

## Social work with adults experiencing complex needs

### [A] Needs assessment

*NICE guideline NG216*

*Evidence reviews underpinning recommendations 1.1.2 to 1.1.4, 1.1.6, 1.1.10, 1.2.1 to 1.2.15, 1.2.38 and research recommendation 1 in the NICE guideline*

*May 2022*

*Final*

*These evidence reviews were developed by the  
National Guideline Alliance*

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This evidence report contains information on 2 reviews relating to needs assessment, the first being an intervention effectiveness review and the second, a qualitative review.

- What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?
- Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?

# Needs assessment

## Review question

- What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?
- Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?

## Introduction

A social work assessment is central to helping people understand their situation and needs and is the main means of access to social care, facilitating the provision of support to adults whose needs are complex. The Care Act sets out a number of requirements of a needs assessment, referring to the assessment and eligibility process as "...one of the most important elements of the care and support system". The aim of this review was to explore the effectiveness of 3 main approaches to social work needs assessment, establishing the best way of identifying and assessing needs within this population. The review also aimed to find out the views and experiences of those involved in a social work needs assessment, to understand what works well and how the process could be improved.

## Summary of the protocol

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

Please 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**

<b>Population</b>	<ul style="list-style-type: none"><li>• People aged 18 or older with complex needs*.</li></ul> <p>*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.</p>
<b>Intervention</b>	<ul style="list-style-type: none"><li>• Social work assessment and review of complex care and support needs (including strengths-based approaches).<ul style="list-style-type: none"><li>○ Intervention 1: Professional led (person centred) social work approach to assessment and review of adults with complex needs.</li><li>○ Intervention 2: User conducted (self-assessment using established, statutory criteria, reflecting a social work approach to assessment and review of adults with complex needs.)</li><li>○ Intervention 3: Collaborative social work approach to assessment and review of adults with complex needs (equal involvement by professional and person with complex needs in all aspects of assessment and review).</li></ul></li></ul>
<b>Comparison</b>	Interventions compared with: <ul style="list-style-type: none"><li>• Usual practice</li><li>• Each other</li><li>• A combination of interventions 1, 2 and 3</li><li>• Interventions that combine several standard needs assessments (covering social and health).</li></ul>

<b>Outcome</b>	<p><b>Critical outcomes</b></p> <p>Person focused outcomes:</p> <ul style="list-style-type: none"> <li>• Satisfaction with the assessment – measured using a validated satisfaction scale</li> <li>• Social care related quality of life – measured using a validated tool such as ASCOT or ICECAP for adults</li> </ul> <p>Service focused outcomes: None specified.</p> <p><b>Important outcomes</b></p> <p>Person focused outcomes:</p> <ul style="list-style-type: none"> <li>• Identification of strengths – as objectively reported in the study such as an account of the output of an assessment, which includes the person’s strengths, rather than just their needs.</li> </ul> <p>Service focused outcomes:</p> <ul style="list-style-type: none"> <li>• Timeliness of assessment – as objectively reported in the study such as whether conducted within an advertised timeframe.</li> <li>• Utility of assessment - as objectively reported in the study such as whether rated as being useful, beneficial or easy to use</li> </ul>
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ASCOT: *The adult social care outcomes toolkit*; ICECAP: *Investigating choice experiences capability measure*

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

<b>Population</b>	<ul style="list-style-type: none"> <li>• People aged 18 or older with complex needs*</li> <li>• Families and carers/supporters of adults with complex needs</li> <li>• Relevant social-/health- care and other practitioners involved in needs assessment and review for adults with complex needs.</li> </ul> <p>*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.</p>
<b>Phenomenon of interest</b>	<p>Social work assessment and review of adults with complex care and support needs including strengths based approaches. The committee wish to locate qualitative evidence about the different types of assessment covered by the related quantitative review:</p> <p>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 all 3 models of social work assessment and review:</p> <ul style="list-style-type: none"> <li>• Satisfaction with the process of accessing a social work assessment.</li> <li>• Whether the assessment met the person’s expectations.</li> <li>• Perceived appropriateness of the conduct of the assessment.</li> <li>• Positive and negative aspects of the process of assessment and review.</li> <li>• Perception about the impact of a social work assessment on meeting needs.</li> <li>• Whether carers understand/ are made aware of their own right to assessment.</li> <li>• Carers satisfaction with the assessment.</li> <li>• Whether practitioners feel adequately trained and supervised.</li> </ul>



- Whether practitioners feel they have adequate time and other resources to conduct assessments and reviews.
- Whether practitioners perceive their role as a 'gate keeper' to services or support.

For further details, see the review protocols in Appendix A.

## Methods and process

This was designed as a mixed-methods review using parallel synthesis of effectiveness and qualitative data. However no studies were identified which were applicable to the effectiveness review question so qualitative evidence alone is reported here.

This evidence review was developed using the methods and process described in [Developing NICE guidelines: the manual](#). Methods specific to these review questions 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. Six studies were included in this review (Abendstern 2013, Abendstern 2014, Bolger 2014, Darling 2012, Symonds 2018 and Yeung 2016).

The data provided evidence on the views and experiences of a social work needs assessment. Data collection methods included interviews and focus groups (or a combination of both), and 1 ethnographic study.

Study population included people experiencing a social work needs assessment, their relatives or carers, as well as practitioners and care managers from adult social care departments.

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 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 this 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
<p>Abendstern 2013</p> <p>General qualitative inquiry</p> <p>England, UK</p> <p><b>Aim of the study</b> To describe the experiences of care managers and project managers participating in self-assessment pilot projects</p>	<p>N=4 care managers and project managers from adult social care departments that were part of self-assessment pilot projects).</p>	<p><b>Data collection:</b> Face-to-face semi-structured interviews.</p> <p><b>Data analysis:</b> Thematic analysis</p>	<ul style="list-style-type: none"> <li>Perceived appropriateness of the conduct of the assessment</li> </ul>
<p>Abendstern 2014</p> <p>General qualitative inquiry</p> <p>England, UK</p> <p><b>Aim of the study</b> To describe the experiences of social services managers participating in self-assessment pilot projects</p>	<p>N=5 social services managers of self-assessment projects.</p>	<p><b>Data collection:</b> Face-to-face semi-structured interviews.</p> <p><b>Data analysis:</b> Thematic framework analysis</p>	<ul style="list-style-type: none"> <li>Perceived appropriateness of the conduct of the assessment</li> </ul>
<p>Bolger 2014</p> <p>Ethnographic study</p>	<p>N=25 adults using services, their relatives and carers and practitioners.</p>	<p><b>Data collection:</b> Home visits by a social care worker were recorded and</p>	<ul style="list-style-type: none"> <li>Practitioners role as gate keeper</li> </ul>

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
<p>England, UK</p> <p><b>Aim of the study</b> To examine the interactions between social care workers and their clients during community care assessments</p>	<p>n=10 practitioners n=9 people using services n=6 carers or relatives</p>	<p>transcribed. Follow up interviews took place.</p> <p><b>Data analysis:</b> Conversational analysis</p>	
<p>Darling 2012</p> <p>General qualitative inquiry</p> <p>England, UK</p> <p><b>Aim of the study</b> To identify views on the self-directed support self-assessment process.</p>	<p>N=27 adults using services, their carers and experts.</p> <p>n=4 adults with physical disabilities, n=7 adults unable to participate in focus groups due to physical or mental impairment – data collected via telephone consultations, n=8 unpaid family/carers of older people with dementia, n=8 group of experts in self-directed support. 7 had direct experience as a user or carer of self-directed support. 1 had direct experience of self-directed support as a professional.</p>	<p><b>Data collection:</b> Focus groups and telephone interviews.</p> <p><b>Data analysis:</b> Thematic analysis</p>	<ul style="list-style-type: none"> <li>• Assessment meeting persons' expectations</li> <li>• Carers satisfaction with the assessment</li> <li>• Perceived appropriateness of the conduct of the assessment</li> <li>• Positive and negative aspects of the process of assessment and review</li> <li>• Practitioners role as gate keeper</li> </ul>
<p>Symonds 2018</p> <p>Grounded theory</p> <p>UK</p> <p><b>Aim of the study</b> To explore social care practitioners' views of their assessment practices.</p>	<p>N=30 practitioners involved in social care assessments of adults with disabilities.</p> <p>n=16 social workers, n=8 support workers without a social work qualification, n=1 occupational therapist, n=3 team managers, n=2 advanced practitioners.</p>	<p><b>Data collection:</b> Semi-structured interviews.</p> <p><b>Data analysis:</b> Grounded theory using themes</p>	<ul style="list-style-type: none"> <li>• Assessment meeting persons' expectations</li> <li>• Perceived appropriateness of the conduct of the assessment</li> <li>• Positive and negative aspects of the process of assessment and review</li> <li>• Practitioners perceptions of whether they have adequate time and resources to</li> </ul>

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
			conduct assessment <ul style="list-style-type: none"> <li>Practitioners role as gate keeper</li> </ul>
Yeung 2016  General qualitative inquiry  England, UK  <b>Aim of the study</b> To examine the factors which affect experiences of social care of Chinese people with physical disabilities.	N=26 participants with a physical impairment and receiving social care services.  n=23 living in the community n=3 living in a care home.	<b>Data collection:</b> Individual face-to-face semi-structured interviews and focus groups.  <b>Data analysis:</b> Thematic analysis	<ul style="list-style-type: none"> <li>Satisfaction with the process of accessing a social work assessment.</li> <li>Positive and negative aspects of the process of assessment and review</li> </ul>

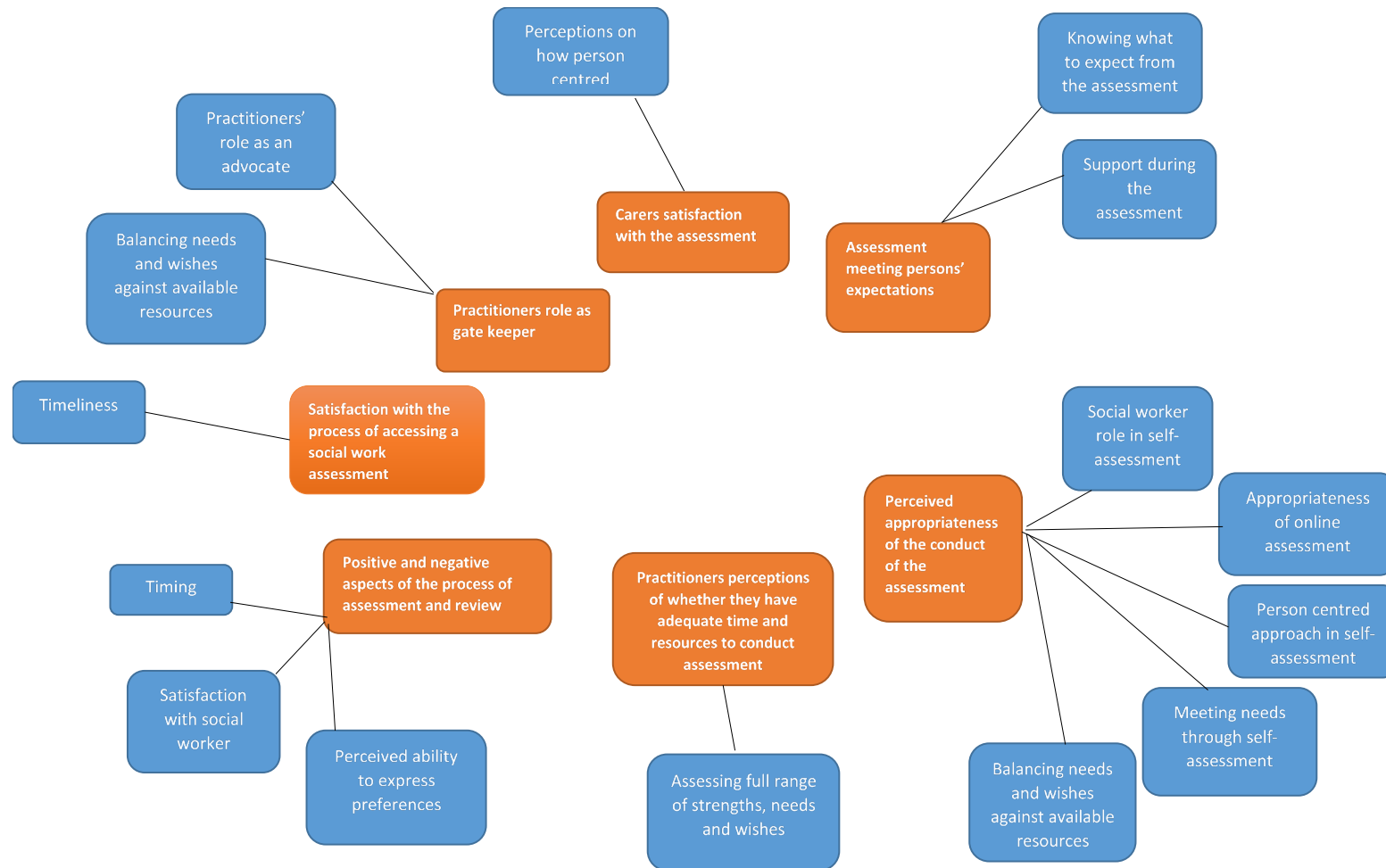
See the full evidence tables in appendix D.

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

- Satisfaction with the process of accessing a social work assessment
  - Timeliness
- Assessment meeting the persons' expectations.
  - Knowing what to expect from the assessment
  - Support during the assessment
- Carers satisfaction with the assessment.
  - Perceptions of how person-centred the assessment is
- Perceived appropriateness of the conduct of assessments.
  - Appropriateness of online assessment
  - Balancing needs and wishes against available resources
  - Meeting needs through self-assessment
  - Person centred approach to self-assessment
  - Social worker role in self-assessment
- Positive and negative aspects of the process of assessment and review.
  - Perceived ability to express preferences
  - Satisfaction with social worker
  - Timing
- Practitioners perceptions of whether they have adequate time and resources to conduct assessment.
  - Assessing full range of strengths, needs and wishes
- Practitioners' role as gatekeeper.
  - Balancing needs and wishes against available resources
  - Practitioners' role as an advocate

The theme map illustrates these overarching themes and their related themes. Overarching themes are shown below in orange and central themes in blue.

Figure 1: theme map



## Summary of the evidence

### Effectiveness evidence

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

The synthesis of the evidence generated 7 main themes from evidence about the views of people involved in a social work needs assessment, namely adults with complex needs, carers and practitioners. One study provided evidence about problems accessing an assessment, in particular that it takes too long to get a response to a request for an assessment. Two studies provided evidence relating to whether the assessment met the person's expectation. The evidence suggested that there was uncertainty about what to expect from the assessment. There was also evidence around support during the assessment with some people feeling satisfied with the support to complete assessments and others feeling they had very little support. One study provided evidence for carers' satisfaction with the assessment process that suggested carers did not feel assessments were person-centred.

Four studies, provided evidence relating to the appropriateness of the conduct of assessments, including self-assessments. The evidence suggested that online self-assessment may not be appropriate for all groups of people. Evidence also showed there were mixed views among practitioners and people using services about how well self-assessment would meet the needs of people requiring high level support. Three studies provided evidence relating to the positive and negative aspects of the process of assessment and review. The evidence suggested that people were not able to express their preferences in an assessment, and were not able to view their completed review. The evidence also suggested that people were not able to express their preferences as language was shown to be a barrier during the assessment process. People were dissatisfied with the time taken for follow-up, and the time taken to complete a self-assessment. One study provided evidence on whether practitioners felt they had adequate time and resources to carry out an assessment. The evidence suggested that it could be difficult for practitioners to identify the full range of a person's needs, and that the views of carers and family members were helpful. Three studies provided evidence relating to the practitioner's role as gatekeeper. The evidence suggested that practitioners had to balance a person's needs against available resources and budgets, and their role in the assessment process was that of an advocate.

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

No economic studies were identified which were applicable to this review question.

### Economic model

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

### Unit Costs

#### Addition of preparatory meeting before assessment

The committee considered making a recommendation which would allow for an additional preparatory meeting before any assessment where this was deemed of benefit to an individual in taking an active role in decision making about their care and where they explicitly requested it. Netten and Curtis 2020 estimated a mean caseload of 17.4 clients for social workers in children's services at any one time. No equivalent estimate was given for social workers in adult care. It is difficult to estimate a client caseload per adult social worker given the number will depend on the complexity of the cases with more complex cases leading to a lower caseload. Such complexities are also likely to exist in children services. 17.4 clients was therefore deemed a reasonable estimate for caseload in adult care.

The average cost per person across all patients was estimated under a number of assumptions and for all 3 wage rates estimated from Netten and Curtis 2020 and discussed in detail in Review G, Appendix I. In summary 3 wage rates were estimated intended to give a best as well as a plausible lower and upper estimate of a social worker wage rate:

**Wage A:** All estimated costs of employment were included apart from those associated with gaining relevant qualifications. This estimate was thought most likely to reflect the true cost to the NHS & PSS from changes in the total number of hours worked.

**Wage B:** Only the annual wage plus employer on-costs (pension, national insurance etc.) were included. This represented a lower plausible estimate where there would be zero or minimal costs from needing to supply additional accommodation or administration for any additional employed social workers.

**Wage C:** Is as for Wage A but with qualification on-costs included. This was considered an upper estimate of the true cost of additional hours needed for these preparatory meetings.

Under all assumptions it was assumed that there was no cost of travel for the social worker to attend these meetings. This is unlikely to be a realistic assumption but travel costs are likely to vary significantly across England with travel costs (both social worker time and travel/motoring costs) likely to be lower in densely populated areas compared to those which are sparsely populated. It was also assumed in all scenarios that there would be no additional cost or time needed for arranging the meetings, preparing for them or completing any administration post meeting. Whilst these would take up social workers time to perform the total amount is unlikely to be different from if only one meeting had occurred. The estimates also do not attempt to account for any potential timesavings from the assessment meeting if certain information, such as processes, purposes and potential outcomes, discussed at the preparatory meeting do not have to be repeated at the assessment meeting.

Five assumptions were made which were used to estimate the entire range of plausible costs for preparatory meetings. Two assumptions assume full uptake for all assessments whilst two assume only partial uptake based on committee estimate. A final assumption has a mix of both in person and telephone/videoconference appointments. The uptake was assumed to be higher for telephone/videoconference meetings as opposed to face to face meetings. The 5 assumptions are:



**Assumption 1:** All people will receive a face to face personal preparatory meeting lasting 1 hour in total

**Assumption 2:** All people will receive a phone call or teleconference meeting lasting 20 minutes in total.

**Assumption 3:** 10% of people will receive a in face to face personal preparatory meeting lasting 1 hour in total

**Assumption 4:** 25% of people will receive a phone call or teleconference meeting lasting 20 minutes in total.

**Assumption 5:** 10% of people will receive a in face to face and 25% will receive a phone call or videoconference meeting lasting their respective times as above.

It should be noted that assumptions around the length of time for a preparatory meeting are intended to be illustrative and there will be large variation in the complexity of cases and the time needed to effectively undertake them. These assumptions should not be seen as a target or an upper limit and longer meetings may often be necessary.

**Table 4: Estimated additional costs per person from preparatory meetings prior to assessment (with wage A being the best estimate and wage B the lower and Wage C the upper estimate – for details see above)**

Assumption	Wage A	Wage B	Wage C
1	£44.91	£29.45	£51.48
2	£14.97	£9.82	£17.16
3	£4.49	£2.94	£5.15
4	£3.74	£2.45	£4.29
5	£8.23	£5.40	£9.44

Such meetings are likely to add between £2.45 and £51.48 for every need assessment undertaken if they were all or a proportion were accompanied by a preparatory meeting. As discussed above some costs will be excluded from these. It is also likely that where only a proportion of people have a preparatory meeting these are the most complex cases and therefore may make up a higher proportion of the costs. For example the 10% of people who would have a face to face preparatory meeting may take up more than 10% of the time and consequently the costs than that of meetings for all. It also does not take account of whether additional social workers would need to be employed to cover such casework that otherwise would have been undertaken.

## **The committee's discussion and interpretation of the evidence**

### **The outcomes that matter most**

For the effectiveness review, satisfaction with the assessment and social care related quality of life were considered to be critical outcomes. Identification of strengths, timeliness of assessment and utility of assessment were considered to be important outcomes.

The outcomes selected as critical were chosen as they directly reflect whether a needs assessment has benefited the person being assessed. The outcomes identified as important were chosen because they reflect key aspects of the frameworks for assessment. These outcomes were also thought to be most likely to be reflected in contemporary research using quantitative methodologies.

To address the issue of what works well and what could be improved about a social work needs 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 located.

Instead, they agreed, by informal consensus on the following main themes to guide the review, although the list was not exhaustive and the committee were aware that additional themes could be identified:

- Satisfaction with the process of accessing a social work assessment.
- Whether the assessment met the person's expectations. Perceived appropriateness of the conduct of the assessment.
- Positive and negative aspects of the process of assessment and review.
- Perception about the impact of a social work assessment on meeting needs.
- Whether carers understand/ are made aware of their own right to assessment.
- Carers satisfaction with the assessment.
- Whether practitioners feel adequately trained and supervised.
- Whether practitioners feel they have adequate time and other resources to conduct assessments and reviews.
- Whether practitioners perceive their role as a 'gate keeper' to services or support.

These themes were chosen as they cover aspects of what works and does not work well from the perspective of everyone involved, and focus on the experiences, perceptions and attitudes of the person/s being assessed and social workers undertaking the assessment.

### **The quality of the evidence**

There was no evidence identified for the effectiveness question.

The evidence was assessed using GRADE-CERQual methodology and the overall confidence in the findings ranged from low to high. The review findings were generally downgraded because of methodological limitations of the included studies, including, for example no information on data analysis and recruitment strategy. The findings were also downgraded for concerns over relevance because the study context in some instances was slightly different to the review protocol. Some findings were downgraded due to concerns around coherence because a few findings were underpinned by ambiguous or contradictory data that was not explained. Finally, some findings were downgraded for concerns over adequacy because together, the relevant studies did not offer rich data.

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 in this review to make a recommendation that ensures people are able to express their preferences, in particular regarding their communication needs and preferences throughout provision of support. They discussed evidence (A5.1.2 Language as a barrier; moderate quality) that showed language can present a communication barrier during assessments and agreed this could be addressed through a professional interpreting service (rather than a family member). Extrapolating from this and based on their experience, the committee discussed that throughout provision of support, including assessment, communication needs or preferences are not always met, and reasonable adjustments to address them are not always made. Therefore, the committee agreed it was important to address not only language but all communication needs and preferences, and ensure any information about the purpose and process of the assessment is communicated in an accessible way that meets the person's needs. The committee were aware of recommendations in the [NICE guidance on people's experience in adult social care services](#), which address these issues and included a reference to this guidance in their recommendation. This would ensure that all adults with complex needs, regardless of their needs, receive the same access and support to care and ensures equality throughout. These

can include different languages as provided by interpreters, sign language, Makaton, whether a communication partner needs to be present and any digital or manual devices that may aid communication. The need for augmentative and alternative communication methods or devices were also highlighted as important, and this can include talking mats, picture boards, or computer technologies that aid or replace speech. The committee also noted that certain statutory requirements, namely the Mental Capacity Act (s1, (3)) state that practical steps must be taken to ensure people are able to make decisions, so they also recommended that assessment documentation is provided in appropriate formats, such as braille, in different languages or audio recorded.

The committee, based on experience, also discussed the importance of identifying throughout their work with the person whether advocacy services could be needed and wanted, to support them and their families. They therefore added it to the recommendation. They also notes that there are sensory factors that may also affect a person's ability to participate in discussions (such as sounds or lights) and therefore added that sensory needs should also be considered. Following on from discussions around ensuring everyone receives the appropriate adjustments for their communication needs, the committee discussed that people's life experiences including discrimination, marginalisation, and structural inequalities may have an influence in the assessment process. They acknowledged that people have varying levels of support needs, and different experiences with support agencies and processes, some negative and some positive, that could have an impact on the assessment process. They also discussed that culture and protected characteristics such as age may mean people are more reluctant to ask for help or discuss their needs. The committee felt it was important to address these to ensure equality during the assessment process, and made a recommendation to highlight these issues.

The committee recognised based on their experience that it is always useful to read the relevant NICE guideline that could affect the person that they are working with and gave some examples of guidance that may be relevant in the context of complex needs.

## Assessment

### Needs assessment

The committee discussed that as there was no effectiveness evidence related to different approaches to a social work needs assessment, they would use the qualitative evidence supported by their own experiential knowledge to make recommendations about the principles of arranging and conducting a social work needs assessment.

The committee discussed the importance of taking a tailored, individualised approach to a needs assessment, and used the evidence to make recommendations to support this.

### Needs assessment – providing information

The committee discussed the evidence (A2.1 Knowing what to expect from the assessment; high quality) that showed people were not always aware of what to expect from assessments. They agreed on a recommendation to ensure that the process and purpose of an assessment are communicated beforehand. They discussed that adults with complex needs may be in contact with multiple services and other health professionals, and recognised the importance of clear communication to avoid confusion between services. The committee also highlighted that adults with complex needs may have multiple communication needs, and discussed that any information regarding the assessment process should be provided to a person in an accessible format and in line with their needs and preferences to ensure it is person centred. The committee discussed the evidence (A5.1 Perceived ability to express preferences; high quality) which suggested people did not get to see the forms before the assessment, or time to think about the questions and read through them once filled in. They used this evidence to expand on the recommendation and agreed that people should be given enough time to prepare and review documents. The committee agreed that

this was important to highlight to ensure that people are given an opportunity to provide accurate and correct answers, which will contribute to the appropriate support given and their needs being addressed.

The committee used their expertise to expand on this evidence and made a recommendation for people to be signposted to information regarding their rights (such as the right for a carer's assessment). This would help the person to understand what a social work needs assessment should involve, and their rights in relation to relevant issues such as information sharing, which are enshrined in the Care Act Code of Practice and the Mental Capacity Act.

#### Needs assessment - planning the assessment

Evidence (A2.1 Knowing what to expect from the assessment; high quality) that some people did not know what to expect from an assessment led the committee to discussions around the wellbeing of people being assessed and their carers. In their experience, there could be misperceptions about the aim of a social work assessment, for example that its aim is to facilitate admission to a care home, or to test for eligibility for services or as a means of reducing current support. They agreed that better understanding and knowledge about social work assessments, both in terms of what is involved and the likely outcome would reduce anxiety and stress. In particular, they highlighted the importance of ensuring that a flexible approach is taken during the assessment, as well as explaining complex concepts using simple, clear language. Based on informal consensus the committee agreed that social workers should conduct assessments in a way that minimises stress and that tailoring the assessment and using clear language would help to achieve this.

The committee discussed the review findings (A5.1 Perceived ability to express preferences; moderate to high quality), which suggested people were unable to express their preferences during assessments, either because they did not have enough time during the assessment, or there were issues around language being a barrier during the assessment. The committee suggested a preparatory meeting or initial contact before the assessment as a way of overcoming these issues. They also highlighted that this would be a way to facilitate the assessment to be individualised, by tailoring the assessment to any specific needs or preferences regarding communication. The committee agreed that this recommendation would also allow for the advanced planning of any interpreters required, and planning for information to be available in the appropriate formats discussed above. To ensure a person-centred approach, the committee agreed it was important to take into account individual preferences, with regard to the format of the preparatory initial contact or the fact that some individuals may not wish to have one. The committee discussed situations where a preparatory initial contact would not be possible or beneficial such as when there is an urgent need for an assessment. Therefore, they included this as a consideration in the recommendation. However, the committee discussed from their experiential knowledge that assessments can be overwhelming and may contribute to feelings of anxiety, potentially causing people to feel as though they are being monitored. They agreed that a preparatory initial contact would be an opportunity to explain the social work processes and potentially alleviate anxieties. The committee also discussed that such an initial contact may be useful when the person could have substantial difficulty in being involved in the assessment so that relevant adjustments can be planned in advance. They noted that this may then also be an opportunity to see whether an independent advocate should be provided to support the person to be able to actively participate in the assessment process.

The committee also recognised that it is not current practice to have a preparatory visit or make initial contact before an assessment, and highlighted the potential of a resource impact and difficulty in implementation due to staffing and workload issues. They therefore agreed that a preparatory initial contact should be available as an option the social worker could utilise, if they perceive this as the most useful approach. As the evidence did not support the specific process change of a preparatory visit or initial contact, they did not make this a strong recommendation.

The committee discussed other practical aspects that are needed to ensure an assessment is person-centred. The committee discussed the importance of considering where the assessment will take place. The committee discussed the evidence (A6.1 Assessing full range of strengths, needs and wishes; high quality), that suggested an assessment in the person's home may help the assessor make a judgement on the broader, environmental aspects of a person's need. However, they noted that the evidence did not come from the views of people using services and it was important to consider a person's choice and preferences when deciding on the location since they will not necessarily want the assessment conducted at home. The committee therefore used the evidence and their experience of assessments to recommend that the location of the assessment be discussed with the person along with other practical aspects. From their experience the committee discussed that meetings could be remote (virtual or by phone) or in-person. They discussed the advantages and disadvantages of each of these options but did not reach consensus about recommending one over the other. They therefore highlighted that the person should be asked about their preferences in relation to this. However, they emphasised that where there are concern about potential safeguarding issues, an in-person assessment is likely to be needed to ensure the safety of the person.

While discussing the practicalities of assessment and the importance of making it as stress free as possible, the committee also agreed the social worker should ask the person what time of day they would prefer the assessment take place. The committee recognised that people having the assessment have important time commitments and that depending on their individual needs; there might also be times during the day where people feel more able to participate in the process. The committee also agreed that allowing for a preferred time may support a more collaborative approach to the assessment, particularly if the presence of other practitioners were required. They also discussed that accommodating time preferences would support family members or carers to take part when they are managing other commitments.

The committee discussed evidence (A6.1 Assessing full range of strengths, needs and wishes; high quality) which suggested that having a carer present during assessments might help the assessor identify needs, but raised the point that personal preferences about involving family members should be considered. They committee agreed that the choice to have a carer or family member present at the assessment is enshrined in the Care Act (part 1 s9 (5)) so they agreed that another practical consideration should be whether the person wishes that someone accompany them during the assessment. The committee also highlighted the relevance of the Mental Health Act Code of Practice (4.40 to 4.46) about involving carers, relatives, friends or advocates in Mental Health Act assessments. The committee acknowledged that a needs assessment may also provide the opportunity to tell carers that they also have a right to an assessment of their own needs, separate from the person being assessed. Aware of existing NICE guidance about Supporting Adult Carers, the committee signposted to that guideline.

The committee discussed the evidence around self-assessment. The evidence (A4.3 Meeting needs through self-assessment; moderate to high quality) showed that self-assessment may not be appropriate for all groups of people and may not be sufficient to address some complex needs. However, the evidence (A4.4 Person-centred approach to self-assessment; high quality) also suggested that self-assessment could be a way of ensuring a more person-centred approach to needs assessment. The committee agreed, based on the evidence and from experience, that for a person-centred approach to assessments, people could be offered a face-to-face assessment if a self-assessment was regarded to be insufficient to address a person's needs. However, in line with a person-centred approach, they agreed to include in the recommendation that social workers should inform people who choose a self-assessment, of the advantages and disadvantages of self-assessment compared to a face-to-face assessment. They acknowledged that these would be different for people depending on their needs and their required support. The committee expanded on the evidence around the appropriateness of self-assessment in meeting

peoples' needs, and agreed there was a risk of inequity regarding information. They discussed that the advantage of an assessment with a social worker, over a self-assessment, was that the social worker could provide more information regarding, for example, eligibility for other assessments or legislative frameworks. The committee agreed it was important to ensure that if someone was conducting a self-assessment, then all the information provided during an assessment with a social worker is made available.

The committee discussed the importance of support for people who have chosen to have a self-assessment. They agreed that the evidence (A2.2 Support during the assessment process; moderate quality) supported a recommendation to offer support, and were also aware that supported self-assessment must be made available, according to section 6.45 of The Care and Support Statutory Guidance (2021). Acknowledging that people's needs for support to complete a self-assessment will vary, they made a number of suggestions, for example the involvement of an advocate, or providing additional information.

#### Needs assessment - conducting the assessment

The committee discussed the importance of checking that any information provided by supported self-assessment is an accurate reflection of the person's circumstances and made a recommendation to cross-reference with information from other sources and they noted that this would typically include involved family and carers or the multidisciplinary team. They agreed that this would lead to more appropriate and accurate assessments of need, and were aware that The Care and Support Statutory Guidance (2021) supported this recommendation.

The committee acknowledged that self-assessment can be a difficult process for people who do not have the appropriate support, and recognised the disadvantages of a recommendation that highlighted the self-assessment process. The committee discussed the perceived pressure or anxiety that can be placed around the conduct of assessment. The committee discussed that people may feel worried about the prospect of complicated form filling, and concerned that their needs cannot be fully expressed on a form. They also discussed that people may feel pressure from having to try and organise support from family and friends to assist them with the assessment. However, on balance the committee agreed that the reference to the requirements of The Care and Support Statutory Guidance (2021) for support during self-assessments, combined with their suggestions for the types of supports would alleviate these concerns.

The committee discussed the content of the assessment and the related eligibility criteria and the statutory guidance that supports the decision-making process during a needs assessment. They agreed that it was important to reference the eligibility criteria in a recommendation. They agreed that this would enable social workers to understand whether the needs assessment has correctly considered and identified all needs, regardless of the format taken. The committee were also aware of various guidance and information sources about the conduct of Care Act assessments, including material published by the Social Care Institute for Excellence. Although these are likely to benefit practitioners, they agreed to signpost to the Care Act itself and statutory guidance since it is not mandatory to follow other guides or advice.

Based on experience the committee discussed that some of the person's needs may be outside of the expertise of the social worker, for example communication or mental health needs, and it is important that specialist input is sought to address these needs.

#### Needs assessment - recording and reviewing the assessment

The committee discussed the evidence (A5.1.1 Access to completed review; high quality) that showed some people were not given the opportunity to see draft copies of their assessment before they were finalised. As there was high confidence in this finding the committee agreed it was important to recommend that people see their assessment in draft

form to correct any inaccuracies or differences of perspectives. The committee agreed that since this is also supported by the Care Act 2014 they could make a strong recommendation.

The committee used the evidence as well as experiential knowledge to make a recommendation for social workers to provide information regarding the complaints procedure. The committee discussed the various negative aspects of the needs assessment process which were identified by the evidence review (A5.1 Perceived ability to express preference; moderate to high quality). The recommendations already agreed by the committee were designed to target dissatisfaction regarding the inability to express preferences, not having access to a completed review and barriers such as language. However, from their experience the committee knew that the negative experiences identified by the evidence were a small selection of the problems that can occur in practice. They agreed that it was therefore important to ensure that adults with complex needs, people involved in a person's care, and any other people important to them were aware of how to make complaints. This would ensure any issues and negative aspects not captured by the evidence are addressed and services are continuously improving.

The committee used their experience to discuss the importance of organisations providing people taking part in a self-assessment with any relevant and available information they may have about them. They agreed to make a recommendation supported by the Care and Support (Assessment) Regulations. The committee agreed that this would be in line with their discussions above regarding the importance of people being able to provide accurate information when completing assessments of need.

#### Risk assessment – recording and reviewing the assessment

Some of the evidence (A5.1 Perceived ability to express preferences; high quality; A5.1.1 Access to completed review; high quality) related to needs assessment was used to inform recommendations about risk assessment. The committee agreed that it was appropriate to use evidence related to a needs assessment, for recommendations for a risk assessment, as this echoed their experiences of risk assessment in practice. The committee used the evidence (A5.1 Perceived ability to express preferences; high quality; A5.1.1 Access to completed review; high quality) around people's perceived ability to express preferences and frustrations about not seeing a copy of their completed review and they recommended that social workers should give people a copy of their risk assessment. This recommendation ensure a person-centred approach is taken to risk assessment and that information regarding risk is accurate and comprehensive.

The committee made a research recommendation to address the gaps in the evidence for a social work needs assessment. The committee initially wanted to find out about the best approach to a social work needs assessment but no effectiveness data were located. The qualitative data that were identified did not highlight a specific best approach to a social work needs assessment and the committee agreed to pursue this by recommending future research in this area. They were particularly interested in plugging the evidence gaps around strengths based needs assessment, which is growing in visibility in policy and practice terms but not thus far in research. Rights based approaches are also intrinsically linked with strengths based approaches so the committee agreed it would be beneficial for future NICE guidance to base recommendations on research findings about these approaches. They therefore also made a research recommendation to establish the acceptability of strengths and rights based approaches to social work assessment as well as the barriers and facilitators to delivering these. They agreed that a qualitative design would enable them to answer this question.

#### **Cost effectiveness and resource use**

No economic studies were identified which were applicable to this review question.

The committee's recommendation to consider arranging a preparatory meeting or initial contact before any needs assessment would add additional visits and increase contact time from social workers and an increase in resource use. The committee highlighted that this was unlikely to be standard practice but would be used by a social worker if it was needed to allow a person with complex needs to fully participate in their assessment and it was strongly indicated by the person that they would find it beneficial. Where appropriate this could be done via telephone or videoconferencing removing the time and cost of travelling to the appointment. Whilst this will lead to an increase in resource use it underpins the statutory guidance that an individual must be able to participate as fully as possible in decisions about them and be provided with the information and support necessary to enable this. The recommendation could improve future outcomes through enabling a person-centred approach potentially improving quality of life and preventing expensive interventions downstream such as hospitalisation.

All other recommendations should already be happening in most visits. A large number of the recommendations underpin actions that are mandated by other legislation. Those that are not are likely to require no or minimal additional resource to perform but will lead to a more person-centred assessment.

### **Other factors the committee took into account**

The committee drew on NICE guideline on [people's experience in adult social care services: improving the experience of care and support for people using adult social care services](#) and were aware that there is a NICE guideline on advocacy in progress ([advocacy services for adults with health and social care needs](#)) to which they cross-referred to signpost to recommendations regarding communication and the potential need for advocacy services. They recognised that it is important for social workers to have awareness of the guidelines that could affect the person that they are working with and how they work with them, to be able to give them the support they need and they gave some examples of guidelines that may be relevant in the context of complex needs. They also cross-referred to the NICE guidance for [Supporting Adult Carers](#) to highlight the carers' rights to access to an assessment. The committee used the evidence as well as their own experiential knowledge to draw on three Acts of parliament, the Mental Health Act, the Mental Capacity Act 2005, Equality Act 2010 and the Care Act 2014 as well as the Care Act code of practice and The Care and Support (Assessment) Regulations 2014. They also drew on the [professional standards from Social Work England](#), the [Professional Capabilities Framework from the British Association for Social Workers](#) and the [Code of Ethics from the British Association for Social Workers](#).

### **Recommendations supported by this evidence review**

This evidence review supports the following recommendations in the NICE guideline: 1.1.2 to 1.1.4, 1.1.6, 1.1.10, 1.2.1 to 1.2.15 and 1.2.38. It also supports research recommendation 1 on strengths and rights based approach to social work assessment.



## References – included studies

### Qualitative

#### Abendstern 2013

Abendstern, M., Hughes, J., Clarkson, P., Tucker, S., & Challis, D., Self-assessment processes within care management: Learning from pilot projects, *Journal of Social Work*, 13, 267–286, 2013

#### Abenstern 2014

Abendstern, M., Hughes, J., Clarkson, P., Tucker, S., & Challis, D., Exploring the contribution of self-assessment to preventative services in social care, *British Journal of Social Work*, 44, 729-746, 2014

#### Bolger 2014

Bolger, A., The assessment is in the chat: Analysing conversations in community care, *Qualitative Social Work*, 13, 421–435, 2014

#### Darling 2012

Darling, P., Mane, N., & Derry, M., How to improve personalization: A study of service user satisfaction with the self-directed support self-assessment process (SDS2), *Journal of Care Services Management*, 6, 107-120, 2012

#### Symonds 2018

Symonds, J., Williams, V., Miles, C., Steel, M., Porter, S., The Social Care Practitioner as Assessor: 'People, Relationships and Professional Judgement', *The British Journal of Social Work*, 48, 1910–1928, 2018

#### Yeung 2016

Yeung, EY., Partridge, M., Irvine, F., Satisfaction with social care: the experiences of people from Chinese backgrounds with physical disabilities, *Health Soc Care Community*. 24, e144-e154, 2016

### Other

Caiels, J. Milne, A. Beadle-Brown, J. Taking a strengths-based approach to social work and social care: A literature review. London, NIHR, 2021

Gray, M. Back to basics: A critique of the strengths perspective in social work. *Families in Society: the Journal of Contemporary Social Services*, 92, 5-11, 2011

Human Rights Watch, Unmet needs: Improper social care assessments for older people in England, <https://www.hrw.org>, 2020

Prince, a.Ahuja, L. Bramwell, C. Briscoe. S. Shaw, L. Nunns, M. O'Rourke,. G. Baron, S. Anderson, R. Research evidence on different strengths-based approaches within adult social work: a systematic review. Southampton: NIHR Health Services and Delivery Research Topic Report, 2020.

Research in Practice, Human Rights principles in practice – a renewed focus on social justice at the heart of social care. <https://www.researchinpractice.org.uk/adults/news-views/2020/october/human-rights-principles-in-practice-a-renewed-focus-on-social-justice-at-the-heart-of-social-care/>, (2020)

Slasberg, C., & Beresford, P. Strengths-based practice: Social care's latest elixir or the next false dawn? *Disability & Society*, 32(2), 269-273, 2017

Social Care Institute for Excellence. Care act 2014: A strengths-based approach, 2015

# Appendices

## Appendix A Review protocols

**Review protocol for review question: What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?**

**Table 5: Review protocol**

ID	Field	Content
0.	PROSPERO registration number	CRD42020178786
1.	Review title	Needs Assessment (quantitative)
2.	Review question	<p>A1. What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?</p> <p>Note that this review is linked with A2, which is described in a separate review protocol:</p> <p>Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?</p>
3.	Objective	To establish and compare the effectiveness of various social work approaches to assessing complex care and support needs
4.	Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Cochrane Database of Systematic Reviews (CDSR)</li> <li>• Cochrane Central Register of Controlled Trials (CENTRAL)</li> <li>• MEDLINE &amp; Medline in Process</li> <li>• Embase</li> <li>• Applied Social Science Index and Abstracts (ASSIA)</li> <li>• International Bibliography of the Social Sciences (IBSS)</li> <li>• Social Policy and Practice</li> </ul>

		<ul style="list-style-type: none"> <li>• Social Services Abstracts</li> <li>• Sociological Abstracts</li> <li>• Social Care Online</li> </ul> <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> <li>• Date limit: 2010 onwards (see rationale under Section 10)</li> <li>• English language</li> <li>• Human studies</li> </ul> <p>Other searches:</p> <ul style="list-style-type: none"> <li>• Additional searching may be undertaken if required.</li> </ul> <p>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</p> <p>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.</p> <p>The full search strategies will be published in the final review.</p>
5.	Condition or domain being studied	Social work needs assessment and review of complex care and support needs
6.	Population	<ul style="list-style-type: none"> <li>• People aged 18 or older with complex needs*.</li> </ul> <p>** 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</p>
7.	Intervention/Exposure/Test	<ul style="list-style-type: none"> <li>• Social work assessment and review of complex care and support needs (including strengths-based approaches). <ul style="list-style-type: none"> <li>○ Intervention 1: Professional led (person centred) social work approach to assessment and review of adults with complex needs.</li> <li>○ Intervention 2: User conducted (self-assessment using established, statutory criteria, reflecting a social work approach to assessment and review of adults with complex needs.)</li> <li>○ Intervention 3: Collaborative social work approach to assessment and review of adults with complex needs (equal involvement by professional and person with complex needs in all aspects of assessment and review).</li> </ul> </li> </ul>
8.	Comparator/Reference standard/Confounding factors	<p>Interventions compared with:</p> <ul style="list-style-type: none"> <li>• Usual practice</li> <li>• Each other</li> <li>• A combination of interventions 1, 2 and 3</li> <li>• Interventions that combine several standard needs assessments (covering social and health).</li> </ul>
9.	Types of study to be included	<ul style="list-style-type: none"> <li>• Experimental studies (where the investigator assigned intervention or control) including: <ul style="list-style-type: none"> <li>○ Randomised or quasi-randomised controlled trials</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ Non-randomised controlled trials</li> <li>● Systematic reviews/meta-analyses of controlled trials.</li> </ul> <p>In the absence of controlled trials reporting critical outcomes, studies using the following designs will be included if they report data on critical outcomes:</p> <ul style="list-style-type: none"> <li>● Observational studies (where neither control nor intervention were assigned by the investigator) including: <ul style="list-style-type: none"> <li>○ Systematic reviews of observational studies.</li> <li>○ Prospective and retrospective cohort studies (studies with multivariate analyses will be prioritised over those using univariate methods of analysis)</li> <li>○ Case control studies</li> <li>○ Before and after study or interrupted time series</li> </ul> </li> </ul>
10.	Other exclusion criteria	<p>Inclusion:</p> <ul style="list-style-type: none"> <li>● Full text papers</li> <li>● Only studies conducted in the UK will be included. However if insufficient* 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.</li> </ul> <p>*this means at least 5 studies with a sample size of 50 or more.</p> <p>Exclusion:</p> <ul style="list-style-type: none"> <li>● Observational studies that do not report critical outcomes</li> <li>● Conference abstracts</li> <li>● Articles published before 2010.</li> <li>● 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.</li> <li>● Non-English language articles</li> </ul>
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	<p>Person focused outcomes:</p> <ul style="list-style-type: none"> <li>● Satisfaction with the assessment – measured using a validated satisfaction scale</li> <li>● Social care related quality of life – measured using a validated tool such as ASCOT or ICECAP for adults</li> </ul> <p>Service focused outcomes: None specified.</p>
13.	Secondary outcomes (important outcomes)	Person focused outcomes:

		<ul style="list-style-type: none"> <li>• Identification of strengths – as objectively reported in the study such as. an account of the output of an assessment, which includes the person’s strengths, rather than just their needs.</li> </ul> <p>Service focused outcomes:</p> <ul style="list-style-type: none"> <li>• Timeliness of assessment – as objectively reported in the study such as whether conducted within an advertised timeframe.</li> <li>• Utility of assessment - as objectively reported in the study such as whether rated as being useful, beneficial or easy to use.</li> </ul>	
14.	Data extraction (selection and coding)	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Duplicate screening will not be undertaken for this question.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
15.	Risk of bias (quality) assessment	Risk of bias of individual studies will be assessed using the preferred checklist as described in Developing NICE guidelines: the manual.	
16.	Strategy for data synthesis	<p>NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction.</p> <p>If pairwise meta-analyses are undertaken, they will be performed using Cochrane Review Manager (RevMan).</p> <p>‘GRADEpro’ will be used to assess the quality of evidence for each outcome.</p> <p>Being a parallel review to A2, the NGA technical team will present findings from this review together with qualitative evidence (A2), where data allow. The committee will be 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.</p>	
17.	Analysis of sub-groups	<p>Subgroup analysis will be conducted wherever possible if the issue of heterogeneity appears relevant, for example in relation to:</p> <ul style="list-style-type: none"> <li>• Different approaches to assessment</li> <li>• Groups of people with different needs</li> <li>• All groups highlighted in the Equality Impact Assessment.</li> <li>• People entitled to section 117 aftercare following discharge from hospital under the Mental Health Act 1983.</li> </ul>	
	Type and method of review	<input checked="" type="checkbox"/>	Intervention

18.		<input type="checkbox"/>	Diagnostic	
		<input type="checkbox"/>	Prognostic	
		<input type="checkbox"/>	Qualitative	
		<input type="checkbox"/>	Epidemiologic	
		<input type="checkbox"/>	Service Delivery	
		<input checked="" type="checkbox"/>	Other (please specify) This intervention review is linked with a qualitative review [A2] on the same issue.	
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	March		
22.	Anticipated completion date	TBC		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

		Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Data extraction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Data analysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents">https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents</a>	
29.	Other registration details	Not applicable	
30.	Reference/URL for published protocol	<a href="https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020178786">https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020178786</a>	
31.	Dissemination plans	<p>NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:</p> <ul style="list-style-type: none"> <li>• notifying registered stakeholders of publication</li> <li>• publicising the guideline through NICE's newsletter and alerts</li> <li>• 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.</li> </ul>	
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	<input checked="" type="checkbox"/>	Ongoing
		<input type="checkbox"/>	Completed but not published
		<input type="checkbox"/>	Completed and published
		<input type="checkbox"/>	Completed, published and being updated
		<input type="checkbox"/>	Discontinued
35..	Additional information	Not applicable	
36.	Details of final publication	<a href="http://www.nice.org.uk">www.nice.org.uk</a>	

ASCOT: Adult social care outcomes toolkit; ASSIA: Applied Social Science Index and Abstracts; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; GRADE: Grading of Recommendations Assessment, Development and Evaluation; IBSS: International Bibliography of the Social Sciences; ICECAP: Investigating choice experiences capability measure; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; RCT(s): randomised controlled trial(s)

**Review protocol for review question: Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?**

**Table 6: Review protocol**

ID	Field	Content
0.	PROSPERO registration number	TBC
1.	Review title	Needs Assessment (views and experiences)
2.	Review question	<p>A2. Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?</p> <p><i>Note that this review is linked with A1, which is described in a separate review protocol:</i></p> <p><i>What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?</i></p>
3.	Objective	<ul style="list-style-type: none"> <li>• To establish what adults with complex needs, their families and carers believe works well and what could be improved about social work assessment and review</li> <li>• To establish what practitioners believe works well and what could be improved about social work assessment and review for adults with complex needs</li> </ul>
4.	Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Cochrane Database of Systematic Reviews (CDSR)</li> <li>• Cochrane Central Register of Controlled Trials (CENTRAL)</li> <li>• MEDLINE &amp; Medline in Process</li> <li>• Embase</li> <li>• Emcare</li> <li>• CINAHL</li> <li>• PsycINFO</li> <li>• Applied Social Science Index and Abstracts (ASSIA)</li> <li>• International Bibliography of the Social Sciences (IBSS)</li> <li>• Social Policy and Practice</li> <li>• Social Science Database</li> </ul>

		<ul style="list-style-type: none"> <li>• Social Services Abstracts</li> <li>• Sociological Abstracts</li> <li>• Social Care Online</li> </ul> <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> <li>• Date limit: 2010 onwards (see rationale under Section 10)</li> <li>• English language</li> <li>• Human studies</li> <li>• Qualitative studies filter</li> </ul> <p>One search will be conducted to cover all qualitative questions.</p> <p>The full search strategies will be published in the final review.</p> <p>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</p> <p>Other searches:</p> <ul style="list-style-type: none"> <li>• Additional searching may be undertaken if required.</li> </ul> <p>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.</p>
5.	Condition or domain being studied	Views, perceptions, and/or lived experiences of social work assessments for adults with complex needs.
6.	Population	<ul style="list-style-type: none"> <li>• People aged 18 or older with complex needs*.</li> <li>• Families and supporters of adults with complex needs</li> <li>• Relevant social-/health- care and other practitioners involved in needs assessment and review for adults with complex needs.</li> </ul> <p>* 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.</p>
7.	Phenomenon of interest	<p>Social work assessment and review of adults with complex care and support needs including strengths based approaches. The committee wish to locate qualitative evidence about the different types of assessment covered by the related quantitative review:</p> <ul style="list-style-type: none"> <li>• Professional led (person centred) social work approach to assessment and review of adults with complex needs.</li> </ul>

- User conducted (self-assessment using established, statutory criteria, reflecting a social work approach to assessment and review of adults with complex needs.)
- Collaborative social work approach to assessment and review of adults with complex needs (equal involvement by professional and person with complex needs in all aspects of assessment and review).

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 all 3 models of social work assessment and review:

- **Satisfaction with the process of accessing a social work assessment.** This includes the timeliness of the assessment because the need for assessment often arises in the context of a crisis situation. Delays to assessment inevitably result in delays to the provision of support and an exacerbation of need or break down in current arrangements.
- **Whether the assessment met the person's expectations.** This depends on them knowing in advance what to expect from the assessment and how they might be able to prepare. Other vital information before the assessment takes place is who can accompany or support the person through the process. The committee want to locate data about this because it is key to accurately identifying needs that people have time to think this through in preparation and if necessary be supported to articulate or demonstrate their needs and wishes.
- **Perceived appropriateness of the conduct of the assessment.** The committee wish to locate data about this because they are aware that assessments can be conducted in a number of ways, for instance, face-to-face, online, over the phone and it can involve the person's family, carer or advocate. The way the assessment and review is conducted is likely to affect the person's satisfaction with the process, the extent to which they feel involved and able to express their views and wishes and the committee also believe it affects how successfully the assessment identifies the person's strengths and needs.
- **Positive and negative aspects of the process of assessment and review.** Regardless of the model of assessment and review the committee are clear that the person should always feel treated with respect, enabled to express their preferences and given adequate time for a full exploration of their strengths and needs. It is therefore important that the review locates data about people's experiences of the conduct of the assessment or review.
- **Perception about the impact of a social work assessment on meeting needs.** The objective of assessments and reviews is to focus on people's strengths and needs and identify the outcomes they want to achieve. The committee agree that locating data on whether needs are met as a result of the assessment (whether through formal services or the person's own social/ support networks) is key to understanding whether improvements could be made to social work assessment.
- **Whether carers understand/ are made aware of their own right to assessment.** The Care Act 2014 gives local authorities the responsibility to assess a carer's need for support, where the carer appears to have such needs. Although this question is focussed on the assessment and review of the person's needs (not their carer's) the committee do think that a good assessment should involve making carers aware of their rights in this regard, which is why they want to locate data about whether and to what extent this occurs, from the perspective of carers.
- **Carers satisfaction with the assessment.** The committee believe it is important to triangulate data by including carer's views about the assessment and review. They think it is likely that for adults with complex needs, carers will be involved in the needs assessment and review, whether to support the person on a practical level, enable them to express their needs and preferences or to advocate for them, if this is appropriate. Carers are therefore in a key position to comment on what works well and what could be improved about needs assessment and review.
- **Whether practitioners feel adequately trained and supervised.** The committee value the views and experiences of practitioners in this context. They agreed that since needs assessments can be conducted by a range of professionals (for example OTs) it is important to understand whether people feel adequately trained in adopting social work approaches. They recognise that ongoing professional

		<p>supervision is also a contributing factor to whether people feel skilled and confident in conducting assessments so this is another area on which the committee hope to locate data.</p> <ul style="list-style-type: none"> <li>• <b>Whether practitioners feel they have adequate time and other resources to conduct assessments and reviews.</b> This is another way in which the committee want to triangulate qualitative data. Given that they aim to locate people's views about the experience of assessments, including whether they feel they have the time to fully explore their strengths and express their needs, the committee wish to understand whether practitioners conducting assessments feel they have the time and resources at their disposal to enable this to happen.</li> <li>• <b>Whether practitioners perceive their role as a 'gate keeper' to services or support.</b> This is another opportunity to understand different perspectives on the same issue. The committee want to locate data about whether people feel their needs are met as a result of assessments but they also want to understand whether practitioners feel they are able to identify the full range of complex needs and have resources at their disposal to arrange support which meets those needs. The committee hypothesise that practitioners conducting assessments often feel they are in a position of 'gate keeper' to resources and support and they want to understand if this is the case.</li> </ul>
8.	Comparator/Reference standard/Confounding factors	Not applicable as this is a qualitative review.
9.	Types of study to be included	<ul style="list-style-type: none"> <li>• Systematic reviews of qualitative studies</li> <li>• Studies using qualitative methods: focus groups, semi-structured and structured interviews, observations</li> <li>• Surveys conducted using open ended questions and a qualitative analysis of responses</li> </ul> <p>Note: Mixed methods studies will be included but only qualitative data will be extracted and risk of bias assessed.</p>
10.	Other exclusion criteria	<p>Inclusion:</p> <ul style="list-style-type: none"> <li>• Full text papers</li> <li>• Only studies conducted in the UK will be included.</li> </ul> <p>Exclusion:</p> <ul style="list-style-type: none"> <li>• Articles published before 2010</li> <li>• 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.</li> <li>• Studies using quantitative methods only (including surveys that report only quantitative data)</li> <li>• Surveys using mainly closed questions or which quantify open ended answers for analysis.</li> <li>• Non-English language articles</li> </ul> <p>Thematic saturation:</p> <ol style="list-style-type: none"> <li>1. Data or theme(s) from included studies will not be extracted for particular theme(s) if thematic saturation is reached.</li> <li>2. Papers included on full text will subsequently be excluded when the whole anticipated framework of phenomena (10 anticipated themes listed in row 7) has reached thematic saturation. That is, when evidence synthesis and the application of GRADE-CERQual show that data</li> </ol>

		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)	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Duplicate screening will be undertaken for 10% of items.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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 (such as supporting quotes). One reviewer will extract relevant data into a standardised form. This will be quality assessed by the senior reviewer.</li> </ul>
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 qualitative studies will be assessed using the CASP Systematic Review checklist. See Appendix H in <a href="#">Developing NICE guidelines: the manual</a> 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	<ul style="list-style-type: none"> <li>• 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'.</li> <li>• The GRADE-CERQual approach will be used to summarise the confidence in the review findings synthesized from the qualitative evidence (<a href="#">Using qualitative evidence in decision making for health and social interventions</a>; Lewin 2015). The overall confidence in evidence about each review finding will be rated on four dimensions: methodological limitations, coherence, adequacy, and relevance.</li> <li>• Being a parallel review to A1, the effectiveness of needs assessment, the NGA technical team will present findings from the quantitative (A1) and qualitative (A2) reviews together, where data allow. The committee will be 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.</li> </ul>

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 assessment, focused on different groups and delivered via different modes.		
18.	Type and method of review	<input type="checkbox"/>	Intervention	
		<input type="checkbox"/>	Diagnostic	
		<input type="checkbox"/>	Prognostic	
		<input checked="" type="checkbox"/>	Qualitative	
		<input type="checkbox"/>	Epidemiologic	
		<input type="checkbox"/>	Service Delivery	
		<input checked="" type="checkbox"/>	Other (please specify) This qualitative review is linked with an intervention review [A1] on the same issue.	
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	March		
22.	Anticipated completion date	TBC		
23.	Stage of review at time of this submission	<b>Review stage</b>	<b>Started</b>	<b>Completed</b>
		Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

		Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Data extraction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Data analysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24.	Named contact	<b>5a. Named contact</b> National Guideline Alliance <b>5b. Named contact e-mail</b> <a href="mailto:SWIadults@nice.org.uk">SWIadults@nice.org.uk</a> <b>5c Organisational affiliation of the review</b> 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 <a href="#">Developing NICE guidelines: the manual</a> . Members of the guideline committee are available on the NICE website: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents">https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents</a>	
29.	Other registration details	Not applicable	
30.	Reference/URL for published protocol	<a href="https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020192617">https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020192617</a>	
31.	Dissemination plans	<p>NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:</p> <ul style="list-style-type: none"> <li>• notifying registered stakeholders of publication</li> <li>• publicising the guideline through NICE's newsletter and alerts</li> <li>• 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.</li> </ul>	
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	<input checked="" type="checkbox"/>	Ongoing
		<input type="checkbox"/>	Completed but not published
		<input type="checkbox"/>	Completed and published
		<input type="checkbox"/>	Completed, published and being updated
		<input type="checkbox"/>	Discontinued
35.	Additional information	Not applicable	
36.	Details of final publication	<a href="http://www.nice.org.uk">www.nice.org.uk</a>	

*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; CINAHL: The Cumulative Index to Nursing and Allied Health Literature; 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; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; OT: occupational therapist; PRESS: Peer Review of Electronic Search Strategies; RCT(s): randomised controlled trial(s)*

## Appendix B Literature search strategies

**Literature search strategies for review question: What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?**

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).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* 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

#	Searches
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/ or exp drug dependence/ or injection drug user/) use emez

#	Searches
93	(crime victim? or revictim* 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 dysfunc*).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 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.
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	Needs Assessment/
113	"Health Services Needs and Demand"/
114	Nursing Assessment/
115	Self Report/
116	Self-Assessment/
117	(or/112-116) use ppez
118	needs assessment/
119	basic needs/ or human needs/ or personal needs/ or social needs/
120	health care need/
121	exp social support assessment/
122	self report/
123	self evaluation/
124	assessment of humans/
125	patient assessment/
126	general health status assessment/ or general mental disease assessment/
127	community assessment/
128	(or/118-127) use emez
129	((assess* or best interest* or consult* or decipher* or determin* or evaluat* or plan* or manag* or support* or refer* or unmet) adj3 (care or need? or support* or welfare)).ti,ab.
130	((best interest* or capacity or competen* or Care Act or "depriv* of liberty" or Mental Capacity Act or Mental Health Act) adj3 assess*).ti,ab.
131	or/117,128-130
132	111 and 131
133	Meta-Analysis/ or Meta-Analysis As Topic/ or (meta analy* or metanaly* or metaanaly*).ti,ab. or Systematic Review/ or ((systematic* or evidence*) adj2 (review* or overview*)).ti,ab. or (reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab. or (search strategy or search criteria or systematic search or study selection or data extraction).ab. or (search* adj4 literature).ab. or (medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab. or cochrane.jw.
134	(randomized controlled trial or controlled clinical trial or pragmatic clinical trial).pt. or randomi?ed.ab. or placebo.ab. or randomly.ab. or Clinical Trials As Topic/ or trial.ti.
135	Epidemiologic Studies/ or Case Control Studies/ or Retrospective Studies/ or Cohort Studies/ or Longitudinal Studies/ or Follow-Up Studies/ or Prospective Studies/ or Cross-Sectional Studies/ or ((observational or retrospective* or cohort* or longitudinal or follow?up or prospective or cross section*) adj3 (stud* or research or analys*)).ti,ab.
136	(or/133-135) use ppez
137	systematic review/ or meta-analysis/ or (meta analy* or metanaly* or metaanaly*).ti,ab. or ((systematic or evidence) adj2 (review* or overview*)).ti,ab. or (reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab. or (search strategy or search criteria or systematic search or study selection or data extraction).ab. or (search* adj4 literature).ab. or (medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or

#	Searches
	psycinfo or cinahl or science citation index or bids or cancerlit).ab. or ((pool* or combined) adj2 (data or trials or studies or results)).ab. or cochrane.jw.
138	(random* or factorial* or (crossover* or cross over*) or ((doubl* or singl*) adj blind*) or (assign* or allocat* or volunteer* or placebo*)).ti,ab. or crossover procedure/ or single blind procedure/ or randomized controlled trial/ or double blind procedure/
139	clinical study/ or case control study/ or family study/ or longitudinal study/ or retrospective study/ or prospective study/ or cohort analysis/ or ((observational or retrospective* or cohort* or longitudinal or follow?up or prospective or cross section*) adj3 (stud* or research or analys*)).ti,ab.
140	(or/137-139) use emez
141	136 or 140
142	((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.
143	142 use ppez
144	((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.)
145	144 use emez
146	143 or 144
147	limit 141 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]
148	147 use emez
149	141 not (146 or 148)
150	132 and 149
151	limit 150 to english language
152	limit 151 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 lives 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: [Needs Assessment] this term only
#23	MeSH descriptor: [Health Services Needs and Demand] explode all trees
#24	MeSH descriptor: [Nursing Assessment] this term only
#25	MeSH descriptor: [Self Report] this term only
#26	MeSH descriptor: [Self-Assessment] this term only
#27	((assess* or "best interest*" or consult* or decipher* or determin* or evaluat* or plan* or manag* or support* or refer* or unmet) next/3 (need* or support* or welfare)):ti,ab
#28	((("best interest*" or capacity or competen* or "Care Act" or "depriv* of liberty" or "Mental Capacity Ac't or "Mental Health Act" or social) next/3 assess*):ti,ab

ID	Search
#29	((individual* or person* or self or combin* or multi*) next/2 assess*):ti,ab
#30	{or #22-#29}
#31	#21 and #30

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 (need* OR assess* OR best interest* OR capacity OR competen* OR "Care Act" OR "depriv* of liberty" OR "Mental Capacity Act" OR "Mental Health Act" OR unmet) AND pd(20100101-20201231) AND la.exact("ENG")
S5	AB, TI (meta analy* OR metanaly* OR metaanaly* OR systematic OR evidence OR random* OR trial* OR observational OR retrospective* OR cohort* OR longitudinal OR follow?up OR prospective OR cross section*) ) AND pd(20100101-20201231) AND la.exact("ENG")
S6	2 and 3
S7	1 and 6
S8	4 and 7
S9	5 and 8

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

Title 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:'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 PublicationTitle: need* or assess* or best interest* or capacity or competen* or "Care Act" or "depriv* of liberty" or "Mental Capacity Act" or "Mental Health Act" or unmet' AND PublicationTitle:'"meta analy*' or metanaly* or metaanaly* or systematic or evidence or random* or trial* or observational or retrospective* or cohort* or longitudinal or follow?up or prospective or cross section*' 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*' 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:'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 AbstractOmitNorms: need* or assess* or best interest* or capacity or competen* or "Care Act" or "depriv* of liberty" or "Mental Capacity Act" or "Mental Health Act" or unmet AND AbstractOmitNorms:'"meta analy*' or metanaly* or metaanaly* or systematic or evidence or random* or trial* or observational or retrospective* or cohort* or longitudinal or follow?up or prospective or cross section*' OR

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.



#	Searches
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.
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.



#	Searches
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	(need* or assess*).ti.
76	((assess* or best interest* or consult* or decipher* or determin* or evaluat* or plan* or manag* or support* or refer* or unmet) adj3 (need? or support* or welfare)).ti,ab.
77	((best interest* or capacity or competen* or Care Act or "depriv* of liberty" or Mental Capacity Act or Mental Health Act or social) adj3 assess*).ti,ab.
78	((individual* or person* or self or combin* or multi*) adj2 assess*).ti,ab.
79	or/75-78
80	74 and 79
81	(meta analy* or metanaly* or metaanaly* or ((systematic* or evidence*) adj2 (review* or overview*))).ti,ab.
82	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
83	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
84	(search* adj4 literature).ab.
85	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab. or cochrane.jw.
86	trial.ti. or randomi#ed.ab. or placebo.ab. or randomly.ab.
87	(random* or factorial* or (crossover* or cross over*) or ((doubl* or singl*) adj blind*) or (assign* or allocat* or volunteer* or placebo*)).ti,ab.
88	((observational or retrospective* or cohort* or longitudinal or follow?up or prospective or cross section*) adj3 (stud* or research or analys*)).ti,ab.
89	or/81-88
90	(animal* or rat or rats or mouse or mice).ti.
91	89 not 90
92	80 and 91
93	limit 92 to yr="2010 -Current"

**Literature search strategies for review question: Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support 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.
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.

#	Searches
52	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
53	(neighbo?hood? adj (characteristic* or intervention* or program*)).ti,ab.
54	((environment* or housing or neighbo?hood?) 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?hood?) 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 revictim* 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

#	Searches
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 discours* 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 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

#	Query	Limiters/Expanders
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
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

#	Query	Limiters/Expanders
		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,ab.
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 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.



#	Searches
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?hood?) 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.
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.

#	Searches
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 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/



#	Searches
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.
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/

#	Searches
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 neighbor*hood?) 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 revictim* 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 discours* 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
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 long standing 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'

**Search:**

- 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.
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.

#	Searches
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 revictim* 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 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.

#	Searches
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
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.



#	Searches
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?hood?) 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 revictim* 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 dysfunc*).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

#	Searches
	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?qui* or eur?qu5d* 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
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.

#	Searches
171	(ICECAP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap 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 long standing 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 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	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
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



#	Query	Limiters/Expanders
S50	TX (ICECAP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap 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 qol* 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 (multiattribute* 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
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	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

#	Query	Limiters/Expanders
S17	"Economics, Pharmaceutical") OR (MH "Economic Aspects of Illness") OR (MH "Resource Allocation+") 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

ID	Search
#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 qol*" or euroqol* or "euro qual5d*" or euroqol5d* 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}
#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 "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap close person measure"):ti,ab

ID	Search
#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.
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.

#	Searches
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 revictim* 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.
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.



#	Searches
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	(multiattribute* 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 "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap 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.
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 pharmaco-economic* 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 qol* OR euroqol* 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

#	Searches
	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.
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.



#	Searches
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?hood?) 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 revictim* 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 reab* 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.
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	(multiattribute* 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.

#	Searches
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 "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap 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 pharmaco-economic* 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
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 Icepap capability measure for adults or Icepap capability measure for older people or Icepap supportive care measure or Icepap close person measure
ASCOF or adult social care outcomes framework
OR

Search
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.
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.

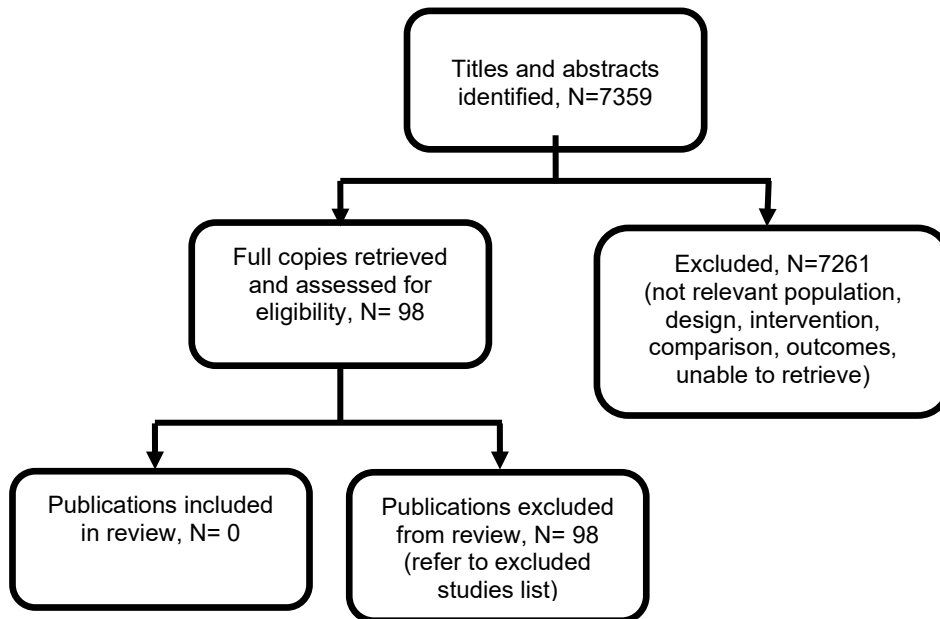
#	Searches
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or 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 revictim* 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 dysfunc*).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.
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.

#	Searches
104	"capacity to benefit score".tw.
105	(ICECAP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap 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 and Qualitative evidence study selection

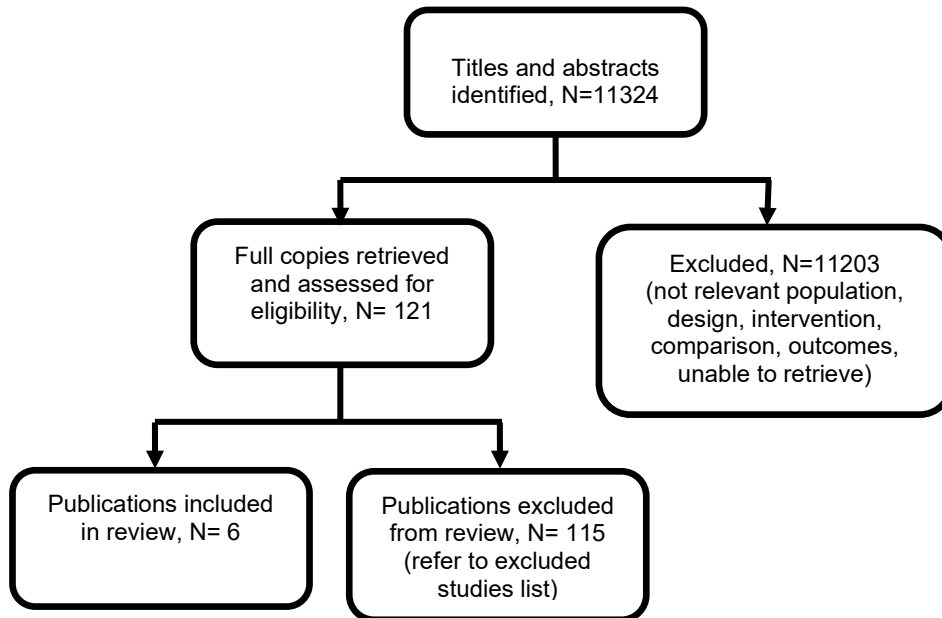
**Study selection for: What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?**

**Figure 2: Study selection flow chart for effectiveness review question**



**Study selection for: Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?**

**Figure 3: Study selection flow chart for qualitative review question**



## Appendix D Evidence tables

### Evidence tables for review question: What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?

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

### Evidence tables for review question: Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?

Table 7: Evidence tables – qualitative evidence

Study details	Methods and participants	Results	Limitations
<p><b>Full citation</b> Abendstern, M., Hughes, J., Clarkson, P., Tucker, S., &amp; Challis, D., Self-assessment processes within care management: learning from pilot projects, Journal of Social Work, 13, 267-286, 2013</p> <p><b>Ref Id</b> 1220525</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> General qualitative inquiry (thematic analysis)</p>	<p><b>Recruitment strategy</b> Care managers were chosen from adult social care departments that were part of self-assessment pilot projects funded by the Department of Health in England. No information provided on how or why the included care managers were selected.</p> <p><b>Setting</b> 3 care management sites in adult social care services.</p> <p><b>Participant characteristics</b> N=4: n=3 care managers, n=1 project manager</p> <p><b>Data collection and analysis</b> Data collection: Face-to-face semi-structured interviews conducted by the same researcher were digitally recorded and then transcribed.</p>	<p><b>Findings (including author's interpretation)</b> The author reported data about the following themes and subthemes: <u>Appropriate targeting:</u></p> <ul style="list-style-type: none"> <li>An issue raised by managers of 2 of the 3 projects related to whether self-assessment was appropriate for people who had complex and/or high level needs. "There are some very articulate, able people, who are able to fill in forms . . . but people who are isolated and vulnerable and eligible for our services, a large section of them, when you suggest to them . . . would they be interested, willing and able to fill in a form, they prefer to see a social worker . . . Perhaps we didn't have a robust enough screening tool, to really filter out people who were suitable and those that weren't." p279.</li> <li>The interviewee did not have access to statistics at the time of the interview but thought that roughly two-thirds of those who contacted them and were offered a self-review opted for a face-to-face</li> </ul>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes</p>



Study details	Methods and participants	Results	Limitations
<p><b>Study dates</b> September and November 2007</p> <p><b>Study aim</b> To describe the experiences of care managers and project managers participating in self-assessment pilot projects</p>	<p>Data analysis: Thematic content analysis on the transcripts. Content was segmented and coded. Framework approach used. Coding undertaken by the same researcher who interviewed. Themes and concepts were discussed with 1 other researcher.</p>	<p>interview. "...concluding that self-assessment 'suits some people really well and there are some people that is doesn't, so that is why the screening is so key." p280.</p> <p><u>Challenging the prevailing culture:</u></p> <ul style="list-style-type: none"> <li>• This had presented concerns for care managers in their teams who expressed anxiety about the capacity of the new processes [implementation of self-assessments in care management] to deliver 'safe' assessments. "There are fears about . . . 'we haven't been out and seen the home situation, for instance, so it might not be appropriate". p278.</li> <li>• Managers also noted that the pilots had provided an opportunity to consider how person-centred their practices were and to develop this approach, something recognized as important in the delivery of a transforming social care service. "There . . . needs to be a whole change in attitude in involving service users....I think that we as a service can talk more confidently than others parts of the service about people's engagement in the assessment process". p279</li> <li>• Developing a shared understanding of person-centred care between different professional groups was a particular concern for Project 3 where self-assessment was being undertaken via mediators employed by a voluntary agency. "Talking to the mediators, their view of person-centred was very different . . . There wasn't a common understanding". p279</li> </ul>	<p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No - The author did not discuss their own role in the formulation of the research questions, or consider the researchers influence on the respondents.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes - Ethical approval for the study was granted by the University of Manchester ethics committee</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes - it is clear how themes were derived. one researcher undertook interviews and coding, and was discussed without 1 other researcher. Contradictory data not discussed.</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Valuable</p>

Study details	Methods and participants	Results	Limitations
		<ul style="list-style-type: none"> <li>Self-assessment is more than a new practice. It challenges the nature of the relationship between the service user and the professional and the way the latter have undertaken their role. There was a recognition among the managers interviewed that this had presented concerns for care managers in their teams who expressed anxiety about role erosion. "There are some legitimate concerns there, but it is also about this liability issue . . . it's about our role and function . . . if assessment are taking place elsewhere, what need is there for us? So there are a few tensions around it." p280</li> </ul>	<p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor limitations</p> <p><b>Source of funding</b> Not industry funded (funded by the then Department of Health)</p>
<p><b>Full citation</b></p> <p>Abendstern, M., Hughes, J., Clarkson, P., Tucker, S., &amp; Challis, D., Exploring the contribution of self-assessment to preventative services in social care, British journal of social work, 44, 729-746, 2014</p> <p><b>Ref Id</b></p> <p>1270406</p> <p><b>Country/ies where the study was carried out</b></p> <p>UK</p> <p><b>Study type</b></p>	<p><b>Recruitment strategy</b> Participants were nominated by the sites participating in projects for implementing self-assessment. No information provided on the specifics of why they were nominated over others.</p> <p><b>Setting</b> Self-assessment projects in adult social care.</p> <p><b>Participant characteristics</b> N=5 social services managers of self-assessment projects.</p> <p><b>Data collection and analysis</b> Data collection:</p>	<p><b>Findings (including author's interpretation)</b> The author reported data about the following themes and subthemes:</p> <p><u>Widening access</u></p> <ul style="list-style-type: none"> <li>There was unanimity amongst the managers regarding the potential of self-assessment to widen access to people with low-level needs who might otherwise either have to wait for a traditional assessment or who might not come forward at all. For example, referring to people with low-level needs who have referred to the service [an online self-assessment tool based] one manager commented: "That was a real added value . . . they don't lose their place on the waiting list. . . but in the meantime, it is a much better service to customers, while people are waiting, [to] give them something else that we offer". p736.</li> </ul>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p>

Study details	Methods and participants	Results	Limitations
<p>General qualitative inquiry (framework)</p> <p><b>Study dates</b> September - November 2007</p> <p><b>Study aim</b> To describe the experiences of social services managers participating in self-assessment pilot projects</p>	<p>Face-to-face semi-structured interviews conducted by the same researcher were recorded and transcribed.</p> <p>Data analysis: A broad thematic framework was developed based on a review of the literature. Interviews were segmented and coded by same researcher who undertook interviews to minimise misinterpretation. A second researcher discussed the themes and concepts for reliability. Emergent themes from the analysis were added to the framework.</p>	<ul style="list-style-type: none"> <li>• One method of widening access was through the use of the internet. This proved to be a particular challenge, as the uptake of self-assessment through this channel proved to be limited—unless supported by a professional mediator. "I would say one of the challenges from an I.T. point of view was getting . . . the public to use it. . . . We've gone specifically to older peoples I.T. classes. Age Concern have done a lot of promotion work for us and still we sit and wait for people to use the online-self assessment but, I'm not too disheartened about that because everything new takes a while". p.736</li> <li>• The low uptake was a concern for managers who had hoped to attract new users through the use of IT. A lesson noted by one manager was that an unintended consequence of an approach aimed at widening access might in effect have disenfranchised the very people it hoped to reach. "What isn't being tackled properly . . . is enabling people, who are the actual audience, to get to it . . . part of the learning for this, is that where we have provided support for people, with a support worker, to do it with them, then it has been of value and people are satisfied with it, they are not frustrated . . . . If you . . . say 'okay all the information is on the web site', they throw their hands up because they don't have a PC and they certainly don't know how to use one". p736</li> <li>• A related attribute of the projects noted by managers in relation to widening access was that, unlike traditional professionally led assessments, self-assessment could</li> </ul>	<p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes- how the participants were recruited is explained</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes - methods of data collection is clear and justified, but no mention of data saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No - the author did not discuss their own role in the formulation of the research questions, or consider the researchers influence on the respondents.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes - Approval for the study was given by the Association of Directors of Adult Social Services Research Group and the Committee on the Ethics of Research on Human Beings at the host institution. Research governance procedures were fulfilled in each site.</p>

Study details	Methods and participants	Results	Limitations
		<p>be accessed and used by anyone, regardless of level of need. This, it was argued, enabled people to retain independence at the same time as being able to access information and advice from their local authority—something which traditionally they would have found more difficult either because they did not meet eligibility criteria or did not want to become ‘clients’ [online self-assessment]. "Any service user, not even service user, any person living in the borough . . . can access the self-assessment". p.737</p> <p><u>Meeting individual needs</u></p> <ul style="list-style-type: none"> <li>Opinions of interviewees varied, for example, about the capacity of self-assessment tools to provide assessments that were flexible enough to meet the varied capabilities and wishes of a range of potential service users. The manager of one project regarded their web-based tool as ‘an assessment tool that sits at the bottom level of the hierarchy’, describing it as an information and advice ‘portal’ rather than an assessment. Others were more positive, suggesting that their system enabled people to access the level of assessment that they wanted. "We would encourage people to go through it all . . . but if people said no, ‘all I want to do is [get] help [with this] . . . I don’t want to engage in this’, then they could literally skip down to . . . some very simple questions . . . basically, ‘You are a resident of [named LA], you have a substantial disability and you are having</li> </ul>	<p><b>8. Was the data analysis sufficiently rigorous?</b> Yes - It is clear how themes were derived. 1 researcher undertook interviews and coding, while a second researcher periodically checked the coding themes and concepts to ensure the interpretations were reliable. Contradictory data was not discussed.</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Valuable</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor limitations</p> <p><b>Source of funding</b> Not industry funded (funded by Department of Health)</p>

Study details	Methods and participants	Results	Limitations
		<p>difficulty [e.g.] bending down' . . . They could just do that". p.738</p> <ul style="list-style-type: none"> <li>• Another reflected on both the potential positive and negative aspects of such user control "It's very positive really because the service user drives the agenda and doesn't get channelled through an assessment that we might see as holistic, but which might cover lots of things they are not interested in, and that is a strength. I guess the flip side is that one might argue that it doesn't quite equate with the whole holistic assessment that somebody would be offered by a professional". p.738</li> <li>• Some managers commented on the fact that their self-assessment tools delivered a variety of support options—something that they thought distinguished them positively from traditional approaches and, arguably, provided a response more tailored to individual need. "Quite often it will come up with a number of solutions, which is a big difference to our work in the Council. We would probably come up with one solution, or maybe a couple of solutions and that is quite an interesting aspect of it". p.739</li> <li>• The extent to which self-assessment came up with accurate solutions, however, was thrown into question by another manager who noted that there had been instances in which the equipment received as a result of self-assessment had not been appropriate, commenting that 'their perceptions of what might have met their needs, didn't'. Her comment highlighted the potential limits of self-assessment and</li> </ul>	

Study details	Methods and participants	Results	Limitations
		<p>the need for continued professional input into the assessment process. "I think this was inevitable because, as occupational therapists assessing people, we often take two or three reviews to get it right, because it isn't prescriptive, people's needs are individual, their circumstances are individual, so I think that's fair". p.739</p>	
<p><b>Full citation</b> Bolger, A., 'The assessment is in the chat': analysing conversations in community care, <i>Qualitative Social Work</i>, 13, 421-435, 2014</p> <p><b>Ref Id</b> 1221158</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> Ethnographic study</p> <p><b>Study dates</b> Nine visits were recorded during the period 1998-2001</p> <p><b>Study aim</b></p>	<p><b>Recruitment strategy</b> Participants were 'clients' of social care workers. No information provided regarding how they were chosen.</p> <p><b>Setting</b> Participants homes</p> <p><b>Participant characteristics</b> N=25: n=10 practitioners, including qualified and unqualified social workers, domiciliary services organisers, or home-care organisers, occupational therapists and a nurse manager. n=9 people using services. Care needs arising from multiple health problems. Ages 52-93. n=6 carers or relatives.</p> <p><b>Data collection and analysis</b> Data collection: Home visits by a social care worker were recorded. An observer was also present. The recordings were then transcribed. Follow up interviews took place.</p>	<p><b>Findings (including author's interpretation)</b> The author reported data about the following themes and subthemes: <u>The context of assessment visits:</u></p> <ul style="list-style-type: none"> <li>• Compared to other settings workers appeared to exercise more professional discretion about how they carried out their assessment. They did so without explicit guidance on what constituted a need. Workers were expected to maintain a 'flexible' approach to need, so long as meeting it helped avoid a costly admission to residential care. "Team manager told her workers: 'Now the words I don't want to hear are "we don't do ironing", we would say "we don't think that this is the best use of the home help's time." p426</li> <li>• On the other hand, discretion was limited by the requirement on workers to justify their assessment decisions to their colleagues, either explicitly in allocation panels or implicitly through an awareness of 'pressures on colleagues'. p426</li> </ul>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> No - no information provided on the recruitment strategy.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes</p>

Study details	Methods and participants	Results	Limitations
<p>To examine the interactions between social care workers and their clients during community care assessments</p>	<p>Data analysis: Conversational analysis</p>		<p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Yes – the author described the impact of presence of an observer and recorder on the data collection.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes – Permission was negotiated with local managers, staff and those responsible for research governance within the authority. Clients were given a written description of the research prior to the visit. Oral permission to observe and record the visit was secured before setting out on the visit, again on the doorstep and in follow up visits made.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> No - no further information on how conversational analysis was used for the data the was collected.</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Not very valuable as the data was collected 9 years before the publication date cut off as specified in the protocol.</p>



Study details	Methods and participants	Results	Limitations
			<p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Moderate limitations</p> <p><b>Source of funding</b> No funding received from public, commercial or not-for-profit organisations.</p>
<p><b>Full citation</b> Darling, P., Mane, N., &amp; Derry, M., How to improve personalization: a study of service user satisfaction with the self-directed support self-assessment process (SDS2), Journal of Care Services Management, 6, 107-120, 2012</p> <p><b>Ref Id</b> 1221893</p> <p><b>Country/ies where the study was carried out</b> London Borough of Richmond upon Thames, UK</p> <p><b>Study type</b> General qualitative inquiry</p>	<p><b>Recruitment strategy</b> Participants for the focus groups were recruited from a sample of 199 people who were involved in an earlier study, from which the current study adds to. The 199 group of people were involved in a questionnaire survey after having completed a self-assessment for the first time, or as a reassessment. Participants for the focus groups were recruited via telephone conversations. The call script and follow up letter is not detailed.</p> <p><b>Setting</b> A London borough taking part in self-directed support self-assessments</p> <p><b>Participant characteristics</b> 4 focus groups were held. N=27 Group 1: n=4. Adults with physical disabilities</p>	<p><b>Findings (including author's interpretation)</b> The author reported data on the following themes and subthemes: <u>Indirect responses:</u></p> <ul style="list-style-type: none"> <li>• Some carers expressed concern about information by social workers which was too generalised and can seem irrelevant. The needs of their relatives are very individual.</li> <li>• Some participants raised concerns about lack of follow-up after the budget is agreed, the long delay that can occur before it is delivered, and the lack of monitoring the impact on clients of the review and budget cuts.</li> <li>• Many asked whether in the current climate, personalisation can really be at the heart of self-directed support. They did not feel they had a choice about what they can spend the allocated money on.</li> </ul> <p><u>The review process:</u></p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b></p>



Study details	Methods and participants	Results	Limitations
<p><b>Study dates</b> May 2011 - January 2012</p> <p><b>Study aim</b> To identify views on the self-directed support self-assessment process.</p>	<p>Group 2: n=7. People unable to participate in the focus groups due to mental health and physical impairments. Data was gathered via telephone consultation.</p> <p>Group 3: n=8. Unpaid family or unpaid carers of older people with dementia.</p> <p>Group 4: n=8. Group of experts in self-directed support. Seven have had direct experience as a user or carer of self-directed support. 1 had direct experience of self-directed support as a professional covering: physical disabilities, learning disabilities, adults with mental health needs, older people with mental health needs, sensory impairment.</p> <p>(Self-directed support is the process of personalisation in social care)</p> <p><b>Data collection and analysis</b></p> <p>Data collection: Focus groups, lasting up to 2 hours, held by a moderator and an assistant moderator. Meetings were recorded with a digital recorder and transcriber before data analysis. Telephone interviews were conducted by the moderator for participants who were too frail to attend the focus group. The same question route was used.</p> <p>Data analysis: Analysis of the transcripts carried out by 2 moderators and 2 assistant moderators. Thematic analysis -transcripts were</p>	<ul style="list-style-type: none"> <li>The majority said they did not see a copy of completed review which also led to a feeling of dissatisfaction.</li> <li>Positive responses by some individuals seemed to be connected with the approach of the individual social worker carrying out the review.</li> <li>Most people felt that the timing of the annual review was 'OK', although some felt that if a review takes longer than it should, it could run into the following one. p113</li> <li>Many felt that there was too much emphasis on the financial side and no focus on their care needs and personal views...The review was therefore not seen as comprehensive and led to dissatisfaction with the actual review.</li> <li>The needs of the majority are not being met because budgets seem to have been significantly reduced, reducing quality of life, leading to uncertainty, anxiety, feeling of loss of control. "Increasingly the support plan is irrelevant because of lack of resources". p113</li> </ul> <p>The self-assessment process:</p> <ul style="list-style-type: none"> <li>There was a lack of clarity and uncertainty about future support. "'no follow up' and 'no guidelines about what you can spend your money on.'" p113</li> <li>One person felt there was good support from the social worker – who read out the form and explained it in simple language. Six people had very good support from Richmond Users Independent Living Scheme an independent support organization. Two had support from their</li> </ul>	<p>Yes.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No - The author did not discuss their own role in the formulation of the research questions, and did not consider the influence of the researcher on the respondents.</p> <p><b>7. Have ethical issues been taken into consideration?</b> No</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes - It is clear how themes were derived, transcripts were analysed by a group of 4 researchers, and themes were agreed on.</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Valuable</p> <p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor limitations</p> <p><b>Source of funding</b></p>

Study details	Methods and participants	Results	Limitations
	<p>reviewed and categories were agreed. The data were assigned to the categories. A descriptive summary for each theme was prepared and the results were reviewed with the focus group reports.</p>	<p>families. Twelve people felt that there was very little support (no explanation of who there was very little support from).</p> <ul style="list-style-type: none"> <li>• Most felt that the assessment process would be improved if the person who is helping has regular contact with the individual going through the process – be it a social worker or carer. “It would help if someone got back to us in reasonable time with answers to our queries”. p113</li> <li>• Some felt less paperwork would help as well as more clarity about why they were asking certain questions.</li> <li>• People felt strongly that assessment should be about actual care needs rather than ticking boxes to fit in with pre-conceived criteria.</li> <li>• Four people felt that the self-assessment questionnaire covered all their needs; the majority ‘not at all’. One person commented that the form does not cater for a person having both mental health needs and physical disability.</li> <li>• The impression most people had was that they do not get to see the final copy signed off by the Council. “There is stuff that is incorrect, misrepresented, or out of date” p113</li> <li>• Some felt that the process was ‘hijacked’ by the social workers and that they went into it unprepared – without seeing the forms beforehand and, if they saw them, insufficient time to read them after filling. In some cases, the social worker read out the questions and wrote down the answers. p113. “There was no time to think about it. It all depends on if you’ve</li> </ul>	<p>Not industry funded (funded by London Borough of Richmond upon Thames Council)</p>

Study details	Methods and participants	Results	Limitations
		<p>got a good social worker doing the assessment.” p113</p> <ul style="list-style-type: none"> <li>• There was general dissatisfaction with the time taken to complete the process.</li> </ul>	
<p><b>Full citation</b> Symonds, J., Williams, V., Miles, C., Steel, M., Porter, S., The social care practitioner as assessor: ‘people, relationships and professional judgement’, British Journal of Social Work, 48, 1910–1928, 2018</p> <p><b>Ref Id</b> 1078023</p> <p><b>Country/ies where the study was carried out</b> UK</p> <p><b>Study type</b> Grounded theory</p> <p><b>Study dates</b> Not reported</p> <p><b>Study aim</b> To explore social care practitioners’ views of</p>	<p><b>Recruitment strategy</b> Participants were recruited via information handed out to team managers. Researchers also attended team meetings and gave information about the project.</p> <p><b>Setting</b> Four local authorities</p> <p><b>Participant characteristics</b> Total N=30 participants Social workers n=16 Support workers (without a social work qualification) n=8 Occupational therapist n=1 Team managers n=3 Advanced practitioners n=2 Of the group 9 were disabled adults and 3 members of the group had experience as recipient of an assessment. All participants had recent experience of assessing disabled adults. 14/16 female 14/16 white English, 1/16 black African, 1/16 British Asian</p> <p><b>Data collection and analysis</b></p>	<p><b>Findings (including author’s interpretation)</b> The author reported data about the following themes and subthemes:</p> <p><u>Balancing wants, needs and self-determination:</u></p> <ul style="list-style-type: none"> <li>• Clients were described who seemed unaware of the impact of their behaviour (needing help but not wanting it/ refusing social care supports), or unaware of what an assessment was. “You can’t always take the service user’s word, like they can say that they can do this, when actually they can’t.” p1918</li> <li>• Clients needed considerable help to understand what support they should be having from social services. “Sometimes they need help but don’t want it, and sometimes they want help and don’t need it.” p1918</li> <li>• A new social worker described how she could go from a situation where a client had been trying to cope without admitting any needs into an assessment with an older woman who had experienced a stroke and could explain exactly what she could and couldn’t do. Clients were seen possibly as unaware of their own needs, or conversely able to fabricate their needs. The task of social work was somehow to</li> </ul>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are ‘yes’, ‘can’t tell’ or ‘no’.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes - How the participants were recruited is explained.</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes - data collection methods explicit, explanation of how the interviews</p>

Study details	Methods and participants	Results	Limitations
<p>their assessment practices.</p>	<p>Data collection: Semi-structured interviews with 30 practitioners who were all involved in social care assessments of disabled adults and had recent experience of assessing disabled adults.</p> <p>Data analysis: Grounded theory. First phase involved line by line coding and memo writing by 4 authors. Categories were coded and checked between 3 coders. Any connections between codes was used to creating cross cutting themes. Second phase involved looking for emerging themes and using data which represented those themes.</p>	<p>get at the 'truth' and this was often done by appealing to family carers' views. "Sometimes it's definitely best for them to have their carer or other family members around them, and they can be incredibly supportive, and can help them to open up and say how things are." p1917</p> <ul style="list-style-type: none"> <li>• A discourse of competence and decision-making capacity was strongly in evidence when practitioners described some of the dilemmas they faced in practice. Although social workers and senior practitioners generally wished to support the agency of people who were socially excluded or disabled (P09; P18), they remarked that the wishes of some clients might be either overstated or understated.</li> </ul> <p><u>Being at the interface between client and system:</u></p> <ul style="list-style-type: none"> <li>• The discourse of budgetary constraint was also predictably drawn on. One practitioner spoke up for striking a 'balance' and reminded the interviewer that the assessor is entrusted with 'protecting the public money'. p1920</li> <li>• An important position for practitioners was effectively that of an advocate. "We're negotiating on behalf of the service-user, that interface between bureaucracy, agencies, you know, hard-set policy, and using discretion, and . . . yeah, influence to act for the service-user." p1920</li> <li>• It should be mentioned that the single largest category coded under 'Difficulty' for social care practitioners was the sheer volume of work. "So how are we going to do quality support for people and provide</li> </ul>	<p>were conducted. However no mention of data saturation.</p> <p><b>6. Has the relationship between researcher and participants been adequately considered?</b> No - the author did not discuss their own role in the formulation of the research questions, or consider the relationship between the researcher and the respondents.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes - ethical approval was granted by the English Social Care Research Ethics Committee.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes - It is clear how themes were derived. 4 different authors coded the data and it was checked between 3 of the coders, but contradictory data not discussed</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Valuable</p>

Study details	Methods and participants	Results	Limitations
		<p>good care, and have the time to do x, y and z". p1920</p> <ul style="list-style-type: none"> <li>Faced with this type of hard-to-access system, what is needed in an assessment is someone who can provide both an empathetic face, but also an interface with that system.</li> </ul> <p><u>Professional judgement:</u></p> <ul style="list-style-type: none"> <li>The qualified social workers were far more likely than support workers to focus on the 'professional' aspects (demand and supply) of conducting a person-centred encounter in the assessment itself. They talked about micro judgements at every point during an assessment meeting in deciding what was relevant and useful. "I guess there's some level of professional judgement . . . you think 'OK, no, this isn't the time or place to ask about that, because it's too sensitive', or you know, 'I can see this is a hugely emotional thing for them.'" p1922</li> <li>A 'holistic' assessment was also discussed by qualified social workers, and three accounts by experienced social workers discussed the way they would observe the whole context, the living conditions and the evidence around them of what the client could do—and what they might need. "It doesn't hurt to say yes if they ask if you want a cup of tea...It helps you make an assessment, are they able to use the kitchen safely". p1923</li> <li>The issues of demand and eligibility were understandably also key for them. Examples of situations in which judgement was required included assessments of</li> </ul>	<p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> Minor limitations</p> <p><b>Source of funding</b> Not industry funded (funded by the National Institute for Health Research School for Social Care Research).</p>

Study details	Methods and participants	Results	Limitations
		<p>older people whose families felt they needed more care than they were eligible for and where clients wanted resources for which the practitioner deemed them ineligible. "And so when we talk about choice . . . if you've got the money, you've got the choice". p1922</p>	
<p><b>Full citation</b> Yeung, EY., Partridge, M., Irvine, F., Satisfaction with social care: the experiences of people from Chinese backgrounds with physical disabilities, Health &amp; Social Care in the Community Health Soc Care Community, 24, e144-e154, 2016</p> <p><b>Ref Id</b> 1224759</p> <p><b>Country/ies where the study was carried out</b> Cities including Birmingham, London, Manchester and Newcastle, UK</p> <p><b>Study type</b> General qualitative inquiry (thematic analysis)</p>	<p><b>Recruitment strategy</b> Purposive sampling used to recruit people from a Chinese background, aged 18-70, with a physical impairment and receiving social care services within 6 months of interview. Recruitment leaflets and posters sent to all local authority adult social care teams. Recruitment materials also distributed in Chinese community centres and supermarkets. Recruitment materials in Chinese and English.</p> <p><b>Setting</b> Focus groups took place in Chinese community centres.</p> <p><b>Participant characteristics</b> Total number of participants N=26 Living in the community n=23 Living in care homes n=3 Ages 19-69. Majority were immigrants from Hong Kong, Mainland China, Malaysia and Singapore.</p> <p><b>Data collection and analysis</b></p>	<p><b>Findings (including author's interpretation)</b> The author reported data about the following themes and subthemes: <u>Language difference as a barrier to negotiating services:</u></p> <ul style="list-style-type: none"> <li>• They also felt disoriented and were unable to be fully involved during the assessment process because they were not able to communicate effectively with the English-speaking social workers. Participants' stories suggest that although social workers are aware of the importance and procedure to involve interpreters, family is often drawn in to perform the interpreter's role. "When the social worker cannot find an interpreter, she will ask my daughter to help. But you know my daughter lives in another city. It causes her troubles to travel here." p148</li> <li>• Apart from the difficulty in getting support from independent interpreters, there are also concerns about the quality of translation. For about 6 months, Mr Yang did not understand the role of the social worker while he was in hospital. "I didn't know she was a social worker, I didn't know what social worker did. My boss's wife interpreted for me . . . but at the beginning; I didn't understand anything</li> </ul>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</b></p> <p><b>1. Was there a clear statement of the aims of the research?</b> Yes</p> <p><b>2. Is a qualitative methodology appropriate?</b> Yes</p> <p><b>3. Was the research design appropriate to address the aims of the research?</b> Yes</p> <p><b>4. Was the recruitment strategy appropriate to the aims of the research?</b> Yes</p> <p><b>5. Was the data collected in a way that addressed the research issue?</b> Yes</p>



Study details	Methods and participants	Results	Limitations
<p><b>Study dates</b> 2012 and 2013</p> <p><b>Study aim</b> To examine the factors which affect experiences of social care of Chinese people with physical disabilities.</p>	<p><b>Data collection:</b> Stage 1: Individual face-to-face semi-structured interviews conducted by 2 bilingual researches and 1 English speaking researcher. Interview schedule used with open-ended questions. Stage 2: all interviewees were invited to take part in focus group discussions. Focus groups used to discuss the findings from the interviews to validate the researchers' interpretation. Focus groups lasted between 50-90 minutes. Interviews and focus groups were audio recorded and transcribed.</p> <p><b>Data analysis:</b> Analysis of data was in the same language as the data collection. Data labelled into codes and themes. Bilingual researchers translated Chinese codes and themes into English. Themes were presented to focus groups for validation. Final thematic representation was agreed by the research team.</p>	<p>they said. Actually the social worker found the boss's wife didn't translate everything for me." p148</p> <ul style="list-style-type: none"> <li>• One participant had a stroke and as a result, one side of her body was paralysed. However, it took social care a few months to respond to her request for assessment. "The social worker probably thought I could pay for a private helper. She didn't offer any alternatives, no. So I had to pay for a helper. I didn't have any assistance for a few months." p149</li> </ul>	<p><b>6. Has the relationship between researcher and participants been adequately considered?</b> Can't tell – participants were offered to rearrange interviews or withdraw if the researcher noticed any distress, however influence that might cause bias was not considered.</p> <p><b>7. Have ethical issues been taken into consideration?</b> Yes - ethics approval was obtained from the National Social Care Research Ethics Committee and informed consent was sought before data collection commenced. Pseudonyms were used to protect participants' identity.</p> <p><b>8. Was the data analysis sufficiently rigorous?</b> Yes – it is clear how the themes were derived. Three researchers read the transcripts independently and themes were decided as a team.</p> <p><b>9. Is there a clear statement of findings?</b> Yes</p> <p><b>10. How valuable is the research?</b> Valuable, although limited to the Chinese population living in the UK.</p>

Study details	Methods and participants	Results	Limitations
			<p><b>Overall methodological limitations (No or minor/Minor/Moderate/Serious)</b> No limitations</p> <p><b>Source of funding</b> Not industry funded (funded by National Institute of Health Research School for Social Care Research in England).</p>

*CASP: Critical Appraisal Skills Programme; SDS2: self-directed support 2; UK: United Kingdom*



## Appendix E Forest plots

**Forest plots for review questions: What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?**

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

## Appendix F GRADE and GRADE-CERQual tables

**GRADE tables for review question: What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?**

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

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

**Overarching theme A1 – Satisfaction with the process of accessing a social work assessment**

**Table 8 : Evidence profile (GRADE-CERQual) for theme A1.1 Timeliness**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme A1.1 – Timeliness</b>						
1 study • Yeung 2016 Qualitative design with semi structured interviews and focus group. N=26 participants with a physical impairment receiving social care services.	Data from 1 study suggested that it took too long for social care to respond to a request for an assessment. One participant said “The social worker probably thought I could pay for a private helper. She didn’t offer any alternatives, no. So I had to pay for a helper. I didn’t have any assistance for a few months.” [Yeung 2016 p149.]	No or very minor concerns	No or very minor concerns	Serious concerns <sup>1</sup>	No or very minor concerns	MODERATE

1. Studies together did not offer rich data

**Overarching theme A2 - Assessment meeting the persons’ expectations**

**Table 9 : Evidence profile (GRADE-CERQual) for theme A2.1: Knowing what to expect from the assessment**

Study information	Description of review finding	CERQual Quality Assessment
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		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
<b>Theme A2.1 – Knowing what to expect from the assessment</b>						
2 studies <ul style="list-style-type: none"> <li>Darling 2012 Qualitative design using focus groups. N=27 adults with disabilities and carers.</li> <li>Symonds 2018 Qualitative design with semi-structured interviews. N=30 social work practitioners</li> </ul>	Data from 2 studies report that there is uncertainty around knowing what to expect from a needs assessment. There was a lack of clarity around the follow up of a needs assessment, and people were not aware of what a needs assessment was. For example, “no follow up” and “no guidelines about what you can spend your money on”. [Darling 2012 p113.]	No or very minor concerns	No or very minor concerns	Moderate concerns <sup>1</sup>	No or very minor concerns	HIGH

1. Studies together offered some rich data

**Table 10: Evidence profile (GRADE-CERQual) for theme A2.2: Support during the assessment process**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Sub-theme A2.2.1 – Completing assessment</b>						
1 study <ul style="list-style-type: none"> <li>Darling 2012 Qualitative design using focus groups. N=27 adults with disabilities and carers.</li> </ul>	Data from 1 study reported mixed views regarding how much support people had when completing their self-assessment. Some said they had support from social workers, independent support organisations and families. Some people said they had very little support. Most people felt that regular contact with the person helping with the assessment would improve the process of self-assessment. For example: “it would help if someone got back to us in reasonable time with answers to our queries”. [Darling 2012, p113.]	No or very minor concerns	Minor concerns <sup>1</sup>	Moderate concerns <sup>2</sup>	No or very minor concerns	MODERATE
<b>Sub-theme A2.2.2 – Support to identify needs</b>						

1 study • Symonds 2018 Qualitative design using semi-structured interviews. N=30 social work practitioners	Data from 1 study reports that people need support to help them identify their needs and the support they require from social services. For example: "Sometimes they need help but don't want it, and sometimes they want help and don't need it". [Symonds 2018, p1918.]	No or very minor concerns	No or very minor concerns	Serious concerns <sup>3</sup>	No or very minor concerns	MODERATE
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1. Some evidence is ambiguous or contradictory without a credible explanation for differences
2. Studies together offered some rich data
3. Studies together did not offer rich data

### Overarching theme A3 – Carers satisfaction with the assessment

**Table 11: Evidence profile (GRADE-CERQual) for theme A3.1: Perceptions of how person-centred the assessment is**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Theme A3.1 – Perceptions on how person-centred assessment is</b>						
1 study • Darling 2012 Qualitative design with focus groups. N=27 adults with disabilities and carers.	Data from 1 study indicated that carers thought the assessments were not person-centred. The study reported that carers were concerned that the information used by social workers was too generalisable for the individual needs of their relatives.  <i>No supporting quote available.</i>	No or very minor concerns	Minor concerns <sup>1</sup>	Serious concerns <sup>2</sup>	No or very minor concerns	LOW

1. Some evidence is ambiguous or contradictory without a credible explanation for differences.
2. Studies together did not offer rich data.

**Overarching theme A4 – Perceived appropriateness of the conduct of assessments**

**Table 12: Evidence profile (GRADE-CERQual) for theme A4.1: Appropriateness of online self-assessment**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Theme A4.1 – Appropriateness of online self-assessment</b>						
1 study • Abendstern 2014 Qualitative design with semi-structured interviews. N=5 social services managers of self-assessment projects	<p>Data from 1 study reported practitioner perceptions that online self-assessment may not be appropriate for all groups of people if they didn't have the appropriate support to use the I.T technology. "What isn't being tackled properly . . . is enabling people, who are the actual audience, to get to it . . . part of the learning for this, is that where we have provided support for people, with a support worker, to do it with them, then it has been of value and people are satisfied with it, they are not frustrated . . . . If you . . . say 'okay all the information is on the web site', they throw their hands up because they don't have a PC and they certainly don't know how to use one." [Abendstern 2014, p736].</p> <p>However managers thought that online self-assessment would widen access to assessments and could be used by all regardless of their level of need. "Any service user, not even service user, any person living in the borough . . . can access the self-assessment". [Abendstern 2014, p737].</p>	No or very minor limitations	No or very minor limitations	Moderate concern <sup>1</sup>	No or very minor limitations	HIGH

1. Studies together offered some rich data

**Table 13: Evidence profile (GRADE-CERQual) for theme A4.2: Balancing needs and wishes against available resources**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Theme A4.2 – Balancing needs and wishes against available resources</b>						

<p>1 study</p> <ul style="list-style-type: none"> <li>• Symonds 2018</li> </ul> <p>Qualitative design with semi-structured interviews. N=30 social work practitioners.</p>	<p>Data from 1 study reported that practitioners are faced with balancing the needs and wishes against available resources, whilst maintaining an appropriate conduct during assessment by using judgement to decide what is useful. For example: "I guess there's some level of professional judgement . . . you think 'OK, no, this isn't the time or place to ask about that, because it's too sensitive', or you know, 'I can see this is a hugely emotional thing for them'". [Symonds 2018, p1922].</p>	<p>No or very minor concerns</p>	<p>Minor concerns<sup>1</sup></p>	<p>Moderate concerns<sup>2</sup></p>	<p>No or very minor concerns</p>	<p>MODERATE</p>
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1. Some evidence is ambiguous or contradictory without a credible explanation for differences
2. Studies together offered some rich data

**Table 14: Evidence profile (GRADE-CERQual) for theme A4.3: Meeting needs through self-assessment**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Sub-theme A4.3.1 – Practitioner views</b>						
<p>2 studies</p> <ul style="list-style-type: none"> <li>• Abendstern 2013</li> </ul> <p>Qualitative design with semi-structured interviews. N=12 care managers from adult social care departments..</p> <ul style="list-style-type: none"> <li>• Abendstern 2014</li> </ul> <p>Qualitative design with semi-structured interviews. N=5 social services managers of self-assessment</p>	<p>Data from 2 studies reported that practitioners feel self-assessment may not be appropriate for meeting the needs of everyone, in particular those who had complex needs. There were concerns that self-assessment may not result in appropriate solutions and continued professional input is required. There were also concerns that self-assessment may not be safe. For example: "There are some very articulate, able people, who are able to fill in forms . . . but people who are isolated and vulnerable and eligible for our services, a large section of them, when you suggest to them . . . would they be interested, willing and able to fill in a form, they prefer to see a social worker . . . Perhaps we didn't have a robust enough screening tool, to really filter out people who were suitable and those that weren't". "There are fears about . . . 'we haven't been out and seen the home situation, for instance, so it might not be appropriate". [Abendstern 2013, p278-279].</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>Minor concerns<sup>1</sup></p>	<p>No or very minor concerns</p>	<p>HIGH</p>

Sub-theme A4.3.2 – Views of people using services						
<p>2 studies</p> <ul style="list-style-type: none"> <li>Abendstern 2013</li> </ul> <p>Qualitative design with semi-structured interviews. N=12 care managers from adult social care departments.</p> <ul style="list-style-type: none"> <li>Darling 2012</li> </ul> <p>Qualitative design with focus groups. N=27 adults with disabilities and carers.</p>	<p>Data from 2 studies presented mixed views from people using services on meeting needs through self-assessment.</p> <p>Practitioners felt that there were mixed views as to whether people using services preferred self-assessments, and that when given the option the majority would choose a face-to-face interview over the self-assessment. For example: “[self-assessment] suits some people really well and there are some people that is doesn’t, so that is why the screening is so key”. [Abenstern 2013, p280]</p> <p>Some people felt that care needs should be the focus of the assessment, as opposed to specified criteria. There was mixed views about whether the self-assessment covered their needs. Four people felt the questionnaire covered all their needs, whereas the majority felt they did not at all, and one person felt the form did not meet the needs of someone with a physical and mental disability.</p>	No or very minor concerns	Minor concerns <sup>2</sup>	Minor concerns <sup>1</sup>	No or very minor concerns	MODERATE

1. Studies together offered moderately rich data
2. Some evidence is ambiguous or contradictory without a credible explanation for differences

**Table 15: Evidence profile (GRADE-CERQual) for theme A4.4: Person-centred approach to self-assessment**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
Theme A4.4 – Person-centred approach to self-assessment						

<p>2 studies</p> <ul style="list-style-type: none"> <li>Abendstern 2013 Qualitative design with semi-structured interviews. N=12 care managers from adult social care departments.</li> <li>Abendstern 2014 Qualitative design with semi-structured interviews. N=5 social services managers of self-assessment projects.</li> </ul>	<p>Data from 2 studies reported that practitioners felt that self-assessment could deliver a more person-centred approach to identifying needs, and allow people to choose areas of need that want to discuss. For example: "It's very positive really because the service user drives the agenda and doesn't get channelled through an assessment that we might see as holistic, but which might cover lots of things they are not interested in, and that is a strength". [Abendstern 2014, p738].</p> <p>Practitioners recognised the importance of person-centred approach, but there was a concern that different professionals may not have the same approach to person-centred care.</p> <p>For example: "There . . . needs to be a whole change in attitude in involving service users...I think that we as a service can talk more confidently than others parts of the service about people's engagement in the assessment process". [Abendstern 2013, p279]</p> <p>For example: "Talking to the mediators [employed by a voluntary agency to undertake self-assessment], their view of person-centred was very different . . . There wasn't a common understanding" [Abendstern 2013, p279]</p>	<p>No or very minor concerns</p>	<p>No or very minor concerns</p>	<p>Minor concerns<sup>1</sup></p>	<p>No or very minor concerns</p>	<p>HIGH</p>
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1. Studies together offered moderately rich data

**Table 16: Evidence profile (GRADE-CERQual) for theme A4.5: Social worker role in self-assessment**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
Theme A4.5 – Social worker role in self-assessment						



<p>1 study</p> <ul style="list-style-type: none"> <li>Abenstern 2013</li> </ul> <p>Qualitative design with semi-structured interviews. N=12 care managers from adult social care departments.</p>	<p>Data from 1 study reported the concerns of care managers regarding their role in self-assessment. Care managers felt that self-assessment can challenge the relationship between the person and the professional, and in turn presents concerns over role erosion if they are not undertaking assessments. For example "there are some legitimate concerns there, but it is also about this liability issue . . . it's about our role and function . . . if assessment are taking place elsewhere, what need is there for us? So there are a few tensions around it."</p> <p>[Abenstern 2013, p278]</p>	No or very minor concerns	No or very minor concerns	Moderate concerns <sup>1</sup>	No or very minor concerns	HIGH
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1. Studies together offered some rich data

### Overarching theme A5 – Positive and negative aspects of the process of assessment and reviews

**Table 17: Evidence profile (GRADE-CERQual) for theme A5.1: Perceived ability to express preferences**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Theme A5.1 – Perceived ability to express preferences</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Darling 2012</li> </ul> <p>Qualitative design with focus groups. N=27 adults with disabilities and carers.</p>	<p>Data from 1 study indicated that people were not able to express their preferences in assessment. Some people using services felt the process was "hijacked" [Darling 2012, p113] by social workers, and their ability to express a preference depended on the social worker. They also felt that they either didn't get to see the forms before the assessment, think about the questions or they didn't have enough time to read them after filling them in. Sometimes the social worker read the questions out and wrote the answers.</p>	No or very minor limitations	No or very minor limitations	Moderate concerns <sup>1</sup>	No or very minor limitations	HIGH
<b>Sub-theme A5.1.1 – Access to completed review</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Darling 2012</li> </ul> <p>Qualitative design with focus groups. N=27 adults with disabilities and carers.</p>	<p>Data from 1 study indicated that there was dissatisfaction with access to the completed review. The majority of people reported that they do not get to see a copy of the completed review or the copy signed off by the council, which led to dissatisfaction and a lack of opportunity to correct inaccurate information. For example:</p>	No or very minor concerns	No or very minor concerns	Moderate concerns <sup>1</sup>	No or very minor concerns	HIGH

	"there is stuff that is incorrect, misrepresented, or out of date". [Darling 2012, p113]					
<b>Sub-theme A5.1.2 – Language as a barrier</b>						
1 study • Yeung 2016 Qualitative design with semi structured interviews and focus group. N=26 participants with a physical impairment receiving social care services.	Data from 1 study reported that language was a barrier during the assessment process, where people's first language was not English. The inability to communicate with English speaking social workers prevented them from being fully involved. The importance of interpreters did not seem to be recognised by social workers, and often family had to step in which was not always practically ideal, and at times the translation was not accurate and not all information was relayed. For example: "When the social worker cannot find an interpreter, she will ask my daughter to help. But you know my daughter lives in another city. It causes her troubles to travel here." "I didn't know she was a social worker, I didn't know what social worker did. My boss's wife interpreted for me . . . but at the beginning; I didn't understand anything they said. Actually the social worker found the boss's wife didn't translate everything for me." [Yeung 2016, e148]	No or very minor concerns	No or very minor concerns	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	MODERATE

1. Studies together offer some rich data

2. Some evidence is from a substantially different context to the review question (Yeung 2016: Chinese population only)

**Table 18: Evidence profile (GRADE-CERQual) for theme A5.2: Satisfaction with social worker**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Theme A5.2 – Satisfaction with social worker</b>						

1 study • Darling 2012 Qualitative design with focus groups. N=27 adults with disabilities and carers.	Data from 1 study reported that for some individuals, satisfaction with the assessment process was based around the approach of individual social workers. "It all depends on if you've got a good social worker doing the assessment." [Darling 2012, p113]	No or very minor concerns	No or very minor concerns	Serious concerns <sup>1</sup>	No or very minor concerns	MODERATE
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1. Studies together did not offer rich data

**Table 19: Evidence profile (GRADE-CERQual) for theme A5.3: Timing**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Sub-theme A5.3.1 – Timing of follow up</b>						
1 study • Darling 2012 Qualitative design with focus groups. N=27 adults with disabilities and carers.	Data from 1 study indicated that there is a long delay between when the budget is agreed and when it is delivered. There was also indication that there is a lack of follow up and monitoring of the impact of the review.  <i>No supporting quote available.</i>	No or very minor concerns	No or very minor concerns	Serious concerns <sup>1</sup>	No or very minor concerns	MODERATE
<b>Sub-theme A5.3.2 – Timing of review</b>						
1 study • Darling 2012 Qualitative design with focus groups. N=27 adults with disabilities and carers.	Data from 1 study reported that for most people the timing of their annual review was 'OK'. [Darling 2012, p113]. Some people felt that the review process can take so long that it runs into their next annual review.	No or very minor concerns	No or very minor concerns	Serious concerns <sup>1</sup>	No or very minor concerns	MODERATE
<b>Sub-theme A5.3.3 – Time taken to complete self-assessment</b>						
1 study • Darling 2012 Qualitative design with focus groups. N=27 adults with disabilities and carers.	Data from 1 study reported a dissatisfaction in the time taken to complete a self-assessment. The data imply that the self-assessment was judged to take too long to complete.  <i>No supporting quote available.</i>	No or very minor concerns	No or very minor concerns	Serious concerns <sup>1</sup>	No or very minor concerns	MODERATE

1. Studies together did not offer rich data

**Overarching theme A6 – Practitioners perceptions of whether they have adequate time and resources to conduct assessment**

**Table 20: Evidence profile (GRADE-CERQual) for theme A6.1: Assessing full range of strengths, needs and wishes**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Theme A6.1 - Assessing full range of strengths, needs and wishes</b>						
1 study • Symonds 2018 Qualitative design with semi-structured interviews. N=30 social work practitioners.	<p>Data from 1 study indicated that it can be difficult to identify the full range of needs of the person. Practitioners described the dilemma they face when deciding if someone’s needs are overstated or understated. Some people can explain their needs and abilities clearly, whereas other are either unaware of their needs, do not admit all of their needs, or at times are not honest and fabricate their needs. They were also concerned about how competent some clients were at expressing their needs.</p> <p>The study reported that practitioners find using family carers’ views helpful when identifying needs. For example: “Sometimes it’s definitely best for them to have their carer or other family members around them, and they can be incredibly supportive, and can help them to open up and say how things are.” [Symonds 2018, p1923].</p> <p>As well as taking a “holistic” [Symonds 2018, p1923 approach and observing the person’s living conditions and abilities. For example: “It doesn’t hurt to say yes if they ask if you want a cup of tea...It helps you make an assessment, are they able to use the kitchen safely.” [Symonds 2018, p1923]</p>	No or very minor limitations	No or very minor limitations	Moderate concerns <sup>1</sup>	No or very minor limitations	HIGH

1. Studies together offered some rich data

**Overarching theme A7 – Practitioners’ role as gatekeeper**

**Table 21: Evidence profile (GRADE-CERQual) for theme A7.1: Balancing needs and wishes against available resources**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Theme A7.1 - Balancing needs and wishes against available resources</b>						
<p>3 studies</p> <ul style="list-style-type: none"> <li>• Bolger 2014 Qualitative ethnographic study with interviews. N=15 people using social care services and carers or relatives..</li> <li>• Darling 2012 Qualitative design with focus groups. N=27 adults with disabilities and carers.</li> <li>• Symonds 2018 Qualitative design with semi-structured interviews. N=30 social work practitioners.</li> </ul>	<p>Data from 3 studies reported mixed views about the dominance of budget considerations in the assessment process.</p> <p>Practitioners expressed the need to balance the wishes of people and their families with their own judgement about what they are eligible for against set criteria.</p> <p>For example: “And so when we talk about choice . . . if you’ve got the money, you’ve got the choice”.</p> <p>[Symonds 2018, p1922]</p> <p>However, in practice it was incredibly rare for them to have to refuse support to meet needs due to a lack of resources.</p> <p>On the other hand, people being assessed said that assessments did not focus on their care needs and were not sufficiently comprehensive. They said they felt that support plans could not be personalised because people being assessed had no choice over spending. For example: “increasingly the support plan is irrelevant because of lack of resources”. [Darling 2012, p113]</p> <p>This led to needs not being met and therefore a loss of quality of life and feelings of anxiety and uncertainty.</p> <p>Data indicated that practitioners are faced with having to balance needs against the budget. One practitioner mentioned they are responsible for “protecting the public money”. [Symonds 2018, p1920]</p> <p>Team managers expect their workers to be flexible in their approaches to meeting needs as long as costly admissions to residential homes were avoided. For example: Team manager told her workers: “now the words I don’t want to hear are ‘we don’t do ironing’, we would say “we don’t</p>	Minor concerns <sup>1</sup>	No or very minor limitations	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	MODERATE

	<p>think that this is the best use of the home help's time". [Bolger 2014, p426].</p> <p>However social workers felt that the flexibility of this approach was limited as they were required to justify their assessment decisions which as reported by a social worker this puts "pressures on colleagues" [Bolger 2014, p426].</p>					
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1. Minor concerns about methodological limitations as per CASP qualitative checklist
2. Studies together offered moderately rich data
3. Some evidence is from a substantially different to the review question context (data collection from Bolger 2014 took place between 1998-2001, 9 years before date limit set in protocol)

**Table 22: Evidence profile (GRADE-CERQual) for theme A7.2: Practitioners' role as an advocate**

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy of data	Relevance of evidence	Overall confidence
<b>Theme A7.2 - Practitioners role as an advocate</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>• Symonds 2018</li> </ul> <p>Qualitative design with semi-structured interviews. N=30 social work practitioners. practices.</p>	<p>Data from 1 study indicated that practitioners felt their role in assessments was that of an advocate to provide an interface with the system, for example "We're negotiating on behalf of the service-user, that interface between bureaucracy, agencies, you know, hard-set policy, and using discretion, and . . . yeah, influence to act for the service-user" [Symonds 2018, p1920], but due to their high volume of work they expressed concerns over fulfilling all their duties. For example: "so how are we going to do quality support for people and provide good care, and have the time to do x, y and z" [Symonds 2018, p1920].</p>	No or very minor limitations	No or very minor limitations	Moderate concerns <sup>1</sup>	No or very minor limitations	HIGH

1. Studies together offer some rich data

## **Appendix G Economic evidence study selection**

**Economic evidence study selection for review question: What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?**

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 complex care and support needs (including strengths-based approaches)?**

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 complex care and support needs (including strengths-based approaches)?**

No economic analysis was conducted for this review question.

## Appendix J Excluded studies

**Excluded studies for review question: What is the effectiveness of social work approaches to assessing and reviewing complex care and support needs (including strengths-based approaches)?**

**Table 23: Excluded studies and reasons for their exclusion**

Study	Reason for Exclusion
Does the meeting centres support programme reduce unmet care needs of community-dwelling older people with dementia? A controlled, 6-month follow-up Polish study, <i>Clinical Interventions in Aging</i> , 14, 113-122, 2019	Ineligible population - Does not fit the population specified in the protocol.
Abbott, P. J., Case management: ongoing evaluation of patients' needs in an opioid treatment program, <i>Professional case management</i> , 15, 145-152, 2010	Ineligible intervention: no data on effectiveness of needs assessment
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, <i>BMC medical informatics and decision making</i> , 12, 71, 2012	Ineligible population - Does not fit the population specified in the protocol.
Albuquerque, Cristina P., Carvalho, Ana Cristina, Identification of needs of older adults with intellectual disabilities, <i>Journal of Policy and Practice in Intellectual Disabilities</i> , 17, 123-131, 2020	Ineligible study design - not an intervention study. Validation of Inventory of Identification of Needs (IIN) tool
Alonso-Sardon, M., Iglesias-de-Sena, H., Fernandez-Martin, L. C., Miron-Canelo, J. A., Do health and social support and personal autonomy have an influence on the health-related quality of life of individuals with intellectual disability?, <i>BMC health services research</i> , 19, 63, 2019	Ineligible intervention: no data on effectiveness of needs assessment.
Andrew, N. E., Kilkenny, M., Naylor, R., Purvis, T., Lalor, E., Moloczij, N., Cadilhac, D. A., National Stroke Foundation, Understanding long-term unmet needs in Australian survivors of stroke, <i>International Journal of Stroke</i> , 9 Suppl A100, 106-12, 2014	Ineligible intervention: no data on effectiveness of needs assessment.
Asmoredjo, J., Beijersbergen, M. D., & Wolf, J. R. L. M., Client experiences with shelter and community care services in the Netherlands: Quality of services for homeless people, homeless youth, and abused women., <i>Research on Social Work Practice</i> , 27, 779-788, 2017	Ineligible intervention: no data on effectiveness of needs assessment.
Bajwah, S., Oluyase, A. O., Yi, D., Gao, W., Evans, C. J., Grande, G., Todd, C., Costantini, M., Murtagh, F. E., Higginson, I. J., The effectiveness and cost-effectiveness of hospital-based specialist palliative care for adults with advanced illness and their caregivers, <i>Cochrane Database of Systematic Reviews</i> , 2020	Cochrane systematic review, references checked but do not meet the PICO criteria.
Bannon, S., Greenberg, J., Mace, R. A., Locascio, J. J., Vranceanu, A. M., The role of	Ineligible country – study conducted in the US

Study	Reason for Exclusion
social isolation in physical and emotional outcomes among patients with chronic pain, <i>General Hospital Psychiatry</i> , 69, 50-54, 2021	
Batstone, E., Bailey, C., Hallett, N., Spiritual care provision to end-of-life patients: A systematic literature review, <i>Journal of clinical nursing</i> , 29, 3609-3624, 2020	Systematic review, references checked but do not meet the PICO specified in the protocol.
Beresford, Bryony, et al., Reablement services for people at risk of needing social care: the MoRe mixed-methods evaluation, <i>Health Services and Delivery Research</i> , 7, 2019	Ineligible intervention: no data on effectiveness of needs assessment.
Boulton Elisabeth, et al., Rapid systematic review of systematic reviews: what befriending, social support and low intensity psychosocial interventions, delivered remotely, are effective in reducing social isolation and loneliness among older adults? How do they work?, <i>F1000Research</i> , 9, 1000	Ineligible on intervention - Not a social worker approach to a needs assessment
Brooke, J., Diaz-Gil, A., Jackson, D., The impact of dementia in the prison setting: A systematic review, <i>Dementia (London, England)</i> , 19, 1509-1531, 2020	Systematic review, references checked but none meet the PICO criteria
Caiels, James, Milne, Alisoun, Beadle-Brown, Julie, Taking a strengths-based approach to social work and social care: a literature review, 43, 2021	Ineligible study design - literature review
Calvert, M., Pall, H., Hoppitt, T., Eaton, B., Savill, E., Sackley, C., Health-related quality of life and supportive care in patients with rare long-term neurological conditions, <i>Quality of Life Research</i> , 22, 1231-8, 2013	Ineligible intervention: no data on effectiveness of needs assessment.
Challis, David, Abendstern, Michele, Clarkson, Paul, Hughes, Jane, Sutcliffe, Caroline, Comprehensive assessment of older people with complex care needs: the multi-disciplinarity of the Single Assessment Process in England, <i>Ageing &amp; Society</i> , 30, 1115-1134, 2010	Ineligible intervention: no data on effectiveness of needs assessment
Choi, N. G., Marti, C. N., Wilson, N. L., Chen, G. J., Sirrianni, L., Hegel, M. T., Bruce, M. L., Kunik, M. E., Effect of Telehealth Treatment by Lay Counselors vs by Clinicians on Depressive Symptoms among Older Adults Who Are Homebound: A Randomized Clinical Trial, <i>JAMA network open</i> , (no pagination), 2020	Ineligible on intervention - Not a social worker approach to a needs assessment
Chum, A., Wang, R., Nisenbaum, R., O'Campo, P., Stergiopoulos, V., Hwang, S., Effect of a housing intervention on selected cardiovascular risk factors among homeless adults with mental illness: 24-month follow-up of a randomized controlled trial, <i>Journal of the American Heart Association</i> , 9 (19) (no pagination), 2020	Ineligible on intervention - Not a social worker approach to a needs assessment
Clarkson Paul, et al., Healthcare support to older residents of care homes: a systematic review of specialist services, <i>Quality in Ageing and Older Adults</i> , 19, 54-84, 2018	Systematic review, references checked but none meet the PICO criteria.
Clements, K. M., Mitra, M., Zhang, J., Parish, S. L., Postpartum Health Care Among Women With	Ineligible population - included participants aged 15-44 years; outcome data not reported

Study	Reason for Exclusion
Intellectual and Developmental Disabilities, American Journal of Preventive Medicine, 59, 437-444, 2020	separately for participants aged 18 years or older
Clignet, Frans, et, al, Unmet care needs, care provision and patient satisfaction in patients with a late life depression: a cross-sectional study, Aging and Mental Health, 23, 491-497, 2019	Ineligible intervention: no data on effectiveness of needs assessment.
Craig, Christopher, Chadborn, Neil, Sands, Gina, Tuomainen, Helena, Gladman, John, Systematic review of EASY-care needs assessment for community-dwelling older people, Age and Ageing, 44, 559-565, 2015	Systematic review, references checked but none meet the PICO criteria.
Dalton-Locke, C., Marston, L., McPherson, P., Killaspy, H., The Effectiveness of Mental Health Rehabilitation Services: A Systematic Review and Narrative Synthesis, Frontiers in Psychiatry, 11 (no pagination), 2020	Ineligible on intervention - Not a social worker approach to a needs assessment
Darley, S., Knowles, S., Woodward-Nutt, K., Mitchell, C., Grande, G., Ewing, G., Rhodes, S., Bowen, A., Patchwood, E., Challenges implementing a carer support intervention within a national stroke organisation: findings from the process evaluation of the OSCARSS trial, BMJ Open, 11, e038129, 2021	Ineligible intervention - intervention is not a social worker approach to a needs assessment
De Maria, M., Tagliabue, S., Ausili, D., Vellone, E., Matarese, M., Perceived social support and health-related quality of life in older adults who have multiple chronic conditions and their caregivers: a dyadic analysis, Social Science and Medicine, 262 (no pagination), 2020	Ineligible study design- cross-sectional study
Deschodt, M., Laurent, G., Cornelissen, L., Yip, O., Zuniga, F., Denhaerynck, K., Briel, M., Karabegovic, A., De Geest, S., Inspire consortium, Core components and impact of nurse-led integrated care models for home-dwelling older people: A systematic review and meta-analysis, International journal of nursing studies, 105, 103552, 2020	Ineligible on intervention - Not a social worker approach, nurse led approach
Diaz-Gil, Alicia, et, al, Care needs of people with dementia in the peri-operative environment: a systematic review, Dementia: the International Journal of Social Research and Practice, 19, 1889-1906, 2020	Ineligible on intervention - Not a social worker approach to a needs assessment
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 population - Does not fit the population specified in the protocol.
Dopp, C. M. E., Drenth, H., Verkade, P. J., Francke, A. F., van der Heide, I., Interventions for improving self-direction in people with	Ineligible intervention - Not a social worker approach to a needs assessment

Study	Reason for Exclusion
dementia: a systematic review, BMC geriatrics, 21, 195, 2021	
Duan-Porter Wei, et al., Interventions to prevent or delay long-term nursing home placement for adults with impairments: a systematic review of reviews, Journal of General Internal Medicine, early cite, 2, 2020	Ineligible on intervention - Not a social worker approach to a needs assessment
Durbin, A., Sirotich, F., Antoniou, T., Roesslein, K., Durbin, J., Lunsky, Y., Unmet needs among men with human immunodeficiency virus in community mental health care: a cross-sectional study, AIDS Care, 28, 878-83, 2016	Ineligible intervention - no data on effectiveness of needs assessment.
Emechebe, N., Taylor, P. L., Amoda, O., Pruitt, Z., Passive social health surveillance and inpatient readmissions, American Journal of Managed Care, 25, 388-395, 2019	Ineligible intervention: no data on effectiveness of needs assessment.
Fleisher, J., Barbosa, W., Sweeney, M. M., Oyler, S. E., Lemen, A. C., Fazl, A., Ko, M., Meisel, T., Friede, N., Dacpano, G., Gilbert, R. M., Di Rocco, A., Chodosh, J., Interdisciplinary Home Visits for Individuals with Advanced Parkinson's Disease and Related Disorders, Journal of the American Geriatrics Society, 66, 1226-1232, 2018	Ineligible intervention: no data on effectiveness of needs assessment.
Freedman, A., Nicolle, J., Social isolation and loneliness: The new geriatric giants Approach for primary care, Canadian Family Physician, 66, 176-182, 2020	Ineligible study design - Clinical review article
Frost, R., Rait, G., Wheatley, A., Wilcock, J., Robinson, L., Harrison Denning, K., Allan, L., Banerjee, S., Manthorpe, J., Walters, K., What works in managing complex conditions in older people in primary and community care? A state-of-the-art review, Health & social care in the community., 15, 2020	Systematic review, references checked but none meet the PICO criteria.
Fulone, I., Barreto, J. O. M., Barberato-Filho, S., Bergamaschi, C. D. C., Silva, M. T., Lopes, L. C., Improving Care for Deinstitutionalized People With Mental Disorders: Experiences of the Use of Knowledge Translation Tools, Frontiers in Psychiatry, 12 (no pagination), 2021	Ineligible on intervention - Not a social worker approach to a needs assessment
Gibson, A. K., Anderson, K. A., Acocks, S., Exploring the service and support needs of families with early-onset Alzheimer's disease, American Journal of Alzheimer's Disease & Other Dementias, 29, 596-600, 2014	Ineligible intervention: no data on effectiveness of needs assessment.
Guzman-Parra, Jose, et, al, Needs, perceived support, and hospital readmissions in patients with severe mental illness, Community Mental Health JournalCommunity Ment Health J, 54, 189-196, 2018	Ineligible intervention: no data on effectiveness of needs assessment
Hall, A., D'Este, C., Tzelepis, F., Lynagh, M., Sanson-Fisher, R., Factors associated with haematological cancer survivors experiencing a high level of unmet need across multiple items of supportive care: a cross-sectional survey	Ineligible intervention: no data on effectiveness of needs assessment.

Study	Reason for Exclusion
study, Supportive Care in Cancer, 22, 2899-2909, 2014	
Hanssen, D. J., Oude Voshaar, R. C., Naarding, P., Rabeling-Keus, I. M., Olde Hartman, T. C., Lucassen, P. L., Social characteristics and care needs of older persons with medically unexplained symptoms: a case-control study, Family Practice, 33, 617-625, 2016	Ineligible intervention: no data on effectiveness of needs assessment.
Henderson, Louise, et, al, Integrated health and social care in the community: A critical integrative review of the experiences and well-being needs of service users and their families, Health and Social Care in the Community, 2020	Systematic review, references checked but none meet the PICO criteria.
Hwang, S. W., Ueng, J. J. M., Chiu, S., Kiss, A., Tolomiczenko, G., Cowan, L., Redelmeier, D. A., Universal health insurance and health care access for homeless persons, American Journal of Public Health, 100, 1454-1461, 2010	Ineligible intervention: no data on effectiveness of needs assessment.
Jenkins, M., & Parylo, C. , Evaluation of health services received by homeless families in Leicester, Community Practice, 84, 21-24, 2011	Ineligible intervention: no data on effectiveness of needs assessment.
Kasteridis, P., Mason, A., Goddard, M., Jacobs, R., Santos, R., Rodriguez-Sanchez, B., McGonigal, G., Risk of Care Home Placement following Acute Hospital Admission: Effects of a Pay-for-Performance Scheme for Dementia, PLoS ONE [Electronic Resource], 11, e0155850, 2016	Ineligible intervention: no data on effectiveness of needs assessment.
Kolek, A., Prasko, J., Ociskova, M., Vanek, J., Holubova, M., Hodny, F., Minarikova, K., Zmekova, J., "Don't tell me that I am hysterical": Unmet needs of patients with panic disorder, Neuro endocrinology letters, 41, 370-384, 2020	Ineligible on intervention - Not a social worker approach to a needs assessment
Koltai, K., Walsh, C., Jones, B., Berkelaar, B. L., Applying Social Network Analysis to Identify the Social Support Needs of Adolescent and Young Adult Cancer Patients and Survivors, Journal of Adolescent & Young Adult OncologyJ Adolesc Young Adult Oncol, 7, 181-186, 2018	Ineligible study design- does not meet those specified in the protocol.
Kraiss, J. T., Ten Klooster, P. M., Frye, E., Kupka, R. W., Bohlmeijer, E. T., Exploring factors associated with personal recovery in bipolar disorder, Psychology and psychotherapy., 19, 2021	Ineligible on intervention - Not a social worker approach to a needs assessment
Lehnerer, S., Hotter, B., Padberg, I., Knispel, P., Remstedt, D., Liebenau, A., Grittner, U., Wellwood, I., Meisel, A., Social work support and unmet social needs in life after stroke: A cross-sectional exploratory study, BMC Neurology, 19, 2019	Ineligible intervention: no data on effectiveness of needs assessment.
Lieberman, T., Kwon, N., Roofeh, R., Sohn, N., Gap-ed project: Improving care for elderly emergency department patients, Journal of Palliative Medicine, 21 (5), A8-A9, 2018	Ineligible country – Study conducted in the US
Maj, M., van Os, J., De Hert, M., Gaebel, W., Galderisi, S., Green, M. F., Guloksuz, S.,	Ineligible study design- special article

Study	Reason for Exclusion
Harvey, P. D., Jones, P. B., Malaspina, D., McGorry, P., Miettunen, J., Murray, R. M., Nuechterlein, K. H., Peralta, V., Thornicroft, G., van Winkel, R., Ventura, J., The clinical characterization of the patient with primary psychosis aimed at personalization of management, <i>World psychiatry</i> , 20, 4-33, 2021	
Maru, M., Rogers, E. S., Nicoletti, D., Legere, L., Placencio-Castro, M., Magee, C., Harbaugh, A. G., Vocational peer support for adults with psychiatric disabilities: Results of a randomized trial, <i>Psychiatric rehabilitation journal.</i> , 20, 2021	Ineligible on intervention - Not a social worker approach to a needs assessment
McGilton, Katherine S., et al, Identifying and understanding the health and social care needs of older adults with multiple chronic conditions and their caregivers: a scoping review, <i>BMC Geriatrics</i> BMC geriatr, 18, 2018	Systematic review, references checked and none meet PICO criteria.
Mitrushina, M., Tomaszewski, R., Psychometric properties of the HI-FI problem checklist in a sample of adults with neurological and neuropsychiatric disorders: factors contributing to life satisfaction after long-term disability, <i>Disability and Rehabilitation</i> , 39, 608-618, 2017	Ineligible intervention: no data on effectiveness of needs assessment.
Mizuno, Y., Fagan, J., Tie, Y., Padilla, M., Is patient navigation used by people with hiv who need it? An assessment from the medical monitoring project, 2015 - 2017, <i>AIDS Patient Care and STDs</i> , 34, 452-459, 2020	Ineligible country – Study conducted in the US
Moriarty Jo, Manthorpe Jill, The effectiveness of social work with adults: a systematic scoping review, 51, 2016	Ineligible study design – scoping review
National Institute For Health Research School for Social Care Research, The social care needs of adults with Touretteâ€™s Syndrome, 6, 2020	Ineligible study design - not an intervention study
National Institute For Health Research School for Social Care Research, Social care in prisons: a needs assessment and service requirements, 6, 2020	Ineligible study design - not an intervention study
Omerov, P., Craftman, A. G., Mattsson, E., Klarare, A., Homeless persons' experiences of health- and social care: A systematic integrative review, <i>Health &amp; social care in the community</i> , 28, 1-11, 2020	Systematic review, references checked but none meet the PICO criteria.
Oomen, D., Nijhof, A. D., Wiersema, J. R., The psychological impact of the COVID-19 pandemic on adults with autism: a survey study across three countries, <i>Molecular Autism</i> , 12 (1) (no pagination), 2021	Ineligible on intervention - Not a social worker approach to a needs assessment
O'Shea, E., Hopper, L., Marques, M., Goncalves-Pereira, M., Woods, B., Jelley, H., Verhey, F., Kerpershoek, L., Wolfs, C., de Vugt, M., Stephan, A., Bieber, A., Meyer, G., Wimo, A., Michelet, M., Selbaek, G., Portolani, E., Zanetti, O., Irving, K., Actifcare, Consortium, A comparison of self and proxy quality of life ratings for people with dementia and their	Ineligible study design - not an intervention study



Study	Reason for Exclusion
carers: a European prospective cohort study, <i>Aging &amp; mental health</i> , 24, 162-170, 2020	
O'Toole, L., Connolly, D., Boland, F., Smith, S. M., Effect of the OPTIMAL programme on self-management of multimorbidity in primary care: a randomised controlled trial, <i>British Journal of General Practice</i> , 71, e303â–e311, 2021	Ineligible outcomes - no critical/important outcomes reported.
Parker, K. J., Hickman, L. D., Phillips, J. L., Ferguson, C., Interventions to optimise transitional care coordination for older people living with dementia and concomitant multimorbidity and their caregivers: A systematic review, <i>Contemporary Nurse</i> , 56, 505-533, 2020	Systematic review, references checked but none meet the PICO criteria
Parsons, M., Senior, H., Mei-Hu Chen, X., Jacobs, S., Parsons, J., Sheridan, N., Kenealy, T., Assessment without action; a randomised evaluation of the interRAI home care compared to a national assessment tool on identification of needs and service provision for older people in New Zealand, <i>Health and Social Care in the Community</i> , 21, 536-544, 2013	Ineligible population - Does not fit the population specified in the protocol.
Parsons, J. G., Sheridan, N., Rouse, P., Robinson, E., Connolly, M., A randomized controlled trial to determine the effect of a model of restorative home care on physical function and social support among older people, <i>Archives of Physical Medicine and Rehabilitation</i> , 94, 1015â–1022, 2013	Ineligible outcomes: no data relevant to the outcomes specified in the protocol.
Pauwels, E. E. J., Charlier, C., De Bourdeaudhuij, I., Lechner, L., Van Hoof, E., Care needs after primary breast cancer treatment. Survivors' associated sociodemographic and medical characteristics, <i>Psycho-Oncology</i> , 22, 125-132, 2013	Ineligible intervention: no data on effectiveness of needs assessment.
Phadsri, S., Shioji, R., Tanimura, A., Jaknissai, J., Apichai, S., Sookruay, T., Nonpharmacological Treatment for Supporting Social Participation of Adults with Depression, <i>Occupational Therapy International</i> , 2021, 8850364, 2021	Systematic review, references checked but none meet the PICO criteria.
Queralt-Tomas, L., Clua-Espuny, J. L., Fernandez-Saez, J., Lleixa-Fortuno, M. M., Albiol-Zaragoza, I., Gil-Guillen, V., Carratala-Munuera, C., Risk of Dependency: A Challenge for Health and Social Care Planning- Observational Stroke Cohort, <i>Value in Health</i> , 22, 1083-1091, 2019	Ineligible intervention: no data on effectiveness of needs assessment.
Rathod, S., Thorne, K., Graves, E., Phiri, P., Asher, C., Griffiths, A., Read, T., Kingdon, D., Results of a prospective, mixed methods study to assess feasibility, acceptability and effectiveness of TRlumph (Treatment and Recovery in Psychosis): An integrated care pathway for psychosis, compared to usual treatment, <i>BMJ Open</i> , 10, 2020	Ineligible outcomes, did not use protocol defined validated outcome measures
Reuben, D. B., Gill, T. M., Stevens, A., Williamson, J., Volpi, E., Lichtenstein, M.,	Ineligible country - study conducted in the US



Study	Reason for Exclusion
Jennings, L. A., Tan, Z., Evertson, L., Bass, D., et al., D-CARE: the Dementia Care Study: design of a Pragmatic Trial of the Effectiveness and Cost Effectiveness of Health System-Based Versus Community-Based Dementia Care Versus Usual Dementia Care, <i>Journal of the American Geriatrics Society</i> , 2020	
Ritsner, M. S., Farkash, H., Rauchberger, B., Amrami-Weizman, A., Zendjidian, X. Y., Assessment of health needs, satisfaction with care, and quality of life in compulsorily admitted patients with severe mental disorders, <i>Psychiatry Research</i> , 267, 541-550, 2018	Ineligible intervention: no data on effectiveness of needs assessment.
Roberts, Emmert, Hotopf, Matthew, Drummond, Colin, The relationship between alcohol-related hospital admission and specialist alcohol treatment provision across local authorities in England since passage of the Health and Social Care Act 2012, <i>British Journal of Psychiatry</i> , 218, 230-232, 2021	Ineligible intervention - intervention not a social worker approach to a needs assessment
Rodriguez, A., Smith, J., McDermid, K., Dignity therapy interventions for young people in palliative care: a rapid structured evidence review, <i>International journal of palliative nursing</i> , 24, 339-349, 2018	Ineligible intervention: no data on effectiveness of needs assessment.
Rogers, A., Brooks, H., Vassilev, I., Kennedy, A., Blickem, C., Reeves, D., Why less may be more: a mixed methods study of the work and relatedness of 'weak ties' in supporting long-term condition self-management, <i>Implementation Science/Implement Sci</i> , 9, 19, 2014	Ineligible intervention: no data on effectiveness of needs assessment.
Sanchez-Izquierdo, M., Santacreu, M., Olmos, R., Fernandez-Ballesteros, R., A training intervention to reduce paternalistic care and promote autonomy: a preliminary study, <i>Clinical Interventions in Aging</i> , 14, 1515-1525, 2019	Ineligible intervention: no data on effectiveness of needs assessment.
Schepens, H. R. M. M., Van Puyenbroeck, J., Maes, B., How to improve the quality of life of elderly people with intellectual disability: A systematic literature review of support strategies, <i>Journal of applied research in intellectual disabilities : JARID</i> , 32, 483-521, 2019	Ineligible intervention: no data on effectiveness of needs assessment.
Siegert, R. J., Jackson, D. M., Playford, E. D., Fleminger, S., Turner-Stokes, L., A longitudinal, multicentre, cohort study of community rehabilitation service delivery in long-term neurological conditions, <i>BMJ Open</i> , 4, 2014	Ineligible intervention: no data on effectiveness of needs assessment.
Smith, D., Harnett, S., Flanagan, A., Hennessy, S., Gill, P., Quigley, N., Carey, C., McGhee, M., McManus, A., Kennedy, M., Kelly, E., Carey, J., Concannon, A., Kennedy, H. G., Mohan, D., Beyond the walls: An evaluation of a pre-release planning (PReP) programme for sentenced mentally disordered offenders, <i>Frontiers in Psychiatry</i> , 9, 2018	Ineligible outcomes: no outcomes matching those specified in the protocol

Study	Reason for Exclusion
Spoorenberg, S. L., Reijneveld, S. A., Middel, B., Uittenbroek, R. J., Kremer, H. P., Wynia, K., The Geriatric ICF Core Set reflecting health-related problems in community-living older adults aged 75 years and older without dementia: development and validation, <i>Disability &amp; Rehabilitation</i> , 37, 2337-43, 2015	Ineligible intervention: no data on effectiveness of needs assessment.
Stawnychy, M. A., Teitelman, A. M., Riegel, B., Caregiver autonomy support: A systematic review of interventions for adults with chronic illness and their caregivers with narrative synthesis, <i>Journal of advanced nursing</i> , 77, 1667-1682, 2021	– Systematic review – references not checked as PICO of the review does not meet the PICO criteria in the protocol
Swinkels, L. T. A., Van Der Pol, T. M., Popma, A., Ter Harmsel, J. F., Dekker, J. J. M., Improving mental wellbeing of forensic psychiatric outpatients through the addition of an informal social network intervention to treatment as usual: a randomized controlled trial, <i>BMC psychiatry</i> , 20, 2020	Ineligible population - includes participants aged 16.
Terryberry-Spohr, L., Grabouski, K., Divito, K., One Year post severe brain injury outcomes and utilization of follow-up services: Identifying those in need, <i>Journal of Head Trauma Rehabilitation</i> , 28, E47, 2013	Conference abstract
Thorsen, L., Gjerset, G. M., Loge, J. H., Kiserud, C. E., Skovlund, E., Flotten, T., Fossa, S. D., Cancer patients' needs for rehabilitation services, <i>Acta Oncologica</i> , 50, 212-222, 2011	Ineligible intervention: no data on effectiveness of needs assessment.
Thorsteinsson, E. B., Loi, N. M., Rayner, K., Self-efficacy, relationship satisfaction, and social support: The quality of life of maternal caregivers of children with type 1 diabetes, <i>PeerJ</i> , 2017, 2017	Ineligible population - does not fit the population specified in the protocol.
Tiemensma, M., Davies, B., Investigating drug-facilitated sexual assault at a dedicated forensic centre in Cape Town, South Africa, <i>Forensic Science International</i> , 288, 115-122, 2018	Ineligible intervention: no data on effectiveness of needs assessment.
Tomita, A., Burns, J. K., King, H., Baumgartner, J. N., Davis, G. P., Mtshemla, S., Nene, S., Susser, E., Beyond symptom management: Family relations, unmet needs of persons living with severe mental illnesses, and potential implications for social work in South Africa, <i>Social Work in Health Care</i> , 55, 12-27, 2016	Ineligible intervention: no data on effectiveness of needs assessment.
Tong, S. T., Liaw, W. R., Kashiri, P. L., Pecsok, J., Rozman, J., Bazemore, A. W., Krist, A. H., Clinician experiences with screening for social needs in primary care, <i>Journal of the American Board of Family Medicine</i> , 31, 351-363, 2018	Ineligible study design - but considered for A2 qualitative
Trezza, B., Brach, M., Post, M., Gemperli, A., Prevalence of and factors associated with expressed and unmet service needs reported by persons with spinal cord injury living in the community, <i>Spinal Cord</i> , 57, 490-500, 2019	Ineligible intervention: no data on effectiveness of needs assessment.

Study	Reason for Exclusion
Van Straaten, B., Rodenburg, G., Van der Laan, J., Boersma, S. N., Wolf, J. R., Van de Mheen, D., Self-reported care needs of Dutch homeless people with and without a suspected intellectual disability: a 1.5-year follow-up study, <i>Health &amp; social care in the community</i> , 25, 123-136, 2017	Ineligible intervention: no data on effectiveness of needs assessment.
Van Walsem, M. R., Howe, E. I., Iversen, K., Frich, J. C., Andelic, N., Unmet needs for healthcare and social support services in patients with Huntington's disease: A cross-sectional population-based study, <i>Orphanet Journal of Rare Diseases</i> , 10, 2015	Ineligible intervention: no data on effectiveness of needs assessment.
Verver, D., Merten, H., Robben, P., Wagner, C., Care and support for older adults in The Netherlands living independently, <i>Health &amp; social care in the community</i> , 26, e404-e414, 2018	Ineligible intervention: no data on effectiveness of needs assessment.
Vlachantoni, A., Shaw, R., Willis, R., Evandrou, M., Falkingham, J., Luff, R., Measuring unmet need for social care amongst older people, <i>Population trends</i> , 56-72, 2011	Ineligible intervention: no data on effectiveness of needs assessment.
von Vogelsang, A. C., Wengstrom, Y., Svensson, M., Forsberg, C., Transitional experiences in patients following intracranial aneurysm rupture, <i>Journal of clinical nursing</i> , 23, 1263-73, 2014	Ineligible intervention: no data on effectiveness of needs assessment.
Vuillermoz, C., Vandentorren, S., Brondeel, R., & Chauvin, P. , Unmet healthcare needs in homeless women with children in the Greater Paris area in France, <i>PLoS ONE</i> , 12, e0184138, 2017	Ineligible intervention: no data on effectiveness of needs assessment.
Waller, A., Girgis, A., Johnson, C., Lecathelinais, C., Sibbritt, D., Forstner, D., Liauw, W., Currow, D. C., Improving outcomes for people with progressive cancer: interrupted time series trial of a needs assessment intervention, <i>Journal of Pain &amp; Symptom Management</i> , 43, 569-81, 2012	Ineligible intervention - no data on effectiveness of needs assessment
Whelan, C., Chambers, C., Chan, M., Thomas, S., Ramos, G., & Hwang, S. W. , Why do homeless people use a mobile health unit in a country with universal health care?, <i>Journal of Primary Care &amp; Community Health</i> , 1, 78-82, 2010	Ineligible intervention: no data on effectiveness of needs assessment.
Wickline, M., Davis, D., Rivett, R., Murphy, L., Schneider, C., Long-term follow up (LTFU) for blood and marrow transplant (BMT) survivors: Building collaborative practice between a comprehensive cancer center and community oncology nurses, <i>Biology of Blood and Marrow Transplantation</i> , 24 (3 Supplement 1), S472-S473, 2018	Conference abstract
Zakrisson, A. B., Arne, M., Lisspers, K., Lundh, L., Sandelowsky, H., Stallberg, B., Thors Adolfsson, E., Theander, K., Improved quality of care by using the PRISMS form to support self-management in patients with COPD: A	Ineligible intervention – not a social worker approach, nurse lead.

Study	Reason for Exclusion
Randomised Controlled Trial, Journal of clinical nursing, 29, 2410-2419, 2020	

**Excluded studies for review question: Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?**

**Table 24: Excluded studies and reasons for their exclusion**

Study	Reason for Exclusion
Abbott David, Jepson Marcus, Hastie Jon, Men living with long-term conditions: exploring gender and improving social care, Health and Social Care in the Community, 24, 420-427, 2016	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
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
Abrahams, N., Gevers, A., A rapid appraisal of the status of mental health support in post-rape care services in the western cape, South African Journal of Psychiatry, 23 (1) (no pagination), 2017	Ineligible country - Study conducted in South Africa
Abreu, Wilson, et, al, The relationship between frailty, functional dependence, and healthcare needs among community dwelling people with moderate to severe dementia, Health and Social Care in the Community, 27, 642-653, 2019	Ineligible country - Study conducted in Portugal
Adams, J., Lowe, W., Protheroe, J., Lueddeke, J., Armstrong, R., Russell, C., Nutbeam, D., Ballinger, C., Self-management of a musculoskeletal condition for people from harder to reach groups: a qualitative patient interview study, Disability and Rehabilitation, 1-9, 2018	Exclude on phenomenon of interest: not looking at a social worker approach to a needs assessment.
Aguinaldo, Jeffrey P., et, al, Needs and supports in transitional housing for people living with HIV/AIDS in Ontario, Canada, Journal of Social Service Research, 42, 352-362, 2016	Ineligible country - Study conducted in Canada
Andrews, Tresa, Reddy, Lenna, Whelan, Paul, Addressing the needs of older people with co-morbid alcohol and mental health disorders: a case series from a London Community Mental Health Team (CMHT), Advances in Dual Diagnosis, 4, 8-16, 2011	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Arslan, Serdar, "The experiences of professionals working with homeless people in a clinical setting": a qualitative study, Housing, Care & Support, 16, 145-153, 2013	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a needs assessment
Aspinal, Fiona, et, al, Outcomes assessment for people with long-term neurological conditions: a qualitative approach to developing and testing a checklist in integrated care, 4, 2014	Ineligible phenomenon of interest - themes not related to a needs assessment.
Bahrami, M., Shokrollahi, P., Kohan, S., Momeni, G., Rivaz, M., Assessing the needs of victim women of domestic violence based on the type	Ineligible country - Study conducted in Iran

Study	Reason for Exclusion
and causes of violence: A qualitative study, <i>Acta Medica Mediterranea</i> , 31, 1411-1419, 2015	
Balogh, R., McMorris, C. A., Lunsy, Y., Ouellette, K., Kuntz, H., Bourne, L., Colantonio, A., Gonçalves, Bradley, D. C., Organising healthcare services for persons with an intellectual disability, <i>Cochrane Database of Systematic Reviews</i> , 2016	Systematic review: included studies checked but none matching the PICO criteria.
Bauer, M., Fetherstonhaugh, D., Blackberry, I., Farmer, J., Wilding, C., Identifying support needs to improve rural dementia services for people with dementia and their carers: A consultation Study conducted in Victoria, Australia, <i>The Australian journal of rural health</i> , 27, 22-27, 2019	Ineligible country - Study conducted in Australia
Baxter, Kate, Glendinning, Caroline, Making choices about support services: disabled adults' and older people's use of information, <i>Health &amp; social care in the community</i> , 19, 272-9, 2011	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Björk Brämberg, Elisabeth, Torgerson, Jarl, Norman Kjellström, Anna, Welin, Peder, Rusner, Marie, Access to primary and specialized somatic health care for persons with severe mental illness: a qualitative study of perceived barriers and facilitators in Swedish health care, <i>BMC Family Practice</i> , 19, 1-N.PAG, 2018	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Blickem, C., Kennedy, A., Jariwala, P., Morris, R., Bowen, R., Vassilev, I., Brooks, H., Blakeman, T., Rogers, A., Aligning everyday life priorities with people's self-management support networks: an exploration of the work and implementation of a needs-led telephone support system, <i>BMC health services research</i> , 14, 262, 2014	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Boorsma, M., Langedijk, E., Frijters, D. H., Nijpels, G., Elfring, T., Van Hout, H. P. J., Implementation of geriatric assessment and decision support in residential care homes: Facilitating and impeding factors during initial and maintenance phase, <i>BMC Health Services Research</i> , 13, 2013	Ineligible country - Study conducted in the Netherlands
Borreani, C., Bianchi, E., Pietrolongo, E., Rossi, M., Cilia, S., Giuntoli, M., Giordano, A., Confalonieri, P., Lugaresi, A., Patti, F., Grasso, M. G., De Carvalho, L. L., Palmisano, L., Zaratini, P., Battaglia, M. A., Solari, A., Unmet needs of people with severe multiple sclerosis and their carers: Qualitative findings for a home-based intervention, <i>PLoS ONE</i> , 9 (10) (no pagination), 2014	Ineligible country - Study conducted in Italy
Burns, Victoria F., Sussman, Tamara, Homeless for the first time in later life: uncovering more than one pathway, <i>Gerontologist</i> , 59, 251-259, 2019	Ineligible country - Study conducted in Canada
Canavan, R., Barry, M. M., Matanov, A., Barros, H., Gabor, E., Greacen, T., Holcnerova, P., Kluge, U., Nicaise, P., Moskalewicz, J., Diaz-Olalla, J. M., Strassmayr, C., Schene, A. H.,	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment

Study	Reason for Exclusion
Soares, J. J. F., Gaddini, A., Priebe, S., Service provision and barriers to care for homeless people with mental health problems across 14 European capital cities, BMC Health Services Research, 12, 2012	
Canvin, Krysia, et, al, Seeking assistance in later life: how do older people evaluate their need for assistance?, Age and Ageing, 47, 466-473, 2018	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Careyva, Beth A., Hamadani, Roya, Friel, Timothy, Coyne, Cathy A., A social needs assessment tool for an urban Latino population, Journal of Community Health: The Publication for Health Promotion and Disease Prevention, 43, 137-145, 2018	Ineligible country - Study conducted in the US
Cassarino, Marica, et, al, Impact of early assessment and intervention by teams involving health and social care professionals in the emergency department: a systematic review, PLoS ONE, 14, e0220709, 2019	Systematic review: included studies checked but none meet the PICO criteria
Clarkson Paul, Healthcare support to older residents of care homes: a systematic review of specialist services, Quality in Ageing and Older Adults, 19, 54-84, 2018	Systematic review – references not checked as the PICO for the systematic review did not meet the PICO criteria in the protocol
Collinge, Brian, Assessing needs requires an element of human judgement, Community Living, 23, 20-21, 2010	Ineligible study design: not a qualitative study
Craig, Christopher, et, al, Systematic review of EASY-care needs assessment for community-dwelling older people, Age and ageing, 44, 559-565, 2015	Systematic review. References checked, but none meet PICO criteria in the protocol
Crossman, Sue, Ohde, Ana, A case study exploring the effectiveness of an innovative 5Q Care Test to determine whether patients with complex needs require health or social care, Health and Social Care in the Community, 27, 409-414, 2019	Ineligible study design: not a qualitative study
Cruz, M., Perez, M. C., Jenaro, C., Flores, N., Vega, V., Identification of the support needs of individuals with severe mental illness using the Supports Intensity Scale, Revista Latino-Americana de Enfermagem, 21, 1137-1143, 2013	Ineligible country - Study conducted in Mexico
Darling, Philip, Derry, Michael, Personalization and self-directed support: a survey of user satisfaction with the assessment process (SDS1), Journal of Care Services Management, 6, 95-106, 2012	Ineligible study design: not a qualitative study
De Carvalho Leite, J. C., De, L. Drachler M., Killeth, A., Kale, S., Nacul, L., McArthur, M., Hong, C., O'Driscoll, L., Pheby, D., Campion, P., Lacerda, E., Poland, F., Social support needs for equity in health and social care: A thematic analysis of experiences of people with chronic fatigue syndrome/myalgic encephalomyelitis, International Journal for Equity in Health, 10 (no pagination), 2011	Ineligible phenomenon of interest: no themes relating to a social worker approach to a needs assessment.



Study	Reason for Exclusion
de Freitas, C., Dos Reis, V., Silva, S., Videira, P. A., Morava, E., Jaeken, J., Public and patient involvement in needs assessment and social innovation: a people-centred approach to care and research for congenital disorders of glycosylation, BMC health services research, 17, 682, 2017	Ineligible country - Study conducted in France
Dixon, Caitlin, Funston, Leticia, Ryan, Catherine, Wilhelm, Kay, Linking young homeless people to mental health services: An exploration of an outreach clinic at a supported youth accommodation service, Advances in Mental Health, 10, 83-91, 2011	Ineligible country - Study conducted in Australia.
Ellins, Jo, Glasby, Jon, Together we are better? Strategic needs assessment as a tool to improve joint working in England, Journal of Integrated CareJ Integr Care, 19, 34-41, 2011	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Finch, Emma, et, al, Exploring changing needs following minor stroke, Health and Social Care in the Community, 28, 347-356, 2020	Ineligible study design: not a qualitative study. Not relevant for effectiveness question as not focused on social worker needs assessment.
Fingleton, N. A., Watson, M. C., Matheson, C., 'You are still a human being, you still have needs, you still have wants': a qualitative exploration of patients' experiences and views of HIV support, Journal of public health (Oxford, England), 40, e571-e577, 2018	Ineligible phenomenon of interest: no themes relating to a needs assessment.
Foa, C., Copelli, P., Cornelli, M. C., De Vincenzi, F., Fanfoni, R., Ghirardi, L., Prandi, R., Artioli, G., Mancini, T., Meeting the needs of cancer patients: identifying patients', relatives' and professionals' representations, Acta Bio-Medica de l Ateneo Parmense 85, 41-51, 2014	Ineligible country - Study conducted in Italy
Forsyth Katrina, 'They just throw you out': release planning for older prisoners, Ageing and Society, 35, 2011-2025, 2015	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Foster Michele, Allen Shelley, Fleming Jennifer, Unmet health and rehabilitation needs of people with long-term neurological conditions in Queensland, Australia, Health and Social Care in the Community, 23, 292-303, 2015	Ineligible country - Study conducted in Australia
Fraze, T., Lewis, V. A., Rodriguez, H. P., Fisher, E. S., Housing, transportation, and food: How ACOs seek to improve population health by addressing nonmedical needs of patients, Health Affairs, 35, 2109-2115, 2016	Ineligible country - Study conducted in the US
Gardener, A., Ewing, Gail, Farquhar, Morag, Enabling patients with advanced chronic obstructive pulmonary disease to identify and express their support needs to health care professionals: A qualitative study to develop a tool, Palliative Medicine, 33, 663-675, 2019	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Greenwood, Nan, et, al, Assessing satisfaction with social care services among black and minority ethnic and white British carers of stroke survivors in England, Health and Social Care in the Community, 25, 1571-1580, 2017	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment

Study	Reason for Exclusion
Guilcher, S. J., Hamilton-Wright, S., Skinner, W., Woodhall-Melnik, J., Ferentzy, P., Wendaferew, A., Hwang, S. W., Matheson, F. I., "Talk with me": perspectives on services for men with problem gambling and housing instability, <i>BMC Health Services Research</i> , 16, 340, 2016	Ineligible country - Study conducted in Canada
Guzman-Parra, Jose, et, al, Needs, perceived support, and hospital readmissions in patients with severe mental illness, <i>Community Mental Health Journal</i> , 54, 189-196, 2018	Ineligible country - Study conducted in Spain
Gwaspari, Mischa, Hochhauser, Sanita, Bruce, Matt, Unmet needs and antisocial personality disorder among Black African and Caribbean service users with severe mental illness, <i>Ethnicity and Inequalities in Health and Social Care</i> , 4, 38-48, 2011	Ineligible study design: Not a qualitative study
Hancock, N., Scanlan, J. N., Gillespie, J. A., Smith-Merry, J., Yen, I., Partners in Recovery program evaluation: changes in unmet needs and recovery, <i>Australian health review : a publication of the Australian Hospital Association</i> , 42, 445-452, 2018	Ineligible country - Study conducted in Australia.
Happell, Brenda, Scott, David, Platania Phung, Chris, Nankivell, Janette, Rural physical health care services for people with serious mental illness: A nursing perspective, <i>Australian Journal of Rural Health</i> , 20, 248-253, 2012	Ineligible country - Study conducted in Australia.
Harrison, M., Ryan, T., Gardiner, C., Jones, A., Psychological and emotional needs, assessment, and support post-stroke: A multi-perspective qualitative study, <i>Topics in Stroke Rehabilitation</i> , 24, 119-125, 2017	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Hawkins, Robert L., Kim, Eri J., The socio-economic empowerment assessment: Addressing poverty and economic distress in clients, <i>Clinical Social Work Journal</i> , 40, 194-202, 2012	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Henwood Benjamin F, Consumer and case manager agreement on needs assessments in programs for adults with serious mental illness, <i>Journal of the Society for Social Work and Research</i> , 2, 2011	Ineligible country - Study conducted in the US
Henwood, Benjamin F., et, al, Consumer and case manager agreement on needs assessments in programs for adults with serious mental illness, <i>Journal of the Society for Social Work and Research</i> , 2, 2011	Ineligible country - Study conducted in the US
Henwood, Melanie, Services for people with multiple disabilities, <i>Community Care</i> , 22-23, 2010	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Hewett Nigel, Halligan Aidan, Boyce Trudy, A general practitioner and nurse led approach to improving hospital care for homeless people, <i>British Medical Journal</i> , 6, 41-45, 2012	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Heydon, E., Wibrow, B., Jacques, A., Sonawane, R., Anstey, M., The needs of patients with post-	Ineligible country - Study conducted in Australia.



Study	Reason for Exclusion
intensive care syndrome: A prospective, observational study, Australian Critical Care, 33, 116-122, 2020	
Hicks, Joanna, Keeble, Justine, Fulford, Bill, Mental health co-production in Bristol seeking to address the challenges, Mental Health Today, 18-19, 2015	Ineligible country - Study conducted in the US
Hopp Faith Pratt, Camp Jessica K, Perry Tam E, Addressing heart failure challenges through illness-informed social work, Health and Social Work, 40, 201-208, 2015	Ineligible country - Study conducted in the US
Houtjes, W., et, al, Major depressive disorder in late life: a multifocus perspective on care needs, Aging and Mental Health, 14, 874-880, 2010	Ineligible country - Study conducted in the Netherlands
Isaacs, Anton N., et, al, Unmet needs of persons with a severe and persistent mental illness and their relationship to unmet accommodation needs, Health and Social Care in the Community, 27, e246-e256, 2019	Ineligible country - Study conducted in Australia
Jacques, John, Spencer, Sarah-Jane, Gilluley, Paul, Long-term care needs in male medium security, British Journal of Forensic Practice, 12, 37-44, 2010	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Johannes, B., Graaf, D., Blatt, B., George, D., Gonzalo, J. D., A multi-site exploration of barriers faced by vulnerable patient populations: a qualitative analysis exploring the needs of patients for targeted interventions in new models of care delivery, Primary Health Care Research & Development, 1-11, 2018	Ineligible country - Study conducted in the US the protocol.
King, A. J., Evans, M., Moore, T. H., Paterson, C., Sharp, D., Persad, R., Huntley, A. L., Prostate cancer and supportive care: a systematic review and qualitative synthesis of men's experiences and unmet needs, European journal of cancer care, 24, 618-634, 2015	Ineligible phenomenon of interest- no themes relating to a needs assessment.
King, J., O'Neill, B., Ramsay, P., Linden, M. A., Darweish Medniuk, A., Outtrim, J., Blackwood, B., Identifying patients' support needs following critical illness: A scoping review of the qualitative literature, Critical Care, 23, 2019	Systematic review. References checked but none met the PICO criteria in the protocol
Kipping, R. R., Scott, P., Gray, C., Health needs assessment in a male prison in England, Public Health, 125, 229-33, 2011	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Kirsten, L., Hobbs, K., Supportive care in advanced breast cancer, Cancer Forum, 41, 2017	Ineligible study design: not a qualitative study
Kreitzer, Linda, McLaughlin, Anne Marie, Elliott, Grace, Nicholas, David, Qualitative examination of rural service provision to persons with concurrent developmental and mental health challenges, European Journal of Social Work, 19, 46-61, 2016	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Larsson, Kjerstin, Fredriksson, Ruth Kusec, Fugl-Meyer, Kerstin Sjogren, Health social workers assessments as part of a specialized	Ineligible country - Study conducted in Sweden

Study	Reason for Exclusion
pain rehabilitation: a clinical data-mining study, <i>Social Work in Health Care</i> , 58, 936-951, 2019	
Lee, Caroline, Treacy, Samantha, Haggith, Anna, Wickramasinghe, Nuwan Darshana, Cater, Frances, Kuhn, Isla, Tine Van, Bortel, A systematic integrative review of programmes addressing the social care needs of older prisoners, <i>Health &amp; Justice</i> , 7, 1-19, 2019	Systematic review: included studies checked but none meet the PICO criteria in the protocol.
Lee, Sun Wook, et, al, The development of care pathways and packages in mental health based on the Model of Human Occupation Screening Tool, <i>British Journal of Occupational Therapy</i> , 74, 284-294, 2011	Ineligible study design: not a qualitative study
Lehnerer, S., Hotter, B., Padberg, I., Knispel, P., Remstedt, D., Liebenau, A., Grittner, U., Wellwood, I., Meisel, A., B. S. A. Long Term Care Study Group, Social work support and unmet social needs in life after stroke: a cross-sectional exploratory study, <i>BMC Neurology</i> , 19, 220, 2019	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Levesque, J. V., Lambert, S. D., Girgis, A., Turner, J., McElduff, P., Kayser, K., Vallentine, P., Chong, P., Sutherland, P., Wells, R., Do men with prostate cancer and their partners receive the information and support they need for optimal illness self-management?, <i>Asia-Pacific Journal of Clinical Oncology</i> , 9, 104, 2013	Ineligible study design: not a qualitative study.
Lloyd, J. E., Delaney-Thiele, D., Abbott, P., Baldry, E., McEntyre, E., Reath, J., Indig, D., Sherwood, J., Harris, M. F., The role of primary health care services to better meet the needs of Aboriginal Australians transitioning from prison to the community, <i>BMC Family Practice</i> , 16, 86, 2015	Ineligible country - Study conducted in Australia
Loughery, J., Woodgate, R. L., Supportive care needs of rural individuals living with cancer: A literature review, <i>Canadian oncology nursing journal = Revue canadienne de nursing oncologique</i> , 25, 157-178, 2015	Ineligible study design: not a qualitative study
Lumley, E., Homer, C. V., Palfreyman, S., Shackley, P., Tod, A. M., A qualitative study to explore the attitude of clinical staff to the challenges of caring for obese patients, <i>Journal of Clinical Nursing</i> , 24, 3594-3604, 3594	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a needs assessment
Mackeith Joy, The development of the Outcomes Star: a participatory approach to assessment and outcome measurement, <i>Housing Care and Support</i> , 14, 98-106, 2011	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Marziali, E., McCleary, L., Streiner, D. L., Evaluation of an assessment battery for estimating dementia caregiver needs for health and social care services, <i>American Journal of Alzheimer's Disease &amp; Other Dementias</i> , 25, 446-54, 2010	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
McLeod, H., & Walsh, C. A. , Shelter design and service delivery for women who become	Ineligible country - Study conducted in Canada

Study	Reason for Exclusion
homeless after age 50, Canadian Journal of Urban Research, 23, 23-38, 2014	
Miles, Helen, Morley, Mary, Developing mental health occupational therapy practice to meet the needs of people with mental health problems and physical disability, British Journal of Occupational Therapy, 76, 556-559, 2013	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Millard, T., McDonald, K., Elliott, J., Slavin, S., Rowell, S., Girdler, S., Informing the development of an online self-management program for men living with HIV: a needs assessment, BMC Public Health, 14, 1209, 2014	Ineligible phenomenon of interest - a needs assessment was used to inform the development of an intervention about self-management. Perspectives of adults with complex needs on the needs assessment were not looked at.
Mina, M. M., Herawati, L., Butler, T., Lloyd, A., Hepatitis C in Australian prisons: A national needs assessment, International journal of prisoner health, 12, 3-16, 2016	Ineligible country - Study conducted in Australia
Muir-Cochrane Eimear, Service provision for older people with mental health problems in a rural area of Australia, Aging and Mental Health, 18, 759-766, 2014	Systematic review: included studies checked but none matching the PICO criteria in the protocol
Muir-Cochrane, E., Okane, D., Barkway, P., Oster, C., Fuller, J., Service provision for older people with mental health problems in a rural area of Australia, Aging and Mental Health, 18, 759-766, 2014	Systematic review: included studies checked but none matching the PICO criteria in the protocol
Murray, G. F., Rodriguez, H. P., Lewis, V. A., Upstream With A Small Paddle: How ACOs Are Working Against The Current To Meet Patients' Social Needs, Health affairs (Project Hope), 39, 199-206, 2020	Ineligible country - Study conducted in the US
Nilsson, C., Lindberg, B., Skar, L., Soderberg, S., Meanings of balance for people with long-term illnesses, British Journal of Community Nursing, 21, 563-567, 2016	Ineligible country - Study conducted in the Sweden
Northway Ruth, Holland-Hart Daniella, Jenkins Robert, Meeting the health needs of older people with intellectual disabilities: exploring the experiences of residential social care staff, Health and Social Care in the Community, 25, 923-931, 2017	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Nyman, Samuel Robert, Innes, Anthea, Heward, Michelle, Social care and support needs of community-dwelling people with dementia and concurrent visual impairment, Aging & mental health, 21, 961-967, 2017	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Olaison, Anna, Creating images of old people as home care receivers: categorizations of needs in social work case files, Qualitative Social Work, 9, 500-518, 2010	Ineligible country - Study conducted in Sweden
Pauwels, E. E. J., Charlier, C., De Bourdeaudhuij, I., Lechner, L., Van Hoof, E., Care needs after primary breast cancer treatment. Survivors' associated sociodemographic and medical characteristics, Psycho-Oncology, 22, 125-132, 2013	Ineligible country - Study conducted in the Netherlands.

Study	Reason for Exclusion
Pedersen, E. R., Tucker, J. S., Klein, D. J., Parast, L., Perceived Need and Receipt of Behavioral Health Services at Drop-In Centers among Homeless Youth, Health Services Research, 53, 4609-4628, 2018	Ineligible country - Study conducted in the US
Petrakis, Melissa, Joubert, Lynette, A Social Work Contribution to Suicide Prevention Through Assertive Brief Psychotherapy and Community Linkage: Use of the Manchester Short Assessment of Quality of Life (MANSA), Social Work in Health Care, 52, 239-257, 2013	Ineligible country - Study conducted in Australia
Portacolone Elena, The precarity of older adults living alone with cognitive impairment, Gerontologist, 59, 271-280, 2019	Ineligible country - Study conducted in the US
Rae, B. E., & Rees, S. , The perceptions of homeless people regarding their healthcare needs and experiences of receiving health care, Journal of Advanced Nursing, 71, 2096-2107, 2015	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Ridosh, M., Braun, P., Roux, G., Bellin, M., Sawin, K, Transition in young adults with spina bifida: a qualitative study, Child Care, Health & Development, 866-74, 2011	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Ritsner, M. S., Farkash, H., Rauchberger, B., Amrami-Weizman, A., Zendjidjian, X. Y., Assessment of health needs, satisfaction with care, and quality of life in compulsorily admitted patients with severe mental disorders, Psychiatry Research, 267, 541-550, 2018	Ineligible country - Study conducted in Israel
Roach, Pamela, Keady, John David, Bee, Penny, Family-AiD: a family-centred assessment tool in young-onset dementia, Quality in Ageing and Older Adults, 15, 136-150, 2014	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Ronngren, Ylva, Bjork, Annette, Haage, David, Auduly, Asa, Kristiansen, Lisbeth, Perspectives of a tailored lifestyle program for people with severe mental illness receiving housing support, Perspectives in psychiatric care, 54, 309-316, 2018	Ineligible country - Study conducted in Sweden
Roulston Audrey, Living with life-limiting illness: exploring the narratives of patients with advanced lung cancer and identifying how social workers can address their psycho-social needs, British Journal of Social Work, 48, 2114-2131, 2018	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Scholzel-Dorenbos, Carla J. M., Meeuwssen, Els J., Rikkert, Marcel G. M. Olde, Integrating unmet needs into dementia health-related quality of life research and care: introduction to the Hierarchy Model of Needs in Dementia, Aging and Mental Health, 14, 113-119, 2010	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Seddon, Diane, Robinson, Catherine, Carer assessment: Continuing tensions and dilemmas for social care practice, Health & social care in the community, 23, 14-22, 2015	Ineligible population: focused on carers assessment only

Study	Reason for Exclusion
Seddon, Diane, Robinson, Catherine, Perry, Jenny, Unified assessment: policy, implementation and practice, <i>British Journal of Social Work</i> , 40, 207-225, 2010	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Senior, J., Birmingham, L., Harty, M., Hassan, L., Hayes, A., Kendall, K., King, C., Lathlean, J., Lowthian, C., Mills, A., Webb, R., Thornicroft, G., Shaw, J., Identification and management of prisoners with severe psychiatric illness by specialist mental health services, <i>Psychological medicine</i> , 43, 1511-1520, 2013	Ineligible study design: not a qualitative study
Siette Joyce, Integrating social engagement instruments into Australian community aged care assessments to enhance service provision, <i>Health and Social Care in the Community</i> , 26, 810-818, 2018	Ineligible country - Study conducted in Australia
Slasberg, Colin, Ethical and lawful practice in assessment of need and planning support: the case for action, <i>Critical and Radical Social Work</i> , 7, 111-117, 2019	Ineligible study design: not a qualitative study
Starnino, Vincent R., Gomi, Sachiko, Canda, Edward R., Spiritual strengths assessment in mental health practice, <i>British Journal of Social Work</i> , 44, 849-867, 2014	Ineligible country - Study conducted in the US
Stergiopoulos, V., Dewa, C., Durbin, J., Chau, N., Svoboda, T., Assessing the mental health service needs of the homeless: A level-of-care approach, <i>Journal of health care for the poor and underserved</i> , 21, 1031-1045, 1031	Ineligible country - Study conducted in Canada
Taylor Anna Kathryn, 'We're all wounded healers': a qualitative study to explore the well-being and needs of helpline workers supporting survivors of domestic violence and abuse, <i>Health and Social Care in the Community</i> , 27, 856-862, 2019	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Toft Kristensen, Mads Aage, Hølge-Hazelton, Bibi, Waldorff, Frans Boch, Guassora, Ann Dorrit, How general practitioners perceive and assess self-care in patients with multiple chronic conditions: a qualitative study, <i>BMC Family Practice</i> , 18, 1-10, 2017	Ineligible country - Study conducted in Denmark
Turner, G. M., Mullis, R., Lim, L., Kreit, L., Mant, J., Using a checklist to facilitate management of long-term care needs after stroke: insights from focus groups and a feasibility study, <i>BMC Family Practice</i> , 20, 2, 2019	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Tweed, E. J., Rodgers, M., Priyadarshi, S., Crighton, E., "Taking away the chaos": a health needs assessment for people who inject drugs in public places in Glasgow, Scotland, <i>BMC Public Health</i> , 18, 829, 2018	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Tyack, Zephania, Kuys, Suzanne, Cornwell, Petrea, Frakes, Kerrie-Anne, McPhail, Steven M., Reproducibility, longitudinal validity and interpretability of the Disease Burden Morbidity Assessment in people with chronic disease, <i>Chronic Illness</i> , 14, 310-325, 2018	Ineligible study design: not a qualitative study

Study	Reason for Exclusion
von, Kutzleben Milena, et, al, Care arrangements for community-dwelling people with dementia in Germany as perceived by informal carers: a cross-sectional pilot survey in a provincial rural setting, <i>Health and Social Care in the Community</i> , 24, 283-296, 2016	Ineligible country - Study conducted in Germany.
Voronka, J., Wise Harris, D., Grant, J., Komaroff, J., Boyle, D., & Kennedy, A., Un/helpful help and its discontents: Peer researchers paying attention to street life narratives to inform social work policy and practice, <i>Social Work in Mental Health</i> , 12, 249-279, 2014	Ineligible country - Study conducted in Canada
White, K., D'Abrew, N., Katris, P., O'Connor, M., Emery, L., Mapping the psychosocial and practical support needs of cancer patients in Western Australia, <i>European Journal of Cancer Care</i> , 21, 107-116, 2012	Ineligible country - Study conducted in Australia
Wilkinson-Meyers Laura, Met and unmet need for personal assistance among community-dwelling New Zealanders 75 years and over, <i>Health and Social Care in the Community</i> , 22, 317-32, 2014	Ineligible country - Study conducted in New Zealand
Williamson, Hannah, Meddings, Susanne, Exploring family members' experiences of the Assessment and Treatment Unit supporting their relative, <i>British Journal of Learning Disabilities</i> , 46, 233-240, 2018	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Williamson, V., Borschmann, R., Zimmerman, C., Howard, L. M., Stanley, N., Oram, S., Responding to the health needs of trafficked people: A qualitative study of professionals in England and Scotland, <i>Health &amp; Social Care in the Community</i> , 28, 173-181, 2020	Ineligible phenomenon of interest – not looking at what does and doesn't work well for a social worker needs assessment
Xiang, X., An, R., Heinemann, A., Depression and Unmet Needs for Assistance With Daily Activities Among Community-Dwelling Older Adults, <i>Gerontologist</i> , 58, 428-437, 2018	Ineligible country - Study conducted in the US.

### Excluded economic studies

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



## Appendix K Research recommendations – full details

**Research recommendation for review question A2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work assessment and review of complex care and support needs?**

### K.1.1 Research recommendation

From the perspective of everyone involved, what is the acceptability of strengths and rights based approaches to social work assessment and what are the barriers and facilitators to delivering these?

### K.1.2 Why this is important

The recommendation is to undertake research to plug the evidence gap about how best to deliver strengths and rights based assessments. In particular, to understand what opportunities or barriers and challenges there are in delivering rights and strengths based needs assessments and to consider the acceptability of these approaches to people whose needs and strengths are being assessed and to practitioners involved in those assessments.

The evidence review which considered needs assessment found that there was no qualitative evidence which considered the acceptability, opportunities, barriers and challenges associated with rights and strengths based approaches to social work assessment. In light of the lack of evidence, and given the current emphasis in policy and practice on the use of strengths based and rights based approaches in assessment, the committee were keen to generate more evidence on this topic.

Despite the growing visibility and adoption of strengths based approaches to social work assessment (SBA) (for example, the Care Act; Social Work England professional standards), it lacks a unified definition or agreed approach although there is general agreement that SBA to assessment (and interventions following assessment) are underpinned by a number of core principles. These include: shifting attention to human capacity rather than deficiency; a focus on strengths rather than pathology and developing interventions based on client self-determination and as a collaborative process between the person being supported by services and those supporting them ([SCIE, 2015](#)).

Some descriptive case studies have demonstrated the positive impact of SBA but there remain concerns that the lack of empirical evidence can lead to overly optimistic claims about its impact ([Gray, 2011](#)). Some have argued that, despite SBA being built on sound principles, its operationalisation focuses too heavily on self-management and self-responsibility which may gloss over the implications of multiple disadvantage or the realities of living with complex needs ([Slasberg, 2017](#)). An NIHR evidence synthesis ([Price, 2019](#)) and a recent NIHR literature review ([Caiels, 2020](#)) conclude that evidence of improved outcomes for social care services as a result of SBA is limited and that it is difficult to make any confident assertions about the impact of SBA. Further high quality research has been called for ([Price, 2019](#)) and the committee are keen for such research to focus specifically on SBA in the assessment process

Preserving and achieving human rights are written into the global definition of social work and in the professional standards for social work. Research in practice ([James, 2020](#)) recommends that a strengths based practice, 'framed around upholding disabled people's human rights, and actively advocating for rights based practice should be core to the profession. Rights based practice should include: using advocacy to support and uphold the rights of people supported by social work; upholding convention rights, taking all practicable steps to ensure that a person's wishes, feelings and beliefs are central to decisions.

Complaints to the Local Government and Social Care Ombudsman highlight improper assessment and assessment practice as one of the most significant areas of complaint. A Human Rights Watch report ([Human Rights Watch, 2019](#)) documented 104 examples of improper social care assessments which were found to have overlooked or ignored the rights of older people in the assessment process. The committee are therefore keen for the research to also explore the extent to which rights based approaches are used in assessment; the difficulties in achieving this and the acceptability of the approach to people using services and practitioners.

### K.1.3 Rationale for research recommendation

**Table 25: Research recommendation rationale**

<b>Importance to people with complex needs</b>	Assessments which are predominantly procedural or geared towards testing eligibility are likely to impact negatively on the experience and outcomes of assessment.
<b>Relevance to NICE guidance</b>	There is limited evidence of SBA in assessment and the extent to which it improves the assessment experience and outcomes. There is a lack of evidence about the extent to which rights based approaches are being used in assessments.
<b>Relevance to social care / social work</b>	Poor experiences of assessment may result in increased escalation of need for people with complex needs, unmet need and potentially, a growth in complaints.
<b>National priorities</b>	The Care Act and Social Work England highlight the importance of promoting individual strengths and promoting wellbeing. The Care Act and Social Work England also highlight the importance of preserving individual rights.
<b>Current evidence base</b>	Evidence focuses predominantly on descriptive case studies
<b>Equality considerations</b>	Within the population of adults with complex needs, people from Black, Asian and Minority Ethnic groups may be unfamiliar with Care Act assessments of need and the kinds of approaches that are likely to underpin them. This may result in people being at a disadvantage for example, in understanding what they might expect from a strengths or rights based approach to assessment.

SBA: *strengths based approach*

### K.1.4 Modified PICO table

**Table 26: Research recommendation modified PICO table**

<b>Population</b>	Adults with complex needs Social workers involved in needs assessment
<b>Phenomenon of interest</b>	Views and experiences of people using services, their families and carers and social work professionals involved in assessment. In particular, their views about the opportunities, challenges, barriers and experiences of strengths based and rights based assessment. A rights-based approach ensures that both the



	standards and the principles of human rights are integrated into the assessment. Also, their views and experiences about the acceptability of conducting assessments of need using this approach.
<b>Context</b>	Duty to assess Care Act 2014
<b>Study design</b>	Qualitative interviews with people being assessed and people undertaking assessments
<b>Timeframe</b>	In time to inform future updates of the NICE guideline on social work interventions for adults with complex needs.
<b>Additional information</b>	-

*NICE: National Institute for Health and Care Excellence*