

Social work with adults experiencing complex needs

[F] Individual or family casework

NICE guideline NG216

*Evidence reviews underpinning recommendations 1.1.11 to 1.1.12, 1.3.1 to 1.3.4, 1.4.6 and 1.5.11 in the NICE guideline
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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 social work approaches to individual and family casework, the first being an intervention effectiveness review and the second, a qualitative review.

- What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?
- Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

Individual and family casework

Review questions

- What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?
- Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

Introduction

Social work approaches to individual and family casework are a key area of care and support for adults with complex needs. They have the potential to support adults to improve their quality of life, reduce morbidity, and also to improve care continuity. Social work approaches also have a role supporting carers of adults with complex needs.

There is currently little guidance available on the best social work approach to individual and family casework. The aim of this review was to determine the most effective approach, and the views and experiences of adults with complex needs and people involved in their care, on what does and does not work well in different types of social work approaches to individual and family casework.

Summary of the protocol

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

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

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

Population	<ul style="list-style-type: none">• People aged 18 or older with complex needs*. <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>
Intervention	<p>Social work approaches to individual and family casework for adults with complex needs.</p> <p>The following are examples of individual or family casework for supporting adults with complex needs and these will be used to guide the review both in terms of searching and screening. The list is not intended to be exhaustive:</p> <ul style="list-style-type: none">• Problem-solving and task-centred practice.• Strengths based or asset based support.• Solution-focused therapy.• Motivational interviewing.• Family group conferencing.• Behavioural family therapy.• Behavioural couples' therapy.

	<ul style="list-style-type: none"> • Systemic family therapy. • The Family Partnership model (sometimes called "The Family Model"). • Circles of support. • Person centred plans and PATH/ MAP (planning tools). • Positive behavioural support. • Team around the adult. • Holistic approaches addressing related to housing, benefits, budget and wider social care needs. • The Recovery Star (a version of the Outcomes Star).
Comparison	<p>Different social work approaches to individual and family casework compared with each other.</p> <p>Different social work approaches to individual and family casework compared with 'usual practice'.</p>
Outcome	<p>Critical Person focused outcomes:</p> <ul style="list-style-type: none"> • Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D. • Morbidity. • Loneliness – measured using a validated tool such as the UCLA 3 item loneliness scale, the Campaign to End Loneliness tool or the De-Jong Giervald scale. <p>Service focused outcomes:</p> <ul style="list-style-type: none"> • Unplanned care contacts, for example, A&E visit, hospital admission or care home admission (either for respite or long-term care). <p>Important Person focused outcomes:</p> <ul style="list-style-type: none"> • Self-esteem – measured using a validated tool such as the RSES. • Personal goal attainment – measured using a validated tool, for example, GAS. • Carer quality of life – measured using a validated tool such as the Carer Experience Scale or ASCOT-Carer.

A&E: accident and emergency; ASCOT: Adult Social Care Outcomes Toolkit; EQ-5D: European Quality of Life Five Dimension; GAS: Goal Attainment Scaling; ICECAP-A: ICEpop CAPability measure for adults; MANSA: Manchester Short Assessment; MAP: Making Action Plans; PATH: Planning Alternative Tomorrows with Hope; RSES: Rosenberg self-esteem scale; UCLA: University of California, Los Angeles.

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

Population	<ul style="list-style-type: none"> • People aged 18 or older with complex needs*. • Families and supporters of adults with complex needs. • Relevant social-/health- care and other practitioners involved in needs assessment and review for adults with complex needs. <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>
Phenomenon of interest	<p>Views, perceptions or lived experiences about individual or family casework to support adults with complex needs.</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 individual or family casework to support adults with complex needs although they are aware that other relevant themes may be identified:</p> <ul style="list-style-type: none"> • Accessibility of family/individual casework. • Satisfaction with social work approaches to individual and family casework. • Positive and negative aspects of social work approaches to individual and family casework. • Perceived appropriateness of social work approaches to individual and family casework. • Perception about the impact of casework for meeting needs. • Role/influence of culture and other equality issues. • Carers satisfaction with casework. • Practitioner satisfaction with individual or family casework and how it could be improved. • Whether practitioners feel adequately trained and supervised.

For further details see the review protocol in appendix A.

Methods and process

This is a mixed-methods review using parallel synthesis. Effectiveness and qualitative data were analysed and synthesised separately and integrated through the committee's interpretation of results, described in the committee's discussion of the evidence. This was supported by a further layer of interpretation by the review team, which is set out in Table 6 and shows how some of the qualitative themes helped to explain or contextualise the quantitative findings. This table was presented to the committee along with all the effectiveness and qualitative data to help them to integrate the two data types and make recommendations.

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

Declarations of interest were recorded according to [NICE's conflicts of interest policy](#).

Effectiveness evidence

Included studies

For the effectiveness part of the review, we looked for systematic reviews, randomised controlled trials (RCTs) and non-RCTs. As per the protocol, no UK studies were identified to support decision making so studies from high income countries in Europe (including the Republic of Ireland), Australia, New Zealand, South Africa and Canada were considered for inclusion. Four studies were identified which met the inclusion criteria. The included studies were RCTs and were conducted in Australia (Kerr 2018), Germany (Nordheim 2019), Spain (Girón 2010), and The Netherlands and Belgium (van der Aa 2015).

The included studies are summarised in Table 3.

One study each compared the effects of motivational interviewing versus usual care (Kerr 2018), individual family intervention to treatment as usual (Girón 2010), a psychosocial intervention in couples to usual care (Nordheim 2019), and stepped care versus usual care (van der Aa 2015).

The study populations included adults presenting after stroke, adults living with severe schizophrenia, dementia, and visually impaired adults with anxiety and depression. .

Data on the following outcomes were identified through analysis of the included effectiveness studies:

- Subjective Quality of Life (QoL).
- Morbidity.
- Unplanned care contacts.
- Carer QoL.

No meta-analyses were conducted on the studies because of heterogeneity between the interventions.

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 – effectiveness data

Study	Population	Intervention	Comparison	Outcomes
Girón 2010 RCT Spain	N=50 adults living with severe schizophrenia <u>Age (years) - mean (±SD)</u> Intervention: 30.92 (6.98); Control: 32.12 (9.05)	<u>Individual family intervention</u> Provision of information; active listening and clarification of emotions, problems and needs; establishing a therapeutic alliance; improving communication; problem-solving	<u>Treatment as usual</u> Provision of support; home visits; social work; rehabilitation and medication. Plus, individual counselling.	<ul style="list-style-type: none"> • Subjective QoL (GAF-DSM-IV; global outcome score) • Morbidity (clinical relapse; positive symptoms; negative symptoms) • Unplanned care contacts (psychiatric hospitalisations)

Study	Population	Intervention	Comparison	Outcomes
	<u>Gender (male) - number (%)</u> Intervention: 16 (64); Control: 21 (84)	techniques; diminishing critical attitudes and over involvements; training in empathy. Plus, treatment as usual and individual counselling. All participants received medication (chlorpromazine)	All participants received medication (chlorpromazine)	
Kerr 2018 RCT Australia	N=48 participants post-stroke <u>Age (years) – mean (±SD)</u> Intervention: 66.4 (14.9); Control: 69.9 (12.8) <u>Gender (male) - number (%)</u> Intervention: 11 (68.8); Control: 9 (50.0)	<u>Early MI</u> 3 x 30 minute individual MI sessions (technique for motivating individuals to change behaviours) provided by trained nurses (n=3) or social workers (n=2) during hospitalisation after an acute stroke.	<u>Usual care</u> Routine care delivered during hospitalisation by nursing, medical and allied health staff on an ad-hoc basis.	<ul style="list-style-type: none"> • Subjective QoL (QLI) • Morbidity (depression and/or anxiety)
Nordheim 2019 RCT Germany	N=108 adults living with mild-to-moderate dementia N=108 caregiver partners <u>Year of birth - mean (±SD)</u> Participant Intervention: 1936 (5.3); Control: 1938 (7.1) Caregiver partner Intervention: 1939 (7.4); Control: 1940 (6.2) <u>Gender (female) - number (%)</u> Participant (n=108) Intervention: 23 (41.8); Control: 19 (35.8)	<u>DYADEM</u> Home-based, socio- and psychotherapeutic support programme focusing on personal, dyadic, and environmental resources.	<u>Usual care</u> 1 or 2 hours of consultation according to the standards of memory clinics in Germany.	<ul style="list-style-type: none"> • Subjective QoL (participant QoL-AD) • Morbidity (participant MMSE; participant depression) • Carer QoL (carer WHO-DAS global score)

Study	Population	Intervention	Comparison	Outcomes
	Caregiver partner (n=108) Intervention: 32 (58.2); Control: 34 (64.2)			
Van der Aa 2015 RCT The Netherlands and Belgium	N=265 visually impaired adults with depression and anxiety <u>Age (years; range 50 to 98) - mean (\pmSD)</u> Intervention: 72.4 (12.5); Control: 74.9 (11.9) <u>Gender (female) - number (%)</u> Intervention (n=131): 91 (70); Control (n=134): 94 (70)	<u>Stepped Care</u> Including watchful waiting; guided self-help based on cognitive behavioural therapy; problem solving treatment; referral to the GP. Plus, usual care. Not all participants completed all steps of the Stepped Care programme.	<u>Usual care</u> Outpatient low vision rehabilitation care and/or care provided by other healthcare providers.	<ul style="list-style-type: none"> • Subjective QoL (vision related QoL; health related QoL) • Morbidity (depressive, dysthymic, and/or anxiety disorder)

DYADEM: DYAdic coping with DEMentia; GAF DSM-IV: global assessment of functioning diagnostic and statistical manual of mental disorders version IV; MI: motivational interviewing; MMSE: mini-mental state examination; QLI: quality of life index; QoL: quality of life; QoL-AD: quality of life Alzheimer's Disease; RCT: randomised controlled trial; SD: standard deviation; WHO-DAS: World Health Organisation Psychiatric Disability Assessment Schedule.

See the full evidence tables in appendix D. No meta-analysis was conducted (and so there are no forest plots in appendix E).

Qualitative evidence

Included studies

A systematic review of the literature was conducted using a combined search for all qualitative questions. Four studies (Anka 2017, Archard 2015, Kirk 2019 and Laird 2017) were included in this review.

All studies were conducted in the UK. The data provided evidence about what does and does not work well in social work approaches to individual and family casework. Data collection methods included focus groups and interviews.

The studies included the views of social workers, other health and social care practitioners and people who use services; adults who self-neglect and people experiencing homelessness with trauma status.

The included studies are summarised in Table 4.

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 4.

Table 4: Summary of included studies – qualitative data

Study and aim of the study	Participants	Methods	Themes applied after thematic analysis
<p>Anka 2017</p> <p>General qualitative inquiry</p> <p>England, UK</p> <p>Aim of study To explore the development of a social work early intervention model for adults who self-neglect.</p>	<p>Total participants N=24</p> <p>People using services, n=13</p> <p>Social workers, n=3</p> <p>Social work managers, n=2</p> <p>Stakeholders from external services and agencies, n=6</p>	<p>Data collection: Semi-structured interviews</p> <p>Data analysis: Thematic analysis</p>	<ul style="list-style-type: none"> • Positive aspects of casework • Practitioner satisfaction with approach to casework
<p>Archard 2015</p> <p>General qualitative inquiry</p> <p>England, UK</p> <p>Aim of study To explore the views of homeless people on a programme for social support work.</p>	<p>Total participants N=6</p> <p>People using services - homeless people with trauma status, n=4</p> <p>Social worker support workers, n=2</p>	<p>Data collection: Interviews</p> <p>Data analysis: Thematic analysis</p>	<ul style="list-style-type: none"> • Negative aspects of casework • Positive aspects of casework • Practitioner satisfaction with approach to casework
<p>Kirk 2019</p> <p>General qualitative inquiry</p> <p>Northern Ireland, UK</p> <p>Aim of study To explore the professional perspectives on family-based restorative approaches to elder abuse.</p>	<p>Total participants N=37 social workers arranged into 8 focus groups.</p> <p>Focus groups were arranged into different divisions.</p> <p>Focus group divisions: Community Care Division (older people and physical disability), n=2 focus groups Hospital social workers, n=1 focus group Team for Adult Safeguarding and Family Group Conferencing, n=1 focus group Team for Mental Health of Older people, n=1</p>	<p>Data collection: Focus groups</p> <p>Data analysis: Thematic analysis</p>	<ul style="list-style-type: none"> • Positive aspects of casework • Practitioner satisfaction with approach to casework • Role of culture • Whether practitioners feel adequately trained and supervised

Study and aim of the study	Participants	Methods	Themes applied after thematic analysis
	focus group Adult Learning Disability teams, n=1 focus group Social workers in Women's Aid (supporting women in situations of domestic violence), n=2 focus group		
<p>Laird 2017</p> <p>General qualitative inquiry</p> <p>Northern Ireland, UK</p> <p>Aim of study To explore experiences and perspectives of supporting people using a generic older adult day centre service.</p>	<p>Total participants N=20</p> <p>Community psychiatric nurses, n=4</p> <p>Day centre managers, n=4</p> <p>Social workers, n=12</p>	<p>Data collection: Focus groups</p> <p>Data analysis: Thematic analysis</p>	<ul style="list-style-type: none"> • Accessibility of casework • Positive aspects of casework • Practitioner satisfaction with approach to casework

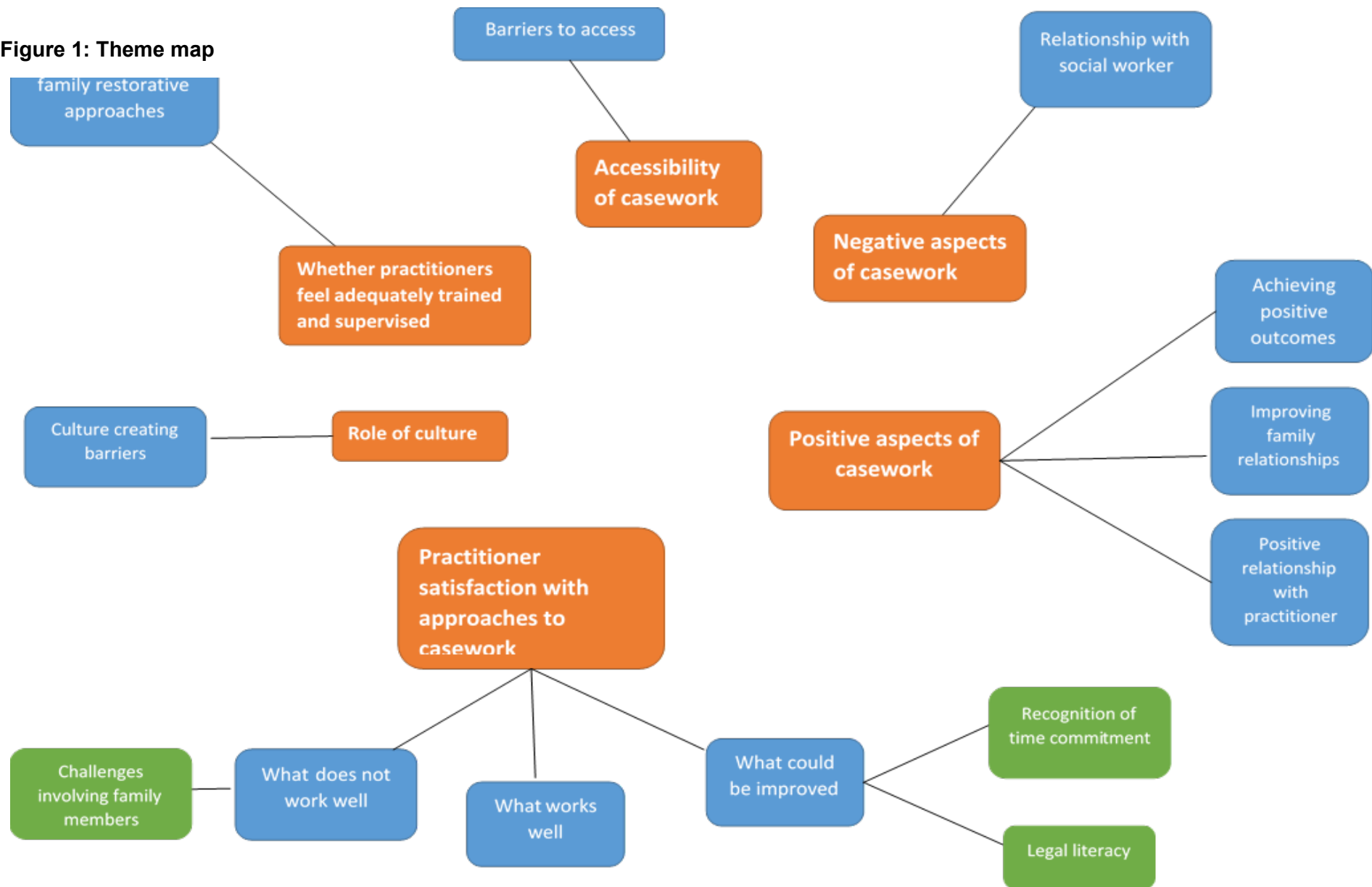
See the full evidence tables in appendix D.

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

- Accessibility of casework
 - Barriers to access
- Negative aspects of casework
 - Relationship with social worker
- Positive aspects of casework
 - Achieving positive outcomes
 - Improving family relationships
 - Positive relationship with practitioner
- Practitioner satisfaction with approach to casework
 - What could be improved
 - Recognition of time commitments
 - Legal literacy
 - What does not work well
 - Challenges involving family members
 - What works well
- Role of culture
 - Culture creating barriers
- Whether practitioners feel adequately trained and supervised
 - Specific staff for family restorative approaches

The Theme map (Figure 1) illustrates these overarching themes and their related themes and sub themes. The overarching themes can be seen in orange, the related themes in blue, and the sub-themes in green.

Figure 1: Theme map



Summary of the evidence

Effectiveness evidence

One RCT, comparing motivational interviewing with usual care, identified data for the critical outcomes subjective QoL and morbidity. The intervention was provided by trained nurses or social workers. There was no important difference between motivational interviewing and usual care on subjective QoL, measured using satisfaction and importance of QoL domains, at 1 or 3 months. There was no important difference between motivational interviewing and usual care for morbidity, measured using depression scales and an anxiety scale, at 1 or 3 months.

One RCT, comparing a family intervention to treatment as usual, identified data for the critical outcomes morbidity and unplanned care contacts. The family intervention appeared to have an important benefit over treatment as usual in terms of reducing the incidence of clinical relapse at 24 months, and a possible important benefit in terms of improving global assessment of functioning at 24 months. There was no important benefit from the family intervention compared with treatment as usual for other morbidity outcomes, positive psychotic symptoms on the psychiatric assessment scale, or negative symptoms on World Health Organisation Psychiatric Disability Assessment Schedule, at 9 or 24 months. There was no important benefit from the family intervention over treatment as usual for unplanned care contacts, assessed with number of psychiatric hospitalisations. The participants received medication that may have influenced outcomes.

One RCT compared a psychosocial intervention to usual care. The psychosocial intervention was provided by a psychotherapist or a social worker. Data were identified for the critical outcomes subjective QoL and morbidity, and the important outcome carer QoL. The psychosocial intervention did not have an important benefit over usual care for subjective QoL, measured using the QoL Alzheimer's disease questionnaire, at 1 or 6 months. There was no important difference between the psychosocial intervention and usual care or morbidity outcomes, measured using the Geriatric Depression Scale or the Mini-Mental State Examination, at 1 or 6 months. There were also no important differences between the psychosocial intervention and usual care on carer QoL, measured using the WHO-quality of life scale, at 1 or 6 months.

One RCT compared a stepped care intervention to usual care. The stepped care intervention was provided by an integrated team. Data were identified for the critical outcomes subjective QoL, morbidity and unplanned care contacts. There was no important difference between the stepped care intervention and usual care, in terms of subjective QoL, measured by the EQ-5D (health-related QoL) or vision related QoL (LVQoL-18) scales at 24 months. The stepped care programme appeared to have an important benefit over usual practice in terms of reducing the onset and incidence of major depressive, dysthymic and/or anxiety disorders measured at 24 months. There were no differences between the groups in terms of symptoms of depression, measured using the Centre for Epidemiologic Studies depression scale, or symptoms of anxiety, measured using Hospital Anxiety and Depression Scale – anxiety, at 24 months. There was no important difference between stepped care and usual care in terms of unplanned care contacts, assessed with hospital admissions at 24 months.

See appendix F for full GRADE tables.

Qualitative evidence

The evidence generated 6 overarching themes related to what does and does not work well with social work approaches to individual and family casework for adults with complex needs.

One study provided evidence that suggested that there could be some barriers to accessing social work casework related to the location of services. Evidence from 1 study showed that

there were negative aspects of social work approaches to casework, which revolved around the relationship with the social worker. There were themes, derived from 4 studies, surrounding the positive aspects of social worker approaches to casework, which were related to achieving positive outcomes, improving family relationships and also having a positive relationship with the practitioner. Four studies provided evidence that contributed to themes related to practitioner satisfaction with casework approaches. The themes around what worked well suggested that practitioners appreciated being able to take a flexible approach to casework. There were also themes derived from practitioner views about what does not work well, namely challenges when involving family members, and ideas about what could be improved. The role of culture was another theme identified from 1 study, which highlighted some of the barriers created when there were differences in perspectives regarding what is considered abusive. There was also evidence from 1 study, which contributed to themes about the extent to which practitioners felt they were adequately trained to support adults with complex needs through individual and family casework.

See appendix F for full GRADE-CERQual tables.

Synthesis of effectiveness and qualitative data

Although the effectiveness and qualitative syntheses were conducted in parallel, some of the qualitative evidence did help to explain or contextualise the effectiveness findings. Shown in Table 6, relevant themes are listed from the qualitative evidence and are matched to the effectiveness evidence. The final column of the table provides a possible explanation for the effectiveness result based on the qualitative findings. The contents of Table 6 are therefore limited to the effectiveness results for which there was a qualitative explanation. For the complete results of the qualitative synthesis and effectiveness synthesis see the GRADE and GRADE-CERQual tables in appendix F.

Table 5: Evidence synthesis (effectiveness and qualitative data)

Qualitative Themes	Overall confidence in the findings	Effectiveness evidence	Quality	Explanatory contribution of qualitative findings on effectiveness results
<p><i>F3.1 Achieving positive outcomes.</i></p> <p>Data from 3 studies (Anka 2017, Kirk 2019, Laird 2017) suggested that social work approaches to casework, including approaches with family involvement, achieved positive outcomes.</p>	HIGH	<p><i>Outcome: morbidity measured by clinical relapse at 24 months follow-up</i></p> <p>Family interventions appeared to have a benefit over treatment as usual in terms of reduced incidence of clinical relapse in people with severe schizophrenia (Girón 2010).</p>	VERY LOW (1 randomised controlled trial)	The qualitative evidence suggests social work approaches to casework, including those with family involvement, achieves positive outcomes and improves family relationships. This could explain why we see an important benefit in terms of reduced incidence of

<p><i>F3.2 Improving family relationships</i></p> <p>Data from 1 study (Laird 2017) suggested that social work approaches to casework improved family relationships by allowing for time for respite for family carers.</p>	MODERATE			<p>clinical relapse for the intervention where there was family involvement.</p> <p>The important benefit of the intervention over usual care in terms of reduced incidence of clinical relapse, could be attributed to positive changes in family behaviour and attitudes through participating and engaging with interventions outside the intervention setting. The qualitative evidence reports that following social worker discussions, family members asked about the ways they could help, which shows that family members may be more engaged when they are part of the intervention (Kirk 2019).</p> <p>The effectiveness evidence also suggested that as part of the intervention, family members may be encouraged to promote treatment compliance in people with schizophrenia, which again highlights the link between involvement of family members and a reduction in clinical relapse.</p>
<p><i>F3.1 Achieving positive outcomes.</i></p> <p>Data from 3 studies (Anka 2017, Kirk 2019, Laird 2017) suggested that social work approaches to casework, including approaches with family involvement, achieved positive outcomes.</p>	HIGH	<p><i>Outcomes: morbidity measured by development of disorders at 24 months follow-up; morbidity measured by time to onset of a depressive and/or anxiety disorder at 24 months follow-up</i></p> <p>The stepped care intervention appeared to have a benefit over usual care in terms of reducing the development of</p>	VERY LOW (1 randomised controlled trial)	<p>The effectiveness evidence also shows an important benefit in terms of reducing the incidence of developing disorders, and increasing the time to onset of depressive or anxiety disorders. This could be attributed to the problem solving</p>

		disorders, and in terms of the increasing time to onset of a depressive or anxiety disorder (Van der Aa 2015).		aspect of casework approaches, which is seen in both the effectiveness and qualitative interventions. Problem solving can identify alternative solutions that involve more positive actions, which could explain improvements in symptoms.
<p><i>F4.1 What could be improved.</i> <i>F4.1.1 Recognition of time commitment.</i></p> <p>Data from 3 studies (Anka 2017, Kirk 2019, Laird 2017) suggested that practitioners felt there was a need to recognise the time required to make a change in adults with complex needs, and that approaches to casework required more in-depth interactions.</p>	HIGH	<p><i>Outcome: Quality of Life index at 1 month and 3 months</i></p> <p>There was no important difference in terms of quality of life between motivational interviewing and usual care (Kerr 2018).</p>	VERY LOW (1 randomised controlled trial)	<p>The qualitative evidence could explain why for all measures of quality of life, we did not see an important difference between the intervention and usual care. The qualitative evidence suggests that practitioners feel that to effect change in adults with complex needs, the approaches to casework need more time and in-depth interactions to ensure trusting relationships are developed over time. The interventions described in the effectiveness evidence were described as taking place either over 3 sessions or over 3 months. This time frame may be too short to effect change, or interactions between professionals and adults with complex needs within that time frame may be too few and not sufficiently in-depth.</p>
		<p><i>Outcome: Participant quality of life for Alzheimer's disease at 1 month and 6 months</i></p> <p>There was no important difference in terms of quality of life between a psychological intervention and usual care (Nordheim 2019).</p>	VERY LOW (1 randomised controlled trial)	
		<p><i>Outcomes: Health related quality of life; vision related quality of life</i></p> <p>There was no important difference in terms of quality of life between a stepped care intervention and usual care (Van der Aa 2015).</p>	VERY LOW (1 randomised controlled trial)	

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 included economic evidence

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.

The committee's discussion and interpretation of the evidence

The outcomes that matter most

For the effectiveness review subjective quality of life, morbidity, loneliness and unplanned care contacts were considered critical outcomes. The committee agreed these outcomes were critical as they would reflect whether interventions provided adequate care for people. Morbidity was chosen as an outcome because in the population of adults with complex needs, the life expectancy is shorter compared to the rest of the population. The committee acknowledged that adults with complex needs require ongoing support and continuity of care. Without the appropriate continuous support, they are likely to access services unplanned, for example emergency departments. To capture all instances and services that were not planned or part of their ongoing care plan, the committee decided to include unplanned care contacts as an outcome, as this would be an indicator of whether social work casework interventions led to continuity of care and ongoing support. Self-esteem, personal goal attainment and carer quality of life were considered important outcomes. The committee discussed that the aim of care plans are to help people achieve their goals. By looking at evidence reporting these outcomes, the committee hoped to find out if social work approaches to casework are helping people achieve their personal goals. Carer quality of life was also chosen as carers are often attending or supporting people to attend casework interventions. These interventions should also aim to address caregiver burden and quality of life.

To address the issue of what works well and what could be improved about individual and family casework, 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 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.

- Carer quality of life – measured using a validated tool such as the Carer Experience Scale or ASCOT-Carer.
- Accessibility of family/individual casework.
- Satisfaction with social work approaches to individual and family casework.
- Positive and negative aspects of social work approaches to individual and family casework.
- Perceived appropriateness of social work approaches to individual and family casework.
- Perception about the impact of casework for meeting needs.
- Role/influence of culture and other equality issues.
- Carers satisfaction with casework.

- Practitioner satisfaction with individual or family casework and how it could be improved.
- Whether practitioners feel adequately trained and supervised

The quality of the evidence

Effectiveness evidence

The quality of the evidence for effectiveness outcomes was assessed with GRADE and was rated as very low. Some outcomes were downgraded on the basis that they were at high risk of bias because of concerns around, for example, randomisation processes, missing outcome data, and/or blinding. Some outcomes were further downgraded on the basis of indirectness because other factors may have influenced the outcomes (such as the provision of interventions may not have been provided exclusively by social workers, or participants did not complete all steps of the intervention). Some of the outcomes were downgraded on the basis of imprecision because 95% confidence intervals crossed 1 minimally important difference (MID). None of the outcomes were downgraded on the basis of inconsistency because only 1 study reported data for each intervention.

In terms of population subgroups specified in the protocol, it was not possible to report findings separately because the studies did not provide this level of detail.

There was no evidence identified for the following outcomes: loneliness, self-esteem or personal goal attainment.

See appendix F for full GRADE tables with quality ratings of all outcomes.

Qualitative evidence

The evidence was assessed using the GRADE-CERQual methodology and the overall confidence in the findings for the qualitative review ranged from very low to high. The review findings were generally downgraded because of methodological limitations of the included studies, for example not enough information provided on the steps taken to address potential bias between researcher and participants. Some of the findings were downgraded due to adequacy because together, the relevant studies did not offer rich data. Some of the findings were also downgraded for relevance because in some cases the social worker who was part of the intervention was at a student level.

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 organisations

The committee used the evidence in this review, to elaborate on the recommendation about ensuring social workers are given enough time to build relationships, which had been originally made on the basis of evidence (G2.2 Length of the programme; low quality) from report G Social Inclusion. The committee discussed the evidence from this review (F4.1 What could be improved; low and high quality) about ways in which social work approaches to casework could be improved. The evidence (F4.1.1 Recognition of time commitment; high quality) suggested that there needed to be more recognition of the time commitment required to achieve agreed outcomes, when working with adults with complex needs. There was high confidence in this finding and it resonated with the committee's experiences that in practice support for people with complex needs can be inappropriate and lack the right focus on the full range of needs. The committee agreed it was important to support social workers to work towards individualised care to address the range and variation in needs, and this could be achieved by allowing time to build relationships. They agreed on a recommendation to highlight the responsibility of organisations to facilitate support for social workers to be given adequate time to understand each person's situation. They discussed that this is supported

by statutory guidance, and should not lead to a change in current practice. Therefore, the committee made a strong recommendation as they agreed it was important to emphasise good practice.

The committee also discussed the evidence (F5.1 Culture creating barriers; moderate quality) that suggested practitioners often do not respond well to people's cultural differences and perspectives and that they sometimes perceived these as challenges. There was moderate confidence in the finding and the committee agreed that this was a key area and one that could lead to inequalities if not appropriately addressed. The committee discussed differences in perspective due to culture, as highlighted in the evidence, and agreed that this could lead to care needs not being raised or recognised by social workers and consequently poorer outcomes. The committee discussed, from experience, that people's life experiences could also impact their care experiences and consequently lead to inequalities, and poorer outcomes. They agreed on a recommendation, aimed at organisations, to support and train social workers to discuss people's cultural identities and life experiences. The benefit of this would be to support social workers to provide an environment and build a trusting relationship where people can share their experience, which could include situations where care may have already led to poorer outcomes or disadvantage. This would mean that the social worker would not base casework on assumptions but rather help people by providing appropriate support and address any identified inequalities. The committee were aware of the Social Work England Professional Standard 1.6 that outlines the role of the social worker to help confront and resolve issues of inequality and inclusion. The committee agreed that this recommendation would equip social workers to deliver to their professional standards, and also ensure compliance with the Equality Act.

Individual or family casework

The committee discussed the qualitative evidence in this review (F4.1.1 Recognition of time commitment; high quality) that suggested social workers thought a more in-depth, one-to-one approach was required in casework approaches. The committee agreed with this evidence, and combined with their practice experience; decided that it was important for individual and family casework to take an overall person-centred approach. The committee agreed it would be useful to signpost to Section 1.1 Principles of social work for adults with complex needs, as this section covers recommendations for a person-centred approach. Therefore, the committee made a recommendation for social workers to consider those recommendations alongside the specific recommendations for individual and family casework.

The committee discussed the effectiveness evidence, which showed mixed results for social work approaches to individual and family casework. They discussed the evidence that showed the stepped care intervention had an important benefit in terms of morbidity outcomes. However, the committee had concerns regarding the very low quality of the evidence, in particular concerns around indirectness, which highlighted that not all participants received all aspects of the intervention. Therefore, the committee agreed they could not support a recommendation specific to the whole of the stepped care approach, as the evidence did not provide enough information around which aspects of the approach attributed to the positive outcomes. The committee agreed that it was important to consider what aspects of the intervention may have contributed to the positive outcomes, and they used the synthesis of effectiveness and qualitative data to guide them. The committee considered the qualitative evidence (F3.1 Achieving positive outcomes; high quality) that suggested social work approaches to casework, in particular task-centred approaches and goal setting, achieved positive outcomes. They discussed that these approaches were in line with the problem solving approaches used in the stepped care intervention, and could have contributed to the benefits seen in terms of reducing the onset and incidence of major depressive and anxiety disorders. The committee agreed that the effectiveness evidence combined with the qualitative evidence (F3.1 Achieving positive outcomes; high quality) supported a recommendation for social workers to help people identify their goals and desired outcomes using social work approaches such as task-focused approaches. The

committee agreed that this recommendation would provide a more individualised approach to care as people identify personal goals important to them, as well as guide people toward gaining the skills to tackle any problems or issues they may face. . The committee agreed that as these approaches underpin social work practice; this recommendation would not change current practice.

The committee used the qualitative evidence (F4.2.1 Challenges of involving family members; high quality) around the challenges of involving family members in social work approaches to casework, to make a recommendation. They discussed the difficulties, as highlighted in the evidence, of ensuring family members participate and engage in interventions. They also discussed the different conflicts that may exist between family members and how safeguarding concerns may arise in some situations. The committee agreed with the evidence (F3.1 Achieving positive outcomes; high quality) discussed above, which showed that family involvement could be beneficial in terms of achieving positive outcomes, and agreed that on balance the benefits of involving family members outweighed the harms resulting from potential conflicts. The committee highlighted legal frameworks that were in place to support the rights of the person as well as the rights of the family. They agreed that by highlighting the legal frameworks, social workers would better understand that their role is not necessarily to resolve conflict, but to uphold the rights of the person being supported. They agreed it was important to highlight this in a recommendation to support social workers in complex family situations.

The committee also discussed the effectiveness evidence that showed an important benefit, favouring a family intervention, on clinical relapse, which had a very low quality rating. The committee discussed the quality of the evidence, and that the evidence was specific to adults with severe schizophrenia. They discussed that, because the evidence was specific to a subpopulation, they were unable to comment on the benefits of a family intervention on other adults with complex needs, and therefore agreed they could not make a recommendation for this specific family interventions for all people with complex needs. The committee also discussed some of the qualitative evidence (F4.2.1 Challenges of involving family members; high quality) which highlighted the challenges social workers face when working with family members. They agreed that this echoed their practice experience (and also discussed that this was used by clinical psychologists they work with), and discussed, that without the appropriate training, family interventions should not be conducted because it could potentially worsen family relations. However, the committee were aware of the Social Work England Professional Standard 1.4 that specifies social workers must value the importance of family, and work with people to harness these assets. This led the committee to discuss some of the qualitative evidence (F3.1 Achieving positive outcomes; high quality), which suggested family involvement contributed to positive outcomes. The committee agreed that there were benefits for adults with complex needs such as establishing a support network. The committee also discussed the evidence (F6.1 Specific staff for family restorative approaches; low quality) that suggested that practitioners felt it was necessary to have dedicated staff focused on social work approaches to family casework. The committee used this evidence, and agreed on a recommendation to support social workers to train in family interventions. They agreed that this recommendation would facilitate social workers to work to deliver to their professional standard, by providing them with the skills needed to overcome any challenges faced when working with families.

The qualitative evidence (F3.1 Achieving positive outcomes; high quality) also highlighted the benefits of a day care centre for people living with dementia. It suggested that the positive outcomes for people living with dementia were attributed to the routine provided by the day care centre. The committee discussed this evidence together with the evidence (F3.2 Improving family relationships; moderate quality) that the day care centre was also beneficial to carers because it provided a period of respite. They committee discussed some of the disadvantages of day centres. They agreed that in their experience day centres sometimes lack a person-centred approach to care and support and can potentially lead to segregation from the wider community. On balance, the committee therefore agreed not to make a

recommendation for day care centres, as the evidence did not specifically support a day care centre as a social work approach to achieving positive outcomes, rather it supported approaches involving routine and meaningful activities. The committee agreed that the evidence, and their own experiential knowledge, supported the recommendations made in other areas of the guideline, such as those for meaningful activities and helping people to connect with local communities and reduce isolation.

Helping people to connect with local communities and reduce isolation

The committee discussed the evidence (F1.1 Barriers to access; moderate quality) around the barriers to accessing social work approaches to casework. The evidence showed that a Trust's commissioning catchment area could be a barrier to access. The committee recognised that it was not within the scope of the guideline to make a recommendation regarding local authority catchment areas, but agreed that they could make a recommendation, based on informal consensus, to inform people about their rights to receive services outside of their catchment areas, and that this would help to address this barrier. Aware from their experience of other barriers, they expanded the recommendation to include others such as eligibility criteria and referral processes. The committee also agreed that it was important for organisations to provide information about other available community resources, as this would also minimise barriers to accessing services. As there is a duty placed on local authorities to provide clear information regarding available services, the committee agreed this should be a strong recommendation.

Supporting people to plan for the future, including considering changing needs, wishes and capabilities

The committee also discussed the evidence (F2.1 Relationship with social worker; low quality) around the relationship with the social worker, which showed that people were unhappy when relationships stopped abruptly. The committee recognised that the confidence in this finding was low but agreed, from their experience that this was a common complaint, which needs addressing. They agreed that the recommendations they had made for a named social worker (and where there are changes in social workers, continuity could be maintained by having clear handover processes in place), using the evidence in review C and the committee's experience, would address this issue and that the evidence provided here would help to support it.

Cost effectiveness and resource use

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

The recommendation to consider training and support for social workers to gain specialised and advanced skills in family interventions may lead to an increase in resource use. These are specialised skills and the ability to undertake them will vary between social workers across England. From the committee's experience these skills are not routinely covered in university courses. Providing specialist training will likely incur costs through both hiring companies to provide the training (if it cannot be done 'in-house') and allowing social workers time away from casework to attend. However, there is a legal requirement for social workers to undertake continued professional development so time away from casework will already be happening. In the longer term if these advanced skills are used often in practice, training may become part of university courses or be able to be provided by peers reducing or potentially eliminating additional costs to the NHS and PSS.

All other recommendations formed from this review 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 likely lead to a better outcomes for the individual.

Other factors the committee took into account

The committee were aware of [Care Act 2014 statutory guidance](#) (1.28), which supported recommendations for allowing social workers adequate time to understand each person's situation. The committee also drew on the [Social Work England Professional Standards](#) (1.4 and 1.6) to support recommendations for organisations to provide appropriate continuous professional development, and training.

From their knowledge and experience, the committee were aware of some of the legal frameworks that social workers must understand in order to support the rights of the person and their family members. These are:

- [Care Act 2014](#) requirement for advocacy
- Mental Capacity Act 2005 requirements on [deprivation of liberty safeguards](#) and [liberty protection safeguards](#)
- [Human Rights Act 1998](#)
- [Safeguarding Vulnerable Groups Act 2006](#)
- [Protection of Freedoms Act 2012](#)
- [Equality Act 2010](#)

Recommendations supported by this evidence review

This evidence review supports recommendations 1.1.11 to 1.1.12, 1.3.1 to 1.3.4, 1.4.6 and 1.5.11.

References – included studies

Effectiveness

Girón 2010

Girón, M., Fernández-Yañez, A., Mañá-Alvarenga, S., Molina-Habas, A., Nolasco, A., Gómez-Beneyto, M., Efficacy and effectiveness of individual family intervention on social and clinical functioning and family burden in severe schizophrenia: a 2-year randomized controlled study, *Psychol Med*, 40, 73-84, 2010

Kerr 2018

Kerr, D., McCann, T., Mackey, E., Wijeratne, T. Effects of early motivational interviewing on post-stroke depressive symptoms: A pilot randomized study of the Good Mood Intervention program. *Int J Nurs Pract*, e12657, 2018

Nordheim 2019

Nordheim, J., Hausler, A., Yasar, S., Suhr, R., Kuhlmeier, A., Rapp, M., Gellert, P., Psychosocial Intervention in Couples Coping with Dementia Led by a Psychotherapist and a Social Worker: The DYADEM Trial, *Journal of Alzheimer's Disease*, 68, 745-755, 2019

Van der Aa 2015

van der Aa, H. P., van Rens, G. H., Comijs, H. C., Margrain, T. H., Gallindo-Garre, F., Twisk, J. W., van Nispen, R. M., Stepped care for depression and anxiety in visually impaired older adults: multicentre randomised controlled trial, *BMJ (Clinical research ed.)*, 351, h6127, 2015

Qualitative

Anka 2017

Anka, A., Sorensen, P., Brandon, M., Bailey, S., Social work intervention with adults who self-neglect in England: responding to the Care Act 2014, *Journal of Adult Protection*, 19, 67-77, 2017

Archard 2015

Archard, P. J., Murphy, D., A practice research study concerning homeless service user involvement with a programme of social support work delivered in a specialized psychological trauma service, *Journal of psychiatric and mental health nursing*, 22, 360-70, 2015

Kirk 2019

Kirk, C. A., Social workers' perceptions of restorative approaches with families in cases of elder abuse: a qualitative study, *Journal of Adult Protection*, 21, 190-200, 2019

Laird 2017

Laird, E. A., McGurk, P., Reid, B., Ryan, A., "Making the best of what we have": The lived experiences of community psychiatric nurses, day centre managers and social workers supporting clients with dementia attending a generic day care service, *International Journal of Older People Nursing*, 12, 2017

Appendices

Appendix A Review protocols

Review protocol for review question F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

Table 6: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42020225316
1.	Review title	Individual or family casework (quantitative)
2.	Review question	<p>F1. What is the effectiveness of social work approaches to individual and family casework for adults with complex needs?</p> <p>Note that this review is linked with F2, which is described in a separate review protocol: Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?</p>
3.	Objective	To establish and compare the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework.
4.	Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> • Cochrane Database of Systematic Reviews (CDSR) • Cochrane Central Register of Controlled Trials (CENTRAL) • MEDLINE & Medline in Process • Embase • Applied Social Science Index and Abstracts (ASSIA) • International Bibliography of the Social Sciences (IBSS) • Social Policy and Practice

ID	Field	Content
		<ul style="list-style-type: none"> • Social Services Abstracts • Sociological Abstracts • Social Care Online <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> • Date limit: 2010 • English language • Human studies <p>Other searches:</p> <ul style="list-style-type: none"> • Additional searching may be undertaken if required. <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	Individual and family casework approaches to support the person, their families and carers in problem solving, promoting self-esteem, confidence and self-advocacy (for example, by enabling communication) in complex risk planning, in coping with changing life situations and enabling positive risk-taking to promote independence.
6.	Population	<ul style="list-style-type: none"> • People aged 18 or older with complex needs*. <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.	Intervention	Social work approaches to individual and family casework for adults with complex needs.

ID	Field	Content
		<p>A broad approach will be taken whereby studies evaluating individual or family casework, which is social work led or delivered, will be included. The following are examples of individual or family casework for supporting adults with complex needs and these will be used to guide the review both in terms of searching and screening. The list is not intended to be exhaustive:</p> <ul style="list-style-type: none"> • Problem-solving and task-centred practice. • Strengths based or asset based support. • Solution-focused therapy. • Motivational interviewing. • Family group conferencing. • Behavioural family therapy. • Behavioural couples' therapy. • Systemic family therapy. • The Family Partnership model (sometimes called "The Family Model"). • Circles of support. • Person centred plans and PATHS/ MAPS (planning tools). • Positive behavioural support. • Team around the adult. • Holistic approaches addressing related to housing, benefits, budget and wider social care needs. • The Recovery Star (a version of the Outcomes Star).
8.	Comparator	<p>Different social work approaches to individual and family casework compared with each other.</p> <p>Different social work approaches to individual and family casework compared with 'usual practice'.</p>
9.	Types of study to be included	<ul style="list-style-type: none"> • Experimental studies (where the investigator assigned intervention or control) including:

ID	Field	Content
		<ul style="list-style-type: none"> ○ Randomised or quasi-randomised controlled trials. ○ Non-randomised controlled trials. <p>• Systematic reviews/meta-analyses of controlled trials.</p> <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"> • Other non-randomised studies (where neither control nor intervention were assigned by the investigator) including: <ul style="list-style-type: none"> ○ Systematic reviews of observational studies. ○ Prospective and retrospective cohort studies (studies with multivariate analyses will be prioritised over those using univariate methods of analysis). ○ Case control studies. ○ Before and after study or interrupted time series.
10.	Other exclusion criteria	<p>Inclusion:</p> <ul style="list-style-type: none"> • Full text papers • Only studies conducted in the UK will be included. However, if insufficient UK based studies are available for the purposes of decision making about recommendations then studies from the following high income countries (as defined by the World Bank) from Europe, plus Australia, New Zealand, Canada and South Africa, will be included. <p>Exclusion:</p> <ul style="list-style-type: none"> • Observational studies that do not report critical outcomes • Conference abstracts • Articles published before 2010. • Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality. • Non-English language articles

ID	Field	Content
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"> • Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D. • Morbidity. • Loneliness – measured using a validated tool such as the UCLA 3 item loneliness scale, the Campaign to End Loneliness tool or the De-Jong Giervald scale. <p>Service focused outcomes:</p> <ul style="list-style-type: none"> • Unplanned care contacts, for example, A&E visit, hospital admission or care home admission (either for respite or long term care).
13.	Secondary outcomes (important outcomes)	<p>Person focused outcomes:</p> <ul style="list-style-type: none"> • Self-esteem – measured using a validated tool such as the RSES. • Personal goal attainment - measured using a validated tool, for example, GAS. • Carer quality of life – measured using a validated tool such as the Carer Experience Scale or ASCOT-Carer.
14.	Data extraction (selection and coding)	<ul style="list-style-type: none"> • All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. • Duplicate screening will be undertaken for 10% of items. • Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. • Draft excluded studies will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair.

ID	Field	Content
		<ul style="list-style-type: none"> • A standardised form will be used to extract data from included studies. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.
15.	Risk of bias (quality) assessment	Risk of bias will be assessed using the appropriate checklist as described in Developing NICE guidelines: the manual .
16.	Strategy for data synthesis	<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> <ul style="list-style-type: none"> • Being a parallel review to F2, the NGA technical team will present findings from this review together with qualitative evidence (F2), 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.
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"> • Different approaches to individual and family casework for adults with complex needs. • Different groups of people with different needs. • All groups highlighted in the Equality Impact Assessment.
18.	Type and method of review	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Intervention <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input type="checkbox"/> Qualitative <input type="checkbox"/> Epidemiologic

ID	Field	Content												
		<input type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Other (please specify) This intervention review is linked with a qualitative review [F2] on the same issue.												
19.	Language	English												
20.	Country	England												
21.	Anticipated or actual start date	January 2021												
22.	Anticipated completion date	January 2022												
23.	Stage of review at time of this submission	<table border="1"> <thead> <tr> <th>Review stage</th> <th>Started</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Preliminary searches</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Piloting of the study selection process</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Formal screening of search results against eligibility criteria</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	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"/>
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Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>												

ID	Field	Content	
		Data extraction	<input checked="" type="checkbox"/>
		Risk of bias (quality) assessment	<input checked="" type="checkbox"/>
		Data analysis	<input checked="" type="checkbox"/>
24.	Named contact	<p>5a. Named contact National Guideline Alliance</p> <p>5b. Named contact e-mail SWIadults@nice.org.uk</p> <p>5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline Alliance.</p>	
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	

ID	Field	Content
		interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual . Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents .
29.	Other registration details	Not applicable
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020225316
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: <ul style="list-style-type: none"> • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Social work, complex needs, assessment, care management.
33.	Details of existing review of same topic by same authors	Not applicable.
34.	Current review status	<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	www.nice.org.uk

A&E: accident and emergency; ASCOT: Adult Social Care Outcomes Toolkit; ASSIA: Applied Social Science Index and Abstracts; CCTR: Cochrane Controlled Trials Register; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; DARE: Database of Abstracts of Reviews of Effects; EQ-5D: EuroQol 5 Dimensions; GAS: Goal Attainment Scaling; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology

Assessment; IBSS: International Bibliography of the Social Sciences; ICECAP-A: ICEpop CAPability measure for adults; MNSA: Manchester Short Assessment; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; RCT: randomised controlled trial; RoB: risk of bias; RSES: Rosenberg self-esteem scale.

Review protocol for review question F2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

Table 7: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42020225321
1.	Review title	Individual or family casework (views and experiences)
2.	Review question	<p>F2. Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?</p> <p>Note that this review is linked with F1, which is described in a separate review protocol: What is the effectiveness of social work approaches to individual and family casework for adults with complex needs.</p>
3.	Objective	<ul style="list-style-type: none"> • To establish what adults with complex needs, their families and carers believe works well and what could be improved about individual and family casework to support adults with complex needs. • To establish what practitioners believe works well and what could be improved about social work assessment and review for adults with complex needs to support adults with complex needs.
4.	Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> • Cochrane Database of Systematic Reviews (CDSR) • Cochrane Central Register of Controlled Trials (CENTRAL) • MEDLINE & Medline in Process • Embase • Emcare • CINAHL • PsycINFO • Applied Social Science Index and Abstracts (ASSIA)

ID	Field	Content
		<ul style="list-style-type: none"> • International Bibliography of the Social Sciences (IBSS) • Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts • Social Care Online <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> • Date limit: 2010 • English language • Human studies • Qualitative studies filter <p>Other searches:</p> <ul style="list-style-type: none"> • Additional searching may be undertaken if required. <p>One search will be conducted to cover all qualitative questions.</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>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	Views perceptions and or/or lived experiences of individual and family casework to support the person, their families and carers in problem solving, promoting self-esteem, confidence and self-advocacy (for example by enabling communication) in complex risk planning, in coping with changing life situations and enabling positive risk-taking to promote independence.

ID	Field	Content
6.	Population	<ul style="list-style-type: none"> • People aged 18 or older with complex needs*. • Families and supporters of adults with complex needs • Relevant social-/health- care and other practitioners involved in needs assessment and review for adults with complex needs. <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>Views, perceptions or lived experiences about individual or family casework to support adults with complex needs.</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 individual or family casework to support adults with complex needs although they are aware that other relevant themes may be identified:</p> <ul style="list-style-type: none"> • Accessibility of family/ individual casework. The committee expect to locate evidence that access to individual and family casework is very inconsistent and that tackling this ‘postcode lottery’ would result in significant improvements. Lack of access is likely to adversely affect people’s experiences since delays to access may result in heightened or more complex needs or issues with services. • Satisfaction with social work approaches to individual and family casework. The committee expect satisfaction to be affected by a range of variables such as the degree and nature of the person’s involvement, time allocated to the casework intervention, where the intervention is conducted (for example, the person’s home or a social work office), the outcome of the interventions (for example, whether support is adjusted as a result) and for family focussed approaches, the extent to which conflict resolution and problem solving can be achieved through social work support. • Positive and negative aspects of social work approaches to individual and family casework. The committee expect there to be a range of differing opinions about positive and negative aspects of individual and family casework ranging from

ID	Field	Content
		<p>the underpinning philosophy to practical aspects, for example intensity of sessions, communication and overall perceived usefulness.</p> <ul style="list-style-type: none"> • Perceived appropriateness of social work approaches to individual and family casework. The committee also expect there to be evidence of people being dissatisfied with social workers taking a rather bureaucratic approach to individual and family casework and that experiences would be improved if a more rights based approach were adopted. • Perception about the impact of casework for meeting needs. Casework objectives aim to help individuals find solutions to problems in life. The committee agree it is important to look at the perspectives of all those involved to understand whether these approaches are meeting their needs. • Role/ influence of culture and other equality issues. The committee are particularly keen to locate views and experiences about whether individual and family casework appear to be more or less available or more or less successful with some groups of the guideline population than others. For example, whether there are language or other access issues or forms of discrimination limiting availability or the success of these approaches. • Carers satisfaction with casework. The committee believe it is important to triangulate data by including carer's views about individual and family casework. Carers are likely to express views about whether the approach to casework addressed the needs of the person but also whether their own preferences have been taken into consideration. The carer can provide additional insight into what works well for the individual and which areas need improvement but also crucially, views about whether their own wellbeing is considered. Carers are therefore in a key position to comment on what works well and what could be improved about individual and family casework. • Practitioner satisfaction with individual or family casework and how it could be improved. The committee also wish to triangulate data by identifying practitioner views and experiences indicating what they think works well and what could be improved. This is likely to include issues such as available time and resources for providing this type of support and key factors influencing the perceived success or failure of supporting adults with complex needs in this way.

ID	Field	Content
		<ul style="list-style-type: none"> • Whether practitioners feel adequately trained and supervised. The committee value the views and experiences of practitioners in this context. They agreed that since different approaches to individual and family casework may be favoured in some local areas and trends may change over time it is important to understand whether people feel adequately trained in delivering them. They recognise that ongoing professional supervision is also a contributing factor to whether people feel skilled and confident in delivering individual and family casework so this is another area on which the committee hope to locate data.
8.	Comparator	Not applicable as this is a qualitative review.
9.	Types of study to be included	<ul style="list-style-type: none"> • Systematic reviews of qualitative studies. • Studies using qualitative methods: focus groups, semi-structured and structured interviews, observations. • Surveys conducted using open ended questions and a qualitative analysis of responses. <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"> • Full text papers • Only studies conducted in the UK will be included. However, if no UK based studies are available then studies from the following high income countries (as defined by the World Bank) from Europe, plus Australia, New Zealand, Canada and South Africa, will be included. <p>Exclusion:</p> <ul style="list-style-type: none"> • Articles published before 2010. • Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality. • Studies using quantitative methods only (including surveys that report only quantitative data). • Surveys using mainly closed questions or which quantify open ended answers for analysis.

ID	Field	Content
		<ul style="list-style-type: none"> • Non-English language articles. <p>Thematic saturation:</p> <ol style="list-style-type: none"> 1. Data or theme(s) from included studies will not be extracted for particular theme(s) if thematic saturation is reached. 2. Papers included on full text will subsequently be excluded when the whole anticipated framework of phenomena (9 anticipated themes listed in row 7) has reached thematic saturation. That is, when evidence synthesis and the application of GRADE-CERQual show that data about all 10 aspects of the phenomenon of interest are 'adequate' and 'coherent'. See row 7 above for details of the anticipated framework of phenomenon and associated rationale.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	<p>Outcomes, not applicable as this is a qualitative review.</p> <p>For anticipated themes, see row 7 above. 'Phenomenon of interest'.</p>
13.	Secondary outcomes (important outcomes)	Not applicable.
14.	Data extraction (selection and coding)	<ul style="list-style-type: none"> • All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. • Duplicate screening will be undertaken for 10% of items. • Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed along with the reason for its exclusion. • The excluded studies list will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair. • A standardised form will be used to extract data from included studies, providing study reference, research question, data collection and analysis methods used, participant characteristics, second-order themes, and relevant first-order themes (such as

ID	Field	Content
		supporting quotes). One reviewer will extract relevant data into a standardised form. This will be quality assessed by the senior reviewer.
15.	Risk of bias (quality) assessment	Risk of bias of individual qualitative studies will be assessed using the CASP (Critical Skills Appraisal Programme) qualitative checklist, and for systematic reviews of qualitative studies will be assessed using the CASP Systematic Review checklist. See Appendix H in Developing NICE guidelines: the manual for further details. The quality assessment will be performed by one reviewer and this will be quality assessed by the senior reviewer.
16.	Strategy for data synthesis	<ul style="list-style-type: none"> • Extracted second-order study themes and related first-order quotes will be synthesised by the reviewer into third-order themes and related sub-themes as 'review findings'. • The GRADE-CERQual approach will be used to summarise the confidence in the review findings synthesized from the qualitative evidence (Using qualitative evidence in decision making for health and social interventions; Lewin 2015). The overall confidence in evidence about each review finding will be rated on four dimensions: methodological limitations, coherence, adequacy, and relevance. • Being a parallel review to F1, the effectiveness of needs assessment, the NGA technical team will present findings from the quantitative (F1) and qualitative (F2) 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.
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

ID	Field	Content												
		<input type="checkbox"/> Epidemiologic <input type="checkbox"/> Service Delivery <input checked="" type="checkbox"/> Other (please specify) This qualitative review is linked with a quantitative review [F1] on the same issue.												
19.	Language	English												
20.	Country	England												
21.	Anticipated or actual start date	January 2021												
22.	Anticipated completion date	January 2022												
23.	Stage of review at time of this submission	<table border="1"> <thead> <tr> <th>Review stage</th> <th>Started</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Preliminary searches</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Piloting of the study selection process</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Formal screening of search results against eligibility criteria</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	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"/>
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ID	Field	Content		
		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	<p>5a. Named contact National Guideline Alliance</p> <p>5b. Named contact e-mail SWIadults@nice.org.uk</p> <p>5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline Alliance.</p>		
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		

ID	Field	Content
		interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual . Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents .
29.	Other registration details	Not applicable
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020225321
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: <ul style="list-style-type: none"> • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Social work, complex needs, assessment, care management.
33.	Details of existing review of same topic by same authors	Not applicable.
34.	Current review status	<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	www.nice.org.uk

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

Appendix B Literature search strategies

Literature search strategies for review question F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

Database(s): Embase 1980 to 2020 Week 49, Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to December 08, 2020

Multifile database codes: emez= Embase 1980 to 2020 Week 49; ppez= Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to December 08, 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 or un paid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.
37	or/22-36
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 dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabil* 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	case management/
113	problem solving/
114	(casework* or case work*).ti,ab.
115	case management.ti,ab.
116	(care coordinat* or care co ordinat*).ti,ab.
117	(group conference* or group decision* or team conference* or team decision* or case meeting* or case planning or planning meeting* or consensus based).ti,ab.
118	(problem solv* or solution focus* or task centred or task centered).ti,ab.
119	((asset* or strength*) adj (approach* or based or focus*)),ti,ab.
120	(motivation* adj interview*).ti,ab.
121	((couple* or famil*) adj2 (counsel* or keyword* or key work* or intervention* or planning or service* or therap* or treatment*)),ti,ab.
122	(famil* adj2 (partnership* or model*)),ti,ab.
123	((individual* or "face to face" or "one to one" or person*) adj2 (counsel* or intervention* or keyword* or key work* or planning or service* or therap* or treatment*)),ti,ab.
124	((client* or person* or user*) adj (centred or centered or focus* or intervention*)),ti,ab.
125	(support* adj2 (circle* or group*)),ti,ab.
126	(action plan* or goal* plan* or planning tool*).ti,ab.
127	(PATHS or MAPS).ti,ab.
128	(behavio?r* adj support*).ti,ab.
129	(positiv* adj2 mindset*).ti,ab.
130	(inclusion adj facilitat*).ti,ab.
131	recovery tool*.ti,ab.
132	((adult* or holistic) adj2 (approach* or focus* or support* or team*)),ti,ab.
133	((life or lifestyle or living) adj plan*).ti,ab.
134	(recovery star or outcomes star or "journey of change" or "triangle of care").ti,ab.
135	or/112-134
136	111 and 135
137	Letter/ use ppez
138	letter.pt. or letter/ use emez
139	note.pt.
140	editorial.pt.
141	Editorial/ use ppez
142	News/ use ppez
143	exp Historical Article/ use ppez
144	Anecdotes as Topic/ use ppez
145	Comment/ use ppez
146	Case Report/ use ppez
147	case report/ or case study/ use emez

#	Searches
148	(letter or comment*).ti.
149	or/137-148
150	randomized controlled trial/ use ppez
151	randomized controlled trial/ use emez
152	random*.ti,ab.
153	or/150-152
154	149 not 153
155	animals/ not humans/ use ppez
156	animal/ not human/ use emez
157	nonhuman/ use emez
158	exp Animals, Laboratory/ use ppez
159	exp Animal Experimentation/ use ppez
160	exp Animal Experiment/ use emez
161	exp Experimental Animal/ use emez
162	exp Models, Animal/ use ppez
163	animal model/ use emez
164	exp Rodentia/ use ppez
165	exp Rodent/ use emez
166	(rat or rats or mouse or mice).ti.
167	or/154-166
168	136 not 167
169	limit 168 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]
170	169 use emez
171	168 not 170
172	limit 171 to english language
173	limit 172 to yr="2010 -Current"

The Cochrane Library: Cochrane Database of Systematic Reviews, Issue 12 of 12, December 2020; Cochrane Central Register of Controlled Trials, Issue 12 of 12, December 2020

ID	Search
#1	MeSH descriptor: [Social Work] explode all trees
#2	MeSH descriptor: [Social Work, Psychiatric] this term only
#3	MeSH descriptor: [Social Workers] this term only
#4	MeSH descriptor: [Social Work Department, Hospital] this term only
#5	MeSH descriptor: [Social Welfare] this term only
#6	MeSH descriptor: [Case Management] this term only
#7	MeSH descriptor: [Case Managers] this term only
#8	MeSH descriptor: [Accountable Care Organizations] this term only
#9	MeSH descriptor: [Mental Health Services] explode all trees
#10	((social* or case* or outreach or personal or relief or support) next/3 (advisor* or agenc* or assistan* or care* or department* or deliver* or institution* or intervention* or lead* or manager* or organisation* or organization* or personnel or planning or practi* or profession* or program* or provider* or provision or sector* or service* or setting* or staff or supervi* or system* or team* or unit* or work*)):ti,ab
#11	("care coordinator*" or "care co ordinator*" or "case manager*" or caseworker* or "case worker*" or "best interest* assessor*"):ti,ab
#12	("approved mental health" next/3 (professional or personnel or staff or team* or worker*)) or AMHP):ti,ab
#13	("social welfare" or "social assistance" or "local authorit*" or "local council*" or "state support" or "social prescribing" or "welfare service*"):ti,ab
#14	{or #1-#13}
#15	MeSH descriptor: [Comorbidity] explode all trees
#16	((complex* or chang* or chronic or coexist* or "co exist*" or combin* or concomitant or comorbid* or "co morbid*" or cooccur* or "co occur*" or develop* or "high support" or (intellectual* and physical*) or "life limiting" or "long standing" or longstanding or "long term" or (mental* and physical*) or multi* or ongoing or "on-going" or persistent or priorit* or serious* or severe or several or simultaneous or special*) next/4 (need* or care or circumstance* or condition* or existence* or experience* or initiative* or intervention* or issue* or live* or mitigat* or patient* or person* or people? or problem* or realit* or situation* or "social factor*" or support or target*)):ti,ab
#17	(SHCN or "complex* case*"):ti,ab
#18	("dual diagnosis" or "dual diagnoses" or "multi* diagnosis" or "multi* diagnoses"):ti,ab
#19	(impact next/3 daily next (life or living or activit* or experienc*)):ti,ab
#20	{or #15-#19}
#21	#14 and #20 with Cochrane Library publication date Between Jan 2010 and Dec 2020
#22	MeSH descriptor: [Case Management] explode all trees
#23	MeSH descriptor: [Problem Solving] explode all trees
#24	(casework* or "case work*"):ti,ab
#25	"case management":ti,ab

ID	Search
#26	("care coordinat*" or "care co-ordinat*"):ti,ab
#27	("group conference*" or "group decision*" or "team conference*" or "team decision*" or "case meeting*" or "case planning*" or "planning meeting*" or "consensus based"):ti,ab
#28	("problem solv*" or "solution focus*" or "task centred" or "task centered"):ti,ab
#29	((asset* or strength*) next (approach* or based or focus*)):ti,ab
#30	(motivation* next interview*):ti,ab
#31	((couple* or famil*) next/2 (counsel* or keyword* or "key work*" or intervention* or planning or service* or therap* or treatment*)):ti,ab
#32	(famil* next/2 (partnership* or model*)):ti,ab
#33	((individual* or "face to face" or "one to one" or person*) next/2 (counsel* or intervention* or keyword* or "key work*" or planning or service* or therap* or treatment*)):ti,ab
#34	((client* or person* or user*) next (centred or centered or focus* or intervention*)):ti,ab
#35	(support* next/2 (circle* or group*)):ti,ab
#36	("action plan*" or goal* plan* or "planning tool*"):ti,ab
#37	(PATHS or MAPS):ti,ab
#38	(behavio?r* next support*):ti,ab
#39	(positiv* next/2 mindset*):ti,ab
#40	(inclusion next facilitat*):ti,ab
#41	"recovery tool*":ti,ab
#42	((adult* or holistic) next/2 (approach* or focus* or support* or team*)):ti,ab
#43	((life or lifestyle or living) next plan*):ti,ab
#44	("recovery star" or "outcomes star" or "journey of change" or "triangle of care"):ti,ab
#45	{or #22-#44}
#46	#21 and #45 with Cochrane Library publication date Between Jan 2010 and Dec 2020

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

Set#	Searched for
S1	(AB,TI((social* OR case* OR communit* OR outreach OR personal OR relief OR support) NEAR/3 (advisor? OR agenc* OR assistant? OR care* OR department* OR deliver* OR institution* OR intervention? OR lead* OR manager? OR organi?ation* OR personnel OR planning OR practi* OR profession* OR program* OR provider? OR provision OR sector* OR service? OR setting? OR staff OR supervi* OR system* OR team* OR unit? OR work*)) OR (AB,TI (care coordinator? OR care co-coordinator? OR case manager* OR caseworker* OR case-worker* OR case worker* OR best interest? assessor?)) OR (AB,TI (social welfare OR social assistance OR local authorit* OR state support OR social prescribing welfare service? OR approved mental health profession* OR AMHP*))) AND pd(20100101-20201231) AND la.exact("ENG")
S2	(AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*)) AND pd(20100101-20201231) AND la.exact("ENG")
S3	(AB,TI(casework* or "case work*" or "case management" or care coordination or care co-ordination or "group conference*" or group decision* or "team conference*" or team decision* or "case meeting*" or "case planning" or "planning meeting*" or "consensus based" or "problem solv*" or "solution focus*" or "task centred" or "task centered" or "asset* approach*" or "strength approach*" or "asset* based" or "strength based" or "asset* focus*" or "strength focus*" or "motivation* interview*" or client* or couple* or famil* or individual* or "face to face" or "one to one" or partner* or person* or user* or holistic or "support circle*" or "support group*" or "action plan*" or "goal* plan*" or "planning tool*" or "behavior* support*" or "behaviour* support" or "positive mindset" or "recovery tool*" or "life* plan*" or "living plan*" or "recovery star" or "outcomes star" or "journey of change" or "triangle of care")) AND pd(20100101-20201231) AND la.exact("ENG")
S4	1 and 2 and 3

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

Titles search:
- PublicationTitle:'social work* or social care*'
- OR PublicationTitle:'care coordinator* or care co-ordinator* or case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR PublicationTitle:'"approved mental health professional*" or AMHP'
- OR PublicationTitle:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*'
- AND PublicationTitle:'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:'casework* or "case work*" or "case management" or care coordination or care co-ordination or "group conference*" or group decision* or "team conference*" or team decision* or "case meeting*" or "case planning" or "planning meeting*" or "consensus based" or "problem solv*" or "solution focus*" or "task centred" or "task centered" or

Titles search:
 "asset* approach*" or "strength approach*" or "asset* based" or "strength based" or "asset* focus*" or "strength focus*" or "motivation* interview*" or client* or couple* or famil* or individual* or "face to face" or "one to one" or partner* or person* or user* or holistic or "support circle*" or "support group*" or "action plan*" or "goal* plan*" or "planning tool*" or "behavior* support*" or "behaviour* support" or "positive mindset" or "recovery tool*" or "life* plan*" or "living plan*" or "recovery star" or "outcomes star" or "journey of change" or "triangle of care"
 - AND PublicationYear:'2010 2020'

OR

Abstracts search:
 - AbstractOmitNorms:'social work* or social care*'
 - OR AbstractOmitNorms:'care coordinator* or care co-ordinator* or case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
 - OR AbstractOmitNorms:'"approved mental health professional*" or AMHP'
 - OR AbstractOmitNorms:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*'
 - AND AbstractOmitNorms:'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:'casework* or "case work*" or "case management" or care coordination or care co-ordination or "group conference*" or group decision* or "team conference*" or team decision* or "case meeting*" or "case planning" or "planning meeting*" or "consensus based" or "problem solv*" or "solution focus*" or "task centred" or "task centered" or "asset* approach*" or "strength approach*" or "asset* based" or "strength based" or "asset* focus*" or "strength focus*" or "motivation* interview*" or client* or couple* or famil* or individual* or "face to face" or "one to one" or partner* or person* or user* or holistic or "support circle*" or "support group*" or "action plan*" or "goal* plan*" or "planning tool*" or "behavior* support*" or "behaviour* support" or "positive mindset" or "recovery tool*" or "life* plan*" or "living plan*" or "recovery star" or "outcomes star" or "journey of change" or "triangle of care"
 - AND PublicationYear:'2010 2020'

Database(s): Social Policy and Practice 202010

#	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 unemploy* 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 or unpaid work or un paid work).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.

#	Searches
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or 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 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	(casework* or case work*).ti,ab.
76	case management.ti,ab.
77	(care coordination or care co ordination).ti,ab.
78	(group conference* or group decision* or team conference* or team decision* or case meeting* or case planning or planning meeting* or consensus based).ti,ab.
79	(problem solv* or solution focus* or task centred or task centered).ti,ab.
80	((asset* or strength*) adj (approach* or based or focus*).ti,ab.
81	(motivation* adj interview*).ti,ab.
82	((couple* or famil*) adj2 (counsel* or keyword* or key work* or intervention* or planning or service* or therap* or treatment*).ti,ab.
83	(famil* adj2 (partnership* or model*).ti,ab.

#	Searches
84	((individual* or "face to face" or "one to one" or person*) adj2 (counsel* or intervention* or keyword* or key work* or planning or service* or therap* or treatment*)).ti,ab.
85	((client* or person* or user*) adj (centred or centered or focus* or intervention*)).ti,ab.
86	(support* adj2 (circle* or group*)).ti,ab.
87	(action plan* or goal* plan* or planning tool*).ti,ab.
88	(PATHS or MAPS).ti,ab.
89	(behavio?r* adj support*).ti,ab.
90	(positiv* adj2 mindset*).ti,ab.
91	(inclusion adj facilitat*).ti,ab.
92	recovery tool*.ti,ab.
93	((adult* or holistic) adj2 (approach* or focus* or support* or team*)).ti,ab.
94	((life or lifestyle or living) adj plan*).ti,ab.
95	(recovery star or outcomes star or "journey of change" or "triangle of care").ti,ab.
96	or/75-95
97	74 and 96
98	(animal* or rat or rats or mouse or mice).ti.
99	97 not 98
100	limit 99 to yr="2010 -Current"

Literature search strategies for review question F2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

A combined search was used for all qualitative questions.

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

Multifile database codes: emez= Embase 1980 to 2021 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

#	Searches
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.
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

#	Searches
75	("Social Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
76	("social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/) use emez
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or 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
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 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.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	(Qualitative Research/ or Nursing Methodology Research/ or Interviews as Topic/ or Interview/ or Interview, Psychological/ or Narration/ or "Surveys and Questionnaires"/) use ppez
113	(qualitative research/ or nursing methodology research/ or exp interview/ or narrative/ or questionnaire/ or qualitative analysis/) use emez
114	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).mp.
115	((discourse* or discurs* or conversation* or content) adj analys?s).mp.
116	((lived or life or personal) adj experience*).mp.
117	(focus adj group*).ti,ab.
118	(grounded adj (theor* or study or studies or research or analys?s)).mp.
119	action research.ti,ab.
120	(field adj (study or studies or research)).ti,ab.
121	descriptive study.ti,ab.
122	or/112-121

#	Searches
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
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

#	Query	Limiters/Expanders
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

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.

#	Searches
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 unemploy* 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.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	*money/ or *economic status/ or household economic status/ or *social welfare/ or *socioeconomics/ or household income/ or personal income/ or family income/ or *financial management/ or "salary and fringe benefit"/ or *pension/ or *salary/ or poverty/ or exp lowest income group/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	((food or fuel) adj (insecurity or poverty)) or food bank?.ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	offender/ or exp maladjustment/ or prisoner/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	"social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
69	exp migrant/ or minority group/ or vulnerable population/

#	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 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 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 dysfunc*).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.
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"))

Set#	Searched for
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/
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

#	Searches
	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/
70	((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victims/ or elder abuse/ or domestic violence/ or battered females/ or exposure to violence/ or intimate partner violence/ or physical abuse/ or exp sexual abuse/ or shelters/ or interpersonal control/ or coercion/ or slavery/ or human trafficking/ or *freedom/ or exp alcohol abuse/ or exp drug abuse/
77	(crime victim? or 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/

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

Database(s): Social Policy and Practice 202001

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

#	Searches
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.
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.

#	Searches
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 discours* or conversation* or content) adj analys?s).ti,ab.
74	((lived or life or personal) adj experience*).ti,ab.
75	focus group*.ti,ab.
76	(grounded adj (theor* or study or studies or research or analys?s)).ti,ab.
77	action research.ti,ab.
78	(field adj (study or studies or research)).ti,ab.
79	descriptive study.ti,ab.
80	or/72-79
81	71 and 80
82	limit 81 to yr="2010 -Current"

Literature search strategies for economics

A combined search was used for all economic questions.

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

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

hes
ocial 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
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
il* 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.
oordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
oved mental health" adj (professional? or personnel or staff or team* or worker?) or AMHP).ti,ab.
welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
omorbidity/ use ppez
bidity/ use emez
flex* 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.
.ti,ab.
ex case?.ti,ab.
liagnos?s or multi* diagnos?s).ti,ab.
:t adj3 daily adj (life or lives or living or activit* or experienc*).ti,ab.
†
ocial Problems/ use ppez
ocial problem/ use emez
7
uman Activities/ or exp Life Style/) use ppez
uman activities/ or exp "lifestyle and related phenomena"/) use emez
l (19 or 20)
yment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
ployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
g* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*).ti,ab.
rt* adj3 (employment? or work or vocational)).ti,ab.
yment or unemploy* or underemploy* or under employ*).ti.
ual placement?.ti,ab.

	hes
	ing or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
	firms or (sheltered adj (employment or work)).ti,ab.
	r* adj1 (employment or work)).ti,ab.
	work or paid employment).ti,ab.
	ary work or volunteering or unpaid work).ti,ab.
	ingful adj (activit* or employment or work)).ti,ab.
	n to work" or "back to work" or absenteeism).ti,ab.
	at* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*).ti,ab.
	r force or employment or unemployment) adj status).ti,ab.
	36
	y Conflict/ or Family Relations/ or Intergenerational Relations/) use ppez
	functioning/ or family conflict/ use emez
	y or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?).ti,ab.
	al or intimate or partner?) adj (relation* or conflict?).ti,ab.
	lop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2
	relationship?).ti,ab.
	? or partner or relationship?) adj support*).ti,ab.
	13
	ng/ 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
	ng/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or
	deinstitutionalization/ or halfway house/) use emez
	g.ti.
	ing 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.
	ess*.ti,ab.
	nent housing or social housing).ti,ab.
	ted 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.
	ray or satellite) adj (accommodat* or dwelling? or home? or house?).ti,ab.
	bo?rhood? adj (characteristic* or intervention* or program*).ti,ab.
	onment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
	54
	omic Status/ or *Financing, Personal/ or exp *Income/ or Poverty/ or Working Poor/ or *Social Welfare/) use ppez
	ay/ 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
	.ti.
	ss* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
	cial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social
	fund*).ti,ab.
	ne poverty or high poverty).ti,ab. or poverty.ti.
	ass* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
	or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
	at* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj
	hardship?)).ti,ab.
	: or low or minimum) adj3 (wage? or income?).ti,ab.
	adj (income? or tax credit?).ti,ab.
	benefit?.ti,ab.
	7
	als/ or Prisoners/ or Recidivism/) use ppez
	ler/ or exp maladjustment/ or prisoner/) use emez
	? 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.
	te? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
	unity adj2 (reentry or re-entry)).ti,ab.
	73
	al Determinants of Health"/ or exp Social Isolation/ or Social Marginalization/ or Social Stigma/) use ppez
	il 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
	unity 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.
	77
	ights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
	y Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
	80) use ppez
	i rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
	grant/ or minority group/ or vulnerable population/
	83) use emez
	' or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.

	nes
	il or community or neighborhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.
	adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
	lvantaged 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.
	rit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?).ti,ab.
	34-89
	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
	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
	victim? or revictim* or ((victim* or crime?) and survivor*).ti,ab.
	istic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
	ve control.ti,ab.
	le? or women?) adj (refuge? or shelter?).ti,ab.
	tation or safe guarding or safeguarding).ti,ab.
	stance or drug or alcohol) adj (abuse or misuse?) or "substance use" or "illegal drug use"" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
	38
	37,44,55,68,74,78,90,99
	ommunication 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
	abled 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
	e? 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.
	-103
	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
	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
	nunit* 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.
	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.
	-108
	id (104 or 109)
	15 and 110
	mics/
	of life/
	osts and Cost Analysis"/
	conomics, Hospital/
	conomics, Medical/
	mics, Nursing/
	mics, Pharmaceutical/
	ees and Charges"/
	idgets/
	2-120) use ppez
	economics/
	onomic evaluation/
	alth care cost/
	e/
	/
	g/
	2-127) use emez
	l*.ti,ab.
	i.
	mic* or pharmaco?economic*).ti.
	or pricing*).ti,ab.
	adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*).ab.
	* or fee or fees).ti,ab.
	adj2 (money or monetary)).ti,ab.
	-135
	128 or 136
	/-Adjusted Life Years/ use ppez
	ss Impact Profile/

hes
adjusted life year/ use emez
y of life index"/ use emez
y adjusted or quality adjusted life year*).tw.
or qal or qald* or qale* or qtime* or qwb* or daly).tw.
; state* or health state*).tw.
hui2 or hui3).tw.
ttribute* or "multi attribute").tw.
adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*).tw.
.tw.
* 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).tw.
adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*).tw.
or sf 36 or sf thirty six or sf thirtysix).tw.
rade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
/ of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
/ of Life/ and ec.fs.
/ of Life/ and (health adj3 status).tw.
y of life or qol).tw. and Cost-Benefit Analysis/ use ppez
y of life or qol).tw. and cost benefit analysis/ use emez
r 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.
enefit Analysis/ use ppez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*).tw.
enefit analysis/ use emez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*).tw.
y of life/ and (quality of life or qol).ti.
of life/ and ((quality of life or qol) adj3 (improv* or chang*).tw.
of life/ and health-related quality of life.tw.
s, Economic/ use ppez
mic model/ use emez
ilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*).tw.
ctive wellbeing or subjective well-being).tw.
OT or "adult social care outcomes toolkit").tw.
QOL or "social care- related quality of life").tw.
ity to benefit score".tw.
AP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap close person measure").tw.
OF or "adult social care outcomes framework").tw.
ick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
.tw.
l2.tw.
nal Well-Being Index* or PWI-A).tw.
3* or "older people's utility scale").tw.
-177
178
er/ 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
r.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
181
79 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]
e emez
t (182 or 184)
id 185
36 to english language
37 to yr="2010 -Current"

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

h
lex* 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

h
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

	rs/Expanders
ND S59	s - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
R S58	ders - Apply equivalent subjects Search modes - Boolean/Phrase
R 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	ders - Apply equivalent subjects Search modes - Boolean/Phrase
"US* or "older people's utility scale")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ersonal Well-Being Index** or "PWI-A")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
"IQ-12"	ders - Apply equivalent subjects Search modes - Boolean/Phrase
"S-4"	ders - Apply equivalent subjects Search modes - SmartText Searching
"S-4"	ders - Apply equivalent subjects Search modes - Boolean/Phrase
arwick Edinburgh Mental Well-being scale" or WEMBS or S-WEMWBS)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
COF or "adult social care outcomes framework")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
capacity to benefit score"	ders - Apply equivalent subjects Search modes - SmartText Searching
capacity to benefit score"	ders - Apply equivalent subjects Search modes - Boolean/Phrase
RQOL or "social care- related quality of life")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
COT or "adult social care outcomes toolkit")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ubjective wellbeing" or "subjective well-being")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
apabilit* or wellbeing or well-being) N3 (measur* or index* or instrument* or tool*)	ders - Apply equivalent subjects Search modes - SmartText Searching
apabilit* or wellbeing or well-being) N3 (measur* or index* or instrument* or tool*).tw.	ders - Apply equivalent subjects Search modes - Boolean/Phrase
Quality of Life") AND TX (health-related quality of life)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
Quality of Life") AND TI (quality of life or qol)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ol 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*))	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ost Benefit Analysis") AND TX ((quality of life or qol) or (cost-effectiveness ratio* and (perspective* or life expectanc*))	ders - Apply equivalent subjects Search modes - Boolean/Phrase
Quality of Life") AND TX (health N3 status)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
Quality of Life") AND TX ((quality of life or qol) N (score*1 or measure*1))	ders - Apply equivalent subjects Search modes - SmartText Searching
Quality of Life") AND TX ((quality of life or qol) N (score*1 or measure*1))	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ie trade off*1 or time tradeoff*1 or tto or timetradeoff*1)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
36 or sf 36 or sf thirty six or sf thirtysix)	ders - Apply equivalent subjects Search modes - Boolean/Phrase

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ro* N3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
-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)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ies	ders - Apply equivalent subjects Search modes - Boolean/Phrase
lit* N3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*))	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ultiattribute* or multi attribute*)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
i or hui2 or hui3)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
less state* or health state*)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ality adjusted or quality adjusted life year*or qaly* or qal or qald* or qale* or qtime* or qwb* or daly)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
sickness Impact Profile")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
Quality-Adjusted Life Years")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
R S19 OR S20 OR S21 OR S22	ders - Apply equivalent subjects Search modes - Boolean/Phrase
lue N2 (money or monetary))	ders - Apply equivalent subjects Search modes - Boolean/Phrase
st* N2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*))	ders - Apply equivalent subjects Search modes - Boolean/Phrase
* or economic* or pharmaco?economic*	ders - Apply equivalent subjects Search modes - Boolean/Phrase
lget* or fee or fees or finance* or price* or pricing	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ees and Charges+") OR (MH "Costs and Cost Analysis+") OR (MH "Economics") OR (MH "Economic Value of Life") OR (MH "Economics, Pharmaceutical") OR (MH "Economic Aspects of Illness") OR (MH "Resource Allocation+")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
D S16	s - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
R S11 OR S12 OR S13 OR S14 OR S15	ders - Apply equivalent subjects Search modes - Boolean/Phrase
pact adj3 daily W2 (life or lives or living or activit* or experienc*))	ders - Apply equivalent subjects Search modes - SmartText Searching
al diagnos#s or multi* diagnos#s)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
nplex case?	ders - Apply equivalent subjects Search modes - Boolean/Phrase
CN	ders - Apply equivalent subjects Search modes - Boolean/Phrase
omplex* 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*))	ders - Apply equivalent subjects Search modes - SmartText Searching
Comorbidity")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
.S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	ders - Apply equivalent subjects Search modes - Boolean/Phrase
cial welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
pproved mental health" W2 (professional? or personnel or staff or team* or worker?)) or AMHP)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
re coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?)	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ocial* or case* or outreach or personal or relief or support) W3 (advisor? or agenc* or assistant? or care* or department* or deliver*	ders - Apply equivalent subjects Search modes - Boolean/Phrase

	rs/Expanders
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*))	
Mental Health Services+")) AND ((MH "Accountability") OR (MH "Professional Practice") OR (MH "Professional Role")))	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ccountable Care Organizations")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ase Management") OR (MH "Case Managers")	ders - Apply equivalent subjects Search modes - Boolean/Phrase
ocial Welfare") OR (MH "Social Work") OR (MH "Social Work Practice") OR (MH "Social Work Service") OR (MH "Social Worker Attitudes") OR (MH "Social Workers")	ders - Apply equivalent subjects Search modes - Boolean/Phrase

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

descriptor: [Social Work] explode all trees
descriptor: [Social Work, Psychiatric] this term only
descriptor: [Social Workers] this term only
descriptor: [Social Work Department, Hospital] this term only
descriptor: [Social Welfare] this term only
descriptor: [Case Management] this term only
descriptor: [Case Managers] this term only
descriptor: [Accountable Care Organizations] this term only
descriptor: [Mental Health Services] explode all trees
l* 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
coordinator** or "care co ordinator**" or "case manager**" or caseworker* or "case worker**" or "best interest assessor**" or "best interests assessor*"):ti,ab
oved mental health" next/3 (professional or personnel or staff or team* or worker*)) or AMHP):ti,ab
l welfare" or "social assistance" or "local authorit**" or "local council**" or "state support" or "social prescribing" or "welfare service*"):ti,ab
#13}
descriptor: [Comorbidity] explode all trees
plex* 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
l or "complex* case*"):ti,ab
diagnosis" or "dual diagnoses" or "multi* diagnosis" or "multi* diagnoses"):ti,ab
:t next/3 daily next (life or living or activit* or experienc*)):ti,ab
;-#19}
id #20 with Cochrane Library publication date Between Jan 2010 and Dec 2020
descriptor: [Economics] this term only
descriptor: [Value of Life] this term only
descriptor: [Costs and Cost Analysis] explode all trees
descriptor: [Economics, Hospital] explode all trees
descriptor: [Economics, Medical] explode all trees
descriptor: [Economics, Nursing] this term only
descriptor: [Economics, Pharmaceutical] this term only
descriptor: [Fees and Charges] explode all trees
descriptor: [Budgets] explode all trees
ti*:ti,ab
;
omic* or pharmaco?economic*):ti
or pricing*):ti,ab
next/2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)):ab
;* or fee or fees):ti,ab
next/2 (money or monetary)):ti,ab
;-#37}
descriptor: [Quality-Adjusted Life Years] this term only
descriptor: [Sickness Impact Profile] this term only
ty adjusted" or "quality adjusted life year*"):ti,ab
or qal or qald* or qale* or qtime* or qw* or daly):ti,ab
s state**" or "health state*"):ti,ab
hui2 or hui3):ti,ab

h
tribute* or "multi attribute*"):ti,ab
next/3 (score? or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)):ti,ab
:ti,ab
f** or eq5d* or "eq-5*" or eq5* or euroqual* or "euro qual*" or "euroqual 5d*" or "euro qual 5d*" or "euro qol*" or euroqol* or "euro quol*" or euroquol* or "euro quol5d*" or euroquol5d* or "eur qol*" or eurqol* or "eur qol5d*" or eurqol5d* or eur?qul* or eur?qul5d* or "euro* quality of life" or "european qol"):ti,ab
next/3 ("5 d*" or 5d* or "5 dimension*" or 5dimension* or "5 domain*" or 5domain*)):ti,ab
or "sf 36" or "sf thirty six" or "sf thirtysix"):ti,ab
trade off?" or "time tradeoff?" or tto or timetradeoff?):ti,ab
}#51}
descriptor: [Quality of Life] this term only
ity of life" or qol) next (score? or measure?):ti,ab
i next/3 status):ti,ab
ty of life" or qol):ti
ity of life" or qol) next/3 (improv* or chang*)):ti,ab
i related quality of life":ti,ab
id {or #54-#58}
descriptor: [Cost-Benefit Analysis] this term only
effectiveness ratio*" and (perspective* or "life expectanc*)):ti,ab
ty of life" or qol):ti,ab
id {or #61-#62}
hrqol or "quality of life"):ti
ty 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
descriptor: [Models, Economic] explode all trees
ilit* or wellbeing or "well being") next/3 (measur* or index* or instrument* or tool*)):ti,ab
ective wellbeing" or "subjective well being"):ti,ab
OT or "adult social care outcomes toolkit"):ti,ab
OL or "social care related quality of life"):ti,ab
ity to benefit score":ti,ab
AP* 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
OF or "adult social care outcomes framework"):ti,ab
vick Edinburgh Mental Well being scale" or WEMBS or S-WEMWBS):ti,ab
4":ti,ab
.12":ti,ab
onal Well Being Index*" or "PWI-A"):ti,ab
* or "older people's utility scale"):ti,ab
1-#78}
#59 or #63 or #79
#80
id #81 with Publication Year from 2010 to 2020, in Trials

EMCare 1995 to present.

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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/
il* 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.
oordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?):ti,ab.
oved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?):ti,ab.
idity/
olex* 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.
.ti,ab.
ex case? ti,ab.
liagnos?s or multi* diagnos?s).ti,ab.
:t adj3 daily adj (life or lives or living or activit* or experienc*)):ti,ab.
?

hes
cial problem/
man activities/ or exp "lifestyle and related phenomena"/
l 15
loyment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/
g* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*).ti,ab.
rt* adj3 (employment? or work or vocational)).ti,ab.
yment or unemploy* or underemploy* or under employ*).ti.
ual placement?.ti,ab.
ig or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
firms or (sheltered adj (employment or work))).ti,ab.
r* adj1 (employment or work)).ti,ab.
ork or paid employment).ti,ab.
:ary work or volunteering or unpaid work).ti,ab.
ingful adj (activit* or employment or work)).ti,ab.
n to work" or "back to work" or absenteeism).ti,ab.
at* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*).ti,ab.
r force or employment or unemployment) adj status).ti,ab.
30
functioning/ or family conflict/
y or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?).ti,ab.
al or intimate or partner?) adj (relation* or conflict?).ti,ab.
lop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 (relationship?).ti,ab.
? or partner or relationship?) adj support*).ti,ab.
36
g/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/
g.ti.
ing 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.
ess*.ti,ab.
anent housing or social housing).ti,ab.
ted 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.
ay or satellite) adj (accommodat* or dwelling? or home? or house?).ti,ab.
bo?rhood? adj (characteristic* or intervention* or program*).ti,ab.
onment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
46
/ 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/
.ti.
ss* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
cial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
ne poverty or high poverty).ti,ab. or poverty.ti.
ess* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
at* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
: or low or minimum) adj3 (wage? or income?).ti,ab.
adj (income? or tax credit?).ti,ab.
e benefit?.ti,ab.
58
er/ or exp maladjustment/ or prisoner/
? 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.
te? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
unity adj2 (reentry or re-entry)).ti,ab.
63
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/
unity 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.
66
i rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
grant/ or minority group/ or vulnerable population/
or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
il or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.

nes
adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
lvantaged 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.
rit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?).ti,ab.
74
victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/
victim? or revictimi* or ((victim* or crime?) and survivor*).ti,ab.
estic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence).ti,ab.
re control.ti,ab.
le? or women?) adj (refuge? or shelter?).ti,ab.
tation or safe guarding or safeguarding).ti,ab.
stance or drug or alcohol) adj (abuse or misuse?) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
32
31,37,47,59,64,67,75,83
abled 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/
e? 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.
36
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/
nunit* 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.
l 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.
30
l (87 or 91)
13 and 92
economics/
onomic evaluation/
alth care cost/
3/
t/
g/
t*.ti,ab.
i.
omic* or pharmaco?economic*).ti.
or pricing*).ti,ab.
adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*).).ab.
.* or fee or fees).ti,ab.
adj2 (money or monetary)).ti,ab.
106
ss Impact Profile/
adjusted life year/
y of life index"/
y adjusted or quality adjusted life year*).tw.
or qal or qald* or qale* or qtime* or qwb* or daly).tw.
; state* or health state*).tw.
hui2 or hui3).tw.
tttribute* or multi attribute*).tw.
adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*).).tw.
;.tw.
* 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.
adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*).).tw.
or sf 36 or sf thirty six or sf thirtysix).tw.
rade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
y of life"/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
y of life"/ and (health adj3 status).tw.
y of life or qol).tw. and cost benefit analysis/
r 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.
enefit analysis/ and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*).).tw.

nes
y of life"/ and (quality of life or qol).ti.
y of life"/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
y of life"/ and health-related quality of life.tw.
mic model/
billit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
ctive wellbeing or subjective well-being).tw.
)T or "adult social care outcomes toolkit").tw.
QOL or "social care- related quality of life").tw.
ity to benefit score".tw.
AP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap close person measure").tw.
OF or "adult social care outcomes framework").tw.
ick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
.tw.
l2.tw.
nal Well-Being Index* or PWI-A).tw.
)* or "older people's utility scale").tw.
-142
143
.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.)
14 to (conference abstract or conference paper or conference review or conference proceeding)
it (145 or 146)
l 147
18 to english language
19 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

ned for
(budget* or cost* or economic* or fee or fees or financ* or money or monetary or pharmacoeconomic* or price* or pricing) AND pd(20100101-20210608))
((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))
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 severa OR simultaneous OR special*) AND pd(20100101-20210608))
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

ned for
(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 thirty six 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 Icepap capability measure for adults OR Icepap capability measure for older people OR Icepap supportive care measure OR Icepap close person measure OR ASCOF OR adult social care outcomes framework) AND pd(20100101-20210608))
((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?

ned for
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))
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 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*) AND pd(20100101-20210608))
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

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cial 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/
il* 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.
oordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
proved mental health" adj (professional? or personnel or staff or team* or worker?).ti,ab.
welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
bidity/
plex* 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.
.ti,ab.
ex case?.ti,ab.
liagnos?s or multi* diagnos?s).ti,ab.
t adj3 daily adj (life or lives or living or activit* or experienc*).ti,ab.
?
cial issues/
ies of daily living"/ or exp lifestyle/
l 15
yment 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/
g* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*).ti,ab.
rt* adj3 (employment? or work or vocational).ti,ab.
yment or unemploy* or underemploy* or under employ*).ti.
ual placement?.ti,ab.
g or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment).ti,ab.
firms or (sheltered adj (employment or work)).ti,ab.
r* adj1 (employment or work).ti,ab.
ork or paid employment).ti,ab.
ary work or volunteering or unpaid work).ti,ab.
ingful adj (activit* or employment or work).ti,ab.
n to work" or "back to work" or absenteeism).ti,ab.
at* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*).ti,ab.
r force or employment or unemployment) adj status).ti,ab.
30
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/
y or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?).ti,ab.
al or intimate or partner?) adj (relation* or conflict?).ti,ab.
lop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
? or partner or relationship?) adj support*).ti,ab.
36
g/ 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

hes
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/
g.ti.
ing 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.
ess*.ti,ab.
nent housing or social housing).ti,ab.
ted 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.
ay or satellite) adj (accommodat* or dwelling? or home? or house?).ti,ab.
bo?rhood? adj (characteristic* or intervention* or program*).ti,ab.
onment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
16
conomic status/ or "income (economic)"/ or budgets/ or economic security/ or financial strain/ or exp employee benefits/ or *disadvantaged/ or *social deprivation/
.ti.
ss* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings).ti,ab.
cial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
ne poverty or high poverty).ti,ab. or poverty.ti.
ess* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty).ti,ab.
or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
at* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?)).ti,ab.
: or low or minimum) adj3 (wage? or income?).ti,ab.
adj (income? or tax credit?).ti,ab.
benefit?.ti,ab.
18
iminal offenders/ or criminal record/ or prisoners/ or criminal rehabilitation/ or reintegration/
? 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.
te? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
unity adj2 (reentry or re-entry).ti,ab.
13
isolation/ or loneliness/ or abandonment/ or alienation/ or exp social discrimination/ or stigma/ or health disparities/
unity 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.
16
i rights/ or exp civil rights/ or exp freedom/ or government policy making/ or digital divide/ or information literacy/
nority groups/ or exp "racial and ethnic groups"/ or asylum seeking/ or immigration/ or refugees/ or at risk populations/ or disadvantaged/
i or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
il or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.
adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
lvantaged 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.
rit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?).ti,ab.
14
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/
victim? or revictim* or ((victim* or crime?) and survivor*).ti,ab.
astic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence).ti,ab.
ve control.ti,ab.
le? or women?) adj (refuge? or shelter?).ti,ab.
tation or safe guarding or safeguarding).ti,ab.
stance or drug or alcohol) adj (abuse or misuse?) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
12
1,37,47,59,64,67,75,83
abilities/ 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/
e? 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.
16
alth 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/
nunit* 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.

hes
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.
90
l (87 or 91)
13 and 92
conomics/
osts and cost analysis"/
ntainment/
/
ce allocation/
98
*.ti,ab.
.
omic* or pharmaco?economic*).ti.
or pricing*).ti,ab.
adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*).ab.
* or fee or fees).ti,ab.
adj2 (money or monetary)).ti,ab.
105
y of life measures"/
y adjusted or quality adjusted life year*).tw.
or qal or qald* or qale* or qtime* or qwb* or daly).tw.
is state* or health state*).tw.
hui2 or hui3).tw.
tttribute* or multi attribute*).tw.
adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*).tw.
.tw.
* 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.
adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*).tw.
or sf 36 or sf thirty six or sf thirtysix).tw.
rade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
uality of life"/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
uality of life"/ and (health adj3 status).tw.
y of life or qol).tw. and "costs and cost analysis"/ use psyh
r 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.
and cost analysis"/ use psyh and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*).tw.
uality of life"/ and (quality of life or qol).ti.
uality of life"/ and ((quality of life or qol) adj3 (improv* or chang*).tw.
uality of life"/ and health-related quality of life.tw.
ibilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*).tw.
ctive wellbeing or subjective well-being).tw.
OT or "adult social care outcomes toolkit").tw.
QOL or "social care- related quality of life").tw.
ty to benefit score.tw.
AP* or "Icepap capability measure for adults" or "Icepap capability measure for older people" or "Icepap supportive care measure" or "Icepap close person measure").tw.
OF or "adult social care outcomes framework").tw.
ick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
.tw.
12.tw.
nal Well-Being Index* or PWI-A).tw.
* or "older people's utility scale").tw.
-139
140
l 141
l2 to english language
l3 to yr="2010 -Current"

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

h
ds:'social work* or social care* or care coordinator* or care co-ordinator*

h
AllFields:'case manager*' or caseworker*' or case-worker*' or case worker*' or best interest* assessor**
AllFields:'approved mental health professional*' or AMHP'
AllFields:'social welfare or social assistance or local authorit*' or local council*' or state support or social prescribing or welfare service**'
arch:
AllFields:'budget*' or cost*' or economic*' or fee or fees or financ*' or money or monetary or pharmaco-economic*' or price*' or pricing'
earch:
'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
r sf 36 or sf thirty six or sf thirtysix
ade off*' or time tradeoff*' or tto or timetradeoff**
tive wellbeing or subjective well-being
T or adult social care outcomes toolkit
OL or social care- related quality of life
ty to benefit score
lP*' or Icepop capability measure for adults or Icepop capability measure for older people or Icecap supportive care measure or Icecap close person measure
F or adult social care outcomes framework
ck Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS
l 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]

nes
l*' 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.
oordinator? or care co-ordinator? or case manager*' or caseworker*' or case-worker*' or case worker*' or best interest? assessor?).ti,ab.
roved mental health" adj (professional? or personnel or staff or team*' or worker?)) or AMHP).ti,ab.
welfare or social assistance or local authorit*' or local council*' or state support or social prescribing or welfare service?).ti,ab.
lex*' 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.
.ti,ab.
ex case?.ti,ab.
liagnos?s or multi* diagnos?s).ti,ab.
t adj3 daily adj (life or lives or living or activit*' or experienc**)).ti,ab.
)
g*' or develop*' or enhanc*' or initiative? or intervention? or program*' or address*' or improv*' or target***) adj3 (employment or unemployment or unemploy**)).ti,ab.
rt*' adj3 (employment? or work or vocational)).ti,ab.
oyment or unemploy*' or underemploy*' or under employ**).ti.
ual placement?.ti,ab.
ig or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
firms or (sheltered adj (employment or work))).ti,ab.
r*' adj1 (employment or work)).ti,ab.
work or paid employment).ti,ab.
ary work or volunteering).ti,ab.
ingful adj (activit*' or employment or work)).ti,ab.
n to work" or "back to work" or absenteeism).ti,ab.
at*' or ease or manag*' or prevent*' or reduc*' or stop*) adj (work* or disabilit**)).ti,ab.

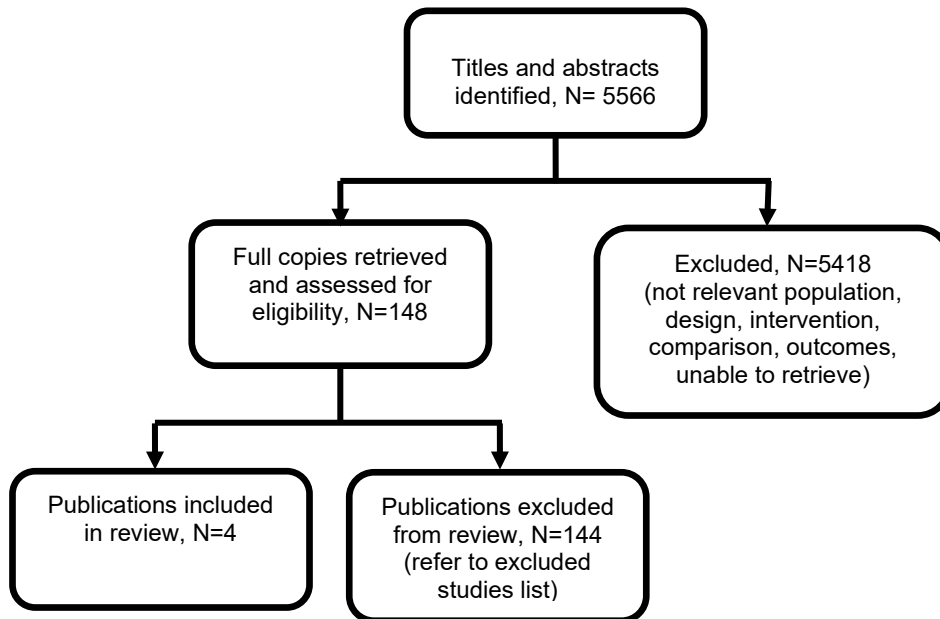
	nes
	r force or employment or unemployment) adj status).ti,ab.
	24
	y or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?).ti,ab.
	al or intimate or partner?) adj (relation* or conflict?).ti,ab.
	lop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2
	relationship?).ti,ab.
	? or partner or relationship?) adj support*).ti,ab.
	29
	g.ti.
	ing 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.
	ess*.ti,ab.
	anent housing or social housing).ti,ab.
	ted 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.
	ay or satellite) adj (accommodat* or dwelling? or home? or house?).ti,ab.
	bo?rhood? adj (characteristic* or intervention* or program*).ti,ab.
	onment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
	38
	.ti.
	ss* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
	cial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or
	social fund*).ti,ab.
	ne poverty or high poverty).ti,ab. or poverty.ti.
	ess* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
	or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
	at* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj
	hardship?)).ti,ab.
	: or low or minimum) adj3 (wage? or income?).ti,ab.
	adj (income? or tax credit?).ti,ab.
	benefit?.ti,ab.
	49
	? 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.
	te? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*).ti,ab.
	unity adj2 (reentry or re-entry)).ti,ab.
	53
	unity 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.
	or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
	il or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*).ti,ab.
	adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*).ti,ab.
	lvantaged 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.
	rit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or
	people? or population?).ti,ab.
	60
	victim? or revictim* or ((victim* or crime?) and survivor*).ti,ab.
	estic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
	re control.ti,ab.
	le? or women?) adj (refuge? or shelter?).ti,ab.
	tation or safe guarding or safeguarding).ti,ab.
	stance 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.
	67
	60,39,50,54-55,61,68
	e? 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.
	nunit* 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.
	l 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.
	72
	11 and 69 and (70 or 73)
	t*.ti,ab.
	i.
	omic* or pharmaco?economic*).ti.
	or pricing*).ti,ab.

nes
adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*).ab.
:* or fee or fees).ti,ab.
adj2 (money or monetary)).ti,ab.
31
y adjusted or quality adjusted life year*).tw.
or qal or qald* or qale* or qtime* or qwb* or daly).tw.
s state* or health state*).tw.
hui2 or hui3).tw.
tttribute* or multi attribute*).tw.
adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*).tw.
s).tw.
* 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.
adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*).tw.
or sf 36 or sf thirty six or sf thirtysix).tw.
rade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
ty of life or qol) adj (score*1 or measure*1)).tw.
ty of life or qol) and (health adj3 status)).tw.
r 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.
ffectiveness ratio* and (perspective* or life expectanc*).tw.
ty of life or qol) adj3 (improv* or chang*).tw.
-related quality of life.tw.
billit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*).tw.
ctive wellbeing or subjective well-being).tw.
OT or "adult social care outcomes toolkit").tw.
QOL or "social care- related quality of life").tw.
ity to benefit score".tw.
AP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
OF or "adult social care outcomes framework").tw.
ick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
.tw.
12.tw.
nal Well-Being Index* or PWI-A).tw.
s* or "older people's utility scale").tw.
11
12
1 113
14 to yr="2010 -Current"

Appendix C Effectiveness and qualitative evidence study selection

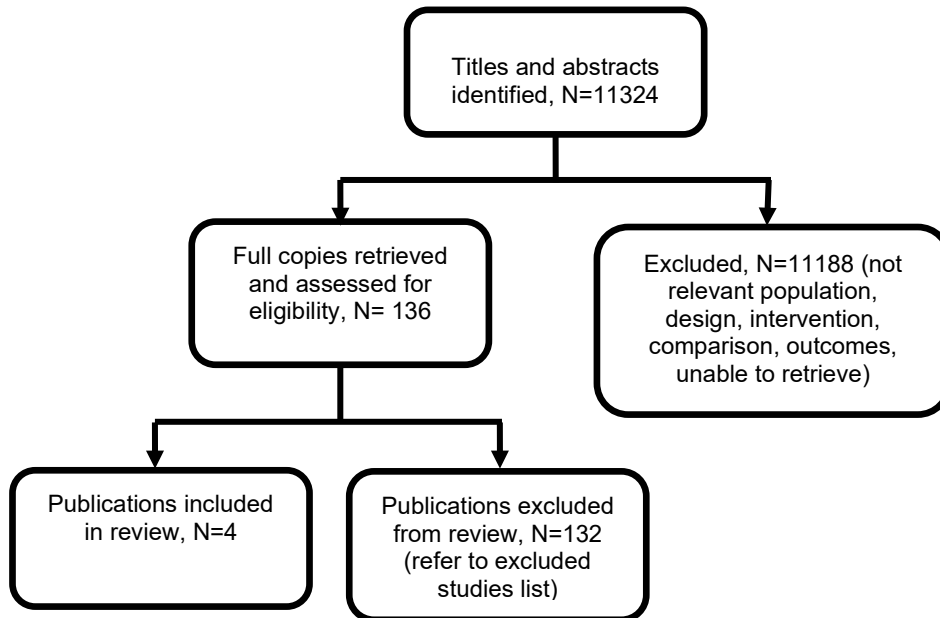
Study selection for F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

Figure 2: Study selection flow chart



Study selection for F2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

Figure 3: Study selection flow chart



Appendix D Evidence tables

Evidence tables for review question F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

Table 8: Evidence tables – effectiveness data

Study details	Results and risk of bias assessment using Cochrane RoB2
<p>Full citation</p> <p>Girón, M., Fernández-Yañez, A., Mañá-Alvarenga, S., Molina-Habas, A., Nolasco, A., Gómez-Beneyto, M., Efficacy and effectiveness of individual family intervention on social and clinical functioning and family burden in severe schizophrenia: a 2-year randomized controlled study, <i>Psychol Med</i>, 40, 73-84, 2010</p> <p>Ref Id</p> <p>1309315</p> <p>Country/ies where the study was carried out</p> <p>Spain</p> <p>Study type</p> <p>Randomised controlled trial.</p> <p>Study dates</p> <p>Not reported.</p> <p>Inclusion criteria</p> <ul style="list-style-type: none"> • Aged 17 to 55 years. • Diagnosed with schizophrenia or schizophreniform disorder according to DSM-IV criteria. • Participants with severe and persistent disorder but sufficient stability to enable participation in the trial (based on persisting positive psychotic symptoms for more than 1 year or a clinical relapse in the previous 2 years, with at least 2 months of clinical stability, defined as no variations in 2 Psychiatric Assessment Scale rating taken at an interval of 1 month. 	<p>Results</p> <p><u>Improvement of 10 points on the GAF-DSM-IV at 24 months - number (%)</u> Intervention: 14 (56); Control: 7 (28); p=0.045</p> <p><u>Global outcome score at 24 months - mean (±SD)</u> Intervention: 2.27 (2.97); Control: -2.27 (3.62); p<0.001</p> <p><u>Clinical relapse at 24 months - number (%)</u> Intervention (n=25): 3 (12); Control (n=25): 10 (40); p=0.024</p> <p><u>Cumulative proportion of survival for clinical relapse at 24 months</u> <u>Log rank = 4.31, df=1, p=0.038</u></p> <p><u>Positive symptoms - mean (±SD)</u></p> <p>Intervention Baseline: 3.48 (2.90); 9 months: 2.52 (2.45); 24 months: 1.48 (1.87); mean change: 2.00 (2.66)</p> <p>Control Baseline: 2.40 (2.93); 9 months: 2.52 (2.31); 24 months: 2.84 (2.25); mean change: -0.44 (2.22); p=0.001</p> <p><u>WHO-DAS Negative symptoms - mean (±SD)</u></p> <p>Intervention Baseline: 1.26 (0.70); 9 months: 0.75 (0.64); 24 months: 0.62 (0.59); mean change: 0.64 (0.83)</p> <p>Control Baseline: 1.05 (0.76); 9 months: 0.82 (0.71); 24 months: 0.86 (0.75); mean change: 0.19 (0.73); p=0.003</p> <p><u>Number of psychiatric hospitalisations - mean (±SD)</u></p> <p>Intervention Baseline: 0.84 (1.21); 24 months: 0.16 (0.47); mean change: 0.68 (0.99)</p> <p>Control Baseline: 0.40 (0.58); 24 months: 0.32 (0.90); mean change: 0.08 (0.86); p=0.051</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
<ul style="list-style-type: none"> Lived at home for more than 1 month with a key relative with a critical attitude, measured by means of the Semantic Differential or a deficit in empathic capacity measured using the Empathy Questionnaire. Absence of mental retardation, serious cognitive disorder, abuse or dependence on toxic substances according to the DSM-IV criteria in both participant and relative (including serious mental illness in the latter). Family group or key relative had not received psycho-educational family intervention lasting for more than 3 months. <p>Exclusion criteria</p> <ul style="list-style-type: none"> Participants with severe persistent symptoms for whom it was not possible to identify a clinical relapse on the Psychiatric Assessment Scale. <p>Patient characteristics</p> <p>N= 50 adults living with severe schizophrenia</p> <p><u>Gender (male) - number (%)</u> Intervention: 16 (64); Control: 21 (84)</p> <p><u>Age (years) - mean (±SD)</u> Intervention: 30.92 (6.98); Control: 32.12 (9.05)</p> <p><u>Presence of clinical relapse during the 2 years before trial - n (%)</u> Intervention: 16 (64); Control: 18 (72)</p> <p><u>Persisting positive symptoms during the previous year – n (%)</u> Intervention: 19 (76); Control: 13 (52)</p> <p><u>GAF - mean (±SD)</u> Intervention: 54.20 (12.97); Control: 52.20 (14.73)</p> <p><u>Psychiatric hospitalisations in lifetime - mean (±SD)</u> Intervention: 2.84 (4.17); Control: 2.92 (3.56)</p> <p><u>Course of illness (years) - mean (±SD)</u> Intervention: 11.64 (8.91); Control: 10.36 (5.94)</p>	<p>1. Bias arising from the randomisation process (Low/High/Some concerns) Some concerns - unclear whether allocation sequence random, but performed blinded; no significant differences in demographic characteristics between treatment groups.</p> <p>2. Bias arising due to deviations from intended interventions (Low/High/Some concerns) Low risk of bias - unclear blinding; no deviations from intended intervention reported; ITT analyses conducted.</p> <p>3. Bias due to missing outcome data (Low/High/Some concerns) Low risk of bias - <10% loss to follow-up in each treatment group.</p> <p>4. Bias in measurement of the outcome (Low/High/Some concerns) Low risk of bias - authors stated that attempts were made to maintain evaluator blindness to treatment allocation.</p> <p>5. Bias in selection of the reported result (Low/High/Some concerns) High risk of bias - potential bias in outcome measurements; the authors stated that follow-up interviews were performed at 9 and 24 months, but data were only reported at 24 months for some outcomes.</p> <p>Overall risk of bias (Low/High/Some concerns) High risk of bias.</p> <p>Source of funding Fondo de Investigaciones Sanitarias and Fundació La Marató de TV3. Associació Valenciana de Docència i Investigació en Salut Mental.</p> <p>Other information ¹Family intervention teams comprised highly experienced psychiatrists, psychologists, social workers and nurses. All participants received medication (chlorpromazine). No statistically significant differences between groups regarding medication compliance or dosage prescribed and taken.</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
<p>Pre-morbid Adjustment Scale - mean (\pmSD) Intervention: 13.48 (8.72); Control: 11.52 (6.71)</p> <p>Intervention: Family intervention including provision of information; active listening and clarification of emotions, problems and needs; establishing a therapeutic alliance; improving communication; problem-solving techniques; diminishing critical attitudes and over involvements; training in empathy. Fortnightly sessions held during the first 9 months and then monthly for the remaining 15 months.</p> <p>Plus, treatment as usual and individual counselling (involving problem-solving and psychological support given by an experienced psychiatrist with no training in family intervention techniques).⁽¹see other information)</p> <p>Control: Treatment as usual involving support; home visits; social work; rehabilitation and medication. Plus individual counselling.</p> <p>Follow-up 9 and 24 months.</p>	
<p>Full citation Kerr, D., McCann, T., Mackey, E., Wijeratne, T. Effects of early motivational interviewing on post-stroke depressive symptoms: A pilot randomized study of the Good Mood Intervention program. Int J Nurs Pract. 2018; e12657.</p> <p>Ref Id 1299542</p> <p>Country/ies where the study was carried out Australia</p> <p>Study type Randomised controlled trial.</p> <p>Study dates September 2013 to August 2014.</p>	<p>Results <u>QLI Total (measures satisfaction and importance of QoL domains - 0 to 30, higher scores) - mean (\pmSD)</u> 1 month Intervention (n=17): 28.2 (3.0); Control: (n=20): 26.5 (4.1) 3 months Intervention (n=17): 27.9 (3.4); Control (n=18): 27.7 (3.7)</p> <p><u>HADS (anxiety - scale: 0 to 21; normal range: 0 to 7) - mean (\pmSD)</u> 1 month Intervention (n=17): 5.4 (4.2); Control (n=20): 7.9 (4.5) 3 months Intervention (n=17): 7.1 (6.0); Control (n=18): 6.8 (5.9)</p> <p><u>HADS (depression - scale: 0 to 21; normal range: 0 to 7) - mean (\pmSD)</u> 1 month Intervention (n=17): 4.9 (2.7); Control (n=20): 6.2 (4.0) 3 months Intervention (n=17): 5.6 (5.5); Control (n=18): 6.1 (4.0)</p> <p><u>PHQ9 (depression - scale: 0 to 27; normal range: 0 to 4) - mean (\pmSD)</u> 1 month Intervention (n=17): 4.3 (4.9); Control (n=20): 5.7 (6.5)</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
<p>Inclusion criteria</p> <ul style="list-style-type: none"> • Aged at least 18 years old and able to speak and read English. • Acute presentation after stroke (cerebral infarction/intracerebral haemorrhage). • Cognitively alert. <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Participants with subarachnoid haemorrhage, subdural haematoma, or myocardial infarction. • Severe communication difficulties (for example, significant dysphasia or aphasia). • Mental health conditions (for example, depression requiring professional support within 1 month). • Concurrent neurological disease/trauma. <p>Patient characteristics</p> <p>N=48 participants post-stroke</p> <p><u>Age (years) - mean (±SD)</u> Intervention: 66.4 (14.9); Control: 69.9 (12.8)</p> <p><u>Gender (male) - number (%)</u> Intervention: 11 (68.8); Control: 9 (50.0)</p> <p><u>Modified Barthel Index - slight dependence or independence - number (%)</u> Intervention: 12 (75.0); Control: 13 (72.2)</p> <p><u>HADS (anxiety - scale: 0 to 21; normal range: 0 to 7) - mean (±SD)</u> Intervention: 6.7 (5.0); Control: 7.9 (5.7)</p> <p><u>HADS (depression - scale: 0 to 21; normal range: 0 to 7) - mean (±SD)</u> Intervention: 4.7 (3.9); Control: 5.4 (3.6)</p> <p><u>PHQ9 (depression - scale: 0 to 27; normal range: 0 to 4) - mean (±SD)</u> Intervention: 5.8 (5.4); Control: 6.4 (6.8)</p>	<p>3 months Intervention (n=17): 4.6 (6.5); Control (n=18): 4.9 (6.1)</p> <p>1. Bias arising from the randomisation process (Low/High/Some concerns) Low risk of bias - computer-generated block randomisation used; envelopes were sequentially numbered and allocation concealed by coloured paper; baseline characteristics similar.</p> <p>2. Bias arising due to deviations from intended interventions (Low/High/Some concerns) Low risk of bias - participants not blinded; research assistants blinded but may have become aware of allocation; no deviations from the intended intervention; ITT analyses conducted.</p> <p>3. Bias due to missing outcome data (Low/High/Some concerns) Some concerns - Intervention: 28% lost to follow-up; Control: 13% lost to follow-up at 3 months.</p> <p>4. Bias in measurement of the outcome (Low/High/Some concerns) Some concerns - research assistants may have become aware of allocation during contact with participants.</p> <p>5. Bias in selection of the reported result (Low/High/Some concerns) Some concerns - no information on pre-specified analysis plan.</p> <p>Overall risk of bias (Low/High/Some concerns) High risk of bias.</p> <p>Source of funding National Stroke Foundation (Australia) and Victoria University.</p> <p>Other information The 'Good Mood Intervention Programme' was tailored to support adjustment in hospitalised participants. MI facilitators underwent formal training by completing an online course and attending 2 workshops.</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
<p><u>QLI Total (measures satisfaction and importance of QoL domains - 0 to 30, higher scores) - mean (\pmSD)</u> Intervention: 22.4 (3.3); Control: 21.3 (5.7)</p> <p>Intervention: Early motivational interviewing, comprising 3 x 30 minute individual sessions provided by trained nurses (n=3) or social workers (n=2) during hospitalisation after an acute stroke. Session 1 (set agenda and encourage participant to talk about adjustment to stroke); session 2 (encourage participant to identify realistic goals for recovery and identify barriers to achieving goals); session 3 (identify any ambivalence for the participant about achieving goals; support their optimism and self-efficacy, and assist in identifying solutions to solve problems).</p> <p>Motivational interviewing is a technique for motivating individuals to change behaviours.</p> <p>Control: Routine care delivered by nursing, medical and allied health staff on an ad-hoc basis. During hospitalisation, participants could be referred for psychiatric assessment and provision of professional stroke brochures, if they were identified as having a mood disorder.</p> <p>Follow-up</p> <p>1 and 3 months.</p>	
<p>Full citation</p> <p>Nordheim, J., Hausler, A., Yasar, S., Suhr, R., Kuhlmeier, A., Rapp, M., Gellert, P., Psychosocial Intervention in Couples Coping with Dementia Led by a Psychotherapist and a Social Worker: The DYADEM Trial, Journal of Alzheimer's Disease, 68, 745-755, 2019</p> <p>Ref Id</p> <p>1203711</p> <p>Country/ies where the study was carried out</p> <p>Germany</p> <p>Study type</p> <p>Multicentre, randomised controlled trial.</p>	<p>Results</p> <p><u>Participant QoL-AD - means (\pmSE) (n=108)</u></p> <p>1 month Intervention (n=49): 35.5 (0.8); Control (n=46): 36.2 (0.8)</p> <p>6 months Intervention (n=46): 34.7 (0.8); Control (n=42): 36.4 (0.9) Interaction β (SE): -0.6 (0.6); Cohen's d (T2-T0): -0.4</p> <p><u>Participant MMSE - mean (\pmSE) (n=108)</u></p> <p>1 month Intervention (n=49): 22.2 (0.6); Control (n=46): 21.2 (0.6)</p> <p>6 months Intervention (n=46): 21.6 (0.7); Control (n=42): 19.6 (0.8) Interaction β (SE): 0.8 (0.4); Cohen's d (T2-T0): 0.4</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
<p>Study dates November 2011 to April 2013 and March 2014 to March 2015.</p> <p>Inclusion criteria</p> <ul style="list-style-type: none"> Community-dwelling couples with one partner living with mild-to-moderate dementia (defined as Mini-Mental State Examination > -15 and diagnosed according to the National Institute of Aging criteria). <p>Exclusion criteria</p> <ul style="list-style-type: none"> One or both partners with severe depression, psychotic disorders, or addictive disorder. Dementia diagnosis in the spousal caregiver. <p>Patient characteristics</p> <p>N=108 adults living with mild-to-moderate dementia</p> <p><u>Year of birth - mean (±SD)</u> Participant (n=108) Intervention: 1936 (5.3); Control: 1938 (7.1) Caregiver partner (n=108) Intervention: 1939 (7.4); Control: 1940 (6.2)</p> <p><u>Gender (female) - number (%)</u> Participant (n=108) Intervention: 23 (41.8); Control: 19 (35.8) Caregiver partner (n=108) Intervention: 32 (58.2); Control: 34 (64.2)</p> <p><u>Quality of life at baseline - mean (±SD)</u> Participant (n=108) - QoL-AD Intervention: 36.7 (5.3); Control: 37.45 (5.5) Caregiver partner (n=108) - WHO-QoL (global) Intervention: 60.7 (13.3); Control: 58.7 (18.6)</p> <p><u>MMSE at baseline - mean (±SD)</u> Participant (n=108) Intervention: 23.0 (4.3); Control: 22.7 (4.5)</p>	<p><u>Participant depression (GDS) - mean (±SE) (n=108)</u> 1 month Intervention (n=49): 5.7 (0.3); Control (n=46): 5.7 (0.3) 6 months Intervention (n=46): 5.9 (0.3); Control (n=42): 5.0 (0.3) Interaction β (SE): -0.7 (0.3); Cohen's d (T2-T0): 0.0</p> <p><u>Carer WHO-DAS-QoL (global score) - mean (±SE) (n=108)</u> 1 month Intervention (n=49): 56.4 (2.3); Control (n=46): 51.9 (2.3) 6 months Intervention (n=46): 53.2 (2.4); Control (n=42): 54.5 (2.6) Interaction β (SE): -1.9 (1.6); Cohen's d (T2-T0): -0.2</p> <p>1. Bias arising from the randomisation process (Low/High/Some concerns) Low risk of bias - blockrand package in R without stratification used for allocation; participants contacted co-ordinating centre by phone or secure computer; no significant differences at baseline between intervention and control groups.</p> <p>2. Bias arising due to deviations from intended interventions (Low/High/Some concerns) Low risk of bias - participants and caregiver partners not blinded; no deviations from the intended intervention; ITT analyses conducted.</p> <p>3. Bias due to missing outcome data (Low/High/Some concerns) Low risk of bias - Intervention: 16% couples lost to follow-up; Control: 21% couples lost to follow-up; bias-corrected analyses of the outcome used.</p> <p>4. Bias in measurement of the outcome (Low/High/Some concerns) Some concerns - same measurement methods and thresholds used at comparable time points, blinding unclear.</p> <p>5. Bias in selection of the reported result (Low/High/Some concerns) High risk of bias - post hoc sub-group analyses performed because of null findings and adverse effects of the intervention.</p> <p>Overall risk of bias (Low/High/Some concerns) High risk of bias – the authors stated that the trial was limited by recruitment problems and dropouts, and although ITT analyses was conducted, selection bias cannot be completely ruled out. In addition, it was not possible to determine whether the programme contents had been transferred into the couples' daily routines.</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
<p><u>Depression at baseline - mean (\pmSD)</u> Participant (n=108) Intervention: 5.6 (2.3); Control: 5.4 (2.5)</p> <p><u>Type of dementia - number</u> Alzheimer's disease: 76 Vascular dementia: 13 Dementia in Parkinson disease: 3 Dementia in other specified diseases classified elsewhere: 4 Dementia not otherwise specified: 12</p> <p>Intervention DYADEM (DYAdic coping with DEMentia): Home-based, socio- and psychotherapeutic support programme involving 7 sessions plus 2 telephone sessions. Support programme focused on personal, dyadic, and environmental resources; sessions included information about dementia; couple communication training; coping and problem-solving strategies; network and activity analysis; counseling for living space adaptations; and relaxation techniques.</p> <p>A psychotherapist and a social worker worked together, or in rotation, to provide sessions to people living with dementia and their partners at home over 10 to 12 weeks.⁽²⁾see other information)</p> <p>Comparator 1 or 2 hours of consultation according to the standards of memory clinics in Germany.</p> <p>Follow-up 1 and 6 months.</p>	<p>Source of funding German Federal Ministry of Education and Research; and the Centre for Quality in Care (ZQP).</p> <p>Other information ²The DYADEM intervention aimed to bring couples together to identify their experiences, needs and wishes for therapy. The intervention was conducted in the couples' home to facilitate access for people with limited mobility and to require minimal effort on the part of the caregiving partner. This also enabled the therapists to become familiar with the living environment of the couple and, if necessary, provide advice for adjustments to the living environment.</p>
<p>Full citation van der Aa, H. P., van Rens, G. H., Comijs, H. C., Margrain, T. H., Gallindo-Garre, F., Twisk, J. W., van Nispen, R. M., Stepped care for depression and anxiety in visually impaired older adults: multicentre randomised controlled trial, BMJ (Clinical research ed.), 351, h6127, 2015</p> <p>Ref Id 1241212</p> <p>Country/ies where the study was carried out The Netherlands and Belgium</p>	<p>Results <u>Vision related QoL (LVQoL-18) - mean (\pmSD)</u> 12 months Intervention: 41.2 (12.6); Control: 44.3 (13.7) 24 months Intervention: 42.1 (14.2); Control: 40.8 (15.7) MD: 3.81 (95% CI 0.65 to 6.96; p=0.02)</p> <p><u>Health-related QoL (EQ-5D) - mean (\pmSD)</u> 12 months Intervention: 0.6 (0.3); Control: 0.6 (0.3) 24 months</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
<p>Study type Multicentre, randomised controlled trial.</p> <p>Study dates July 2012 and July 2015.</p> <p>Inclusion criteria</p> <ul style="list-style-type: none"> • Aged ≥50 years. • Attending outpatient low vision rehabilitation organisations. • Decimal visual acuity of ≤0.3 and/or a visual field of ≤30° around the central point of fixation and/or an evident request for help where options in regular ophthalmic practice are insufficient (for example contrast sensitivity or glare). • Subthreshold depression and/or anxiety (a score of ≥8 on the HADS anxiety subscale and/or ≥16 on the Centre for Epidemiologic Studies depression scale). • Able to speak Dutch adequately. <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Major depressive, dysthymic, and/or anxiety disorder according to the DSM-IV (measured using the Mini International Neuropsychiatric Interview). • Severely cognitively impaired (measured using the 6 item screen, a short version of the mini mental state examination). <p>Patient characteristics</p> <p>N=265 visually impaired adults with depression and anxiety</p> <p><u>Gender (female) - number (%)</u> Intervention (n=131): 91 (70); Control (n=134): 94 (70)</p> <p><u>Age (years; range 50 to 98) - mean (±SD)</u> Intervention: 72.4 (12.5); Control: 74.9 (11.9)</p> <p><u>Living independently - number (%)</u> Intervention: 115 (88); Control: 124 (93)</p>	<p>Intervention: 0.7 (0.3); Control: 0.7 (0.3) MD: 0.02 (95% CI -0.05 to 0.09; p=0.6)</p> <p><u>Symptoms of depression (CES-D) - mean (±SD)</u></p> <p>3 months Intervention (n=131): 17.5 (9.3); Control (n=134): 17.5 (8.4)</p> <p>6 months Intervention: 16.4 (9.5); Control: 19.0 (8.9)</p> <p>9 months Intervention: 15.2 (9.7); Control: 17.4 (8.7)</p> <p>12 months Intervention: 15.1 (9.4); Control: 16.8 (9.8)</p> <p>18 months Intervention: 15.2 (9.4); Control: 17.7 (9.4)</p> <p>24 months Intervention: 15.7 (10.9); Control: 17.7 (9.2) MD: -0.57 (95% CI -1.04 to -0.10; p=0.02)</p> <p><u>Symptoms of anxiety (HADS-A) - mean (±SD)</u></p> <p>3 months Intervention: 5.8 (4.1); Control: 5.5 (3.6)</p> <p>6 months Intervention: 5.4 (4.0); Control: 6.3 (3.6)</p> <p>9 months Intervention: 5.0 (4.0); Control: 6.1 (4.3)</p> <p>12 months Intervention: 5.1 (4.4); Control: 6.1 (4.2)</p> <p>18 months Intervention: 5.9 (3.8); Control: 6.5 (3.9)</p> <p>24 months Intervention: 5.6 (4.6); Control: 6.6 (4.3) MD: -0.21 (95% CI -0.41 to -0.01; p=0.04)</p> <p><u>Development of major depressive, dysthymic, and/or anxiety disorder – n (%)</u> Intervention (n=131): 38 (29); Control (n=134): 62 (46) RR (95% CI): 0.63 (0.45 to 0.87, p=0.01; NNT: 5.8 (95% CI 3.5 to 17.3)</p> <p><u>Kaplan-Meier survival curve for mean survival duration (not developing major depressive and/or anxiety disorder) – n (calculated) (%)</u></p> <p>3 months Intervention: 9 (7); Control: 9 (7)</p> <p>6 months Intervention: 31 (24); Control: 32 (24)</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
<p><u>Number of comorbidities (range 0 to 5) - mean (\pmSD)</u> Intervention: 1.1 (1.2); Control: 1.2 (1.2)</p> <p><u>History of major depressive disorder - number (%)</u> Intervention: 30 (23); Control: 25 (19)</p> <p><u>History of dysthymic disorder - number (%)</u> Intervention: 4 (3); Control: 1 (1)</p> <p><u>History of panic disorder - number (%)</u> Intervention: 8 (6); Control: 8 (6)</p> <p>Intervention: Usual care plus stepped care programme involving 4 steps, each taking approximately 3 months each: watchful waiting; guided self-help based on cognitive behavioural therapy; problem solving treatment; referral to the general practitioner. All treatments were offered individually and participants only moved onto the next step if they showed increased symptoms of depression and/or anxiety.^(3see other information)</p> <p>Control: Usual care involving outpatient low vision rehabilitation care and/or care provided by other healthcare providers.</p> <p>Follow-up 3, 6, 9, 12, 18 and 24 months.</p>	<p>9 months Intervention: 38 (29); Control: 44 (33)</p> <p>12 months Intervention: 41 (31); Control: 50 (37)</p> <p>18 months Intervention: 55 (42); Control: 58 (43)</p> <p>24 months Intervention: 59 (45); Control: 62 (46)</p> <p>Crude HR (95% CI): 0.59 (0.38 to 0.91, p=0.02) Adjusted HR (95% CI): 0.57 (0.35 to 0.93, p=0.02; adjusted for centre and baseline patient characteristics)</p> <p><u>Admission to hospital over 24 months (days) - mean (\pmSD)</u> Intervention (n=131): 3.6 (11.4); Control (n=134): 5.5 (17.3)</p> <p>1. Bias arising from the randomisation process (Low/High/Some concerns) Low risk of bias - computer-generated random number allocation scheme used; independent researcher performed sequence allocation; no significant differences in baseline characteristics.</p> <p>2. Bias arising due to deviations from intended interventions (Low/High/Some concerns) Some concerns - participants and providers not blinded to intervention allocation; some participants in the stepped programme intervention refused or only partly received certain steps of the intervention; ITT analyses conducted.</p> <p>3. Bias due to missing outcome data (Low/High/Some concerns) Some concerns - 34% participants lost to follow-up in each treatment group.</p> <p>4. Bias in measurement of the outcome (Low/High/Some concerns) Some concerns - research assistants were masked but may have inadvertently guessed treatment allocation.</p> <p>5. Bias in selection of the reported result (Low/High/Some concerns) Low risk of bias - protocol available.</p> <p>Overall risk of bias (Low/High/Some concerns) High risk of bias.</p> <p>Source of funding ZonMw InZicht, the Dutch Organisation for Health Research and Development-InSight Society.</p>

Study details	Results and risk of bias assessment using Cochrane RoB2
	<p>Other information</p> <p>³Not all participants completed all steps of the intervention (n=131 received watchful waiting; 73 (56%) received guided self-help; 29 (22%) received problem solving treatment; 7 (5%) were referred to their GP). All participants were seen at the rehabilitation centre or at home, based on their preference.</p> <p>Participants who developed a major depressive, dysthymic, and/or anxiety disorder, were directly referred to their GP to discuss further treatment.</p>

CES-D: The Center for Epidemiological Studies-Depression; CI: confidence interval; DSM-IV: Diagnostic and Statistical Manual of Mental Disorders version IV; DYADEM (DYAdic coping with DEMentia); EQ-5D: European Quality of Life Five Dimension; GAF: Global Assessment of Functioning; GDS: Geriatric Depression Scale; GP: General Practitioner; HADS: Hospital Anxiety and Depression Scale; HR: hazard ratio; ITT: intention-to-treat; MD: mean difference; MMSE: mini-mental state examination; NNT: number needed to treat; PHQ-9: Patient Health Questionnaire; QLI: Quality of Life Index; QoL: quality of life; QoL-AD: quality of life – Alzheimer’s Disease; SD: standard deviation; SE: standard error; WHO-DAS: World Health Organisation Psychiatric Disability Assessment Schedule.

Evidence tables for review question F2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

Table 9: Evidence tables – qualitative data

Study details	Methods and participants	Results	Limitations
<p>Full citation</p> <p>Anka, Ann, Sorensen, Pernille, Bailey, Sue, Social work intervention with adults who self-neglect in England: responding to the Care Act 2014, The Journal of Adult Protection, 19, 67-77, 2017</p> <p>Ref Id</p> <p>1310548</p> <p>Country/ies where the study was carried out</p> <p>England, UK</p> <p>Study type</p> <p>General qualitative inquiry, part of a mixed methods study</p> <p>Study dates</p> <p>2014 to 2015</p> <p>Study aim</p> <p>To explore the development of an intervention model that provides early intervention and services for adults who self-neglect.</p>	<p>Recruitment strategy</p> <p>Not reported</p> <p>Setting</p> <p>Local authority in England</p> <p>Participant characteristics</p> <p>Total participants N=24</p> <p>People using services, n=13 Social workers, n=3 Social work managers, n=2 Stakeholders from external services and agencies, n=6</p> <p>Data collection and analysis</p> <p>Data collection</p> <p>The research team conducted semi-structured interviews over the phone. One adult using services requested to complete the interview by post, and answered the questions on paper. Interviews were recorded with permission from participants and then transcribed.</p> <p>Data analysis</p> <p>A thematic analysis approach was taken. Data was coded into themes which related to the research questions and to issues identified in the literature review undertaken previously.</p>	<p>Findings (including author's interpretation)</p> <p><u>The approaches used by the social workers</u></p> <ul style="list-style-type: none"> Social workers felt that the model of allowed them to support people better as they managed to build relationships and work with people more intensively. All social worker interviewees felt the model offered greater autonomy to use social work skills. One social worker described the model of practice as an: "opportunity to work with people on a weekly basis, helping them to make positive changes in their lives with our support [...] helping them to focus on their strengths". p.72 In some cases, it was a challenge to effect change with service users within the 12-24 weeks of intensive intervention meetings. Social workers felt that working within a structured time needed further thought and effective systems. "[...] we are working with some hoarding cases and they take longer [...] a hoarding case can be quite intense". p.72 "If you want the team to work with people up to 12 sessions over 16 weeks then we need to look at what the expectation of the team is [...] because we have become 'the hoarding team'." p.72 One social worker interviewee felt there was a need to have discussions with other colleagues within the organisation about the threshold for referrals. Legal 	<p>1. Was there a clear statement of the aims of the research?</p> <p>Yes</p> <p>The model involves developing the relationship and building trust over time, while building on the adult's strengths and resilience. Social workers use social work approaches including systems theory, a solution-focused approach, motivational interviewing and task-centred approaches.</p> <p>2. Is a qualitative methodology appropriate?</p> <p>Yes</p> <p>3. Was the research design appropriate to address the aims of the research?</p> <p>Yes, the author explained that the qualitative research questions would meet the aims of the study.</p> <p>4. Was the recruitment strategy appropriate to the aims of the research?</p> <p>Can't tell as the recruitment strategy was not reported.</p> <p>5. Was the data collected in a way that addressed the research issue?</p> <p>Yes, data collection methods are clear and form of data collection is clear, but no mention of data saturation.</p> <p>6. Has the relationship between researcher and participants been adequately considered?</p> <p>No, the author describes doing an interview via post at the participants' request, but there are no other mentions of the relationship between research and</p>

Study details	Methods and participants	Results	Limitations
		<p>literacy emerged as important: "[...] they wanted to refer a lady who lacked capacity and had dementia into our team because she hoarded and I am like no, no! If people don't have capacity that is different, you know, you are into best interests and all sorts of realms." p.72</p> <p><u>The difference made to the service users</u></p> <ul style="list-style-type: none"> • Social workers described having regular meeting with other agencies and working together as successful ways of preventing, reducing and delaying needs as set out under the Care Act 2014. "[...] now people that self-neglect and hoard come through under safeguarding [...] it is absolutely fantastic as far as I am concerned, because now we have a process to follow [...] we have multidisciplinary meetings so you arrange that as you would a Safeguarding Conference and you involve the professionals that need to be involved [...] quite often [the] Fire Brigade, it might be a Housing Officer, you know [...] so that is really good." p.73 • "[...] I mean one gentleman I am working with at the moment, he is a very high-risk hoarding person at the very high clutter rating [...] I have had to work in partnership with the Fire Brigade to try and minimise the risk to him and the other tenants that live above him." p.73 • Social workers described having regular meeting with other agencies and working together as successful ways of preventing, reducing and delaying needs as set out under the Care Act 2014. • A service user participant reported that the realistic setting of goals with the social worker meant that she was able to 	<p>participant being considered, or bias being addressed.</p> <p>7. Have ethical issues been taken into consideration? Yes, written and verbal consent was obtained from all participants, ethical approval was obtained from the University Research Ethics Committee and appropriate helplines were provided.</p> <p>8. Was the data analysis sufficiently rigorous? Can't tell, the methods of data analysis are clear and it is clear how themes were derived, however there is no mention of the number of researchers who undertook data analysis and whether approaches were taken to avoid bias.</p> <p>9. Is there a clear statement of findings? Yes</p> <p>10. How valuable is the research? Valuable, the authors have described how their work contributes to the existing literature.</p> <p>Overall methodological limitations (No or minor/Minor/Moderate/Serious) Moderate</p> <p>Source of funding Not industry funded, funded by local authority in England.</p> <p>Other information</p>

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		<p>feel successful and consequently managed to undertake bigger tasks. Another service user reported using goal-setting principles and self-determination even after the intervention had finished. Service users appreciated having someone who expressed an interest in support them.</p> <p>"She [Social worker] said 'well, how about we just agree a task for you to do between now and when I come back next week?' and it was just a small task [...] I did because I could do it any time that week when I had the time. There wasn't the stress and the pressure to get everything done, so to know that I could do this task any time that week was just brilliant."</p> <p>"He did things for me, like talked to me, because I didn't really have anybody to talk to about my problems and that so he spoke to me and sometimes it was just nice to have somebody to talk to". p.73</p>	
<p>Full citation</p> <p>Archard, P. J., Murphy, D., A practice research study concerning homeless service user involvement with a programme of social support work delivered in a specialized psychological trauma service, <i>Journal of psychiatric and mental health nursing</i>, 22, 360-70, 2015</p> <p>Ref Id</p> <p>1077040</p>	<p>Recruitment strategy</p> <p>Convenience sampling used. Service users were contacted through the organisation that ran the supported accommodation. Meetings were held to explain the research and gauge interest. Participants volunteered to take part.</p> <p>Setting</p> <p>Supported housing for homeless people</p> <p>Participant characteristics</p> <p>Total people interviewed N=6</p>	<p>Findings (including author's interpretation)</p> <p><u>Truncated involvement and incongruities in professional status</u></p> <ul style="list-style-type: none"> Service users were concerned about the workers' youth, compared to their own identity as middle-aged homeless men, and felt this compromised their ability to related to their situations and life histories. There was apprehension about workers' status as professionals 'in-training' rather than 'qualified'. Although there was enthusiasm for the work of helping, and lack of an aloofness that 	<p>Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.</p> <p>1. Was there a clear statement of the aims of the research?</p> <p>Yes</p> <p>The support work programme took a person-centred approach and involved practical assistance with everyday tasks, assisting with seeking accommodation, home visits and meets with family and support networks, and liaising with other services.</p>

Study details	Methods and participants	Results	Limitations
<p>Country/ies where the study was carried out</p> <p>England, UK</p> <p>Study type</p> <p>General qualitative inquiry</p> <p>Study dates</p> <p>Not reported.</p> <p>Study aim</p> <p>To explore the views of homeless people on a support work programme.</p>	<p>People using services - homeless people with trauma status, n=4 Social worker support workers, n=2</p> <p>Data collection and analysis</p> <p>Data collection:</p> <p>Interviews took place at service sites or the participants' residences. Interviews lasted 50-80 minutes and were mostly audio recorded. Two of the interviews were recorded in note form due to noise affecting the audio recording.</p> <p>Data analysis:</p> <p>Interview transcripts and notes were analysed using thematic analysis. Interviews were coded, and themes and sub themes generated. Coding was carried out by the first author, and the themes were verified by a second author. A third health and social care research independent to the study then verified the coherence.</p>	<p>might be met in other health and social care professionals. "The students have come in and they're not getting paid so they don't mind just coming in and sitting and listening about things... And if you want to spend time with them you can do a fair few things with them" (Adult using services) p.364</p> <ul style="list-style-type: none"> Service users found the abridged nature of worker involvement as unhelpful. They felt it was awkward disclosing personal information and attaining a certain rapport and closeness, only for the worker-user relationship to cease abruptly. One support worker supported this view, and felt frustrated at the limitations of minimal periods of involvement. Fleshing out what started as a 'patchy' skeletal understanding of a service user's situation and personal history invariably 'took a fair bit of time' as did brokering a connection with service users accessed through outreach work who were commonly quite sceptical about involvement (Social worker). "You miss them sometimes, they stop [for a short period] and then they move on.. And it's not the same without them" (Adult using services) p.364 "I tell people all me problems and I get close to them male or female. I open up about my problems and the next thing I know they're gone". (Adult using services). p.364 "You tell them about your personal life and then they, I mean I've nothing to hide ... and they know all that; but then they go away and then don't come back, and then someone else comes and they take their place and then they expect you to 	<p>2. Is a qualitative methodology appropriate? Yes.</p> <p>3. Was the research design appropriate to address the aims of the research? Yes, the author has described why the researcher design was appropriate to address the aims.</p> <p>4. Was the recruitment strategy appropriate to the aims of the research? Yes, the author has described how participants were recruited.</p> <p>5. Was the data collected in a way that addressed the research issue? Yes, it is clear how the data was collected and how the interviews were conducted. Form of data collection is clear and the author describes using two pilot interviews before interviews with participants. However, no mention of data saturation.</p> <p>6. Has the relationship between researcher and participants been adequately considered? Can't tell, there is no mention of bias being addressed. The author describes using pilot interviews before participant interviews but it is not clear how or if these informed formulation of research questions.</p> <p>7. Have ethical issues been taken into consideration? Yes, the author describes informed consent and mentions procedures carried out for safeguarding. Ethical approval also granted by the University Department Research Governance and Ethics Review Board.</p> <p>8. Was the data analysis sufficiently rigorous? Yes, the author has described the analysis in detail and it is clear how the themes were derived. The author has considered bias and has described the use of multiple authors and researchers during the</p>

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		<p>tell them all over again and then they move on. (Adult using services) p.364</p> <p><u>Rapport, commitment, flexibility and worker autonomy and practical assistance</u></p> <ul style="list-style-type: none"> Service users appreciated face-to-face time with the support workers. They felt the effort and energy put into visiting and spending time with them as altruistic and a personal commitment to them. The provision of a listening and understanding ear without judgement or insisting on a particular course of action was seen an emotionally cathartic, and gave motivations for personal adjustment and change. “I found it very useful to talk to them...because they sat and listened and the [shelter] staff don't always have the time, haven't always got the time to sit and listen to us” “You've got to remember they've got their lives to live as well, their problems and that and they come to work and then have to struggle to listen to us lot”. (Adult using services) p.363 Support workers found the proximity to service user's everyday realities as a key difference between practice of support workers and the more formal consulting room confined activities of resident psychology professionals. They felt this flexible work was possible as a result of the independence they had to work outside usual office hours and away from the office, getting to know the service users and listening to what they wished to derive from involvement. “I wasn't just sitting in a room with her, talking with her (l: right). I was saying come on we're going out to such and 	<p>analysis stages. However, there is no mention of contradictory data.</p> <p>9. Is there a clear statement of findings? Yes.</p> <p>10. How valuable is the research? Valuable, the author has described the implication of the research for practice.</p> <p>Overall methodological limitations (No or minor/Minor/Moderate/Serious) Minor.</p> <p>Source of funding No funding was received for the study.</p>

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		such. We're doing this, we're doing that" (Social worker) p.364	
<p>Full citation</p> <p>Kirk, Carole Anne., Social workers' perceptions of restorative approaches with families in cases of elder abuse: a qualitative study, <i>Journal of Adult Protection</i>, 21, 190-200, 2019</p> <p>Ref Id</p> <p>1220763</p> <p>Country/ies where the study was carried out</p> <p>Northern Ireland, UK</p> <p>Study type</p> <p>General qualitative inquiry</p> <p>Study dates</p> <p>May to July 2017</p> <p>Study aim</p> <p>To explore the professional perspectives on family-based restorative approaches to elder abuse.</p> <p>Family-based restorative approaches aim to rebuild relationships in families.</p>	<p>Recruitment strategy</p> <p>The sample was recruited from 240 registered social workers within adult services teams. Participants were recruited through meeting with line managers.</p> <p>Setting</p> <p>The Northern Health and Social Care Trust in Northern Ireland</p> <p>Participant characteristics</p> <p>Total number of social workers N=37</p> <p>The social workers were arranged into 8 focus groups. Focus groups were arranged into different divisions to ensure they drew on views from a range of staff.</p> <p>Focus group divisions: Community Care Division (older people and physical disability), n=2 focus groups Hospital social workers, n=1 focus group Team for Adult Safeguarding and Family Group Conferencing, n=1 focus group Team for Mental Health of Older people, n=1 focus group Adult Learning Disability teams, n=1 focus group Social workers in Women's Aid (supporting women in situations of domestic violence), n=2 focus groups</p> <p>Data collection and analysis</p>	<p>Findings (including author's interpretation)</p> <p><u>Engaging families and service users</u></p> <ul style="list-style-type: none"> One worker described a case where elderly brothers each with a diagnosis of learning disability were living in unhygienic conditions and appeared to be having difficulty in managing their finances. Their family, when alerted, claimed to have been unaware of their deteriorating circumstances. The social worker explained that by "[...] bringing the family in and having the discussion and asking them, what you can do?" it was possible to achieve a positive outcome for everyone (Group 1). p.193 Social workers recognised the importance of restorative approaches in situations of abuse and neglect, and related their concerns around the challenges of advocating for service users. This may be challenging in certain situations where family members present as assertive, forceful or aggressive, there were examples of the impact coercive control can have on the victim. A challenge for professionals is to help people recognise abuse. "It's interesting when the family become the people you are most concerned about in someone's life" (Social worker). p.193 "[...] her self-worth is nil from what he tells her and how he treats her". p.193 <p><u>Managing risk in working with families in adult safeguarding</u></p>	<p>1. Was there a clear statement of the aims of the research? Yes</p> <p>2. Is a qualitative methodology appropriate? Yes.</p> <p>3. Was the research design appropriate to address the aims of the research? Yes, the author has explained how focus groups will address the aims of the research.</p> <p>4. Was the recruitment strategy appropriate to the aims of the research? Yes, the author has described how participants were recruited.</p> <p>5. Was the data collected in a way that addressed the research issue? Yes, the author has described how data was collected and how the literature review led to formulation of questions. The author describes data saturation, and explained that although it was not achieved in all areas, in the final focus groups similar views were being expressed with few new ideas. However, there is no mention of the form of data collection.</p> <p>6. Has the relationship between researcher and participants been adequately considered? Can't tell, the author describes using a location convenient to the participants and piloting the focus groups before, however there is no mention of consideration of bias.</p> <p>7. Have ethical issues been taken into consideration? Yes, consent was gained from participants and ethical approval was granted by the Northern Health</p>

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	<p>Data collection:</p> <p>8 focus groups were held with social workers from various teams (see participant characteristics). Themes for discussion were based on previous literature review work.</p> <p>Data analysis:</p> <p>Thematic analysis of transcripts took place. Codes were developed between two researchers, and organised into themes.</p>	<ul style="list-style-type: none"> Social workers felt frustrations with the limitations of legislative powers and an awareness of human rights. Supporting people to make choices which professionals may not agree with was seen to be a central issue in terms of safeguarding. Social workers also recognised that at times families played a role in facilitating or perpetrating abuse. They also raised the challenges faced when a person did not have decisional capacity, and family members misunderstood or misused their power in relation to decision on behalf of the individual. <p>One group participant highlighted “The difficulty for us sometimes, in terms of safety measures, we can’t control what people do and it’s their choice to go back into or remain in relationships where they are completely exposed to high levels of risk of domestic violence whether its physical or sexual. In our position we can only support them as they make their choices” (Group 4). p.193</p> <p><u>Challenges for professionals in practice</u></p> <ul style="list-style-type: none"> Participants felt that partnership working required time and commitment, and was most effective when used in a proactive way rather than reactionary manner. It was suggested that there was a need to consider Family Group Conferencing during the early stages of intervention rather than waiting for a crisis. There were concerns around how much 'buy in' there would be from families and individuals as there is no legislative requirement for their involvement. “...you will find if your restorative 	<p>and Social Care Trust Research Governance Committee and by Ulster University School of Applied Social and Policy Sciences Research Governance Filter Committee.</p> <p>8. Was the data analysis sufficiently rigorous? Yes, methods of analysis and described and the author mentions another researcher involved in the process to reduce bias, however no mention of contradictory data.</p> <p>9. Is there a clear statement of findings? Yes.</p> <p>10. How valuable is the research? Valuable, the author describes the relevance of the research in practice.</p> <p>Overall methodological limitations (No or minor/Minor/Moderate/Serious) Minor</p> <p>Source of funding Not reported.</p>

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		<p>approach with work or not because if the family members are not willing to engage or work towards a goal and aims they're not going to be restorative". p.194</p> <ul style="list-style-type: none"> • Social workers described some situations where service users value relationships above their own welfare. They described counterproductive or 'toxic' relationships, and that some families can be 'risk averse' an unwilling to consider alternative views or recommendations from professionals. The range from overprotective care to deliberate neglect, demands skill and knowledge and this could be a challenge for even experienced workers. Social workers described challenges in balancing between managing risk and empowering. p.195 • Participants raised cultural issues such difficulties with keeping families involved throughout the whole journey when they had to be out at work all day. Other differences mentioned were differences in cultural perspectives, with some adults using services not recognising what wasn't normal, or in one discussion around female victims of domestic abuse finding it difficult to leave situations. "Including families in the whole journey which isn't always easy especially in the current culture where people are out working all day". p.195 • Participants felt that there was a need for specially trained staff with a focus in restorative approaches with families in elder abuse cases. An example given was that the social worker undertaking case management for the individual might be too close to the issue, and a different person undertaking family work would be more effective. 	

Study details	Methods and participants	Results	Limitations
<p>Full citation</p> <p>Laird, E. A., McGurk, P., Reid, B., Ryan, A., "Making the best of what we have": The lived experiences of community psychiatric nurses, day centre managers and social workers supporting clients with dementia attending a generic day care service, <i>International Journal of Older People Nursing</i>, 12, 2017</p> <p>Ref Id</p> <p>1225599</p> <p>Country/ies where the study was carried out</p> <p>Northern Ireland</p> <p>Study type</p> <p>General qualitative inquiry (descriptive)</p> <p>Study dates</p> <p>February and March 2014</p> <p>Study aim</p> <p>To explore experiences and perspectives of supporting people using a generic older adult day centre service.</p>	<p>Recruitment strategy</p> <p>Community psychiatric nurses, day centre managers and social workers were contacted via email to participate. They had to be Trust employees and have 2 years of experience in their current role.</p> <p>Setting</p> <p>A statutory generic day centre service for older adults operated by a Health and Social Care Trust.</p> <p>Participant characteristics</p> <p>Total participants N=20</p> <p>Community psychiatric nurses, n=4 Day centre managers, n=4 Social workers, n=12</p> <p>Data collection and analysis</p> <p>Data collection:</p> <p>3 focus groups were held, with a mix of the professionals. Each focus group had between 6-9 participants. Focus groups lasted between 50-70minutes. They were recorded digitally and supplemented with hand written notes.</p> <p>Data analysis:</p> <p>Thematic analysis. Recordings were listened to in full then transcribed and printed. Two authors read and reread the transcripts and came together to discuss them and arrange into clusters of themes. The clusters were coded and stronger themes generated. To verify the final</p>	<p>Findings (including author's interpretation)</p> <p><u>Proactively managing supervision and complexity of need</u></p> <ul style="list-style-type: none"> Formulation of challenging behaviour was seen as "an unmet need", and clients with behaviours that had potential to challenge others have much to gain from day centre care. It was acknowledged that day centre staff "do an amount of challenging behaviour work, but not really in-depth". There was a willingness to support clients with advanced dementia and recognition that this client group 'may need more one to one interaction'. "If it's an unmet need at home, day centre attendance may sustain them in their homes, a bit longer". p.4 <p>"Considering the research we're getting on life story work and reminiscence therapy. One to one life story work would work really well". p.5</p> <p><u>Encountering the need for change</u></p> <ul style="list-style-type: none"> Travel time restrictions and prohibitions of attaining day centre services outside of the Trust catchment area created inequity. Rural populations were seen to be particularly affected by travel time restrictions. Another area of inflexibility was a standard day centre attendance allocation of two days each week. The allocation was seen as ensuring 'everybody has an opportunity', it was highlighted that after a few years, family carers will request more days. Participants felt frustrated they couldn't meet requests, and felt the service must 	<p>1. Was there a clear statement of the aims of the research? Yes</p> <p>2. Is a qualitative methodology appropriate? Yes.</p> <p>3. Was the research design appropriate to address the aims of the research? Yes, the author describes why focus groups were appropriate to address the aims of the research.</p> <p>4. Was the recruitment strategy appropriate to the aims of the research? Yes, the author described how the participants were recruited and selected.</p> <p>5. Was the data collected in a way that addressed the research issue? Yes, methods of data collection are clear and the author has justified the method collection. It is clear how focus groups were run, and methods of data collection are clear.</p> <p>6. Has the relationship between researcher and participants been adequately considered? No, there is not discussion around whether the researcher examined their own role during data collection, or formulation of questions.</p> <p>7. Have ethical issues been taken into consideration? Yes, consent was gained from participants and ethical approval was granted by Ulster University.</p> <p>8. Was the data analysis sufficiently rigorous? Yes, data analysis is described in depth. It is clear how themes were derived. The author discusses two authors involvement and the validation of themes by a sample of the participants.</p>

Study details	Methods and participants	Results	Limitations
	<p>themes, they were summarised and presented face to face to a sample of 8 of the participants.</p>	<p>be more flexible and responsive to meet the growing number of people using service with dementia. “I have ones who would actually be closer to (named town). We can’t obviously cross into another Trust to access their day care. She is outside the 10-mile radius so she can’t access the day care we have”. p.6 “It’s not that they can’t get the bus because of their dementia; it’s because of the rural location where they live and its distance from that Trust’s nearest day centre”. p.6</p> <ul style="list-style-type: none"> Participants spoke of a wish for more focus on rehabilitation. “Things like toileting regimes could be developed in day centre care and brought out to the home to promote level of independence”. p.6 “It would be good if you had facilities for people to have their own kitchen and things like that”. p.6 <p><u>Sustaining the person and family carer</u></p> <ul style="list-style-type: none"> Day centre care was perceived to have a positive psychosocial impact on the client with dementia and seen to be ‘therapeutic in its own right’. The day centre was said to foster a ‘sense of purpose and a sense of belonging’ and that it was sustaining people with dementia and slowing down the progression of cognitive impairment. “It’s the routine that’s sustaining them. Their memory could be cognitively impaired but they have been at day care for a long time. If the placement was thrown into jeopardy, this would cause a significant change for somebody who has had that routine for years”. p.5 	<p>9. Is there a clear statement of findings? Yes.</p> <p>10. How valuable is the research? Valuable, the author has described the implications of the findings for practice.</p> <p>Overall methodological limitations (No or minor/Minor/Moderate/Serious) Minor</p> <p>Source of funding Not reported.</p>

Study details	Methods and participants	Results	Limitations
		<p>“I think day centre care can prolong the period of mild to moderate dementia stage. They have something different to talk about when they go home and it gives them more independence to be there, and to get their hair done. The day centre staff can take them to the chiropodist or wherever they need to go. I think it does really help them a lot in the early stages. It holds dementia back”. p.5</p> <ul style="list-style-type: none"> • Participants spoke of the centre sustaining the relationship between the family carer and the person with dementia. The respite was said to be 'crucial to carers' and 'invaluable for maintaining the client in a community setting'. <p>“We have a lady at the moment with dementia, and her husband while she was in with us, went to sleep, because she was 24/7 at home. She needed a lot of one to one. Day centre attendance for his wife gave him a wee break. He was under a lot of pressure”. p.5</p>	

CASP: critical appraisal skills programme

Appendix E Forest plots

Forest plots for review question F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

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

Appendix F GRADE and/or GRADE-CERQual tables (or other full modified GRADE tables)

GRADE tables for review question F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

Table 10: Evidence profile for motivational interviewing versus usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MI	Usual care	Relative (95% CI)	Absolute		
QLI Total (satisfaction and importance of QoL domains) (follow-up 1 months; Better indicated by higher values)												
1 (Kerr 2018)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	17	20	-	MD 1.7 higher (0.59 lower to 3.99 higher)	VERY LOW	CRITICAL
QLI Total (satisfaction and importance of QoL domains) (follow-up 3 months; Better indicated by higher values)												
1 (Kerr 2018)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	17	18	-	MD 0.2 higher (2.15 lower to 2.55 higher)	VERY LOW	CRITICAL
HADS (depression scale) (follow-up 1 months; Better indicated by lower values)												
1 (Kerr 2018)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	17	20	-	MD 1.3 lower (3.47 lower to 0.87 higher)	VERY LOW	CRITICAL
HADS (depression scale) (follow-up 3 months; Better indicated by lower values)												
1 (Kerr 2018)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	17	18	-	MD 0.5 lower (3.7 lower to 2.7 higher)	VERY LOW	CRITICAL
PHQ-9 (depression scale) (follow-up 1 months; Better indicated by lower values)												
1 (Kerr 2018)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	17	20	-	MD 1.4 lower (5.08 lower to 2.28 higher)	VERY LOW	CRITICAL
PHQ-9 (depression scale) (follow-up 3 months; Better indicated by lower values)												
1 (Kerr 2018)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	17	18	-	MD 0.3 lower (4.48 lower to 3.88 higher)	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MI	Usual care	Relative (95% CI)	Absolute		
HADS (anxiety scale) (follow-up 1 months; Better indicated by lower values)												
1 (Kerr 2018)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	17	20	-	MD 2.5 lower (5.31 lower to 0.31 higher)	VERY LOW	CRITICAL
HADS (anxiety scale) (follow-up 3 months; Better indicated by lower values)												
1 (Kerr 2018)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	17	18	-	MD 0.3 higher (3.65 lower to 4.25 higher)	VERY LOW	CRITICAL

CI: confidence interval; HADS: Hospital Anxiety and Depression Scale; MD: mean difference; MI: motivational interviewing; PHQ-9: patient health questionnaire.

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2 (some concerns regarding differences in missing outcome data between intervention groups; blinding of research assistants; and no information on pre-specified analysis plan).

² Intervention is indirect due to provision of MI by trained nurses or social workers.

Table 11: Evidence profile for family intervention versus treatment as usual

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	FI	TAU	Relative (95% CI)	Absolute		
Clinical relapse (follow-up 24 months; Better indicated by lower values)												
1 (Girón 2010)	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ³	none	3/25 (12%)	10/25 (40%)	RR 0.30 (0.09 to 0.96)	280 fewer per 1000 (from 16 fewer to 364 fewer)	VERY LOW	CRITICAL
Improvement of 10 points on GAF-DSM-IV (follow-up 24 months; Better indicated by higher values)												
1 (Girón 2010)	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ³	none	14/25 (56%)	7/25 (28%)	RR 2 (0.98 to 4.10)	280 more per 1000 (from 6 fewer to 868 more)	VERY LOW	CRITICAL
PAS Positive psychotic symptoms (follow-up 9 months; Better indicated by lower values)												
1 (Girón 2010)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	25	25	-	MD 0 higher (1.32 lower to 1.32 higher)	VERY LOW	CRITICAL
PAS Positive psychotic symptoms (follow-up 24 months; Better indicated by lower values)												
1 (Girón 2010)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	25	25	-	MD 1.36 lower (2.51 to 0.21 lower)	VERY LOW	CRITICAL
WHO-DAS (Negative symptoms) (follow-up 9 months; Better indicated by lower values)												
1 (Girón 2010)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	25	25	-	MD 0.07 lower (0.44 lower to 0.3 higher)	VERY LOW	CRITICAL
WHO-DAS (Negative symptoms) (follow-up 24 months; Better indicated by lower values)												
1 (Girón 2010)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	25	25	-	MD 0.24 lower (0.61 lower to 0.13 higher)	VERY LOW	CRITICAL
Number of psychiatric hospitalisations (follow-up 24 months; Better indicated by lower values)												

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	FI	TAU	Relative (95% CI)	Absolute		
1 (Girón 2010)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	25	25	-	MD 0.16 lower (0.56 lower to 0.24 higher)	VERY LOW	CRITICAL

CI: confidence interval; GAF-DSM-IV: global assessment of functioning – Diagnostic and Statistical Manual version IV; MD: mean difference; PAS; Psychiatric Assessment Scale; RR: risk ratio; WHO-DAS: World Health Organisation Psychiatric Disability Assessment Schedule.

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2 (some concerns regarding randomisation process; high risk of bias in selection of the reported results).

² Intervention is indirect due to participants receiving medication which may have affected the outcome.

³ 95% CI crosses 1 MID.

Table 12: Evidence profile for psychosocial intervention versus usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Psychosocial intervention	Usual care	Relative (95% CI)	Absolute		
Participant QoL-AD (follow-up 1 months; Better indicated by higher values)												
1 (Nordheim 2019)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	49	46	-	MD 0.7 lower (2.92 lower to 1.52 higher)	VERY LOW	CRITICAL
Participant QoL-AD (follow-up 6 months; Better indicated by higher values)												
1 (Nordheim 2019)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	46	42	-	MD 1.7 lower (4.06 lower to 0.66 higher)	VERY LOW	CRITICAL
Participant depression (GDS) (follow-up 1 months; Better indicated by lower values)												
1 (Nordheim 2019)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	49	46	-	MD 0 higher (0.83 lower to 0.83 higher)	VERY LOW	CRITICAL
Participant depression (GDS) (follow-up 6 months; Better indicated by lower values)												
1 (Nordheim 2019)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	46	42	-	MD 0.9 higher (0.07 to 1.73 higher)	VERY LOW	CRITICAL
Participant MMSE (follow-up 1 months; Better indicated by lower values)												
1 (Nordheim 2019)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	49	46	-	MD 1 higher (0.66 lower to 2.66 higher)	VERY LOW	CRITICAL
Participant MMSE (follow-up 6 months; Better indicated by lower values)												
1 (Nordheim 2019)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	46	42	-	MD 2 higher (0.08 lower to 4.08 higher)	VERY LOW	CRITICAL
Carer WHO-QoL (global score) (follow-up 1 months; Better indicated by higher values)												
1 (Nordheim 2019)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	49	46	-	MD 4.5 higher (1.88 lower to 10.88 higher)	VERY LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Psychosocial intervention	Usual care	Relative (95% CI)	Absolute		
Carer WHO-QoL (global score) (follow-up 6 months; Better indicated by higher values)												
1 (Nordheim 2019)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	46	42	-	MD 1.3 lower (8.24 lower to 5.64 higher)	VERY LOW	IMPORTANT

CI: confidence interval; GDS: Geriatric Depression Scale; MD: mean difference; MMSE: Mini-Mental State Examination; QoL-AD: quality of life – Alzheimer’s Disease; WHO-QoL: World Health Organisation – quality of life.

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2 (blinding unclear; high risk of bias because post hoc sub-group analyses performed as a result of null findings and adverse effects of the intervention).

² Intervention is indirect due to provision of intervention by psychotherapist and/or social worker.

Table 13: Evidence profile for stepped care versus usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Stepped care	Usual care	Relative (95% CI)	Absolute		
Health-related QoL (EQ-5D) (follow-up 24 months; Better indicated by higher values)												
1 (Van der Aa 2015)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	131	134	-	MD 0.02 higher (0.05 lower to 0.09 higher)	VERY LOW	CRITICAL
Vision related QoL (LVQoL-18) (follow-up 24 months; Better indicated by higher values)												
1 (Van der Aa 2015)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	131	134	-	MD 3.81 higher (0.65 to 6.96 higher)	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Stepped care	Usual care	Relative (95% CI)	Absolute		
Symptoms of depression (CES-D) (follow-up 24 months; Better indicated by lower values)												
1 (Van der Aa 2015)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	131	134	-	MD 0.57 lower (1.04 to 0.10 lower)	VERY LOW	CRITICAL
Symptoms of anxiety (HADS-A) (follow-up 24 months; Better indicated by lower values)												
1 (Van der Aa 2015)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	131	134	-	MD 0.21 lower (0.41 to 0.01 lower)	VERY LOW	CRITICAL
Development of disorders (follow-up 24 months; Better indicated by lower values)												
1 (Van der Aa 2015)	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ³	none	38/131 (29%)	62/134 (46.3%)	RR 0.63 (0.45 to 0.87)	171 fewer per 1000 (from 60 fewer to 254 fewer)	VERY LOW	CRITICAL
Time to onset of a depressive and/or anxiety disorder (follow-up 24 months; Better indicated by lower values)												
1 (Van der Aa 2015)	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ³	none	131	134	HR 0.57 (0.35 to 0.93) ⁴	-	VERY LOW	CRITICAL
Admission to hospital (follow-up 24 months; Better indicated by lower values)												
1 (Van der Aa 2015)	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	131	134	-	MD 1.90 lower (5.42 lower to 1.62 higher)	VERY LOW	CRITICAL

CES-D: Centre for Epidemiologic Studies depression scale; CI: confidence interval; EQ-5D: EuroQoL five dimensions; HADS-A: Hospital Anxiety and Depression Scale – anxiety; HR: hazard ratio; LVQoL: low vision quality of life questionnaire; MD: mean difference; MMSE: Mini-Mental State Examination; QoL: quality of life; RR: risk ratio.

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2 (some concerns regarding blinding; 34% participants lost to follow-up in both treatment groups).

² Intervention is indirect due to provision of care by integrated team and not all participants completed all steps of the intervention.

³ 95% CI crosses 1 MID.

⁴ 95% CI crosses 1 MID. The 0.8 to 1.25 thresholds for HR are an extension made by the NGA and these are not 'GRADE default MIDs'.

GRADE-CERQual tables for review question F2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

Overarching theme F1 – Accessibility of casework

Table 14: Evidence profile (GRADE-CERQual) for theme F1.1 – Barriers to access

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme F1.1 – Barriers to access						
1 study • Laird 2017 General qualitative inquiry with focus groups. N=20 practitioners.	<p>Data from 1 study suggest that Trust catchment areas act as barriers to accessing casework because participants are prohibited from accessing services outside of their area. Limits were also placed on the frequency with which participants could use services.</p> <p>“It needs to be personalised. I have one lady, she just loved the bus drive and the day care experience and her family wanted to sustain her at home and her dementia was progressing and her mobility was reducing. But we hit a brick wall because she had 2 days.” (Practitioner).</p> <p>Time travel restrictions for those living in a rural area was also reported to create inequity.</p> <p>“I have ones who would actually be closer to (named town). We can’t obviously cross into another Trust to access their day care. She is outside the 10-mile radius so she can’t access the day care we have.” (Practitioner). “</p> <p>[Quotes: Laird 2017 p.6]</p>	Minor concerns ¹	No or very minor concerns	Moderate concerns ²	No or very minor concerns	MODERATE

1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together offered some rich data.

Overarching theme F2 – Negative aspects of casework

Table 15: Evidence profile (GRADE-CERQual) for theme F2.1 – Relationship with social worker

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme F2.1 – Relationship with social worker						
1 study • Archard 2015 General qualitative inquiry with interviews. N=6 practitioners and people who use services.	Data from 1 study suggest that some adults who use services felt concerned when their social worker was young, as they felt they would not be able to relate to their life histories. Practitioners and adults who use services expressed dissatisfaction for services where the social worker relationship is stopped abruptly. “You tell them about your personal life and then they, I mean I’ve nothing to hide (. . .) and they know all that; but then they go away and then don’t come back, and then someone else comes and they take their place and then they expect you to tell them all over again and then they move on.” (Adult using services). [Quote: Archard 2015 p.364]	Minor concerns ¹	No or very minor concerns	Moderate concerns ²	Serious concerns ³	LOW

1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together offered some rich data.

3. All evidence is from a substantially different context (casework approach led by social work students) to the review question

Overarching theme F3 – Positive aspects of casework

Table 16: Evidence profile (GRADE-CERQual) for theme F3.1 – Achieving positive outcomes

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme F3.1 – Achieving positive outcomes						
3 studies • Anka 2017 General qualitative inquiry with interviews. N=24 practitioners and people who use services. • Kirk 2019	Data from 3 studies suggest that social work approaches to casework achieved positive outcomes. It was reported that goal setting principles and family involvement contributed to achieving positive outcomes. The day care centre for people with dementia was seen to be ‘therapeutic in its own right’ and slowed down the progression of cognitive impairment.	Minor concerns ¹	No or very minor concerns	Minor concerns ²	No or very minor concerns	HIGH

<p>General qualitative inquiry with focus groups. N=37 social workers.</p> <ul style="list-style-type: none"> Laird 2017 <p>General qualitative inquiry with focus groups. N=20 practitioners.</p>	<p>"It's the routine that's sustaining them. Their memory could be cognitively impaired but they have been at day care for a long time. If the placement was thrown into jeopardy, this would cause a significant change for somebody who has had that routine for years" (Practitioner at the day care centre) [Quote: Laird 2017 p.5]</p> <p>"She [Social worker] said 'well, how about we just agree a task for you to do between now and when I come back next week?' and it was just a small task [...] I did because I could do it any time that week when I had the time. There wasn't the stress and the pressure to get everything done, so to know that I could do this task any time that week was just brilliant." [Quote: Anka 2017 p.73]</p>					
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1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together offered moderately rich data.

Table 17: Evidence profile (GRADE-CERQual) for theme F3.2 – Improving family relationships

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme F3.2 – Improving family relationships						
<p>1 study</p> <ul style="list-style-type: none"> Laird 2017 <p>General qualitative inquiry with focus groups. N=20 practitioners.</p>	<p>Data from 1 study suggest that social work approaches to casework leads to improved family relationships by providing a space for respite for carers, in the case of the dementia care centre.</p> <p>"We have a lady at the moment with dementia, and her husband while she was in with us, went to sleep, because she was 24/7 at home. She needed a lot of one to one. Day centre attendance for his wife gave him a wee break. He was under a lot of pressure".</p> <p>[Quote: Laird 2017 p.5]</p>	Minor concerns ¹	No or very minor concerns	Moderate concerns ²	No or very minor concerns	MODERATE

1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together offered some rich data.

Table 18: Evidence profile (GRADE-CERQual) for theme F3.3 – Positive relationship with practitioner

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme F3.3 – Positive relationship with practitioner						
1 study • Archard 2015 General qualitative inquiry with interviews. N=6 practitioners and people who use services.	<p>Data from 1 study suggest that a positive aspect of social work approaches to casework was the positive relationship with the practitioner. Adults using services reported on practitioners being understanding and non-judgemental and giving them the motivation to change. They appreciated the effort put into visiting and talking to them.</p> <p>“I found it very useful to talk to them...because they sat and listened and the [shelter] staff don't always have the time, haven't always got the time to sit and listen to us”</p> <p>“You've got to remember they've got their lives to live as well, their problems and that and they come to work and then have to struggle to listen to us lot” (Adult using services)</p> <p>[Quote: Archard 2015 p.363]</p>	Minor concerns ¹	No or very minor concerns	Moderate concerns ²	Serious concerns ²	LOW

1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together offered some rich data.

3. All evidence is from a substantially different context to the review question (casework approach led by social work students).

Overarching theme F4 – Practitioner satisfaction with approach to casework

Table 19: Evidence profile (GRADE-CERQual) for theme F4.1 – What could be improved

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Sub-theme F4.1.1 – Recognition of time commitment						
<p>3 studies</p> <ul style="list-style-type: none"> Anka 2017 General qualitative inquiry with interviews. N=24 practitioners and people who use services. Kirk 2019 General qualitative inquiry with focus groups. N=37 social workers. Laird 2017 General qualitative inquiry with focus groups. N=20 practitioners. 	<p>Data from 3 studies suggest that practitioners felt a need to recognise the time commitment required to achieve outcomes adults with complex needs.</p> <p>Social workers felt approaches needed to be more in-depth, enabling more “one-to-one” interactions. They also felt approaches should have a more rehabilitative focus, and be adopted early on, before a crisis develops.</p> <p>“Considering the research we’re getting on life story work and reminiscence therapy. One to one life story work would work really well” (Practitioner). [Quote: Laird 2017 p.4]</p> <p>“[...] we are working with some hoarding cases and they take longer [...] a hoarding case can be quite intense”</p> <p>“If you want the team to work with people up to 12 sessions over 16 weeks then we need to look at what the expectation of the team is [...] because we have become ‘the hoarding team’.” [Quotes: Anka 2017 p.72]</p>	Minor concerns ¹	No or very minor concerns	Minor concerns ²	No or very minor concerns	HIGH
Sub-theme F4.1.2 – Legal literacy in other colleagues						
<p>1 study</p> <ul style="list-style-type: none"> Anka 2017 General qualitative inquiry with interviews. N=24 practitioners and people who use services. 	<p>Data from 1 study suggest legal literacy among non-social work colleagues is important and if poor leads to inappropriate referrals.</p> <p>“[...] they wanted to refer a lady who lacked capacity and had dementia into our team because she hoarded and I am like no, no! If people don’t have capacity that is different, you know, you are into best interests and all sorts of realms.”</p>	Minor concerns ¹	No or very minor concerns	Serious concerns ³	No or very minor concerns	LOW

	[Quote: Anka 2017 p.72]					
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1. Minor concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered moderately rich data.
3. Studies together did not offer rich data.

Table 20: Evidence profile (GRADE-CERQual) for theme F4.2 – What does not work well

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Sub-theme F4.2.1 – Challenges of involving family members						
1 study • Kirk 2019 General qualitative inquiry with focus groups. N=37 social workers.	<p>Data from 1 study report that there were challenges surrounding the involvement of family members in family group conferencing.</p> <p>Social workers recognised the importance of restoring relationships in instances of abuse, but felt this was challenging when family members were coercive. There were concerns that family members would not participate when there wasn't a legal obligation to do so, and this would mean restorative approaches would not work.</p> <p>Social workers also felt frustrated with the limitations of legislative powers, when it came to safeguarding adults whose families played a role in facilitating abuse.</p> <p>Data also suggested that social workers had experienced 'toxic' relationships, and had encountered families that did not accept the recommendations from professionals.</p> <p>"The difficulty for us sometimes, in terms of safety measures, we can't control what people do and it's their choice to go back into or remain in relationships where they are completely exposed to high levels of risk of domestic violence whether its physical or sexual. In our position we can only</p>	Minor concerns ¹	No or very minor concerns	Minor concerns ²	No or very minor concerns	HIGH

	support them as they make their choices" (Social worker). "It's interesting when the family become the people you are most concerned about in someone's life" (Social worker). [Quotes: Kirk 2019 p.193]					
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1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together offered moderately rich data.

Table 21: Evidence profile (GRADE-CERQual) for theme F4.3 – What works well

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme F4.3 – What works well						
1 study • Archard 2015 General qualitative inquiry with interviews. N=6 practitioners and people who use services.	Data from 1 study suggest that practitioners appreciated the opportunity to support adults in their everyday environment, as opposed to a more formal consulting room. "I wasn't just sitting in a room with her, talking with her .. I was saying come on we're going out to such and such. We're doing this, we're doing that" (Social worker) [Quote: Archard 2015 p.364]	Minor concerns ¹	No or very minor concerns	Serious concerns ²	Serious concerns ³	VERY LOW

1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together did not offer rich data.

3. All evidence is from a substantially different context to the review question (casework approach led by social work students).

Overarching theme F5 – Role of culture

Table 22: Evidence profile (GRADE-CERQual) for theme F5.1 – Culture creating barriers

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme F5.1 – Culture creating barriers						

<p>1 study</p> <ul style="list-style-type: none"> • Kirk 2019 <p>General qualitative inquiry with focus groups. N=37 social workers.</p>	<p>Data from 1 study suggest that differences in culture created challenges for practitioners.</p> <p>Practitioners reported difficulties in keeping families involved throughout the whole journey as "...it isn't always easy especially in the current culture where people are out working all day". [Quote: Kirk 2019 p.195]</p> <p>Practitioners also raised differences in cultural perspectives, with adults from different backgrounds not recognising what was or was not normal.</p> <p>"I didn't know that that wasn't normal; I thought everyone had to go through that" (Person using services) [Quote: Kirk 2019 p.195]</p> <p>An example raised was domestic abuse in traveller communities, and female victims finding it difficult to leave the situation.</p>	Minor concerns ¹	No or very minor concerns	Moderate concerns ²	No or very minor concerns	MODERATE
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1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together offered some rich data.

Overarching theme F6 – Whether practitioners feel adequately trained and supervised

Table 23: Evidence profile (GRADE-CERQual) for theme F6.1 – Specific staff for family restorative approaches

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme F6.1 – Specific staff for family restorative approaches						
<p>1 study</p> <ul style="list-style-type: none"> • Kirk 2019 <p>General qualitative inquiry with focus groups. N=37 social workers.</p>	<p>Data from 1 study suggest that it was necessary to have specially trained staff in family based restorative approaches. Social workers felt that having one social worker focused on approaches aimed at rebuilding the relationship between families, and a different social worker focused on the case management would make restorative approaches more effective.</p> <p>No supporting quote.</p>	Minor concerns ¹	No or very minor concerns	Serious concerns ²	No or very minor concerns	LOW

1. Minor concerns about methodological limitations as per CASP qualitative checklist.

2. Studies together did not offer rich data.

Appendix G Economic evidence study selection

Study selection for F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

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 F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

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

Appendix I Economic model

Economic model for review question F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

No economic analysis was conducted for this review question.

Appendix J Excluded studies

Excluded studies for review question F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

Table 24: Excluded studies and reasons for their exclusion

	Reason for exclusion
Aakhus, E., Granlund, I., Odgaard-Jensen, J., Wensing, M., Oxman, A. D., Flottorp, S. A., Tailored interventions to implement recommendations for elderly patients with depression in primary care: a study protocol for a pragmatic cluster randomised controlled trial, <i>Trials</i> , 15, 16, 2014	Ineligible study design - protocol (no published results)
Actrn, Very High Intensity Users of Middlemore Hospital Emergency Department, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ACTRN12611000496910 , 2011	Ineligible study design - protocol (no relevant published results)
Actrn, Integrating a mobile health device into a community youth mental health team to manage severe mental illness: a randomized controlled trial, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ACTRN12620000642987 , 2020	Ineligible study design - protocol (no published results)
Actrn, Evaluation of short term support for emergency department attendees who present with moderate and high levels of stress: a pilot study, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ACTRN12614000031662 , 2014	Ineligible study design - protocol (no published results)
Actrn, Efficacy and cost-effectiveness of a community based model of care for older patients with complex needs: a study protocol for a multicentre randomized controlled trial using a stepped wedge cluster design, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ACTRN12617000198325 , 2017	Ineligible study design - protocol (no published results)
Ahmed, N., John, A., Islam, S., Jones, R., Anderson, P., Davies, C., Khanom, A., Harris, S., Huxley, P., Investigating the feasibility of an enhanced contact intervention in self-harm and suicidal behaviour: A protocol for a randomised controlled trial delivering a Social support and Wellbeing Intervention following Self Harm (SWISH), <i>BMJ Open</i> , 6, e012043, 2016	Ineligible study design - protocol (no published results)
Albert, N., Melau, M., Jensen, H., Emborg, C., Jepsen, J. R., Fagerlund, B., Gluud, C., Mors, O., Hjorthøj, C., Nordentoft, M., Five years of specialised early intervention versus two years of specialised early intervention followed by three years of standard treatment for patients with a first episode psychosis: randomised, superiority, parallel group trial in Denmark (OPUS II), <i>BMJ (Clinical research ed.)</i> , 356, i6681, 2017	Ineligible intervention - not social work approaches to individual and family casework (multi-disciplinary team case management with a clinical focus)

	Reason for exclusion
Alexopoulos, G. S., Raue, P. J., McCulloch, C., Kanellopoulos, D., Seirup, J. K., Sirey, J. A., Banerjee, S., Kiosses, D. N., Areán, P. A., Clinical Case Management versus Case Management with Problem-Solving Therapy in Low-Income, Disabled Elders with Major Depression: a Randomized Clinical Trial, <i>American journal of geriatric psychiatry</i> , 24, 50-59, 2016	Ineligible country – study conducted in the US
Alvarez, R., et al., The social work role in reducing 30-day readmissions: the effectiveness of the Bridge Model of transitional care, <i>Journal of gerontological social work</i> , 59, 222-227, 2016	Ineligible country – study conducted in the US;
Anderson, L. M., Adeney, K. L., Shinn, C., Safranek, S., Buckner-Brown, J., Krause, L. K., Community coalition-driven interventions to reduce health disparities among racial and ethnic minority populations, <i>Cochrane Database of Systematic Reviews</i> , 2015	Cochrane systematic review - references checked and none meet the PICO criteria.
Anka, A., Sorensen, P., Bailey, S., Social work intervention with adults who self-neglect in England: responding to the Care Act 2014, <i>The Journal of Adult Protection</i> , 19, 67-77, 2017	Ineligible study design - observational before and after study (sufficient controlled trials included)
Aronoff-Spencer, E., Asgari, P., Finlayson, T. L., Gavin, J., Forstey, M., Norman, G. J., Pierce, I., Ochoa, C., Downey, P., Becerra, K., Agha, Z., A comprehensive assessment for community-based, person-centered care for older adults, <i>BMC geriatrics</i> , 20, 193, 2020	Ineligible country – study conducted in the US
Aubry, T., Bloch, G., Brcic, V., Saad, A., Magwood, O., Abdalla, T., Alkhateeb, Q., Xie, E., Mathew, C., Hannigan, T., Costello, C., Thavorn, K., Stergiopoulos, V., Tugwell, P., Pottie, K., Effectiveness of permanent supportive housing and income assistance interventions for homeless individuals in high-income countries: a systematic review, <i>The Lancet Public Health</i> , 5, e342-e360, 2020	Systematic review - references checked and none meet the PICO criteria
Aubry, T., Goering, P., Veldhuizen, S., Adair, C. E., Bourque, J., Distasio, J., Latimer, E., Stergiopoulos, V., Somers, J., Streiner, D. L., Tsemberis, S., A Multiple-City RCT of Housing First with Assertive Community Treatment for Homeless Canadians With Serious Mental Illness, <i>Psychiatric Services</i> , 67, 275-81, 2016	Ineligible intervention - not social work approaches to individual and family casework (housing first plus assertive community treatment)
Aubry, T., Nelson, G., Tsemberis, S., Housing first for people with severe mental illness who are homeless: A review of the research and findings from the at Home-Chez soi demonstration project, <i>Canadian Journal of Psychiatry</i> , 60, 467-474, 2015	Ineligible study design - non-systematic review
Barnes, M. C., Haase, A. M., Scott, L. J., Linton, M., Bard, A. M., Donovan, J. L., Davies, R., Dursley, S., Williams, S., Elliott, D., et al., The help for people with money, employment or housing problems (HOPE) intervention: pilot	Ineligible intervention - not social work approaches to individual and family casework (community support workers providing motivational interviewing)

	Reason for exclusion
randomised trial with mixed methods feasibility research, Pilot and Feasibility Studies, 4, 2018	
Beresford, B., Reablement services for people at risk of needing social care: the MoRe mixed-methods evaluation, 2019	Ineligible intervention - not social work approaches to individual and family casework (social care/health care intervention designed to increase independence and reduce reliance on services)
Berglund, H., Hasson, H., Kjellgren, K., Wilhelmson, K., Effects of a continuum of care intervention on frail older persons' life satisfaction: a randomized controlled study, Journal of clinical nursing, 24, 1079-1090, 2015	Ineligible intervention - not social work approaches to individual and family casework (inter-disciplinary team intervention)
Bitter, N. A., Roeg, D. P., van Nieuwenhuizen, C., van Weeghel, J., Effectiveness of the Comprehensive Approach to Rehabilitation (CARE) methodology: design of a cluster randomized controlled trial, BMC psychiatry, 15, 165, 2015	Ineligible study design - protocol (Published results - Bitter (2016) - not eligible/relevant)
Bitter, N., Roeg, D., van Nieuwenhuizen, C., van Weeghel, J., Recovery in Supported Accommodations: A Scoping Review and Synthesis of Interventions for People with Severe Mental Illness, Community Mental Health Journal, 56, 1053-1076, 2020	Ineligible study design - scoping review
Bodenmann, P., Velonaki, V. S., Griffin, J. L., Baggio, S., Iglesias, K., Moschetti, K., Ruggeri, O., Burnand, B., Wasserfallen, J. B., Vu, F., et al., Case Management may Reduce Emergency Department Frequent use in a Universal Health Coverage System: a Randomized Controlled Trial, Journal of General Internal Medicine, 32, 508-515, 2017	Ineligible intervention - not social work approaches to individual and family casework (case management with a focus on clinical/medical health care)
Bovell-Ammon, A., Mansilla, C., Poblacion, A., Rateau, L., Heeren, T., Cook, J. T., Zhang, T., de Cuba, S. E., Sandel, M. T., Housing Intervention for Medically Complex Families Associated With Improved Family Health: Pilot Randomized Trial, Health affairs (Project Hope), 39, 613-621, 2020	Ineligible country – study conducted in the US
Bower, P., et al., Improving care for older people with long-term conditions and social care needs in Salford: the CLASSIC mixed-methods study, including RCT, Health Services and Delivery Research, 6, 2018	Ineligible intervention - not social work approaches to individual and family casework (integrated working)
Bradley, N., Lloyd-Williams, M., Dowrick, C., Effectiveness of palliative care interventions offering social support to people with life-limiting illness: a systematic review, European journal of cancer care, 27, 2018	Systematic review - references checked but none meet PICO criteria
Brewer, W. J., Lambert, T. J., Witt, K., Dileo, J., Duff, C., Crlenjak, C., McGorry, P. D., Murphy, B. P., Intensive case management for high-risk patients with first-episode psychosis: Service model and outcomes, The Lancet Psychiatry, 2, 29-37, 2015	Ineligible intervention (not social worker approaches to individual and family casework - clinical intensive case management)
Buffel, T., Remillard-Boilard, S., Phillipson, C., Social isolation among older people in urban	Ineligible study design - non-systematic narrative review

	Reason for exclusion
areas: a review of the literature for the Ambition for Ageing programme in Greater Manchester, 2015	
Cassarino, M., 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 - references checked but non meet PICO criteria
Chan, W. S., Whitford, D. L., Conroy, R., Gibney, D., Hollywood, B., A multidisciplinary primary care team consultation in a socio-economically deprived community: an exploratory randomised controlled trial, BMC health services research, 11, 15, 2011	Ineligible intervention - not social work approaches to individual and family casework (multi-disciplinary consultations)
Charlesworth, G., Burnell, K., Beecham, J., Hoare, Z., Hoe, J., Wenborn, J., Knapp, M., Russell, I., Woods, B., Orrell, M., Peer support for family carers of people with dementia, alone or in combination with group reminiscence in a factorial design: study protocol for a randomised controlled trial, Trials [Electronic Resource], 12, 205, 2011	Study protocol - results published (Charlesworth G, Burnell K, Crellin N, et al. J Neurol Neurosurg Psychiatry 2016;87:1218-1228); ineligible intervention - not social workers (reminiscence therapy facilitated by volunteers, health and social care staff and trainees)
Cheetham, M., Van der Graaf, P., Khazaeli, B., Gibson, E., Wiseman, A., Rushmer, R., "It was the whole picture" a mixed methods study of successful components in an integrated wellness service in North East England, BMC health services research, 18, 200, 2018	Ineligible intervention - not social worker approaches to individual and family casework (population well-being interventions including weight loss and physical activity)
Chung, T. E., Gozdzik, A., Palma Lazgare, L. I., To, M. J., Aubry, T., Frankish, J., Hwang, S. W., Stergiopoulos, V., Housing First for older homeless adults with mental illness: a subgroup analysis of the At Home/Chez Soi randomized controlled trial, International Journal of Geriatric Psychiatry, 33, 85-95, 2018	Ineligible intervention - not social work approaches to individual and family casework (case management provided by nurses or social workers or care team to develop individualised care plans)
Cleek, E. N., Wofsy, M., Boyd-Franklin, N., Mundy, B., Howell Lcsw, T. J., The family empowerment program: an interdisciplinary approach to working with multi-stressed urban families, Family Process, 51, 207-17, 2012	Ineligible country - study conducted in the US
Cochrane, A., Time-limited home-care reablement services for maintaining and improving the functional independence of older adults (review), 2016	Systematic review - references checked but none meet PICO criteria
Cocks, E., Boaden, R., A quality framework for personalised residential supports for adults with developmental disabilities, Journal of Intellectual Disability Research, 55, 720-731, 2011	Ineligible intervention - not social work approaches to individual and family casework
De Stampa, M., Vedel, I., Buyck, J. F., Lapointe, L., Bergman, H., Beland, F., Ankri, J., Impact on hospital admissions of an integrated primary care model for very frail elderly patients, Archives of gerontology and geriatrics, 58, 350-355, 2014	Ineligible intervention - not social work approaches to individual and family casework (nurse and physician co-ordination of care for the elderly)
De Witte, N. A. J., Crunelle, C. L., Sabbe, B., Moggi, F., Dom, G., Treatment for outpatients with comorbid schizophrenia and substance use	Ineligible study design - non-systematic review

	Reason for exclusion
disorders: A review, European Addiction Research, 20, 105-114, 2014	
Dieterich, M., Irving, C. B., Bergman, H., Khokhar, M. A., Park, B., Marshall, M., Intensive case management for severe mental illness, Cochrane Database of Systematic Reviews, 2017 (1) (no pagination), 2017	Cochrane systematic review - references checked but none meet PICO criteria
Drks, Work-related medical rehabilitation in patients with mental disorders, http://www.who.int/trialssearch/Trial2.aspx?TriallD=DRKS00023175 , 2020	Ineligible study design - protocol (no published results)
Dunstan, D., Anderson, D., Applying Strengths Model principles to build a rural community-based mental health support service and achieve recovery outcomes, Rural & Remote Health, 18, 3708, 2018	Ineligible intervention - service provided by allied health professionals (unclear whether social worker involvement)
Dunt, D. R., Benoy, A. W., Phillipou, A., Collister, L. L., Crowther, E. M., Freidin, J., Castle, D. J., Evaluation of an integrated housing and recovery model for people with severe and persistent mental illnesses: The Doorway program, Australian health review, 41, 573-581, 2017	Ineligible intervention - not social work approaches to individual and family casework (focus on housing; unclear whether social worker involvement in mental health services)
Evans, T. S., Berkman, N., Brown, C., Gaynes, B., Weber, R. P., Agency for Healthcare Research and Quality Agency for Healthcare Research and Quality (US), 05, 2016	Systematic review/technical brief - references checked but none meet PICO criteria
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 country – study conducted in the US
Gaughran, F., Stahl, D., Ismail, K., Atakan, Z., Lally, J., Gardner-Sood, P., Patel, A., David, A., Hopkins, D., Harries, B., Lowe, P., Orr, D., Arbuthnot, M., Murray, R. M., Greenwood, K. E., Smith, S., Improving physical health and reducing substance use in psychosis - randomised control trial (IMPACT RCT): Study protocol for a cluster randomised controlled trial, BMC Psychiatry, 13 (no pagination), 2013	Ineligible intervention - integrated health promotion intervention targeting health behaviours and provided by various community care coordinators (usually mental health nursing but also social work, psychology or occupational therapy)
Ghesquiere, A., Mackniak, M., Valentino, S., Outcomes of a model care coordination program for adults with mental illness under guardianship/conservatorship, Social Work in Mental Health, 17, 93-105, 2019	Ineligible country – study conducted in the US
Gilbert, H., Burns, T., Copello, A., Coulton, S., Crawford, M., Day, E., Deluca, P., Godfrey, C., Parrott, S., Rose, A. K., Sinclair, J. M., Wright, C., Drummond, C., Assertive Community Treatment for alcohol dependence (ACTAD): study protocol for a randomised controlled trial, Trials [Electronic Resource], 13, 19, 2012	Study protocol - result published (Drummond, C. et al. (2017) Assertive Community Treatment F-for People with Alcohol Dependence: A Pilot Randomized Controlled Trial. Alcohol and alcoholism (Oxford, Oxfordshire), 52(2), 234-241) multi-disciplinary team intervention targeting alcohol reduction and abstinence)

	Reason for exclusion
Gordon, R. J., Rosenheck, R. A., Zweig, R. A., Harpaz-Rotem, I., Health and social adjustment of homeless older adults with a mental illness, <i>Psychiatric Services</i> , 63, 561-568, 2012	Ineligible country– conducted in the US
Grant, S., Parsons, A., Burton, J., Montgomery, P., Underhill, K., Mayo-Wilson, E., Home Visits for Prevention of Impairment and Death in Older Adults: A Systematic Review, <i>Campbell Systematic Reviews</i> , 10, 2014	Systematic review - references checked but none meet PICO criteria
Grazioli, V. S., Moullin, J. C., Kasztura, M., Canepa-Allen, M., Hugli, O., Griffin, J., Vu, F., Hudon, C., Jackson, Y., Wolff, H., Burnand, B., Daepfen, J. B., Bodenmann, P., Implementing a case management intervention for frequent users of the emergency department (I-CaM): an effectiveness-implementation hybrid trial study protocol, <i>BMC health services research</i> , 19, 28, 2019	Ineligible study design - protocol (no published results)
Grover, C. A., Crawford, E., Close, R. J. H., The Efficacy of Case Management on Emergency Department Frequent Users: An Eight-Year Observational Study, <i>Journal of Emergency Medicine</i> , 51, 595-604, 2016	Ineligible country– study conducted in the US
Hammond, F. M., Gassaway, J., Abeyta, N., Freeman, E. S., Primack, D., Kreider, S. E., Whiteneck, G., Outcomes of social work and case management services during inpatient spinal cord injury rehabilitation: the SCIR rehab project, <i>Journal of Spinal Cord Medicine</i> , 35, 611-23, 2012	Ineligible country – study conducted in the US
Hawkins, E. J., Danner, A. N., Malte, C. A., Painter, J. M., Lott, A. M. K., Baer, J. S., Feasibility of a care management approach for complex substance use disorders and high acute services utilization, <i>Journal of Substance Abuse Treatment</i> , 92, 100-108, 2018	Ineligible country – study conducted in the US
Heaven, A., Bower, P., Cundill, B., Farrin, A., Foster, M., Foy, R., Hartley, S., Hawkins, R., Hulme, C., Humphrey, S., et al., Study protocol for a cluster randomised controlled feasibility trial evaluating personalised care planning for older people with frailty: PROSPER V2 27/11/18, <i>Pilot and feasibility studies</i> , 6, 2020	Ineligible study design - protocol (no published results)
Henriksson, A., Arestedt, K., Benzein, E., Ternstedt, B. M., Andershed, B., Effects of a support group programme for patients with life-threatening illness during ongoing palliative care, <i>Palliative Medicine</i> , 27, 257-64, 2013	Ineligible intervention - support group programme delivered by nurses
Hillebregt, C. F., Scholten, E. W. M., Ketelaar, M., Post, M. W. M., Visser-Meily, J. M. A., Effects of family group conferences among high-risk patients of chronic disability and their significant others: study protocol for a multicentre controlled trial, <i>BMJ Open</i> , 8, e018883, 2018	Ineligible study design - protocol (no published results)
Iglesias, K., Baggio, S., Moschetti, K., Wasserfallen, J. B., Hugli, O., Daepfen, J. B.,	Ineligible intervention - not social work approaches to individual and family casework

	Reason for exclusion
Burnand, B., Bodenmann, P., Using case management in a universal health coverage system to improve quality of life of frequent Emergency Department users: a randomized controlled trial, <i>Quality of Life Research</i> , 27, 503-513, 2018	(case management with a focus on clinical/medical health care)
Isrctn, Engager: evaluation of a collaborative care intervention for offenders, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ISRCTN11707331 , 2016	Ineligible study design - protocol (no published results)
Isrctn, The development and feasibility of a new service to promote health and well-being in older people who are starting to become frailer: the HomeHealth study, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ISRCTN11986672 , 2015	Ineligible intervention - not social work approaches to individual and family casework (non-specialist support workers trained in communication skills, low mood, physical activity and exercises, nutrition and behaviour change techniques)
Isrctn, Social Work Intervention following Self-Harm, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ISRCTN76914248 , 2014	Ineligible study design - protocol (no published results)
Isrctn, Community navigators study, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ISRCTN10771821 , 2017	Ineligible intervention - not social work approach to individual and family casework (community navigators were not required to have mental health professional training or qualifications)
Isrctn, Development and evaluation of the efficacy of a brief motivational intervention among young adults admitted in the Emergency room while being alcohol intoxicated, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ISRCTN13832949 , 2016	Ineligible study design - protocol (no published results)
Isrctn, Assertive outreach treatment for alcohol related admissions, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ISRCTN67000214 , 2016	Ineligible study design - protocol (no published results)
Isrctn, Evaluation of a person-centred multidimensional interdisciplinary rehabilitation program for community dwelling older people with dementia and their informal primary caregivers, http://www.who.int/trialsearch/Trial2.aspx?TriallD=ISRCTN59155421 , 2015	Ineligible study design - protocol (no published results)
Isrctn, Activat per la salut mental! / 'Get active!: increase active participation of people with mental disorders and their families in their recovery processes', http://www.who.int/trialsearch/Trial2.aspx?TriallD=ISRCTN15181312 , 2017	Ineligible study design - protocol (no published results)
Jahoda, A., Hastings, R., Hatton, C., Cooper, S. A., Dagnan, D., Zhang, R., McConnachie, A., McMeekin, N., Appleton, K., Jones, R., et al., Comparison of behavioural activation with guided self-help for treatment of depression in adults with intellectual disabilities: a randomised controlled trial, <i>The lancet. Psychiatry</i> , 4, 909-919, 2017	Ineligible intervention – not social work approaches, most therapists were community intellectual disabilities nurses (67%), other included allied health professionals with experience of working with people who have intellectual disabilities
Johnson, S., Lamb, D., Marston, L., Osborn, D., Mason, O., Henderson, C., Ambler, G., Milton,	Not social work approaches to individual and family casework - peer-support intervention

	Reason for exclusion
A., Davidson, M., Christoforou, M., et al., Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial, <i>Lancet</i> (London, England), 392, 409-418, 2018	provided by peer support workers who had personal experience of using mental health services (relevant to G1)
Kidd, S. A., Herman, Y., Barbic, S., Ganguli, R., George, T. P., Hassan, S., McKenzie, K., Maples, N., Velligan, D., Testing a modification of cognitive adaptation training: streamlining the model for broader implementation, <i>Schizophrenia research</i> , 156, 46-50, 2014	Ineligible intervention - not social work approaches to individual and family casework (cognitive training provided by occupational therapists and a nurse)
Kidd, S. A., Vitopoulos, N., Frederick, T., Leon, S., Karabanow, J., McKenzie, K., More Than Four Walls and a Roof Needed: A Complex Tertiary Prevention Approach for Recently Homeless Youth, <i>American Journal of Orthopsychiatry</i> , 89, 248-257, 2019	Ineligible intervention - not social work approaches to individual and family casework (multi-agency, collaborative intervention including outreach-based case management (provided by a community support worker), individual and group mental health supports (provided by clinical psychologists), and peer support)
Kidd, S. A., Vitopoulos, N., Frederick, T., Leon, S., Wang, W., Mushquash, C., McKenzie, K., Trialing the Feasibility of a Critical Time Intervention for Youth Transitioning Out of Homelessness, <i>American Journal of Orthopsychiatry</i> , 2020	Ineligible intervention - not social work approaches to individual and family casework - multi-disciplinary intervention focusing on housing stability
Kinchin, I., Jacups, S., Mann, J., Quigley, R., Harvey, D., Doran, C. M., Strivens, E., Efficacy and cost-effectiveness of a community-based model of care for older patients with complex needs: A study protocol for a multicentre randomised controlled trial using a stepped wedge cluster design, <i>Trials</i> , 19, 2018	Ineligible study design - protocol (no published results)
Kirkpatrick, T., Lennox, C., Taylor, R., Anderson, R., Maguire, M., Haddad, M., Michie, S., Owens, C., Durcan, G., Stirzaker, A., et al., Evaluation of a complex intervention (Engager) for prisoners with common mental health problems, near to and after release: study protocol for a randomised controlled trial, <i>BMJ open</i> , 8, e017931, 2018	Ineligible study design - protocol (no results published)
Laakkonen, M. L., Kautiainen, H., Hölttä, E., Savikko, N., Tilvis, R. S., Strandberg, T. E., Pitkälä, K. H., Effects of Self-Management Groups for People with Dementia and Their Spouses--Randomized Controlled Trial, <i>Journal of the American Geriatrics Society</i> , 64, 752-760, 2016	Ineligible intervention - not social work approaches to individual and family casework (nurses and trained facilitators)
Lako, D. A., de Vet, R., Beijersbergen, M. D., Herman, D. B., van Hemert, A. M., Wolf, J. R., The effectiveness of critical time intervention for abused women and homeless people leaving Dutch shelters: study protocol of two randomised controlled trials, <i>BMC public health</i> , 13, 555, 2013	Ineligible study design - protocol (no published results)
Lee, S., Castella, Ad, Freidin, J., Kennedy, A., Kroschel, J., Humphrey, C., Kerr, R., Hollows, A., Wilkins, S., Kulkarni, J., Mental health care	Ineligible study design - summary of methodology and findings from an evaluation of an integrated model of care initiative; focuses on

	Reason for exclusion
on the streets: An integrated approach, Aust N Z J Psychiatry, 44, 505-12, 2010	evaluation of audits of consumer and service outcomes
Leung, P., Orrell, M., Orgeta, V., Social support group interventions in people with dementia and mild cognitive impairment: A systematic review of the literature, International Journal of Geriatric Psychiatry, 30, 1-9, 2015	Systematic review - references checked but none meet PICO criteria
Lin, M. P., Blanchfield, B. B., Kakoza, R. M., Vaidya, V., Price, C., Goldner, J. S., Higgins, M., Lessenich, E., Laskowski, K., Schuur, J. D., ED-based care coordination reduces costs for frequent ED users, American Journal of Managed Care, 23, 762-766, 2017	Ineligible intervention - not social work approaches to individual and family casework (multi-disciplinary team of providers led by emergency department physicians and nurse care co-ordinators)
Lindahl, M. L., Berglund, M., Tønnesen, H., Case management in aftercare of involuntarily committed patients with substance abuse. A randomized trial, Nordic Journal of Psychiatry, 67, 197-203, 2013	Ineligible outcomes - no relevant outcomes reported
Lindstrøm, M., Pernille Skovbo, R., Kowalski, K., Filges, T., Jørgensen, A.M.K., Brief Strategic Family Therapy (BSFT) for Young People in Treatment for Non-Opioid Drug Use: A Systematic Review, Campbell Systematic Reviews, 9, 2013	Systematic review - references checked but none meet PICO criteria
Mann, J., Quigley, R., Harvey, D., Tait, M., Williams, G., Strivens, E., OPEN ARCH: Integrated care at the primary-secondary interface for the community-dwelling older person with complex needs, Australian Journal of Primary Health, 26, 104-108, 2020	Ineligible study design - model description and case studies
Maybery, D. J., Goodyear, M. J., Reupert, A. E., Harkness, M. K., Goal setting within family care planning: families with complex needs, The Medical journal of Australia, 199, S37-S39, 2013	Ineligible population - children aged 8 to 18 years
McGregor, J., Mercer, S. W., Harris, F. M., Health benefits of primary care social work for adults with complex health and social needs: a systematic review, Health & Social Care in the Community, 26, 1-13, 2018	Systematic review - references checked but none meet PICO criteria
Miklavcic, J. J., Fraser, K. D., Ploeg, J., Markle-Reid, M., Fisher, K., Gafni, A., Griffith, L. E., Hirst, S., Sadowski, C. A., Thabane, L., et al., Effectiveness of a community program for older adults with type 2 diabetes and multimorbidity: a pragmatic randomized controlled trial, BMC Geriatrics, 20, 174-, 2020	Ineligible intervention - not social work approaches to individual and family casework (inter-professional team involving a nurse, dietitian and community partner organisations; focus on diabetes)
Moniz Cook, E. D., Swift, K., James, I., Malouf, R., De Vugt, M., Verhey, F., Functional analysis-based interventions for challenging behaviour in dementia, Cochrane Database of Systematic Reviews, 2012	Cochrane systematic review - references checked but none meet PICO criteria
Moore, M., Whiteside, L. K., Dotolo, D., Wang, J., Ho, L., Conley, B., Forrester, M., Fouts, S. O., Vavilala, M. S., Zatzick, D. F., The role of social work in providing mental health services and care coordination in an urban trauma center	Ineligible country – study conducted in the US

	Reason for exclusion
emergency department, Psychiatric Services, 67, 1348-1354, 2016	
Morandi, S., Silva, B., Golay, P., Bonsack, C., Intensive Case Management for Addiction to promote engagement with care of people with severe mental and substance use disorders: an observational study, Substance abuse treatment, prevention, and policy, 12, 26, 2017	Ineligible study design - observational before and after study (sufficient controlled trials reporting critical outcomes identified and included)
Mueller-Stierlin, A. S., Helmbrecht, M. J., Herder, K., Prinz, S., Rosenfeld, N., Walendzik, J., Holzmann, M., Dinc, U., Schutzwahl, M., Becker, T., et al., Does one size really fit all? The effectiveness of a non-diagnosis-specific integrated mental health care program in Germany in a prospective, parallel-group controlled multi-centre trial, BMC Psychiatry, 17, 283, 2017	Ineligible study intervention - unclear whether social worker involvement (integrated mental health services in collaboration with health service providers; community-based multi-professional teams, psychiatric case management, crisis intervention via home treatment or beds in non-hospital settings, family-oriented psychoeducation)
Muller, R., Peter, C., Cieza, A., Geyh, S., The role of social support and social skills in people with spinal cord injury-a systematic review of the literature, Spinal Cord., 18, 2011	Systematic review - references checked but none meet PICO criteria
Nct, Evaluation of EBT With Young, Substance Abusing Homeless Mothers, https://clinicaltrials.gov/show/NCT02577666 , 2015	Ineligible country – study conducted in the US
Nct, Health Care Hotspotting: a Randomized Controlled Trial, https://clinicaltrials.gov/show/NCT02090426 , 2014	Ineligible country – study conducted in the US
Nct, Thinking Skills at Work: cognitive Remediation Therapy for Patients with Serious Mental Illness, https://clinicaltrials.gov/show/nct03483701 , 2018	Ineligible intervention - not social work approaches to individual and family casework; ineligible study design - protocol (no published results)
Nct, Feasibility Trial of an Acceptance and Commitment Therapy Intervention for Individuals Experiencing Homelessness, https://clinicaltrials.gov/show/NCT04243018 , 2020	Ineligible study design - protocol (no published results)
Nct, The Effects of a Health-social Partnership Program for Discharged Non-frail Older Adults, https://clinicaltrials.gov/show/NCT04434742 , 2020	Ineligible country – study conducted in Hong Kong
Nct, Sharing Healthcare Wishes in Primary Care, https://clinicaltrials.gov/show/NCT04593472 , 2020	Ineligible country - study conducted in the US
Nct, Case Management for Frequent Users of the Emergency Department, https://clinicaltrials.gov/show/NCT01934322 , 2013	Ineligible intervention - not social work individual and family casework (case management provided by a nurse)
Nct, Transition Support Program for Young Adults with Autism Spectrum Disorders, https://clinicaltrials.gov/show/NCT02439671 , 2015	Ineligible intervention - educational programme delivered by Speech Language Pathology or Educational Psychology graduates

	Reason for exclusion
Nct, Mindfulness-Based Family Psychoeducation Intervention for Early Psychosis, https://clinicaltrials.gov/show/NCT03688009 , 2018	Ineligible country – study conducted in Hong Kong
Nct, Evaluation of an Intervention for Living with Mild Cognitive Impairment, https://clinicaltrials.gov/show/NCT02083237 , 2013	Ineligible study design - protocol (no published results)
Nct, Development and Evaluation of a Patient-centered Transition Program for Stroke Patients, Combining Case Management and Access to an Internet Information Platform, https://clinicaltrials.gov/show/NCT03956160 , 2019	Ineligible study design - protocol (no published results)
Nct, Generating Evidence for a Support Package to Stabilize Youth Trajectories Out of Homelessness, https://clinicaltrials.gov/show/NCT03277794 , 2017	Ineligible intervention - unclear whether social worker involvement in case management
Nct, Randomized Trial of an HIV Navigation Program for Early Palliative Care, https://clinicaltrials.gov/show/NCT01884389 , 2013	Ineligible country – study conducted in the US
Nct, Youth to Text or Telehealth for Engagement in HIV Care, https://clinicaltrials.gov/show/NCT03681145 , 2018	Ineligible country – study conducted in the US
Ntr, Resourcegroupss: effectiveness, costs and meaning, http://www.who.int/trialsearch/Trial2.aspx?TriallD=NTR6737 , 2017	Ineligible study design - protocol (no published results)
Ntr, The effects of a new care model for people aged 75 years and older, http://www.who.int/trialsearch/Trial2.aspx?TriallD=NTR3039 , 2011	Ineligible study design - protocol (published results for Embrace trial screened on STAR)
Ntr, Fit for Work' evaluation study: the effects of a multidisciplinary re-employment programme for persons with mental health problems, http://www.who.int/trialsearch/Trial2.aspx?TriallD=NTR3920 , 2013	Ineligible study design - protocol (no published results)
O'Donnell, A. E., Schaefer, K. G., Stevenson, L. W., DeVoe, K., Walsh, K., Mehra, M. R., Desai, A. S., Social Worker-Aided Palliative Care Intervention in High-risk Patients With Heart Failure (SWAP-HF): a Pilot Randomized Clinical Trial, <i>JAMA cardiology</i> , 3, 516-519, 2018	Ineligible country – study conducted in the US
O'Malley, D., Chiang, D. F., Siedlik, E. A., Ragon, K., Dutcher, M., Templeton, O., A Promising Approach in Home Visiting to Support Families Affected by Maternal Substance Use, <i>Maternal & Child Health Journal</i> , 27, 27, 2020	Ineligible country – study conducted in the US
Pauley, T., Gargaro, J., Falode, A., Beben, N., Sikharulidze, L., Mekinda, B., Evaluation of an integrated cluster care and supportive housing model for unstably housed persons using the	Ineligible intervention - not social work approaches to individual and family casework (focus on clinician led intervention)

	Reason for exclusion
shelter system, Prof Case Manag, 21, 34-42, 2016	
Peabody, Health at home: a new health and wellbeing model for social housing tenants, 2018	Ineligible intervention - not social work approaches to individual and family casework
Pearce, S., Scott, L., Attwood, G., Saunders, K., Dean, M., De Ridder, R., Galea, D., Konstantinidou, H., Crawford, M., Democratic therapeutic community treatment for personality disorder: Randomised controlled trial, British Journal of Psychiatry, 210, 149-156, 2017	Ineligible intervention - not social work approaches to individual and family casework (residential therapy with clinical focus)
Pitkanen, A., Puolakka, K., Effectiveness of psychological and psychosocial interventions on quality of life of patients with schizophrenia and related disorders: A systematic review protocol, JBI Database of Systematic Reviews and Implementation Reports, 11, 157-168, 2013	Systematic review (published https://doi.org/10.1016/j.apnu.209.07.001) - references checked but none meet PICO criteria
Polley, M. J., Jolliffe, R., Boxell, E., Zollman, C., Jackson, S., Seers, H., Using a Whole Person Approach to Support People with Cancer: A Longitudinal, Mixed-Methods Service Evaluation, Integrative Cancer Therapies, 15, 435-445, 2016	Ineligible intervention - not social worker approaches to individual and family casework - course designed by health care professionals (including doctors, nutritional therapists and psychotherapists, and delivered by trained facilitators; no mention of social workers)
Raco, M., Burdett, T., Heaslip, V., Exploring an integrated palliative care model for older people: an integrative review, Journal of Integrated Care, 27, 111-122, 2019	Systematic review - references checked for evidence review E but none meet PICO criteria
Reilly, S., Miranda-Castillo, C., Malouf, R., Hoe, J., Toot, S., Challis, D., Orrell, M., Case management approaches to home support for people with dementia, Cochrane Database of Systematic Reviews, 2015	Cochrane systematic review - references checked but none meet PICO criteria
Rietkerk, W., Uittenbroek, R. J., Gerritsen, D. L., Slaets, J. P. J., Zuidema, S. U., Wynia, K., Goal planning in person-centred care supports older adults receiving case management to attain their health-related goals, Disability and rehabilitation, 1-10, 2019	Ineligible intervention - not social work approaches to individual and family casework
Roberts, S. R., Crigler, J., Ramirez, C., Sisco, D., Early, G. L., Working with Socially and Medically Complex Patients: When Care Transitions Are Circular, Overlapping, and Continual Rather Than Linear and Finite, Journal for Healthcare Quality, 37, 245-65, 2015	Ineligible country – study conducted in the US
Ruikes, F. G., Meys, A. R., van de Wetering, G., Akkermans, R. P., van Gaal, B. G., Zuidema, S. U., Schers, H. J., van Achterberg, T., Koopmans, R. T., The CareWell-primary care program: design of a cluster controlled trial and process evaluation of a complex intervention targeting community-dwelling frail elderly, BMC family practice, 13, 115, 2012	Ineligible study design - protocol (no published results)
Scharlach, A. E., Graham, C. L., Berridge, C., An Integrated Model of Co-ordinated Community-Based Care, The Gerontologist, 55, 677-687, 2015	Ineligible country – study conducted in the US

	Reason for exclusion
Schepens, H., 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</i> , 32, 483-521, 2019	Systematic review - references checked but none meet PICO criteria
Segal, S. P., Silverman, C. J., Temkin, T. L., Self-help and community mental health agency outcomes: a recovery-focused randomized controlled trial, <i>Psychiatric services</i> (Washington, D.C.), 61, 905-10, 2010	Ineligible country – study conducted in the US
Siskind, D., Dark, F., Carney, K., Gore-Jones, V., Kar Ray, M., Steginga, A., Suetani, S., Kisely, S., Placing rehabilitation at the core of assertive community treatment, <i>Australasian Psychiatry</i> , 2020	Ineligible intervention - not social work approaches to individual and family casework (multi-disciplinary team case management and discharge out of case management)
Skills for Care, Skills around the person: implementing asset-based approaches in adult social care and end of life care, 2014	Ineligible study design - narrative review and description of Skills Around the Person and end of life projects
Skills for Health, Skills for Care, Person-centred approaches: empowering people to live their lives and communities to enable to upgrade in prevention, wellbeing, health, care and support, 74, 2017	Ineligible study design - training framework to enhance an effective person-centred workforce
Slesnick, N., Guo, X., Brakenhoff, B., Bantchevska, D., A Comparison of Three Interventions for Homeless Youth Evidencing Substance Use Disorders: Results of a Randomized Clinical Trial, <i>Journal of Substance Abuse Treatment</i> , 54, 1-13, 2015	Ineligible country – study conducted in the US
Smith, J., Ali, P., Birks, Y., Curtis, P., Fairbrother, H., Kirk, S., Saltiel, D., Thompson, J., Swallow, V., Umbrella review of family-focused care interventions supporting families where a family member has a long-term condition, <i>Journal of advanced nursing</i> , 26, 2020	Systematic review of reviews - references checked but none meet PICO criteria
Somers, J. M., Patterson, M. L., Moniruzzaman, A., Currie, L., Rezansoff, S. N., Palepu, A., Fryer, K., Vancouver At Home: pragmatic randomized trials investigating Housing First for homeless and mentally ill adults, <i>Trials</i> , 14, 2013	Ineligible outcomes - no relevant outcomes reported (comparison of baseline characteristics between high needs and moderate need participants at baseline)
Stergiopoulos, V., Gozdzik, A., Cohen, A., Guimond, T., Hwang, S. W., Kurdyak, P., Leszcz, M., Wasylenki, D., The effect of brief case management on emergency department use of frequent users in mental health: Findings of a randomized controlled trial, <i>PLoS ONE</i> , 12, 2017	Ineligible intervention - not social work approaches to individual and family casework (case management with a focus on clinical aspects)
Stergiopoulos, V., Gozdzik, A., Misir, V., Skosireva, A., Connelly, J., Sarang, A., Whisler, A., Hwang, S. W., O'Campo, P., McKenzie, K., Effectiveness of housing first with intensive case management in an ethnically diverse sample of homeless adults with mental illness: A randomized controlled trial, <i>PLoS ONE</i> , 10 (7) (no pagination), 2015	Ineligible intervention - not social work approaches to individual and family casework (case management with a focus on clinical aspects)

	Reason for exclusion
Stergiopoulos, V., Hwang, S. W., Gozdzik, A., Nisenbaum, R., Latimer, E., Rabouin, D., Adair, C. E., Bourque, J., Connelly, J., Frankish, J., et al., Effect of scattered-site housing using rent supplements and intensive case management on housing stability among homeless adults with mental illness: a randomized trial, <i>JAMA</i> , 313, 905-915, 2015	Ineligible intervention - not social work approaches to individual and family casework (case management with a focus on clinical aspects)
Stergiopoulos, V., Mejia-Lancheros, C., Nisenbaum, R., Wang, R., Lachaud, J., O'Campo, P., Hwang, S. W., Long-term effects of rent supplements and mental health support services on housing and health outcomes of homeless adults with mental illness: extension study of the At Home/Chez Soi randomised controlled trial, <i>The Lancet Psychiatry</i> , 6, 915-925, 2019	Ineligible intervention - not social work approaches to individual and family casework (case management with a focus on clinical aspects)
Tahan, H. A., Sminkey, P. V., Motivational interviewing: building rapport with clients to encourage desirable behavioral and lifestyle changes, <i>Professional Case Management/Prof Case Manag</i> , 17, 164-72; quiz 173-4, 2012	Ineligible study design - non-systematic narrative review describing motivational interviewing
Thomas, E. C., Despeaux Katie, E., Drapalski, A. L., Bennett, M., Person-oriented recovery of individuals with serious mental illnesses: A review and meta-Analysis of longitudinal findings, <i>Psychiatric Services</i> , 69, 259-267, 2018	Systematic review - references checked but none meet PICO criteria
Tomita, A., Herman, D. B., The impact of critical time intervention in reducing psychiatric rehospitalization after hospital discharge, <i>Psychiatric services (Washington, D.C.)</i> , 63, 935-937, 2012	Ineligible country – study conducted in the US
Tse, S., Tsoi, E. W., Hamilton, B., O'Hagan, M., Shepherd, G., Slade, M., Whitley, R., Petrakis, M., Uses of strength-based interventions for people with serious mental illness: A critical review, <i>International Journal of Social Psychiatry/Int J Soc Psychiatry</i> , 62, 281-91, 2016	Systematic review - references checked but none meet PICO criteria
Tungpunkom, P., Maayan, N., Soares-Weiser, K., Life skills programmes for chronic mental illnesses, <i>Cochrane Database of Systematic Reviews</i> , 2012	Systematic review - references checked but none meet PICO criteria
Urbanoski, K., Veldhuizen, S., Krausz, M., Schutz, C., Somers, J. M., Kirst, M., Fleury, M. J., Stergiopoulos, V., Patterson, M., Strehlau, V., Goering, P., Effects of comorbid substance use disorders on outcomes in a Housing First intervention for homeless people with mental illness, <i>Addiction (Abingdon, England)</i> , 113, 137-145, 2018	Ineligible intervention - not social work approaches to individual and family casework
Vallesi, S., Flatau, P., Thielking, M., Mackelprang, J. L., Taylor, K. M., La Sala, L., Spiers, J., Wood, L., Martin, K., Kragt, D., et al., A mixed methods randomised control trial to evaluate the effectiveness of the journey to social inclusion - phase 2 intervention for	Ineligible study design - protocol (no published results)

	Reason for exclusion
chronically homeless adults: study protocol, BMC public health, 19, 334, 2019	
van der Heijden, I., Abrahams, N., Sinclair, D., Psychosocial group interventions to improve psychological well-being in adults living with HIV, Cochrane Database of Systematic Reviews, 2017	Cochrane systematic review - references checked but none meet PICO criteria
van der Tier, M., Potting, M., Hermans, K., Stimulating the problem-solving abilities of users in an online environment. A study of a Dutch online social casework intervention, Health and Social Care in the Community, 26, 988-994, 2018	Ineligible study design - qualitative study (included for F2)
Van Hecke, A., Heinen, M., Fernandez-Ortega, P., Graue, M., Hendriks, J. M., Hoy, B., Kopke, S., Lithner, M., Van Gaal, B. G., Systematic literature review on effectiveness of self-management support interventions in patients with chronic conditions and low socio-economic status, Journal of advanced nursing, 73, 775-793, 2017	Systematic review - references checked but none meet PICO criteria
Vanderplasschen, W., Rapp, R. C., De Maeyer, J., Van Den Noortgate, W., A meta-analysis of the efficacy of case management for substance use disorders: A recovery perspective, Frontiers in Psychiatry, 10, 2019	Systematic review - references checked but none meet PICO criteria
Verma, M., Horrow, J., Navarro, V., A Behavioral Health Program for Alcohol Use Disorder, Substance Abuse, and Depression in Chronic Liver Disease, Hepatology Communications, 3, 646-655, 2019	Ineligible country – study conducted in the US
Wilhelmson, K., Duner, A., Eklund, K., Gosman-Hedström, G., Blomberg, S., Hasson, H., Gustafsson, H., Landahl, S., Dahlin-Ivanoff, S., Design of a randomized controlled study of a multi-professional and multidimensional intervention targeting frail elderly people, BMC geriatrics, 11, 24, 2011	Ineligible study design - protocol
Wong, A. K. C., Wong, F. K. Y., Ngai, J. S. C., Hung, S. Y. K., Li, W. C., Effectiveness of a health-social partnership program for discharged non-frail older adults: a pilot study, BMC geriatrics, 20, 339, 2020	Ineligible country – study conducted in Hong Kong
Wright, E., Zarnegar, R., Hermansen, I., McGavin, D., A clinical evaluation of a community-based rehabilitation and social intervention programme for patients with chronic pain with associated multi-morbidity, Journal of Pain Management, 10, 149-159, 2017	Ineligible intervention - treatments delivered by team of a doctor, GP with special interest in pain management and 2 therapists (not social work approaches to individual and family casework)
Zhang, J., Slesnick, N., Substance Use and Social Stability of Homeless Youth: A Comparison of Three Interventions, Psychology of addictive behaviors, 32, 873-884, 2018	Ineligible country – study conducted in the US

Excluded studies for review question F2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

Table 25: Excluded studies and reasons for their exclusion

Study	Reason for Exclusion
Process evaluation of a randomised controlled trial of PBS-based staff training for challenging behaviour in adults with intellectual disability, PLoS ONE, 14, 2019	Ineligible phenomenon of interest - intervention was taught to only 1 social worker, and it is not clear to see which themes relate to social worker involvement.
Abendstern, Michele, et, al, CMHTs for older people: team managers views surveyed, Journal of Integrated Care, 22, 209-219, 2014	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework. Has been included for E2.
Ahlstrom Gerd, Wadensten Barbro, Family members' experiences of personal assistance given to a relative with disabilities, Health and Social Care in the Community, 19, 645-652, 2011	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Arntzen, C., Hamran, T., Stroke survivors' and relatives' negotiation of relational and activity changes: A qualitative study, Scandinavian Journal of Occupational Therapy, 23, 39-49, 2016	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Aschbrenner, K., Bartels, S., Mueser, K., Carpenter-Song, E., Kinney, A., Consumer perspectives on involving family and significant others in a healthy lifestyle intervention, Health and Social Work, 37, 207-215, 2012	Ineligible country - study conducted in the US
Baird, Chelsea, Woolford, Marta H., Young, Carmel, Winbolt, Margaret, Ibrahim, Joseph, Chronic disease management and dementia: a qualitative study of knowledge and needs of staff, Australian Journal of Primary Health, 25, 359-365, 2019	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Balsells, M. T., Pastor, C., Mateos, A., Vaquero, E., Urrea, A., Exploring the needs of parents for achieving reunification: The views of foster children, birth family and social workers in Spain, Children and Youth Services Review. 48 (pp 159-166), 2015, Date of Publication, January 01, 2015	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework, and population not adults with complex needs
Biringer, E., Davidson, L., Sundfor, B., Ruud, T., Borg, M., Experiences of support in working toward personal recovery goals: a collaborative, qualitative study, BMC Psychiatry, 16, 426, 2016	Ineligible phenomenon of interest - intervention is not led by social workers. There is social worker involvement, but the themes are not relevant to social work approaches.
Bjornsdottir, Kristin, 'Holding on to life': An ethnographic study of living well at home in old age, Nursing Inquiry, 25, 1-8, 2018	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Blakemore, A., Hann, M., Howells, K., Panagioti, M., Sidaway, M., Reeves, D., Bower, P., Patient activation in older people with long-term conditions and multimorbidity: correlates and change in a cohort study in the United Kingdom, BMC health services research, 16, 582, 2016	Ineligible study design - not qualitative methods. Not focused on social work casework.

Study	Reason for Exclusion
Bradshaw Jill, Managers' views of skilled support, <i>Journal of Applied Research in Intellectual Disabilities</i> , 31, 873-884, 2018	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Bramley, G., Mangan, C., Conroy, M., Using telemonitoring to support personal care planning for adults with learning disabilities, <i>Journal of telemedicine and telecare</i> , 25, 602-610, 2019	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Brannelly, T., Gilmour, J. A., O'Reilly, H., Leighton, M., Woodford, A., An ordinary life: People with dementia living in a residential setting, <i>Dementia (London, England)</i> , 18, 757-768, 2019	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Brown, R. A., Abrantes, A. M., Minami, H., Prince, M. A., Bloom, E. L., Apodaca, T. R., Strong, D. R., Picotte, D. M., Monti, P. M., MacPherson, L., et al., Motivational Interviewing to Reduce Substance Use in Adolescents with Psychiatric Comorbidity, <i>Journal of Substance Abuse Treatment</i> , 59, 20-29, 2015	Ineligible country – study conducted in the US
Buckley-Walker, Kellie, Crowe, Trevor P., Caputi, Peter, Personal and relational empowerment: a framework for family recovery, <i>Advances in Dual Diagnosis</i> , 10, 25-38, 2017	Systematic review. Included studies checked for inclusion but they do not meet PICO criteria
Cameron, J. I., Naglie, G., Gignac, M., Bayley, M., Warner, G., Green, T., Huijbregts, M., Silver, F., Phillips, S., Cheung, A., et al., Qualitative findings from a randomized controlled trial of the timing it right stroke family support program, <i>European stroke journal</i> , 1, 729-734, 2016	Ineligible study design - Conference abstract
Caouette Martin, Descriptive study of caseworkers' practices to support the development of self-determination of adults with intellectual disabilities, <i>Journal of Policy and Practice in Intellectual Disabilities</i> , 15, 4-11, 2018	Ineligible phenomenon of interest - themes are not relevant to what does and does not work well about social work approaches to casework.
Cardoso, G., Papoila, A., Tome, G., Killaspy, H., King, M., Caldas-de-Almeida, J. M., Living conditions and quality of care in residential units for people with long-term mental illness in Portugal - a cross-sectional study, <i>BMC Psychiatry</i> , 16 (1) (no pagination), 2016	Ineligible study design - not qualitative research methods. Not focused on social worker approaches to casework so not considered for F1.
Chadiha Letha A, Forms and meanings of respect: aging mothers and adult daughters with mental illness, <i>Families in Society</i> , 98, 3-19, 2017	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuza, H. A., Otero, A., Goddu Harper, S. G., Carmichael, H., "Be supportive and understanding of the stress that youth are going through:" Foster care alumni recommendations for youth, caregivers and caseworkers on placement transitions, <i>Children and Youth Services Review</i> , 108, 2020	Ineligible country - study conducted in the US
Cohen-Filipic Katherine, Bentley Kia J, From every direction: guilt, shame, and blame among parents of adolescents with co-occurring	Ineligible country –study conducted in the US

Study	Reason for Exclusion
challenges, Child and Adolescent Social Work Journal, 32, 443-454, 2015	
Collings Susan, D. E. W. Angela, Dowse Leanne, Unpacking the complexity of planning with persons with cognitive disability and complex support needs, Journal of Applied Research in Intellectual Disabilities, 31, 142-151, 2018	Ineligible phenomenon of interest - not relevant to social work approaches to casework.
Collins, K., Developing a community based service model for disability: Listening to the needs of all beneficiaries and providers, Journal of Pediatric Rehabilitation Medicine, 10, 227-230, 2017	Ineligible population - Majority of population not adults with complex needs (children population).
Cooper, Lyle, Combined motivational interviewing and cognitive-behavioral therapy with older adult drug and alcohol abusers, Health and Social Work, 37, 173-179, 2012	Ineligible country – study conducted in the US
Coventry, Peter A., Small, Nicola, Panagioti, Maria, Adeyemi, Isabel, Bee, Penny, Living with complexity; marshalling resources: a systematic review and qualitative meta-synthesis of lived experience of mental and physical multimorbidity, BMC family practice, 16, 171, 2015	Systematic review does not meet criteria set out in protocol.
Cuevas Fernandez-Gallego, M., Asencio, J. M. M., Santos, F. J. M., Arandiga, R. C., Fernandez, E. C., Sicilia, J. P. B., Moya, F. J. N., Abajo, I. L., Manas, M. C., De Las Nieves, C. B., Effect of the act on promotion of personal autonomy and care for dependent persons on their family caregivers, BMC Health Services Research, 12, 2012	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Dawson, A., Bowes, A., Kelly, F., Velzke, K., Ward, R., Evidence of what works to support and sustain care at home for people with dementia: a literature review with a systematic approach, BMC Geriatrics, 15, 59, 2015	Ineligible study design – non-systematic review (literature review)
De Jong Gideon, Schout Gert, Abma Tineke, Understanding the process of family group conferencing in public mental health care: a multiple case study, British Journal of Social Work, 48, 353-370, 2018	Ineligible country - study conducted in the Netherlands
de Jong, Gideon, Schout, Gert, Breaking through Marginalisation in Public Mental Health Care with Family Group Conferencing: Shame as Risk and Protective Factor, The British Journal of Social Work, 43, 1439-1454, 2012	Ineligible country - study conducted in the Netherlands
De Ruyscher, C., Vandavelde, S., Vanderplasschen, W., De Maeyer, J., Vanheule, S., The Concept of Recovery as Experienced by Persons with Dual Diagnosis: A Systematic Review of Qualitative Research From a First-Person Perspective, Journal of Dual Diagnosis, 13, 264-279, 2017	Systematic review - not focused on social work approaches to casework and so included studies have not been checked
Dew, Angela, et, al, Living the life I want: a framework for planning engagement with people with intellectual disability and complex support	Ineligible phenomenon of interest - themes not relevant to social worker approaches to casework.

Study	Reason for Exclusion
needs, <i>Journal of Applied Research in Intellectual Disabilities</i> , 32, 401-412, 2019	
Döbler, A., Herbeck Belnap, B., Pollmann, H., Farin, E., Raspe, H., Mittag, O., Telephone-delivered lifestyle support with action planning and motivational interviewing techniques to improve rehabilitation outcomes, <i>Rehabilitation psychology</i> , 63, 170-181, 2018	Ineligible study design -not qualitative research methods. Not considered for F1 as no social worker involvement.
Dorsett Pat, The importance of hope in coping with severe acquired disability, <i>Australian Social Work</i> , 63, 83-102, 2010	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Dunn, Erin C., Wewiorski, Nancy J., Rogers, E., A qualitative investigation of individual and contextual factors associated with vocational recovery among people with serious mental illness, <i>American Journal of Orthopsychiatry</i> , 80, 185-194, 2010	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Dunstan, D., Anderson, D. L., Applying Strengths Model principles to build a rural community-based mental health support service and achieve recovery outcomes, <i>Rural and remote health</i> , 18, 1-12, 2018	Ineligible phenomenon of interest - themes not relevant to what works well and does not work well in social work approaches to casework.
Ekstrom, Veronica, Violence against women - social services support during legal proceedings, <i>European Journal of Social Work</i> , 18, 661-674, 2015	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Endermann, Michael, Rehabilitation for young adults with epilepsy and mild intellectual disabilities: Results of a prospective study with repeated measurements, <i>Seizure</i> , 26, 72-80, 2015	Ineligible study design - not qualitative methods, considered for F1.
Esandi, N., Nolan, M., Alfaro, C., Canga-Armayor, A., Keeping Things in Balance: Family Experiences of Living With Alzheimer's Disease, <i>Gerontologist</i> , 58, e56-e67, 2018	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Foster, S., LeFauve, C., Kresky-Wolff, M., Rickards, L. D., Services and supports for individuals with co-occurring disorders and long-term homelessness, <i>The journal of behavioral health services & research</i> , 37, 239-251, 2010	Ineligible country - study conducted in the US
Frost, Rachael, Karicha, Kalpa, Jovicic, Ana, Identifying acceptable components for home-based health promotion services for older people with mild frailty, <i>Health and Social Care in the Community</i> , 26, 2018	Ineligible phenomenon of interest - themes not relevant to social worker approaches to casework.
Gore Stuart, Mendoza Julio, Delgadillo Jaime, Multiple obstacles to psychological care from the viewpoint of addiction service users, <i>Advances in Dual Diagnosis</i> , 8, 129-140, 2015	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Gridle, Kate, Brooks, Jenni, Good practice in social care: the views of people with severe and complex needs and those who support them, <i>Health and Social Care in the Community</i> , 22, 588-597, 2014	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Gridley, Kate, Brooks, Jenni, Glendinning, Caroline, Good practice in social care for	Ineligible study design – non-systematic review (scoping review)

Study	Reason for Exclusion
disabled adults and older people with severe and complex needs: evidence from a scoping review, Health & social care in the community, 22, 234-48, 2014	
Hafford-Letchfield, Trish, Lavender, Peter, Quality improvement through the paradigm of learning, Quality in Ageing and Older Adults, 16, 195-207, 2015	Ineligible population - not adults with complex needs, older people population only.
Haines David, Wright Jonathan, Comerasamy Huguette, Occupational therapy empowering support workers to change how they support people with profound intellectual and multiple disabilities to engage in activity, Journal of Policy and Practice in Intellectual Disabilities, 15, 295-306, 2018	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Herman, Daniel B., Transitional support for adults with severe mental illness: Critical time intervention and its roots in assertive community treatment, Research on Social Work Practice, 24, 556-563, 2014	Ineligible country - study conducted in the US
Hick Stephen F, Furlotte Charles, An exploratory study of radical mindfulness training with severely economically disadvantaged people: findings of a Canadian study, Australian Social Work, 63, 281-298, 2010	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Higgs, Alison, Hafford-Letchfield, Trish, 'At what cost? The impact of UK long-term care funding policies on social work practice with older people': A literature review, Ethics and Social Welfare, 12, 229-243, 2018	Ineligible study design - not qualitative research methods.
Howell, D., Richardson, A., May, C., Calman, L., Fazelzad, R., Moradian, S., Foster, C., Implementation of self-management support in cancer care and normalization into routine practice: A systematic scoping literature review protocol, Systematic Reviews, 8, 2019	Ineligible study design – non-systematic review (scoping review protocol only)
Jensen, Sofie B., Epløv, Lene F., Gammelgaard, Iben, Mueser, Kim T., Petersen, Kirsten S., Participants' Lived Experience with the Illness Management and Recovery (IMR) Program in Relation to their Recovery-Process, Community mental health journal, 55, 983-993, 2019	Ineligible phenomenon of interest - not a social worker approach to casework.
Jimenez Lucia, Family education and support for families at psychosocial risk in Europe: evidence from a survey of international experts, Health and Social Care in the Community, 27, 449-458, 2019	Ineligible population - population not adults with complex needs (children population)
Keeling June, van, Wormer Katherine, Social worker interventions in situations of domestic violence: what we can learn from survivors' personal narratives?, British Journal of Social Work, 42, 1354-1370, 2012	Ineligible population - population not complex needs - women experiencing domestic violence, but no health need.
Kelly, M., The implementation of the Care Programme Approach for service users with a learning disability. Building Bridges to the same Old Horizons?, Journal of Psychiatric & Mental	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.

Study	Reason for Exclusion
Health Nursing (John Wiley & Sons, Inc.), 24, 396-402, 2017	
Kendall, Sally, Rodger, John, Palmer, Helen, Redesigning provision for families with multiple problems: an assessment of the early impact of different local approaches, 66p., 2010	Ineligible study design - not qualitative research methods
Kessler, D., Liddy, C., An integrative literature review to examine the provision of self-management support following transient ischaemic attack, Journal of clinical nursing, 26, 3256-3270, 2017	Ineligible study design - literature review. Studies looked at but do not meet criteria set out in protocol.
Kwhali Josephine, Child sexual abuse and exploitation: knowledge, confidence and training within a contemporary UK social work practice and policy context, British Journal of Social Work, 46, 2208-2226, 2016	Ineligible population - population not adults with complex needs.
Lanzoni, Alessandro, Fabbo, Andrea, Basso, Donatella, Pedrazzini, Patrizia, Bortolomio, Elena, Jones, Marc, Cauli, Omar, Interventions aimed to increase independence and well-being in patients with Alzheimer's disease: Review of some interventions in the Italian context, Neurology, Psychiatry and Brain Research, 30, 137-143, 2018	Ineligible study design -review, articles related to social workers looked at but none met the criteria for inclusion.
Leece, J., Peace, S., Developing new understandings of independence and autonomy in the personalised relationship, British Journal of Social Work, 40, 1847-1865, 1847	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Lewis Ruth, Dobbs Lynn, Biddle Paul, 'If this wasn't here I probably wouldn't be': disabled workers' views of employment support, Disability and Society, 28, 1089-1103, 2013	Ineligible phenomenon of interest - Intervention is not a social work approach to casework (employment focused and no social worker involvement).
Lundalv, Jorgen, Coping strategies of disabled people in residential environments after injury events, Australian Journal of Rehabilitation Counselling, 24, 88-102, 2018	Ineligible phenomenon of interest - Themes not relevant to social work approaches to casework.
Macpherson, R., Hovey, N., Khan, A., Riley, G., Taralipoyina, K., Individual care packages for people with severe mental illness: A description of their implementation in an English County, Irish Journal of Psychological Medicine, 30, 125-130, 2013	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Malik, K. J., Unwin, G., Larkin, M., Kroese, B. S., Rose, J., The complex role of social care services in supporting the development of sustainable identities: Insights from the experiences of British South Asian women with intellectual disabilities, Research in Developmental Disabilities, 63, 74-84, 2017	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Martin Faith, Qualitative evaluation of a self-management intervention for people in the early stage of dementia, Dementia: The International Journal of Social Research and Practice, 14, 418-435, 2015	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
McCormack, B., Karlsson, B., Dewing, J., Lerdal, A., Exploring person-centredness: A qualitative meta-synthesis of four studies,	Ineligible phenomenon of interest - not relevant to social work approaches to casework

Study	Reason for Exclusion
Scandinavian Journal of Caring Sciences, 24, 620-634, 2010	
McGraw, S. A., Larson, M. J., Foster, S. E., Kresky-Wolff, M., Botelho, E. M., Elstad, E. A., Stefancic, A., Tsemberis, S., Adopting best practices: lessons learned in the Collaborative Initiative to Help End Chronic Homelessness (CICH), The Journal of Behavioral Health Services & Research, 37, 197-212, 2010	Ineligible country – study conducted in the US
McInerney, S. J., Finnerty, S., Avalos, G., Walsh, E., Better off in the community? A 5-year follow up study of long-term psychiatric patients discharged into the community, Social psychiatry and psychiatric epidemiology, 45, 469-473, 2010	Ineligible study design - not qualitative study. Not considered for F1 and not relevant to social work approaches to casework.
Mckenzie Karen, The views of carers about support for their family member with an intellectual disability: with a focus on positive behavioural approaches, Health and Social Care in the Community, 26, e56-e63, 2018	Ineligible phenomenon of interest - intervention is not social worker led or delivered.
Meranius, Martina Summer, Josefsson, Karin, Health and social care management for older adults with multimorbidity: a multiperspective approach, Scandinavian Journal of Caring Sciences, 31, 96-103, 2017	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Methley, Abigail M., Chew-Graham, Carolyn, Campbell, Stephen, Cheraghi-Sohi, Sudeh, Experiences of UK health-care services for people with Multiple Sclerosis: a systematic narrative review, Health ExpectationsHealth Expect, 18, 1844-1855, 2015	Systematic review, did not meet the criteria specified in the protocol so included studies not checked.
Mude, W., Fisher, C., Richmond, J., Wallace, J., Le Gautier, R., A qualitative investigation of barriers, support-seeking and coping among South Sudanese people with chronic hepatitis B in Australia, Australian Journal of Primary Health, 25, 264-274, 2019	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Munford Robyn, Sanders Jackie, Negotiating and constructing identity: social work with young people who experience adversity, British Journal of Social Work, 45, 1564-1580, 2015	Ineligible population - population not adults with complex needs (under 18 population)
Nicholas, D. B., Calhoun, A., McLaughlin, A. M., Shankar, J., Kreitzer, L., Uzande, M., Care Experiences of Adults With a Dual Diagnosis and Their Family Caregivers, Global Qualitative Nursing ResearchGlob, 4, 2017	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Nordheim, Johanna, Hausler, Andreas, Yasar, Sevil, Suhr, Ralf, Kuhlmeier, Adelheid, Rapp, Michael, Gellert, Paul, Psychosocial intervention in couples coping with dementia led by a psychotherapist and a social worker: The DYADEM trial, Journal of Alzheimer's Disease, 68, 745-755, 2019	Ineligible study design - not qualitative research, has been considered for F1
Nutt, Stephen, Limb, Lauren, Survey of patients' and families' experiences of rare diseases reinforces calls for a rare disease strategy,	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework

Study	Reason for Exclusion
Social Care and Neurodisability, 2, 195-199, 2011	
O'Brien, C. W., Breland, J. Y., Slightam, C., Nevedal, A., Zulman, D. M., Engaging high-risk patients in intensive care coordination programs: The engagement through CARInG framework, Translational Behavioral Medicine, 8, 351-356, 2018	Ineligible country – study conducted in the US
O'Donnell, Deirdre, Treacy, Margaret P., Fealy, Gerard, Lyons, Imogen, Lafferty, Attracta, The Case Management Approach to Protecting Older People from Abuse and Mistreatment: Lessons from the Irish Experience, British Journal of Social Work, 45, 1451-1468, 2015	Ineligible country – Study conducted in the Republic of Ireland (UK studies have been identified for this review)
Oh, Hyunsung, Ell, Kathleen, Palinkas, Lawrence A., Self-care behavior change and depression among low-income predominantly Hispanic patients in safety-net clinics, Social Work in Health Care, 56, 714-732, 2017	Ineligible country – Study conducted in the US
Ouellette-Kuntz, Helene, et, al, How best to support individuals with IDD as they become frail: development of a consensus statement, Journal of Applied Research in Intellectual Disabilities, 32, 35-42, 2019	Ineligible phenomenon of interest - Themes not relevant to social work approaches to casework.
Overbeck, G., Kousgaard, M., Davidsen, A., The work and challenges of care managers in the implementation of collaborative care: A qualitative study, Journal of Psychiatric and Mental Health Nursing, 25, 167-175, 2018	Ineligible phenomenon of interest - case managers are not social workers (mental health nurses or other profession)
Pallesen, H., Aadal, L., Moe, S., Arntzen, C., Gateway to recovery: A comparative analysis of stroke patients' experiences of change and learning in Norway and Denmark, Rehabilitation Research and Practice, 2019 (no pagination), 2019	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Palmadottir, G., The role of occupational participation and environment among Icelandic women with breast cancer: A qualitative study, Scandinavian Journal of Occupational TherapyScand J Occup Ther, 17, 299-307, 2010	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Parkinson, Kate, Pollock, Sarah, Edwards, Deanna, Family Group Conferences: An Opportunity to Re-Frame Responses to the Abuse of Older People?, British Journal of Social Work, 48, 1109-1126, 2018	Ineligible study design - fictional case study
Pearce, G., Pinnock, H., Epiphaniou, E., Parke, H. L., Heavey, E., Griffiths, C. J., Greenhalgh, T., Sheikh, A., Taylor, S. J. C., Experiences of self-management support following a stroke: A meta-review of qualitative systematic reviews, PLoS ONE, 10, 2015	Systematic review, does not meet the criteria in the protocol so included papers not checked
Phelan, Amenda, McCarthy, Sandra, McKee, Joyce, Safeguarding staff's experience of cases of financial abuse, British Journal of Social Work, 48, 924-942, 2018	Ineligible phenomenon of interest - not relevant to social work approaches to casework

Study	Reason for Exclusion
Pooremamali, P., Morville, A. L., Eklund, M., Barriers to continuity in the pathway toward occupational engagement among ethnic minorities with mental illness, <i>Scandinavian journal of occupational therapy</i> , 24, 259-268, 2017	Ineligible phenomenon of interest - rehabilitation centre not social worker led
Prynallt-Jones, Katherine Anne, Carey, Malcolm, Doherty, Pauline, Barriers facing social workers undertaking direct work with children and young people with a learning disability who communicate using non-verbal methods, <i>British Journal of Social Work</i> , 48, 88-105, 2018	Ineligible population - population not adults with complex needs (under 18 population)
Ravitz, P., Berkhout, S., Lawson, A., Kay, T., Meikle, S., Integrating Evidence-Supported Psychotherapy Principles in Mental Health Case Management: A Capacity-Building Pilot, <i>Canadian Journal of Psychiatry</i> , 64, 855-862, 2019	Ineligible phenomenon of interest - themes not relevant to what does/doesn't work well in social work approaches to casework - themes relevant to training.
Redley Marcus , Mental Capacity Act (England and Wales) 2005: the emergent Independent Mental Capacity Advocate (IMCA) service, <i>British Journal of Social Work</i> , 40, 1812-1828, 2010	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Reeve, Joanne, Blakeman, Tom, Freeman, George K., Green, Larry A., James, Paul A., Lucassen, Peter, Martin, Carmel M., Sturmberg, Joachim P., van Weel, Chris, Generalist solutions to complex problems: generating practice-based evidence--the example of managing multi-morbidity, <i>BMC Family Practice</i> , 14, 112-119, 2013	Ineligible phenomenon of interest - not relevant to social work approaches to casework
Reis, R. S., Coimbra, L. C., da Silva, A. A. M., dos Santos, A. M., e Alves, M. T. S. S. B., Lamy, Z. C., Ribeiro, S. V. O., Dias, M. S. A., da Silva, R. A., Access to and use of the services of the family health strategy from the perspective of managers, professionals and users, <i>Ciencia e Saude Coletiva</i> , 18, 3321-3331, 3321	Ineligible language - article in Portuguese
Richardson, Lisa, Turnpenney, Agnes, Whelton, Beckie, Beadle-Brown, Julie, We're Giving Them Choice Which Is Controlled Choice - Care Managers' Views on Finding Social Care Support for People with Learning Disabilities, <i>The British Journal of Social Work</i> , 50, 2063-2082, 2020	Ineligible phenomenon of interest - focus is on general social work support and not specific to individual or family casework.
Ridner, Sheila H., Rhoten, Bethany A., Radina, M. Elise, Adair, Melissa, Bush-foster, Sydney, Sinclair, Vaughn, Breast cancer survivors' perspectives of critical lymphedema self-care support needs, <i>Supportive Care in Cancer</i> , 24, 2743-2750, 2016	Ineligible country - study conducted in the US
Roberts Bridget, Maybery Darryl, Jones Rebecca, Reflections on capacity-building initiatives in an Australian state, <i>Advances in Dual Diagnosis</i> , 6(1), 2013, pp.24-33, 2013	Ineligible phenomenon of interest - not relevant to social work approaches to casework
Rockwell, Jasmyne, From person-centered to relational care: Expanding the focus in	Ineligible phenomenon of interest - not relevant to a social worker approach to casework.

Study	Reason for Exclusion
residential care facilities, <i>Journal of Gerontological Social Work</i> , 55, 233-248, 2012	
Roscoe, Karen Dawn, Marlow, Marie, Case work in social work: exploring the use of reflective letters in the intensive family support services, <i>Journal of Social Work Practice: Psychotherapeutic Approaches in Health</i> , 27, 423-440, 2013	Ineligible population - intervention aimed at families with children, and not for adults with complex needs.
Ryding Jennie, Sorbring Emma, Wernersson Inga, The understanding and use of reflection in family support social work, <i>Journal of Social Service Research</i> , 44, 494-508, 2018	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework.
Saltiel David, Understanding complexity in families' lives: the usefulness of 'family practices' as an aid to decision-making, <i>Child and Family Social Work</i> , 18, 15-24, 2013	Ineligible population - population not adults with complex needs (under 18 population)
Sandjojo Janice, Promoting independence of people with intellectual disabilities: a focus group study perspectives from people with intellectual disabilities, legal representatives, and support staff, <i>Journal of Policy and Practice in Intellectual Disabilities</i> , 16, 37-52, 2019	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Schepens, Hrm, 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</i> , 32, 483-521, 2019	Systematic review, included studies checked but did not meet PICO criteria.
Shankland Jennifer, Dagnan Dave, IAPT practitioners' experiences of providing therapy to people with intellectual disabilities, <i>Advances in Mental Health and Intellectual Disabilities</i> , 9, 206-214, 2015	Ineligible phenomenon of interest themes not relevant to social work approaches to casework
Shepherd-Banigan, M. E., Shapiro, A., McDuffie, J. R., Brancu, M., Sperber, N. R., Van Houtven, C. H., Kosinski, A. S., Mehta, N. N., Nagi, A., Williams, J. W., Jr., Interventions That Support or Involve Caregivers or Families of Patients with Traumatic Injury: a Systematic Review, <i>Journal of General Internal Medicine</i> , 33, 1177-1186, 2018	Systematic review of quantitative studies. Included studies checked but none met PICO criteria
Shipton, Leah, Lashewicz, Bonnie M., Quality Group Home Care for Adults with Developmental Disabilities and/or Mental Health Disorders: Yearning for Understanding, Security and Freedom, <i>Journal of Applied Research in Intellectual Disabilities</i> , 30, 946-957, 2017	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Sibounheuang, P., Olson, P. S., Kittiboonyakun, P., Patients' and healthcare providers' perspectives on diabetes management: A systematic review of qualitative studies, <i>Research In Social & Administrative Pharmacy</i> , 04, 04, 2019	Systematic review - does not meet the criteria in the protocol so included studies have not been checked.
Sigurdardottir, Sigrun, Halldorsdottir, Sigridur, Bender, Soley S., Agnarsdottir, Guðrun, Personal resurrection: female childhood sexual abuse survivors' experience of the Wellness-	Ineligible population - population not adults with complex needs.

Study	Reason for Exclusion
Program, Scandinavian Journal of Caring Sciences, 30, 175-186, 2016	
Skogens Lisa, Approaching drinking problems in single male clients receiving social assistance, European Journal of Social Work, 15, 257-274, 2012	Ineligible population - population not adults with complex needs (adults with a drinking problem)
Skuladottir, H., Halldorsdottir, S., The quest for well-being: Self-identified needs of women in chronic pain, Scandinavian Journal of Caring Sciences, 25, 81-91, 2011	Ineligible phenomenon of interest - not relevant to social work approaches to casework
Smith-Carrier, Tracy, Pham, Thuy-Nga, Akhtar, Sabrina, Seddon, Gayle, Nowaczynski, Mark, Sinha, Samir K., It' not just the word care, it's the meaning of the word (they) actually care: caregivers' perceptions of home-based primary care in Toronto, Ontario, Ageing and Society, 38, 2019-2040, 2018	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Spagnolo, A. B., Dolce, J. N., Roberts, M. M., Murphy, A. A., Gill, K. J., Librera, L. A., Lu, W., A study of the perceived barriers to the implementation of circles of support, Psychiatric rehabilitation journal, 34, 233-242, 2011	Ineligible country - study conducted in the US
Tinland, A., Boyer, L., Loubiere, S., Greacen, T., Girard, V., Boucekine, M., Fond, G., Auquier, P., Victimization and posttraumatic stress disorder in homeless women with mental illness are associated with depression, suicide, and quality of life, Neuropsychiatric Disease and Treatment, 14, 2269-2279, 2018	Ineligibles study design - not qualitative study design. Not considered for effectiveness review as does not meet study design criteria.
Topor Alain, Skogens Lisa, Von Greiff Ninive, Building trust and recovery capital: the professionals' helpful practice, Advances in Dual Diagnosis, 11, 76-87, 2018	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Torenholt, R., Schwennesen, N., Willaing, I., Lost in translation--the role of family in interventions among adults with diabetes: a systematic review, Diabetic Medicine, 31, 15-23, 2014	Systematic review. Included studies not checked as population not adults with complex needs.
Tournier, T., Hendriks, A. H. C., Jahoda, A., Hastings, R. P., Embregts, P. J. C. M., Developing a Logic Model for the Triple-C Intervention: A Practice-Derived Intervention to Support People with Intellectual Disability and Challenging Behavior, Journal of Policy and Practice in Intellectual Disabilities., 2020	Ineligible phenomenon of interest - not a social worker approach to casework
Trappes-Lomax Tessa, Self-care for people coping with long-term health conditions in the community: the views of patients and GPs, Journal of Integrated Care, 24, 76-106, 2016	Ineligible study design - review - does not match the criteria in the protocol so included studies have not been checked.
Tse, S., Divis, M., Li, Y. B., Match or mismatch: Use of the strengths model with chinese migrants experiencing mental illness: Service user and practitioner perspectives, American Journal of Psychiatric Rehabilitation, 13, 171-188, 2010	Ineligible country - conducted in New Zealand

Study	Reason for Exclusion
Tseris, E., Social Work and Women's Mental Health: Does Trauma Theory Provide a Useful Framework?, <i>British Journal of Social Work</i> , 49, 686-703, 2019	Ineligible population - population not adults with complex needs.
Tucker, Sue, et, al, Social care in prison: emerging practice arrangements consequent upon the introduction of the 2014 Care Act, <i>British Journal of Social Work</i> , 48, 1627-1644, 2018	Ineligible phenomenon of interest - themes not relevant for social work approaches to casework
van den Driessen Mareeuw, F. A., Coppus, A. M. W., Delnoij, D. M. J., de Vries, E., Quality of health care according to people with Down syndrome, their parents and support staff-A qualitative exploration, <i>Journal of applied research in intellectual disabilities : JARID.</i> , 13, 2019	Ineligible phenomenon of interest - not relevant to social work approaches to casework
Van, D. E. R. Tier Michelle, Potting, Marianne, Hermans, Koen, Stimulating the problem-solving abilities of users in an online environment. A study of a Dutch online social casework intervention, <i>Health and Social Care in the Community</i> , 26, 988-994, 2018	Ineligible phenomenon of interest - themes are not relevant to what works well or what could be improved about social work approaches to casework.
Villar, Feliciano, Celdran, Montserrat, Vila-Miravent, Josep, Serrat, Rodrigo, Involving institutionalised people with dementia in their care-planning meetings: Lessons learnt by the staff, <i>Scandinavian Journal of Caring Sciences</i> , 32, 567-574, 2018	Ineligible phenomenon of interest - not relevant to social work approaches to casework.
Villumsen Anne Marie, Leth Louise Austeen, Changing user-perspectives in a changing organisation of casework for families at risk, <i>Practice: Social Work in Action</i> , 30, 359-379, 2018	Ineligible population - population not adults with complex needs (children from at-risk families)
Vischer, Anne-Fleur W. K., et, al, To preserve or not to preserve: That is the question. Decision-making about family preservation among families in multi-problem situations, <i>Children and Youth Services Review</i> , 99, 441-450, 2019	Ineligible population - population not adults with complex needs (under 18 population)
Vukadin, M., Schaafsma, F. G., Westerman, M. J., Michon, H. W. C., Anema, J. R., Experiences with the implementation of Individual Placement and Support for people with severe mental illness: A qualitative study among stakeholders, <i>BMC Psychiatry</i> , 18 (1) (no pagination), 2018	Ineligible phenomenon of interest - themes not relevant to social work approaches to casework
Wadd, Sarah, Galvani, Sarah, Working with Older People with Alcohol Problems: Insight from Specialist Substance Misuse Professionals and their Service Users, <i>Social Work Education</i> , 33, 656-669, 2014	Ineligible phenomenon of interest - themes not relevant to what does and does not work well for social work approaches to casework.
Walsh Julie, How do you solve a problem like Maria? Family complexity and institutional complications in UK social work, <i>European Journal of Social Work</i> , 22, 1050-1061, 2019	Ineligible population - population not adults with complex needs (under 18 population)
Ward Rolanda L, Nichols Amanda D, Freedman Ruth I, Uncovering health care inequalities among adults with intellectual and	Ineligible country – study conducted in the US

Study	Reason for Exclusion
developmental disabilities, Health and Social Work, 35, 280-290, 2010	
Weaver, R. H., Roberto, K. A., Effects of Long-term Services and Supports on Survival of Poor, Highly Vulnerable Older Adults, The Gerontologist, 59, 936-946, 2019	Ineligible country - study conducted in the US
West, Elizabeth A., Patton, Holly Ann, Positive behaviour support and supported employment for adults with severe disability, Journal of Intellectual and Developmental Disability, 35, 104-111, 2010	Ineligible country -study conducted in the US
Whitehead, L. C., Trip, H. T., Hale, L. A., Conder, J., Negotiated autonomy in diabetes self-management: The experiences of adults with intellectual disability and their support workers, Journal of Intellectual Disability Research, 60, 389-397, 2016	Ineligible phenomenon of interest - not a social worker approach to casework.
Wiechman, S. A., Carrougher, G. J., Esselman, P. C., Klein, M. B., Martinez, E. M., Engrav, L. H., Gibran, N. S., An expanded delivery model for outpatient burn rehabilitation, Journal of burn care & research, 36, 14-22, 2015	Ineligible country - study conducted in the US
Wilrycx, G. K. M. L., Croon, M. A., Van Den Broek, A. H. S., Van Nieuwenhuizen, C., Mental health recovery: Evaluation of a recovery-oriented training program, The scientific world journal, 2012 (no pagination), 2012	Ineligible phenomenon of interest - not a social worker approach to casework.
Wistow, Gerald, et, al, Circles of Support and personalization: exploring the economic case, Journal of Intellectual Disabilities, 20, 194-207, 2016	Ineligible phenomenon of interest - intervention is not clearly social worker led or delivered.
Woodman Elise, Mc, Arthur Morag, Young people's experiences of family connectedness: supporting social work practice with families and young people, British Journal of Social Work, 48, 693-713, 2018	Ineliglbe population - population under 18.

Excluded economic studies

No economic evidence was identified for this review.

Appendix K Research recommendations

Research recommendations for review question F1: What is the effectiveness of social work approaches to supporting adults with complex needs through individual and family casework?

No research recommendations were made for this review question.

Research recommendations for review question F2: Based on the views and experiences of everyone involved, what works well and what could be improved about social work approaches to individual and family casework for adults with complex needs?

No research recommendations were made for this review question.