables for review question: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

No evidence was identified which was applicable to this review question.

Appendix I Economic model

Economic model for review question: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

No economic analysis was conducted for this review question.

Appendix J Excluded studies

Excluded studies for review question B1: What is the effectiveness of social work approaches to assessing and reviewing risk with adults with complex needs?

Table 15: Excluded studies and reasons for their exclusion

Study	Reason for exclusion

Study	Reason for exclusion
ACTRN,, Preventing relapse of major depressive disorder in youth: randomised Controlled Trial of a novel mindfulness-based cognitive online social therapy, http://www.who.int/trialsearch/Trial2.aspx?TrialID=ACTRN12619001412123, 2019	Ineligible study design - protocol (no published results)
ACTRN,, Efficacy of Grit Wellbeing program for individuals attending residential rehabilitation for substance use problems, http://www.who.int/trialsearch/Trial2.aspx?TrialID=ACTRN12617001451392, 2017	Ineligible study design - protocol (no published results)
ACTRN,, Very High Intensity Users of Middlemore Hospital Emergency Department, http://www.who.int/trialsearch/Trial2.aspx?TrialID=ACTRN12611000496910, 2011	Ineligible study design - protocol (no published results)
Ahmad, F., Shakya, Y., Li, J., Khoaja, K., Norman, C. D., Lou, W., Abuelaish, I., Ahmadzi, H. M., A pilot with computer-assisted psychosocial risk-assessment for refugees, BMC medical informatics and decision making, 12, 71, 2012	Ineligible intervention - not a social worker led or delivered intervention
Ai, A. L., Rollman, B. L., Berger, C. S., Comorbid mental health symptoms and heart diseases: can health care and mental health care professionals collaboratively improve the assessment and management?, Health and Social Work, 35, 27-38, 2010	Ineligible study design - not an intervention study
Altena, A. M., Beijersbergen, M. D., Vermunt, J. K., Wolf, J. R. L. M., Subgroups of Dutch homeless young adults based on risk and protective factors for quality of life: Results of a latent class analysis, Health Soc Care Community, 26, e587-e597, 2018	Ineligible intervention - not focused on a social work risk assessment
Álvarez-Dardet, S. M, García, M. V. H., Lara, B. L., Padilla, J. P., Assessing the level of risk of families supported by Child and Family Protection Services: Practitioners and mothers as informants, Journal of Social Work, 16, 595-609, 2016	Ineligible intervention - not a social worker led or delivered intervention
Aronoff-Spencer, E., Asgari, P., Finlayson, T. L., Gavin, J., Forstey, M., Norman, G. J., Pierce, I., Ochoa, C., Downey, P., Becerra, K., Agha, Z., A comprehensive assessment for community-based, person-centered care for older adults, BMC geriatrics, 20, 193, 2020	Ineligible country - study conducted in the US
Bernabeu-Wittel, M., Baron-Franco, B., Murcia-Zaragoza, J., Fuertes-Martin, A., Ramos-Cantos, C., Fernandez-Moyano, A., Galindo, F. J., Ollero-Baturone, M., A multi-institutional, hospital-based assessment of clinical, functional, sociofamilial and health-care characteristics of polypathological patients (PP), Archives of Gerontology & Geriatrics, 53, 284-91, 2011	Ineligible intervention - not a social worker led or delivered intervention
Boongird, C., Thamakaison, S., Krairit, O., Impact of a geriatric assessment clinic on organizational interventions in primary health-	Ineligible country – study conducted in Thailand

Study	Reason for exclusion
care facilities at a university hospital, Geriatrics and Gerontology International, 11, 204-210, 2011	
Brewer, W. J., Lambert, T. J., Witt, K., Dileo, J., Duff, C., Crlenjak, C., McGorry, P. D., Murphy, B. P., Intensive case management for high-risk patients with first-episode psychosis: Service model and outcomes, The Lancet Psychiatry, 2, 29-37, 2015	Ineligible population - included individuals under 18
Brownlea, S. J., Miller, J., Meagher, J., Barzi, F., Palmer, D., Clinical risk for substance-affected patients attending an emergency department in the Northern Territory with police: A quality improvement initiative, EMA - Emergency Medicine Australasia, 31, 948-954, 2019	Ineligible intervention - not a social worker led or delivered intervention
Daniels, R., van Rossum, E., Metzelthin, S., Sipers, W., Habets, H., Hobma, S., van den Heuvel, W., de Witte, L., A disability prevention programme for community-dwelling frail older persons, Clinical rehabilitation, 25, 963-974, 2011	Ineligible intervention - not a social worker led or delivered intervention
Day, M. R., McCarthy, G., Leahy-Warren, P., Professional social workers' views on self-neglect: An exploratory study, British Journal of Social Work, 42, 725-743, 2012	Ineligible country –study conducted in Republic of Ireland, sufficient UK studies included
De Marchis, E. H. M. D. M. A. S., Hessler, D. PhD, Fichtenberg, C. PhD, Adler, N. PhD, Byhoff, E. M. D. MSc, Cohen, A. J. M. D. MSc, et al., Part I: A Quantitative Study of Social Risk Screening Acceptability in Patients and Caregivers, American Journal of Preventive Medicine, 57, 2019	Ineligible country – study conducted in the US
DeMarco, J., et al., Improving mental health and lifestyle outcomes in a hospital emergency department based youth violence intervention, Journal of Public Mental Health, 15, 119-133, 2016	Ineligible population - included individuals under 18
Dolovich, L., Oliver, D., Lamarche, L., Thabane, L., Valaitis, R., Agarwal, G., Carr, T., Foster, G., Griffith, L., Javadi, D., Kastner, M., Mangin, D., Papaioannou, A., Ploeg, J., Raina, P., Richardson, J., Risdon, C., Santaguida, P., Straus, S., Price, D., Combining volunteers and primary care teamwork to support health goals and needs of older adults: A pragmatic randomized controlled trial, Cmaj, 191, E491-E500, 2019	Ineligible intervention - not a social worker led or delivered intervention
Edmans, J., Bradshaw, L., Franklin, M., Gladman, J., Conroy, S., Specialist geriatric medical assessment for patients discharged from hospital acute assessment units: randomised controlled trial, BMJ (Clinical research ed.), 347 (no pagination), 2013	Ineligible intervention - not a social worker led or delivered intervention
Edmans, J., Conroy, S., Harwood, R., Lewis, S., Elliott, R. A., Logan, P., Bradshaw, L., Franklin, M., Gladman, J., Acute medical unit comprehensive geriatric assessment	Ineligible intervention - not a social worker led or delivered intervention

Study	Reason for exclusion
intervention study (AMIGOS), Trials [Electronic Resource], 12, 200, 2011	
Faulkner, A., The right to take risks, The Journal of Adult Protection, 14, 287-296, 2012	Ineligible study design - non-systematic review, references checked but none meet the PICO criteria
Faulkner, A., The right to take risks: service users' views of risk in adult social care, 38p., 2012	Ineligible study design - non-systematic review (discussions on risk but not focused on social worker led or delivered approach to risk assessment in adults with complex needs)
Finlayson, J., Jackson, A., Mantry, D., Morrison, J., Cooper, S. A., The provision of aids and adaptations, risk assessments, and incident reporting and recording procedures in relation to injury prevention for adults with intellectual disabilities: cohort study, Journal of Intellectual Disability Research, 59, 519-529, 2015	Ineligible intervention - not a social worker led or delivered intervention (personal and home safety assessment by a paid carer, and the provision of assistive equipment to prevent unintentional injury)
Foundations,, Housing health and care integration toolkit, 2014	Ineligible study design - non-systematic review (guidance document relating to housing risk and interventions)
Greene, G. M. DrPH Lcsw-Ccctsw, Description of a Psychosocial Assessment Instrument and Risk Criteria to Support Social Work Recommendations for Kidney Transplant Candidates, Social work in health care, 52, 370, 2013	Ineligible country – study conducted in the US
Hall, S., Duperouzel, H., "We know about our risks, so we should be asked." A tool to support service user involvement in the risk assessment process in forensic services for people with intellectual disabilities, Journal of Learning Disabilities and Offending Behaviour, 2, 122-126, 2011	Ineligible intervention - not a social worker led or delivered intervention (led by a nurse practitioner)
Henderson, L., Standardizing Risk Assessment In Adult Protective Services, Policy & Practice, 69, 28, 2011	Ineligible country - study conducted in the US
Herman, D. B., Conover, S., Gorroochurn, P., Hinterland, K., Hoepner, L., Susser, E. S., Randomized trial of critical time intervention to prevent homelessness after hospital discharge, Psychiatric services (Washington, D.C.), 62, 713â□□719, 2011	Ineligible country - study conducted in the US
Hope, J., van der Merwe, M., An intergene rational perspective on risk and protective factors in multi-problem poor families living in Cape Town, Maatskaplike Werk/Social Work, 49, 309-331, 2013	Ineligible intervention - not a social worker led or delivered intervention (focused on risk factors associated with family poverty and deprivation including domestic violence, teenage pregnancy and early school dropout)
Horan, R., Wong, K., Szifris, K., Enabling change: An assessment tool for adult offenders that operationalises risk needs responsivity and desistance principles, European Journal of Probation, 12, 1-16, 2020	Ineligible study design - non-systematic review (narrative review)
Hwang, J. E., Reliability and validity of the health enhancement lifestyle profile (HELP), OTJR Occupation, Participation and Health, 30, 158-168, 2010	Ineligible country - study conducted in the US
Iliffe, S., Kharicha, K., Harari, D., Swift, C.,	Ineligible study design - qualitative methods

Study	Reason for exclusion
Goodman, C., Manthorpe, J., User involvement in the development of a health promotion technology for older people: Findings from the SWISH project, Health and Social Care in the Community, 18, 147-159, 2010	
ISCRTN,, Support at home interventions to enhance life in dementia: home Treatment Programme, http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN76360045, 2010	Ineligible study design - protocol (no published results)
King, A., Boyd, M., Dagley, L., Use of a screening tool and primary health care gerontology nurse specialist for high-needs older people, Contemp Nurse, 53, 23-35, 2017	Ineligible intervention - not a social worker led or delivered intervention – (GP practices including nurse specialist risk assessment)
Littlechild, B., Hawley, C., Risk assessments for mental health service users: ethical, valid and reliable?, Journal of Social Work, 10, p211-229, 2010	Ineligible study design - non-systematic review (narrative review)
Manthorpe, J., Kharicha, K., Goodman, C., Harari, D., Swift, C., Iliffe, S., Smarter Working in Social and Health Care: Professional Perspectives on a New Technology for Risk Appraisal with Older People, The British Journal of Social Work, 40, 1829-1846, 2010	Ineligible study design - qualitative methods (relating to development of integrated health and social risk appraisal tool to identify potential health issues among older people)
Mitchell, W., Baxter, K., Glendinning, C., Updated review of research on risk and adult social care in England, 45p., 2012	Systematic review - references checked but none meet the PICO criteria
Moorhouse, P., Rockwood, K., Frailty and its quantitative clinical evaluation, Journal of the Royal College of Physicians of Edinburgh, 42, 333-340, 2013	Ineligible study design - non-systematic (narrative review, clinical focus on assessing frailty)
Morgan, S., Andrews, N., Positive risk-taking: from rhetoric to reality, The Journal of Mental Health Training, Education, and Practice, 11, 122-132, 2016	Ineligible study design - non-systematic review (narrative review)
O'Caoimh, R., Cornally, N., Weathers, E., O'Sullivan, R., Fitzgerald, C., Orfila, F., Clarnette, R., Paul, C., Molloy, D. W., Risk prediction in the community: A systematic review of case-finding instruments that predict adverse healthcare outcomes in community-dwelling older adults, Maturitas, 82, 3-21, 2015	Systematic review - references checked but none meet the PICO criteria
O'Donnell, A. E., Schaefer, K. G., Stevenson, L. W., DeVoe, K., Walsh, K., Mehra, M. R., Desai, A. S., Social Worker-Aided Palliative Care Intervention in High-risk Patients With Heart Failure (SWAP-HF): a Pilot Randomized Clinical Trial, JAMA cardiology, 3, 516â□□519, 2018	Ineligible country - study conducted in the US
Preyde, M., Brassard, K., Evidence-based Risk Factors for Adverse Health Outcomes in Older Patients after Discharge Home and Assessment Tools: A Systematic Review, Journal of Evidence-Based Social Work, 8, 445-468, 2011	Systematic review - references checked but none meet the date criteria (pre-2010 publications)
Robbins, R., McLaughlin, H., Banks, C., Bellamy, C., Thackray, D., Domestic violence and multi-agency risk assessment conferences (MARACs): a scoping review, The Journal of	Ineligible study design – non-systematic review (scoping review; multi-agency working and social care responses to domestic violence)

Study	Reason for exclusion
Adult Protection, 16, 389-398, 2014	
Rose, S. M., Hatzenbuehler, S., Gilbert, E., Bouchard, M. P., McGill, D., A Population Health Approach to Clinical Social Work with Complex Patients in Primary Care, Health & Social Work, 41, 93-100, 2016	Ineligible country - study conducted in the US
Rudman, D. L. PhD, Egan, M. Y. PhD, McGrath, C. E. PhD, Kessler, D. PhD, Gardner, P. PhD, King, J. PhD, Ceci, C. PhD, Low Vision Rehabilitation, Age-Related Vision Loss, and Risk: A Critical Interpretive Synthesis, The Gerontologist, 56, 2016	Ineligible study design – non-systematic review (literature review)
Smith, D., Harnett, S., Flanagan, A., Hennessy, S., Gill, P., Quigley, N., et al., Beyond the Walls: An Evaluation of a Pre-Release Planning (PReP) Programme for Sentenced Mentally Disordered Offenders, Frontiers in psychiatry, 9, 549, 2018	Ineligible intervention - not a social worker led or delivered intervention (risk-appropriateness of mental health outcomes for adults released from prison using DUNDRUM toolkit to aid clinical decision making)
Social Care Institute for Excellence, Carr, S., Enabling risk, ensuring safety: self-directed support and personal budgets, 58p., bibliog., 2010	Systematic review - references checked but none meet the PICO criteria
Taylor, B. J., McKeown, C., Assessing and managing risk with people with physical disabilities: the development of a safety checklist, Health, Risk & Society, 15, 162-175, 2013	Ineligible study design - qualitative methods (considered and included for the qualitative review question)
Viljoen, J. L., Cochrane, D. M., Shaffer, C. S., Muir, N. M., Brodersen, E. M., Rogers, B. J., Douglas, K. S., et al., Bridging Risk Assessments to Case Planning: Development and Evaluation of an Intervention-Planning Tool for Adolescents on Probation, Criminal Justice and Behavior, 46, 1587-1610, 2019	Ineligible population – included individuals under 18
Walters, K., Kharicha, K., Goodman, C., Handley, M., Manthorpe, J., Cattan, M., Morris, S., Clarke, C. S., Round, J., Iliffe, S., Promoting independence, health and well-being for older people: a feasibility study of computer-aided health and social risk appraisal system in primary care, BMC Fam Pract, 18, 47, 2017	Ineligible intervention - not a social worker led or delivered intervention (led by GP or nurse practitioner)
Wheeler, J. R., Clare, I. C. H., Holland, A. J., What can social and environmental factors tell us about the risk of offending by people with intellectual disabilities?, Psychology, Crime and Law, 20, 635-658, 2014	Ineligible intervention - not a social worker led or delivered intervention (multidisciplinary risk assessment)
Wiseman, D., A 'four nations' perspective on rights, responsibilities, risk and regulation in adult social care, 23p., bibliog., 2011	Ineligible study design - non-systematic review (narrative review)
Wood, C., Salter, J., Cheetham, P., Under one roof, 176p., 2012	Ineligible intervention - not a social worker led or delivered intervention
Yacoub, E., Latham, R., Assessing risk in services for people with intellectual disability, Advances in Mental Health and Intellectual Disabilities, 6, 301-307, 2012	Ineligible study design - non-systematic review (narrative review)

Excluded studies for review question B2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work risk assessments with adults with complex needs?

Table 16: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Abbott, P. J., Case management: ongoing evaluation of patients' needs in an opioid treatment program, Professional case management, 15, 145-152, 2010	Ineligible country - study conducted in the US
Abel, G. M., Wahab, S., "Build a friendship with them": The discourse of "at-risk" as a barrier to relationship building between young people who trade sex and social workers, Child and Family Social Work, 22, 1391-1398, 2017	Ineligible study population - included individuals under 18
Alderson, H., Brown, R., Copello, A., Kaner, E., Tober, G., Lingam, R., McGovern, R., The key therapeutic factors needed to deliver behavioural change interventions to decrease risky substance use (drug and alcohol) for looked after children and care leavers: a qualitative exploration with young people, carers and front line workers, BMC medical research methodology, 19, 38, 2019	Ineligible study population - included individuals under 18
Alonzo, D., Moravec, C., Kaufman, B., Individuals at Risk for Suicide, Crisis, 38, 158-167, 2017	Ineligible country – study conducted in the US
Backhouse, T., Penhale, B., Gray, R., Killett, A., Questionable practices despite good intentions: Coping with risk and impact from dementia-related behaviours in care homes, Ageing & Society, 38, 1933-1958, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention
Bagley, K., Responding to FASD: what social and community service professionals do in the absence of diagnostic services and practice standards, Advances in Dual Diagnosis, 12, 14-26, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention
Beal, S. J., Wingrove, T., Mara, C. A., Lutz, N., Noll, J. G., Greiner, M. V., Childhood Adversity and Associated Psychosocial Function in Adolescents with Complex Trauma, Child & Youth Care Forum, 48, 305-322, 2019	Ineligible country – study conducted in the US
Briggs, M., Cooper, A., Making Safeguarding Personal: progress of English local authorities, The Journal of Adult Protection, 20, 59-68, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention
Brooks Carthon, J. M., Hedgeland, T., Brom, H., Hounshell, D., Cacchione, P. Z., "You only have time for so much in 12 hours" unmet social needs of hospitalised patients: A qualitative study of acute care nurses, Journal of Clinical Nursing, 28, 3529-3537, 2019	Ineligible country - study conducted in the US
Brown, L., Balancing risk and innovation to improve social work practice, British Journal of Social Work, 40, 1211-1228, 2010	Ineligible study design - non-systematic review (literature review)
Burchill, J., Safeguarding vulnerable families: work with refugees and asylum seekers,	Ineligible phenomenon of interest – no social worker involvement in the intervention

Study	Reason for exclusion
Community practitioner : the journal of the Community Practitioners' & Health Visitors' Association, 84, 23-26, 2011	(health workers working to safeguard children and women asylum seekers)
Cass, E., Workshop to help social workers support adults who choose to put themselves at risk, Community Care, 2015	Ineligible study design - online discussion article
Chadwick Darren David, Online risk for people with intellectual disabilities, Tizard Learning Disability Review, 24, 180-187, 2019	Ineligible study design - non-systematic review (narrative review)
Coates, D., Howe, D., Working with families who experience parental mental health and/or drug and alcohol problems in the context of child protection concerns: Recommendations for service improvement, Australian and New Zealand Journal of Family Therapy, 36, 325-341, 2015	Ineligible phenomenon of interest – no social worker involvement in the intervention (clinician focused interventions to build resilience in children and increase parental competence through parental skill training, mental health, and drug and alcohol interventions)
Covernton, E. E., Moores, A., Lowenstein, J. Aaron, Changing clinicians' perceptions of the role that risk formulation and the HCR-20v3 play in the assessment and management of violence, Journal of Forensic Practice, 21, 212-227, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention (assesses perceptions of clinicians towards risk assessment tool after training package)
Daker-White, G., Hays, R., Blakeman, T., Croke, S., Brown, B., Esmail, A., Bower, P., Safety work and risk management as burdens of treatment in primary care: insights from a focused ethnographic study of patients with multimorbidity, BMC Fam Pract, 19, N.PAG-N.PAG, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention (GPs and nurses)
Dickens, G., et al., HoNOS-Secure: tracking risk and recovery for men in secure care, British Journal of Forensic Practice, 12, 36-46, 2010	Ineligible study design - quantitative methods
Dickson-Gomez, J., Glasman, L. A., Bodnar, G., Murphy, M., A social systems analysis of implementation of El Salvador's national HIV combination prevention: a research agenda for evaluating Global Health Initiatives, BMC Health Serv Res, 18, 848, 2018	Ineligible country - study conducted in the US
Dos Santos, M. M. L., Trautmann, F., Wolvaardt, G., Palakatsela, R., Rapid Assessment Response (RAR) study: Drug use, health and systemic risks-Emthonjeni Correctional Centre, Pretoria, South Africa, Harm Reduction Journal, 11, 2014	Ineligible phenomenon of interest – no social worker involvement in the intervention (drug use in correctional centres and health risk such as HIV and AIDS)
Douglas, F., Machray, K., Entwistle, V., Health professionals' experiences and perspectives on food insecurity and long-term conditions: A qualitative investigation, Health Soc Care Community, 28, 404-413, 2020	Ineligible phenomenon of interest – no social worker involvement in the intervention (GPs and nurses)
Edwards, D., Evans, N., Gillen, E., Longo, M., Pryjmachuk, S., Trainor, G., Hannigan, B., What do we know about the risks for young people moving into, through and out of inpatient mental health care? Findings from an evidence synthesis, Child and adolescent psychiatry and mental health, 9, 55, 2015	Systematic review - references checked but none meet the PICO criteria
Ernst Swanson, J., Older adults neglected by	Ineligible country - study conducted in the US

Study	Reason for exclusion
their caregivers: vulnerabilities and risks identified in an adult protective services sample, Journal of Adult Protection, 21, 5-15, 2019	
Gallagher, J., Sheldon, K., Assessing the functions of self-harm behaviours for dangerous and severely personality disordered males in a high secure hospital, British Journal of Forensic Practice, 12, 22-32, 2010	Ineligible study design - quantitative methods (retrospective quantitative study)
Galvani, S., Hutchinson, A., Dance, C., Identifying and assessing substance use: findings from a national survey of social work and social care professionals, British Journal of Social Work, 44, 1895-1913, 2014	Ineligible phenomenon of interest – no social worker involvement in the intervention (focus on substance misuse and unclear whether population exclusively adults with complex needs)
Gordon, A. C., Lehane, D., Burr, J., Mitchell, C., Influence of past trauma and health interactions on homeless women's views of perinatal care: a qualitative study, British Journal of General Practice, 69, e760-e767, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention (focused on clinical care and lived experiences of childhood trauma, homelessness, pregnancy and child loss)
Hague, G., Thiara, R., Mullender, A., Disabled women, domestic violence and social care: the risk of isolation, vulnerability and neglect, British Journal of Social Work, 41, p148-165, 2011	Ineligible phenomenon of interest – no social worker involvement in the intervention (experiences of women living with disabilities in terms of abuse and their care needs)
Hall, S., Duperouzel, H., "We know about our risks, so we should be asked." A tool to support service user involvement in the risk assessment process in forensic services for people with intellectual disabilities, Journal of Learning Disabilities and Offending Behaviour, 2, 122-126, 2011	Ineligible phenomenon of interest – no social worker involvement in the intervention (risk assessment for use by multidisciplinary team in forensic service setting)
Heron, J., Gilbert, N., Dolman, C., Shah, S., Beare, I., Dearden, S., Muckelroy, N., Jones, I., Ives, J., Information and support needs during recovery from postpartum psychosis, Archives of Women's Mental Health, 15, 155-65, 2012	Ineligible phenomenon of interest – no social worker involvement in the intervention (experiences of needs and support for women recovered from postpartum psychosis)
Heywood, W., Lyons, A., HIV and Elevated Mental Health Problems: Diagnostic, Treatment, and Risk Patterns for Symptoms of Depression, Anxiety, and Stress in a National Community-Based Cohort of Gay Men Living with HIV, AIDS & Behavior, 20, 1632-45, 2016	Ineligible study design - quantitative methods (survey data)
Ibrahim, J. E., Holmes, A., Young, C., Bugeja, L., Managing risk for aging patients in long-term care: A narrative review of practices to support communication, documentation, and safe patient care practices, Risk Management and Healthcare Policy, 12, 31-39, 2019	Ineligible study design – non-systematic review (realist literature and narrative review) references checked but none meet the PICO criteria
Kiely, K. M., Butterworth, P., Social disadvantage and individual vulnerability: a longitudinal investigation of welfare receipt and mental health in Australia, Australian & New Zealand Journal of Psychiatry, 47, 654-66, 2013	Ineligible study design - survey data analysed using quantitative methods
Large, M. M., Nielssen, O. B., Probability and loss: two sides of the risk assessment coin, Psychiatrist (The), 35, 413-418, 2011	Ineligible study design - non-systematic review (narrative review) references checked but none meet the PICO criteria
Lette, M., Stoop, A., Lemmens, L. C., Buist, Y., Baan, C. A., de Bruin, S. R., Improving early	Ineligible phenomenon of interest – no social worker involvement in the intervention

Study	Reason for exclusion
detection initiatives: a qualitative study exploring perspectives of older people and professionals, BMC geriatr, 17, 132, 2017	(needs and preferences of healthy ageing and independent living in older adults)
Lushey, C. J., Barlow, J., Rayns, G., Ward, Harriet, Assessing parental capacity when there are concerns about an unborn child: Pre-birth assessment guidance and practice in England, Child Abuse Review, 27, 97-107, 2018	Ineligible population - assessment of safeguarding needs of unborn children
Lussier, P., Dahabieh, M., Deslauriers-Varin, N., Thomson, C., Community reintegration of violent and sexual offenders: Issues and challenges for community risk management, 219-252, 2011	Ineligible study design - book chapter
Mallett, C., Youthful Offending and Delinquency: The Comorbid Impact of Maltreatment, Mental Health Problems, and Learning Disabilities, Child & Adolescent Social Work Journal, 31, 369-392, 2014	Ineligible population – included individuals under 18
Mancini, M. A., Linhorst, D. M., Harm reduction in community mental health settings, J Soc Work Disabil Rehabil, 9, 130-147, 2010	Ineligible study design - non-systematic review (narrative review) references checked but none meet the PICO criteria
Mancini, M. A., Wyrick-Waugh, W., Consumer and practitioner perceptions of the harm reduction approach in a community mental health setting, Community Ment Health J, 49, 14-24, 2013	Ineligible country - study conducted in the US
McGill, P., Vanono, L., Clover, W., Smyth, E., Cooper, V., Hopkins, L., Barratt, N., Joyce, C., Henderson, K., Sekasi, S., Davis, S., Deveau, R., Reducing challenging behaviour of adults with intellectual disabilities in supported accommodation: A cluster randomized controlled trial of setting-wide positive behaviour support, Research in Developmental Disabilities, 81, 143-154, 2018	Ineligible study design - quantitative methods
McLaughlin, H., Robbins, R., Bellamy, C., Banks, C., Thackray, D.e, Adult social work and high-risk domestic violence cases, Journal of Social Work, 18, 288-306, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention (effectiveness of UK adult social care's contribution to multi-agency risk and assessment conference and the protection of adults facing domestic violence)
Meakings, S., Selwyn, J., 'She was a foster mother who said she didn't give cuddles': The adverse early foster care experiences of children who later struggle with adoptive family life, Clinical child psychology and psychiatry, 21, 509-519, 2016	Ineligible population - adoptive parents' accounts of their child's experience in foster care
Mezuk, B., Lohman, M., Leslie, M., Powell, V., Suicide risk in nursing homes and assisted living facilities: 2003-2011, Am J Public Health, 105, 1495-1502, 2015	Ineligible country - study conducted in the US
Munford, R., Sanders, J., Negotiating and Constructing Identity: Social Work with Young People Who Experience Adversity, British Journal of Social Work, 45, 1564-1580, 1564	Ineligible population – included individuals under 18
Nanton, V., The threatened self: considerations of time, place, and uncertainty in advanced	Ineligible phenomenon of interest - neither social worker led nor delivered

Study	Reason for exclusion
illness, Br J Health Psychol, 21, 351-373, 2016	
Needham, K., The importance of small steps, Journal of Adult Protection, 17, 2015	Ineligible phenomenon of interest – no social worker involvement in the intervention (negotiating outcomes for adults at risk of harm, as part of safeguarding procedure)
Noble, N., Paul, C., Sanson-Fisher, R., Turon, H., Turner, N., Conigrave, K., Ready, set, go: a cross-sectional survey to understand priorities and preferences for multiple health behaviour change in a highly disadvantaged group, BMC health services research, 16, 488, 2016	Ineligible phenomenon of interest – no social worker involvement in the intervention (clinical focus on changing health risk behaviours)
Norrie, C., et al., Gaining access to possibly abused or neglected adults in England: practice perspectives from social workers and service-user representatives, British Journal of Social Work, 48, 1071-1089, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention (case studies relating to current practices by social workers in gaining access to older people at risk of abuse or neglect)
Paudyal, V., MacLure, K., Forbes-McKay, K., McKenzie, M., MacLeod, J., Smith, A., Stewart, D., 'If I die, I die, I don't care about my health': Perspectives on self-care of people experiencing homelessness, Health Soc Care Community, 28, 160-172, 2020	Ineligible phenomenon of interest – no social worker involvement in the intervention (clinical focus on self-care in people experiencing homelessness and registered with a specialist homelessness health care centre)
Perzynski, A. T., Ramsey, R. K., Colon-Zimmermann, K., Cage, J., Welter, E., Sajatovic, M., Barriers and facilitators to epilepsy self-management for patients with physical and psychological co-morbidity, Chronic Illness, 13, 188-203, 2017	Ineligible country – study conducted in the US
Poole, R., Pearsall, A., Ryan, T., Delayed discharges in an urban in-patient mental health service in England, Psychiatric Bulletin, 38, 66-70, 2014	Ineligible study design - quantitative methods (survey data)
Preston-Shoot, M., Learning from safeguarding adult reviews on self-neglect: addressing the challenge of change, The Journal of Adult Protection, 20, 78-92, 2018	Ineligible study design - non-systematic review of UK websites and published safeguarding adult reviews
Ring, A., Jacoby, A., Baker, G. A., Marson, A., Whitehead, M. M., Does the concept of resilience contribute to understanding good quality of life in the context of epilepsy?, Epilepsy and Behavior, 56, 153-164, 2016	Ineligible phenomenon of interest – no social worker involvement in the intervention (clinical focus on people living with epilepsy and influences on quality of life)
Sachmann, M., Johnson, M. C. H., The relevance of long-term antecedents in assessing the risk of familicide-suicide following separation, Child Abuse Review, 23, 130-141, 2014	Ineligible study design non-systematic review (risk factors in familicide-suicide)
Schaffalitzky, E., Leahy, D., Armstrong, C., Gavin, B., Latham, L., McNicholas, F., Meagher, D., O'Connor, R., O'Toole, T., Smyth, B. P., Cullen, W., 'Nobody really gets it': A qualitative exploration of youth mental health in deprived urban areas, Early Intervention in Psychiatry, 9, 406-411, 2015	Ineligible phenomenon of interest – no social worker involvement in the intervention (lived experiences of young people attending health care settings and community settings)
Schluter, D. K., Tennant, A., Mills, R., Diggle, P. J., Young, C. A., Risk factors for social withdrawal in amyotrophic lateral sclerosis/motor	Ineligible study design - quantitative methods (relating to risk factors influencing social withdrawal)

Study	Reason for exclusion
neurone disease, Amyotroph Lateral Scler Frontotemporal Degener, 19, 591-598, 2018	
Seisser, M. A., Evidence-Based Risk Control for Nursing Practice, Chart, 110, 22-26, 2012	Ineligible study design - nurse education article
Silva, J. A. D., Souza, E. C. F., Echazu Boschemeier, A. G., Costa, Ccmd, Bezerra, H. S., Feitosa, Eelc, Diagnosis of diabetes mellitus and living with a chronic condition: participatory study, BMC Public Health, 18, 699, 2018	Ineligible country – study conducted the US
Simic, P., Newton, S., Wareing, D., Campbell, B., Hill, M., "Everybody's Business" - engaging the independent sector. An action research project in Lancashire, The Journal of Adult Protection, 14, 22-34, 2012	Ineligible phenomenon of interest – no social worker involvement in the intervention (engaging the independent sector with safeguarding and views of safeguarding procedures and culture)
Skillmark, M., et al., The pursuit of standardization in domestic violence social work: a multiple case study of how the idea of using risk assessment tools is manifested and processed in the Swedish social services, Qualitative Social Work, 18, 458-474, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention (focus on domestic violence risk assessment)
Skogens L., Approaching drinking problems in single male clients receiving social assistance, European Journal of Social Work, 15, 257-274, 2012	Ineligible study design - description of 2 studies (pre-2010) relating to a vignette and discussions on how social workers would act under similar circumstances with an unemployed service user, focus on social worker-service user relationship
Stajduhar, K. I., Mollison, A., Giesbrecht, M., McNeil, R., Pauly, B., Reimer-Kirkham, S., Dosani, N., Wallace, B., Showler, G., Meagher, C., Kvakic, K., Gleave, D., Teal, T., Rose, C., Showler, C., Rounds, K., "Just too busy living in the moment and surviving": Barriers to accessing health care for structurally vulnerable populations at end-of-life 11 Medical and Health Sciences 1117 Public Health and Health Services 16 Studies in Human Society 1608 Sociology, BMC Palliative Care, 18, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention (focus on clinical aspects and barriers to service users accessing end-of-life care)
Stanley, T., A practice framework to support the Care Act 2014, The Journal of Adult Protection, 18, 53-64, 2016	Ineligible study design - case study (description of implementation of wellbeing practice framework for Making Safeguarding Personal)
Stevens, I, Hassett, P., Non-linear perspectives of risk in social care: using complexity theory and social geography to move the focus from individual pathology to the complex human environment, European Journal of Social Work, 15, 503-513, 2012	Ineligible study design - non-systematic review (narrative review), references checked but none meet the PICO criteria
Taylor, B. J., Stevenson, M., McDowell, M., Communicating risk in dementia care: survey of health and social care professionals, Health and Social Care in the Community, 26, e291-e303, 2018	Ineligible study design - quantitative methods
Taylor, J., Cottrell, C., Chatterton, H., Hill, J., Hughes, R., Wohlgemuth, C., Holt, R. I., Identifying risk and preventing progression to Type 2 diabetes in vulnerable and disadvantaged adults: a pragmatic review, Diabet Med, 30, 16-25, 2013	Systematic review - focusing on clinical/health risks and interventions associated with type 2 diabetes

Study	Reason for exclusion
Umegaki, H., Suzuki, Y., Yanagawa, M., Nonogaki, Z., Nakashima, H., Kuzuya, M., Endo, H., Cognitive impairments and functional declines in older adults at high risk for care needs, Geriatr Gerontol Int, 13, 77-82, 2013	Ineligible country – study conducted in Japan
Verity, C., Brown, A. S., Devapriam, J., Axby, S., Hargreaves, C., Shankar, R., Discharging inpatients with intellectual disability from secure to community services: risk assessment and management considerations, Advances in Mental Health and Intellectual Disabilities, 11, 98-109, 2017	Ineligible phenomenon of interest – no social worker involvement in the intervention
Walters, K., Kharicha, K., Goodman, C., Handley, M., Manthorpe, J., Cattan, M., Morris, S., Clarke, C. S., Round, J., Iliffe, S., Promoting independence, health and well-being for older people: a feasibility study of computer-aided health and social risk appraisal system in primary care, BMC Fam Pract, 18, 47, 2017	Ineligible study design - quantitative methods (focusing on clinical approaches to risk assessment)
Westwood, J. L., Constructing Risk and Avoiding Need: Findings from Interviews with Social Workers and Police Officers Involved in Safeguarding Work with Migrant Children, Child Abuse Review, 21, 349-361, 2012	Ineligible phenomenon of interest – no social worker involvement in the intervention (working relationships between agencies involved in multi-agency ports' safeguarding of migrant children)
Willner, P., Capacity and competence: limitations on choice and action, Advances in Mental Health and Intellectual Disabilities, 5, 49-56, 2011	Ineligible study design - non-systematic review (narrative review), references checked but none meet the PICO criteria
Wright, T. E., Schuetter, R., Fombonne, E., Stephenson, J., Haning, Iii W. F., Implementation and evaluation of a harm-reduction model for clinical care of substance using pregnant women, Harm Reduction Journal, 9, 2012	Ineligible country - study conducted in the US

Excluded economic studies

No economic evidence was identified for this review. See supplementary material 2 for further information.

Appendix K Research recommendations – full details

Research recommendations for review question B2: Based on the views and experiences of everyone involved, what works well and could be improved about the use of tools and checklists social work risk assessments with adults with complex needs?

K.1.1 Research recommendation

From the perspective of everyone involved, what works well and could be improved about the use of tools and checklists to support social work risk assessment for people with complex needs?

K.1.2 Why this is important

Assessment and management of risks is a core task for social workers. The guideline review on risk assessment included evidence from one qualitative study that, in the context of adults with physical disabilities, a safety checklist could help social workers assess risks and plan responses collaboratively with the person being supported. A safety checklist may help ensure that a full range of risks are considered in assessment; help start conversations about sensitive or contentious issues; provide a useful guide especially for newly qualified social workers about what to cover in assessments; and be useful organisationally in professional supervision and to document what has been assessed. However, the Guideline Committee had some concerns that checklists and structured assessment schedules could, unless used skilfully, make the risk assessment process feel bureaucratic and not person-centred, and could detract from focusing on the person's priorities and the specific circumstances and factors relating to risk for that individual. The committee also recognised that checklists may need to be tailored for different client groups and may have more value in some contexts than others. The lack of any empirical evidence to support use of a specific checklist was noted.

The committee felt there is a need for more evidence about what sorts of risk checklists might be most valuable for whom in what contexts, and how social workers can best be guided and supported to use them effectively in a person-centred and collaborative way. Research using a qualitative design is likely to be best suited to providing this evidence.

K.1.3 Rationale for research recommendation

Table 17: Research recommendation rationale

Importance to 'patients' or the population	The guideline review highlighted the centrality of identifying and assessing risks to social work practice and that there can be variability and lack of clarity in current practice about how risk thresholds are determined and responses to identified risks are decided. The need for a collaborative approach to risk assessment which fully involves the person being assessed was emphasised.
Relevance to NICE guidance	There is current insufficient evidence to make clear recommendations on when, how and in what contexts social workers should use checklists and structured tools to support risk assessment.
Relevance to social work	The BASW Professional Capabilities Framework

	for social workers includes guidance that social workers must "demonstrate confident and effective judgement about risk and accountability in my decisions" and "use assessment procedures discerningly to inform judgement". Further evidence about when and how tools and checklists can support social workers with meeting this capability is therefore of high importance.
National priorities	Understanding whether and how structured checklists can contribute to social work risk assessments for adults with complex needs is essential to deliver on national priorities including: Understanding how best to provide tailored support to addressing risk and mental health needs for people from vulnerable groups, as advocated in The National Suicide Prevention Strategy. Making use of tools to support clinical decision making in identification of needs and risk, as advocated in the NHS Long Term Plan.
Current evidence base	More evidence is required to understand what works well and what could be improved about the use of tools and checklists to support social work risk assessment, across the range of adults with complex needs.
Equality considerations	Within the population of adults with complex needs, specific groups experience inequalities in some social work and social care contexts. For example in some settings, black and minority ethnic groups face barriers to accessing care and are more likely to experience coercive pathways to care, involving criminal justice services or detention in hospital.. Whether and how risk checklists can help reduce unconscious biases in assessment and reduce unequal outcomes from social work risk assessment is unclear from current evidence.

BASW: British Association of Social Workers

K.1.4 Modified PICO table

Table 18: Research recommendation modified PICO table

Population	Adults with complex needs Social workers supporting adults with complex needs
Phenomenon of interest	Views and experiences of people using services, their families and carers about checklists* and structured assessment tools and their role in social work risk assessment. In particular, what works well and what could be improved about the experience of risk assessments based on structured tools. Views and experiences of practitioners conducting risk assessments. In particular what

	works well and what could be improved about implementing the use of structured tools in the risk assessment process. *Includes both checklists of areas to cover in assessment, and structured tools for assessing the presence or absence of known risk factors in specific contexts.
Context	Risk assessment in social work casework, including initial assessment, planned reviews and in response to an unplanned escalation of need.
Study design	Qualitative, interviews or focus groups as well as surveys with qualitative analyses of open ended questions.
Timeframe	In time for the next update of the NICE guideline on social work interventions for adults with complex needs.
Additional information	-

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