National Institute for Health and Care Excellence

Final

Social work with adults experiencing complex needs

[G] Helping people connect with local communities

NICE guideline NG216

Evidence reviews underpinning recommendations 1.1.11 and 1.4.1 to 1.4.7 and research recommendation 5 in the NICE guideline

May 2022

Final

These evidence reviews were developed by the National Guideline Alliance

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Contents

This evidence report contains information on two reviews relating to social and community support approaches in promoting social inclusion, the first being an intervention effectiveness review and the second, a qualitative review.

- What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?
- Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs?

Helping people connect with local communities

Review questions

- What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?
- Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs?

Introduction

This was identified as a topic of key relevance for this guideline as there is an awareness that people with complex needs are invariably excluded from and stigmatised by society. The structures surrounding health and social care are invariably challenging for this population to navigate, meaning that they are excluded from or unable to access the very structures and services that have been designed to meet their needs.

This review has been conducted to identify ways in which social workers need to respond in order to remove this exclusion and isolation within society and service provision, including both traditional social work techniques and new evidence based interventions that can be used to address these barriers.

Summary of the protocol

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

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

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

Population	• People aged 18 or older with complex needs*. *Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.
Intervention	Social work approaches to improving social inclusion through delivering or facilitating access to: • Community resources such as libraries, community hubs, green gyms, health living centres. • Cultural resources. • Basic services, for example, health services, shops, banks. • Group or individual volunteer and peer support, for example, befriending, peer support education and mentoring, volunteer health roles or volunteer health schemes such as ‘health walks’. • Renewed or improved social relationships including contact with family and friends. • Strengthened communities, for example, community capacity building (the support that community groups access to help them address important issues in the community – building, funds, people, equipment) and capacity building among employers.

Comparison	Interventions compared with: • Usual practice. • Each other. • No intervention.
Outcome	**Critical** Person focused outcomes: • Participation and inclusion – measured using validated measures. • Perceived social support. • 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. Service focused outcomes: • Unplanned care contacts, for example, social work contact, A&E visit, hospital admission or care home admission (either for respite or long term care). **Important** Person focused outcomes: • Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D. • Employment or volunteering. Service focused outcomes: • Transfer from residential care, long term hospital stay or ATU to the community.

A&E: accident and emergency; ASCOT: Adult Social Care Outcomes Toolkit; ATU: assessment and treatment unit; EQ-5D: EuroQol-5 Dimensions; ICECAP-A: ICEpop CAPability measure for adults; MANSA: Manchester Short Assessment; UCLA: University of California, Los Angeles.

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

Population	• People aged 18 or older with complex needs*. • Families and supporters of adults with complex needs. • Relevant social-/health- care and other practitioners involved in needs assessment and review for adults with complex needs. *Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.
Phenomenon of interest	Views, perceptions and/or lived experiences of social and community support for social inclusion, which is delivered or facilitated by a social worker. In order to understand what works well and what does not work well, from the perspective of everyone involved, the committee want to locate data about the following themes: • Satisfaction with the approach to social and community support. • Whether the approach met the person's expectations and/or the expectations of those involved in their care. • Perceived appropriateness of the support. • Positive and negative aspects of social and community approaches for social inclusion.

For further details see the review protocol in appendix A.

Methods and process

This is a mixed-methods review using parallel synthesis. Quantitative (effectiveness) and qualitative data were analysed and synthesised separately and integrated through the committee's interpretation of the 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 effectiveness 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

Seven studies were included for this review question; 5 randomised controlled trials (RCTs: de Vet 2017, Lloyd-Evans 2020, Malmberg-Heimonen 2011, Patterson 2014 and Terzian 2013) and 2 non-RCTs (Carnes 2017 and Webber 2020). The included studies were conducted in the UK (Carnes 2017, Lloyd-Evans 2020 and Webber 2020), Canada (Patterson 2014), Italy (Terzian 2013), Norway (Malmberg-Heimonen 2011) and The Netherlands (de Vet 2017). Including only 3 UK studies was deemed insufficient for the purposes of decision making, which is why, as per the protocol, studies from Europe, Australia, New Zealand, South Africa and Canada were also considered for inclusion.

One RCT compared a Community Navigators programme versus usual care (Lloyd-Evans 2020), 1 RCT compared a critical time intervention (CTI) versus care as usual (de Vet 2017), 1 RCT compared family group conferences versus usual social services (Malmberg-Heimonen 2011), 1 RCT compared Housing First versus treatment as usual (Patterson 2014), and 1 RCT compared a social network intervention versus usual care provided by a community mental health service (Terzian 2013). One non-RCT compared social prescribing versus no social prescribing (Carnes 2017) and the second non-RCT compared the Connecting People intervention with no exposure to Connecting People (Webber 2020).

The study populations included adults who were socially isolated or lonely and living with complex anxiety or depression, schizophrenia, other mental illness, homeless adults with or without mental illness, and adults receiving longer-term social assistance.

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

- Participation and inclusion.
- Perceived social support.
- Loneliness.
- Unplanned care contacts.
- Subjective quality of life (QoL).
- Employment or volunteering.

The included studies are summarised in Table 3.

No meta-analyses were conducted for the studies due to heterogeneity between 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 evidence

Study	Population	Intervention	Comparison	Outcomes
Carnes 2017 Non-RCT England	N=486 socially isolated participants or frequent attenders to GP surgeries n= 184 Intervention n=302 Control Age - median (IQR) Intervention: 56 (22); control: 58 (20) Gender (female) - n (%) Intervention: 103 (59); control: 164 (54)	Social prescribing • Coordinators were trained in social work and employed by a managing third sector (non-profit organisation commissioned to implement the service). • Service users received up to 6 sessions with the social prescribing coordinator and as many contacts with the volunteer as required.	Matched controls Participants from neighbouring areas who did not receive social prescribing.	• Participation and inclusion (positive and active engagement in life score) at 8 months. • Unplanned care contacts (A&E visits) at 3 months.
de Vet (2017) Multicentre RCT Netherlands	N=183 homeless people n=94 Intervention n=89 Control Age (years) - mean (±SD) CTI (n=94): 41.42 (11.27); Care as usual (n=89): 39.72 (11.87) Gender (female) - n (%) CTI: 51 (54); Care as usual: 34 (38); p=0.03	Critical Time Intervention (CTI) • In each shelter organisation, 2 or 3 case managers (with a degree in social work or related field) from community service teams delivered the intervention. • Phase I (transition to the community between discharge and 3 months post-discharge); Phase II (try-out between 3 and 6 months post-discharge);	Care as usual Provision of services after discharge, but type, approach, intensity, and duration differed depending on the shelter organisation, clients' needs, and funds available, and frequency, intensity and duration were less compared to CTI.	• Perceived social support (family support and social support) at 9 months. • Subjective QoL at 9 months.

Study	Population	Intervention	Comparison	Outcomes
		Phase III (transfer of care between 6 and 9 months post-discharge).		
Lloyd-Evans 2020 Feasibility RCT England	N=40 participants living with complex anxiety or depression n=30 Intervention n=10 control Age (years) - mean (±SD) Intervention: 44.6 (13.4); control: 38.5 (11.8) Gender (female) - n (%) Intervention: 24 (80); control: 5 (50)	Community Navigators Programme • Community Navigators were not required to have mental health professional training or qualifications, but were provided with training and fortnightly group supervision from an experienced social work and occupational therapy practitioner from the participating mental health services. • 10 hour meetings with a Community Navigator and access to up to 3 group sessions over 6 months: 1] mapping people, placed and activities important to the participant; 2] development of a 'Connections Plan to identify goals; 3] organisation of group meetings with other participants.	Usual care Standard care from secondary mental health services, involving provision of a planned care package.	• Participation and inclusion (time budget diary) at 6 months. • Perceived social support (Lubben social network scale; RG-UK social capital) at 6 months. • Loneliness (de Jong Gierveld scale) at 6 months. • Unplanned care contacts at 6 months. • Subjective QoL (recovering QoL; EQ-5D-3L; EQ-VAS) at 6 months.
Malmberg-Heimonen 2011 RCT Norway	N=149 longer-term social assistance recipients. n=96 Intervention n=53 Control Age (years) - mean Intervention: 37.9; control: 40.2	Family Group Conferencing (FGC) • Meeting action plan formulated by facilitator, supported by social worker. • Involves meetings for participants and support networks to identify and	Usual care Usual social services.	• Perceived social support (emotional support and social resources) at 12 months.

Study	Population	Intervention	Comparison	Outcomes
	Gender (female) - % Intervention: 42.7; control: 30.2	introduce new resources. • Plus, usual social services.		
Patterson 2014 RCT Canada	N=497 formerly homeless adults living with mental illness Age (years) - mean (±SD): 40.8 (11.0) Gender (male): 73%	Housing First (HF) • **Housing First with Assertive Community Treatment (ACT)**: participants could choose from up to 3 market lease apartments in various neighbourhoods and services were provided by a multi-disciplinary outreach team. • **Congregate Housing with on-site support (CONG)**: participants had their own room and bathroom but shared amenity space with 100 other participants and received 3 meals a day, activity programmes and various health and social services on site. • **Housing First with Intensive Case Management ICM**: participants could choose from up to 3 market lease apartments in various neighbourhoods and services were provided by a team of outreach case managers who connected participants to existing services.	Treatment as Usual (TAU) No additional housing or support services provided beyond what was already available in the community.	• Participation and inclusion (physical integration and psychological integration) at 12 months.

Study	Population	Intervention	Comparison	Outcomes
Terzian 2013 RCT Italy	N=345 participants living with schizophrenia and marked social withdrawal n=173 Intervention n=172 Control Age (years) - n (%) 18 to 29: Intervention: 44 (25.4); control: 44 (25.6) 30 to 34: Intervention: 45 (26.0); control: 44 (25.6) 35 to 39: Intervention: 47 (27.2); control: 53 (30.8) 40 to 45: Intervention: 37 (21.4); control: 31 (18.0) Gender (female) - n (%) Intervention: 60 (34.7); control: 48 (27.9)	Social network intervention • Support to enable participation in specific social activities chosen by the participant for 3 to 6 months. Plus, usual care. • Delivered by staff members (nurse, social worker, or educator) or natural facilitators such as a family member, neighbour or volunteer.	Usual care Usual care provided by each community mental health service.	• Perceived social support (social network and social network overall) at 1 and 2 years. • Employment and volunteering (work) at 1 and 2 years.
Webber 2020 Non-RCT England	Mental Health NHS Trusts: N=5 of which N=124 participants included any worker skilled in connecting service users and people (i.e. social workers, occupational therapists, community mental health nurses, social care workers and volunteers) n=60 Intervention; n=91 Control	Connecting People • CMHT social worker or students of the Think Ahead programme who explores an individual's existing connections; explores new opportunities for engagement in activities.	Control No prior exposure to Connecting People.	• Perceived social support (RG-UK) at 6 months. • Subjective QoL (EQ-5D-VAS; EQ-5D-5L) at 6 months.

Study	Population	Intervention	Comparison	Outcomes
	Age (years) - mean (±SD) Intervention: 41.4 (14.0); control: 41.4 (12.4) Gender (female) - n (%) Intervention: 36 (60.0); control: 79 (76.9)			

ACT: assertive community treatment; A&E: accident and emergency; CMHT: community mental health team; CONG: congregate housing with on-site support; CTI: critical time intervention; EQ-5D; EuroQoL five dimension; EQ-VAS: EuroQoL Visual Analogue Scale; FGC: family group conferencing; HF: Housing First; ICM: intensive case management; IQR: interquartile range; RG-UK: resource generator-UK; QoL: quality of life; RCT: randomised controlled trial; SD: standard deviation; TAU: treatment as usual.

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. Seven publications reporting 6 studies (Carnes 2017, Gaveras 2014, Joly 2014, Lloyd-Evans 2020, Stickley 2012a and 2012b, and Webber 2015) were included in this review.

All studies were conducted in the UK. The data provided evidence about what works well and what could be improved about social and community support (including peer support) to promote social inclusion. Data collection methods included informal discussions, interviews and observations.

The studies included the views of social workers, other health and social care practitioners, people who use services, their carers; people with a life limiting illness, people with experience of multiple exclusion homelessness, people who were engaged in mental health services, people with complex anxiety and depression.

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 synthesis
Carnes 2017 Phenomenological design England **Aim of the study** To explore participants' views and experiences of a social prescribing service.	Total participants N=20 Adults who had been referred to the social prescribing service, n=20	**Data collection:** Semi-structured interviews **Data analysis:** Thematic analysis	• Satisfaction with the approach to social and community support • Whether the approach met the person's expectations and/or the expectations of those involved in their care
Gaveras 2014 Interpretive phenomenological design Scotland **Aim of the study** To explore the experiences of South Asian Muslim adults who have a life limiting illness and are parents to children under 18, with regards to social support.	Total participants N=23 Adults with a life limiting illness, n=8 Carers of adults with a life limiting illness, n=6 Healthcare professionals, n=9	**Data collection:** Interviews **Data analysis:** Interpretive phenomenological analysis	• Satisfaction with the approach to social and community support
Joly 2014 General qualitative inquiry England **Aim of the study** To explore how different agencies and professionals provide care and support to people experiencing multiple homelessness exclusion, to develop their social networks.	Total participants N=110 Practitioners and managers. (Housing and homelessness support workers, social workers, offender managers, mental health workers, drug and alcohol service workers, education and training advisors, and service commissioners (funders) across all three sites), n=76 Adults with multiple exclusion homelessness, n=34	**Data collection:** Semi- structured interviews **Data analysis:** Thematic analysis	• Negative aspects • Positive aspects
Lloyd-Evans 2020 General qualitative inquiry England **Aim of the study** To explore the acceptability of the Community Navigators programme to participants, providers and stakeholders.	Total participants N=32 Participants receiving the Community Navigators programme, n=19 Community Navigators, n=3 Community Navigator supervisors, n=3 Participants' care coordinators, n=4 Participants' family of friends, n=3	**Data collection:** Interviews **Data analysis:** Thematic analysis	• Perceived appropriateness of support • Positive aspects • Whether the approach met the person's expectations and/or the expectations of those involved in their care

Study and aim of the study	Participants	Methods	Themes applied after thematic synthesis
Stickley 2012a General qualitative inquiry England **Aim of the study** To explore the experiences of people who have participated in the Arts on Prescription programme.	Total participants N=10 Adults who engaged with the Arts on Prescription programme .	**Data collection:** Interviews **Data analysis:** Thematic analysis	• Positive aspects • Whether the approach met the person's expectations and/or the expectations of those involved in their care
Stickley 2012b General qualitative inquiry England **Aim of the study** To find out the views of referrers to an Arts on Prescription programme.	Total participants N=10 Day service officer, n=1 General practitioners, n=2 Occupational therapists, n=2 Senior project worker, n=1 Social workers, n=2 Support manager, n=1 Tenancy support officer, n=1	**Data collection:** Semi- structured interviews **Data analysis:** Thematic analysis	• Perceived appropriateness of support • Positive aspects • Satisfaction with the approach to social and community support • Whether the approach met the person's expectations and/or the expectations of those involved in their care
Webber 2015 Ethnographic design England **Aim of the study** To explore how practitioners help people recovering from psychosis to develop their social networks.	Total participants N=124 Social worker, n=7 Social work student, n=2 Other staff, n= 64 Adults using services, n=51	**Data collection:** Semi-structured interviews, unstructured interviews, observations and informal discussions **Data analysis:** Grounded theory	• Negative aspects • Positive aspects • Whether the approach met the person's expectations and/or the expectations of those involved in their care

See the full evidence tables in appendix D.

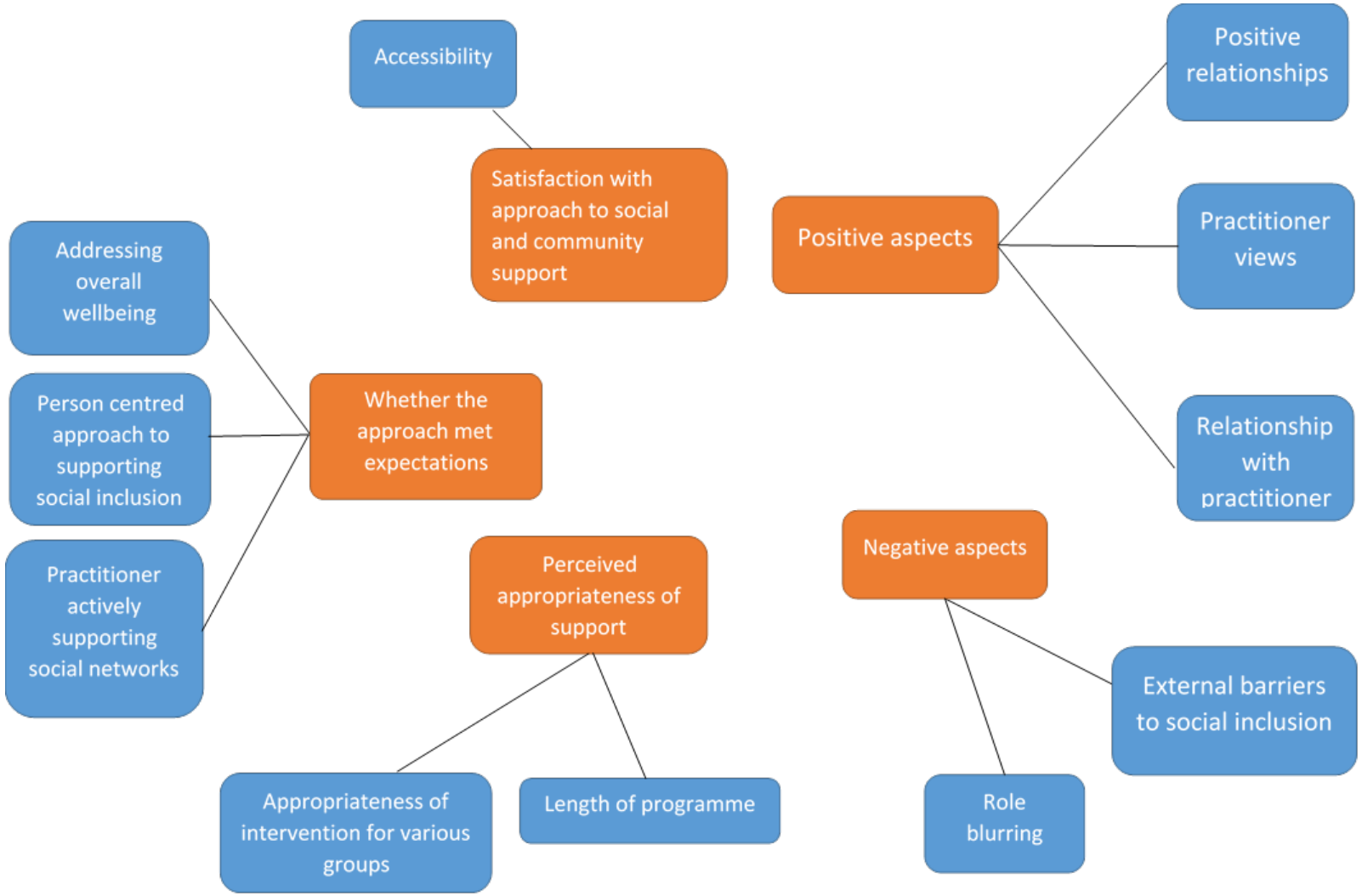
The following themes were identified through analysis of the included studies:

- Negative aspects
  - External barriers to social inclusion approaches
  - Role blurring
- Perceived appropriateness of support
  - Appropriateness of intervention for various groups
  - Length of the programme
- Positive aspects
  - Positive relationships
  - Practitioner views
  - Relationship with practitioner
- Satisfaction with the approach to social and community support
  - Accessibility
- Whether the approach met the person's expectations and/or the expectations of those involved in their care

- Addressing overall wellbeing
- Person centred approach to supporting social inclusion
- Practitioner actively supporting social connections

The theme map (Figure 1) illustrates these overarching themes and their related themes. Over arching themes are shown below in orange and central themes in blue.

Figure 1: Theme map



Summary of the evidence

Effectiveness evidence

Data from studies reporting critical and important outcomes were not combined because the interventions were not sufficiently similar, or, where they were similar, different outcomes were measured.

One randomised controlled trial (RCT), comparing a Community Navigator Programme to usual care, identified data for the critical outcomes participation and inclusion, perceived social support, and loneliness, and data for the important outcomes unplanned care contacts, subjective QoL and QoL. The study was a feasibility study and reported medians and interquartile ranges (IQRs) separately for each intervention group (Community Navigator Programme versus usual care) because the data were skewed. It was therefore not possible to determine the effectiveness of one intervention over the other for any of the critical outcomes, or for the important outcomes subjective QoL when measured with the recovering QoL questionnaire, or QoL when measure with EQ-VAS, see Table 11 in appendix F. The Community Navigator Programme did not appear to have an important benefit over usual care in terms of unplanned care contacts, assessed with hospital or community crisis care, at 8 months, or subjective QoL when measured with EQ-5D-3L at 8 months,

One RCT, comparing a Critical Time Intervention to care as usual, identified data for the critical outcome perceived social support and the important outcome subjective QoL. The data reported that the Critical Time Intervention did not appear to have an important benefit over care as usual in terms of family support or social support at 9 months, or subjective QoL measured using general QoL, at 9 months.

One RCT compared Family Group Conferences to usual care. Data was identified for the critical outcome perceived social support. The evidence showed that Family Group Conferences did not appear to have an important benefit over usual care at 12 months, in terms of emotional social support and social resources.

One RCT, comparing Housing First to treatment as usual, identified data for the critical outcome participation and inclusion. Across the Housing First comparisons, the majority showed no important differences between the approaches compared (congregate housing, ICM or ACT versus treatment as usual) in terms of physical or psychological integration. Exceptions were congregate housing versus treatment as usual, where an important benefit in terms of high level of support need participants knowing most of the people who live near them at 12 months, and ICM or ACT versus treatment as usual where an important benefit in terms of participants with moderate or high of support needs feeling at home where they live at 12 months. In addition, social work approaches showed an important (or possible important) harm between ICM or ACT versus treatment as usual in participants with moderate or high of support needs at 12 months in terms of knowing most of the people who live near them.

One RCT, comparing a Social Network Intervention to usual care, identified data for the critical outcome perceived social support, and the important outcome employment. The evidence showed that the social network intervention had an important benefit over usual care in terms of perceived social support (social networks), measured at 1- and 2-year follow-up, but there was no important difference for employment measured at 1- and 2-year follow-up.

One RCT compared the Connecting People intervention to the control group not exposed to Connecting People. Data was identified for the critical outcome perceived social support, and the important outcome subjective QoL. The evidence showed that Connecting People did not appear to have an important benefit over no Connecting People in terms of social support at 6 months, or subjective QoL measured with EQ-5D-VAS or EQ-5D-5L, at 6 months.

One non-RCT compared social prescribing to no social prescribing. Data was identified for the critical outcome participation and inclusion, and the important outcome unplanned care contacts. The evidence reported that social prescribing did not appear to have an important benefit over no social prescribing in terms of positive and active engagement, measured at 8 months, or unplanned care contacts measured with visits to A&E at 3 months.

See appendix F for full GRADE tables.

Qualitative evidence

The evidence generated 5 overarching themes related to what works well and what could be improved about social work approaches to social and community support (including peer support) to promote social inclusion. Three studies included themes relating to the negative aspects of social work approaches to social support, which revolved around the external barriers to social inclusion and also role blurring between practitioners and participants. Two studies contributed to themes on the perceived appropriateness of the support which highlighted the importance of recognising that different needs required varying levels of support. The evidence, which came from 5 studies, also identified themes highlighting positive aspects of social work approaches, which were related to positive relationships with other participants as well as practitioners, and practitioner's views that the interventions created a safe environment for participants. There were themes, related to the satisfaction with social work approaches and these were related to positive views on the practical accessibility of the approaches, which were derived from evidence from 2 studies. Five studies provided data that contributed to themes relating to whether the approaches met people's expectations such as addressing overall wellbeing and broader life needs, and improving social inclusion.

Synthesis of quantitative and qualitative evidence

Although the quantitative and qualitative synthesis were conducted in parallel, some of the qualitative evidence did help to explain or contextualise the quantitative findings. Shown in Table 5 the relevant themes are listed from the qualitative evidence and are matched to the quantitative evidence. The final column of the table provides a possible explanation for the quantitative 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 quantitative 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 quantitative results
G2.1 Appropriateness of intervention for various groups Data from 1 study (Stickley 2012b) suggested that social work approaches to social inclusion (Arts on Prescription) could be suitable for various groups of people, but	LOW	*Outcome: participation and inclusion measured by psychological integration subscale at 12 months follow-up* Housing First interventions reported mixed findings in terms of psychological integration in people who were previously homeless and living with mental illness, dependent on type of Housing First	VERY LOW (1 RCT)	The qualitative evidence suggests that social work approaches to social inclusion, including social prescribing, may achieve positive outcomes for some groups of participants but not for others in terms of providing social opportunities and a sense of social belonging. This could explain why we see mixed findings for the quantitative evidence.

Qualitative Themes	Overall confidence in the findings	Effectiveness evidence	Quality	Explanatory contribution of qualitative findings on quantitative results
consideration needs to be given to people's preferences and needs.		intervention/support provided and level of participant needs (Patterson 2014).		The quantitative evidence showed an important benefit for participants with high needs (living in congregate housing) in terms of knowing people who live near them. While participants with moderate needs (receiving ICM), and participants with high needs (receiving ACT) showed an important (or 'possible important') harm. The important benefit of congregate housing over treatment as usual in terms of knowing most of the people who live near them could be attributed to sharing a living space with others and having access to organised activities and support on-site (including a community of peers in the building). Whilst participants receiving ICM or ACT lived in their choice of independent apartment and received off-site support. The quantitative evidence also suggested that participants with moderate needs (receiving ICM) and participants with high needs (receiving ACT) had an increased sense of belonging and feeling at home where they lived. This could perhaps be explained by them having their own living space rather than sharing a space with others. Interestingly, however, there were no important benefits for any Housing First intervention compared to treatment as usual in terms of interacting with people living nearby. An explanation for this, as suggested by the authors, could be that for people who have been homeless for a long duration, 1 year of stable housing is a short period to adjust to living indoors and in a new neighbourhood.

Qualitative Themes	Overall confidence in the findings	Effectiveness evidence	Quality	Explanatory contribution of qualitative findings on quantitative results
G2.2 Length of the programme Data from 1 study (Lloyd-Evans 2020) suggested that social work approaches to social inclusion (Community Navigator) were not long enough or in-depth enough, to address the complex mental health needs and loneliness of people using services. Family and friends felt that progress made would be limited if participants experienced complex life factors during the programme.	LOW	*Outcome: subjective quality of life measured by EQ-5D-3L; general quality of life; EQ-5D-VAS and EQ-5D-5L* The Community Navigator intervention (Lloyd-Evans 2020), CTI (de Vet 2017) and Connecting People intervention (Webber 2020), lasting 6 or 9 months, did not appear to have an important benefit over comparators in terms of improving quality of life.	VERY LOW (2 RCTs and 1 non-RCT)	The qualitative evidence suggests that social work approaches to social inclusion may not be of sufficient duration to address the complex needs of people using services. This could explain why, in the main, we do not see important benefits from quantitative evidence providing interventions lasting up to 12 months. The quantitative evidence reports no important benefit in terms of improving quality of life in participants receiving interventions lasting 6 or 9 months. Similarly, there were no important benefits in terms of increasing social engagement at 8 months. Although the Housing First intervention was measured at 12 months and reported mixed findings, the authors stated that for people who have been homeless for a long duration, 1 year of stable housing is a short period to adjust to living indoors and in a new neighbourhood. For perceived social support, the quantitative evidence reported no important benefit for interventions compared to usual care (duration 3 to 9 months), but there was an important benefit for the social network intervention (lasting 6 months) over treatment as usual in terms of participation and inclusion at 1 to 2-year follow-up. This important benefit seen in the intervention that lasted 6 months could be due to a more in-depth approach. As the qualitative data describes, complex life factors can get in the way and impede progress
		Outcome: participation and inclusion measured by physical and psychological integration subscale; positive and active engagement in life Housing First (provided for 12 months) reported no important benefit over usual care for physical integration and mixed findings for psychological integration (Patterson 2014). Social prescribing interventions (lasting 8 months) reported no important benefit over no social prescribing in terms of increased social engagement (Carnes 2017).	LOW OR VERY LOW (1 RCT and 1 non-RCT)	

Qualitative Themes	Overall confidence in the findings	Effectiveness evidence	Quality	Explanatory contribution of qualitative findings on quantitative results
G5.2 Person centred approach to supporting social inclusion Data from 3 studies (Lloyd-Evans 2020, Stickley 2012a and Stickley 2012b) suggested that, generally, social work approaches to support met the social inclusion needs of participants. However, data highlighted that it was important to consider that the level of support needed varied depending on peoples' needs.	MODERATE	*Outcome: perceived social support measured as family support and social support; emotional social support and social resources; social network intervention* The CTI (duration 9 months), family group conferences (duration 3 to 6 months) and Connecting People interventions (duration 6 months) did not appear to have an important benefit over care as usual in terms of increasing perceived social support (de Vet 2017; Malmberg-Heimonen 2011 and Webber 2020). However, a social network intervention (lasting 6 months) appeared to have an important benefit over usual care in terms of increasing perceived social support (Terzian 2013).	VERY LOW (3 RCTs and 1 non-RCT)	suggesting that the duration of the intervention may be a limiting factor for some people but not all. The qualitative data also shows that to meet social inclusion needs, the variation in level of support should be considered. Therefore, we might conclude that duration of interventions and how in-depth they should be, will depend on individual circumstances. The qualitative data also suggest that practitioner support with social connections, such as doing activities together, is key to achieving the intended benefits of the intervention. This may provide an explanation for why we see mixed findings across interventions in terms of benefit for perceived social support, and again highlights the importance of in-depth and individual approaches to social support.
G5.3 – Practitioner actively supporting social connections Data from 2 studies (Lloyd-Evans 2020, Webber 2015) suggested that practitioner support with social connections and new experiences was key to helping participants achieve the intended benefits. Participants reported that support from practitioners, such as attending activities together, allowed them to participate in activities or situations they would have usually avoided.	MODERATE			

ACT: assertive community treatment; CTI: critical time intervention; EQ-5D: EuroQoL five dimension; ICM: intensive case management; RCT: randomised controlled trial.

Economic evidence

Included studies

Two economic studies were identified which were relevant to this review questions. (Webber 2019, Webber 2020)

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

Excluded studies

Economic studies not included in this review are listed, and reasons for their exclusion are provided in supplementary material 2.

Summary of included economic evidence

Two published economic studies were identified for this review question both comparing the Connecting People Intervention (CPI), an enhancement to usual care, to usual care. (Webber 2019, Webber 2020). Both economic evaluations were cost utility analyses conducted alongside non-randomised study designs and compared before and after costs and outcomes for the interventions under consideration.

Both studies showed CPI to reduce costs per individual with a very small decrease in QALYs (quality adjusted life year) at their point estimate for cost and outcomes. For both, the ICER (Incremental Cost-Effectiveness Ratio) was greater than £20,000 per QALY (as both QALYs and costs are negative for the intervention the ICER represents a cost saving per QALY lost) indicating that the intervention would be cost effective at this threshold. For Webber 2019 no investigation of uncertainty was undertaken. Webber 2020 estimated that the CPI had a 60% probability of being cost effective at a £20,000 per QALY threshold suggesting great uncertainty about whether the intervention is the preferred option.

Both studies took a NHS & PSS perspective and report outcomes in QALYs estimated using the EQ-5D and were both directly applicable to the review question. Because of potential biases in the effectiveness data, limited amount of exploration of uncertainty and short time horizons both studies were deemed to have 'potentially serious limitations'.

See Table 6 for the economic evidence profile of the included study.

Table 6: Economic evidence profile of a systematic review of economic evaluations of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

				Incremental			
Study	**Limitations**	**Applicability**	**Other comments**	**Costs**	**Effect**	**Cost effectivenss**	**Uncertainty**
Webber 2019 Connecting people intervention Versus Usual care	Potentially serious limitations[1,2]	Partially applicable[3]	Population: adults with mental health problems or a learning disability. Incremental result adjusted for psychiatric	-£1331	-0.02 QALYs	£66,650 per QALY[4]	No investigation undertaken

Study	Limitations	Applicability	Other comments	Incremental			Uncertainty
				Costs	Effect	Cost effectivenss	
			medicine use				
Webber 2020 Connecting people intervention Versus Usual care	Potentially serious limitations[1,5]	Partially applicable[3]	Population: adults with mental health problems or a learning disability. Economic evaluation run alongside Webber 2020 from the effectiveness review	-£1780	-0.055 QALYs	£32,552 per QALY[4]	60% probability of the intervention being cost effective at a £20,000 per QALY threshold

QALY: Quality adjusted life year
[1] Biases in the effectiveness data (potential for confounding, selection bias and bias due to missing data as well as not having adequate statistical power)
[2] Short time horizon of 9 months
[3] Study took a NHS & PSS perspective and report outcomes in QALYs estimated using the EQ-5D
[4] As both costs and QALYs are negative the ICER represents a saving per QALY lost. Higher ICERs favour the intervention
[5] Short time horizon of 6 months

Economic model

Economic analysis and costings were undertaken to cover a number of topics in this guideline. Please see Appendix I for more details.

Evidence statements

- There was evidence from 2 UK cost utility analyses showing that the Connecting People Intervention could be cost saving and cost effective as an adjunct to usual practice in people with mental health problems or a learning disability. The evidence was directly applicable to the NICE decision making context as it took a NHS & PSS perspective and estimated QALYs using the EQ-5D and UK population scoring tariffs. They were deemed to have potentially serious methodological limitations as they had limited time horizons and were underpowered.

- There was evidence from the guideline economic analysis showing that the Connecting People Intervention could be cost saving and cost effective as an adjunct to usual practice in people with mental health problems or a learning disability even if additional staff time or administrative support was needed. This was based on the 2 identified economic evaluations on the Connecting People Intervention and for identical reasons was deemed to be directly applicable to the NICE decision making context but with potentially serious methodological limitations.

- There was evidence from the guideline economic analysis search of costing evidence that Supporting People Together intervention may be cost saving in people with mental health problems not in the acute phase if they prevented hospital admission or allowed discharge from services in a small number of people. The study took a UK NHS & PSS perspective and had methodological limitations however as it was only a

costing study with no outcome measure it was not rated formally using usual methodology.

The committee's discussion and interpretation of the evidence

The outcomes that matter most

For the effectiveness review participation and inclusion, perceived social support, loneliness and unplanned care contacts were considered critical outcomes. The committee agreed that these outcomes would best identify the facilitators and barriers to social inclusion and whether adults with complex needs could navigate the services designed to meet their needs. Subjective quality of life, employment or volunteering, and transfer from residential care were considered important outcomes. The committee chose these outcomes as they demonstrate successful and meaningful measures of social inclusion in the community and would highlight whether people were satisfied with the service and support.

To address the issues of what works well and what could be improved about social work approaches to social and community support, 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.

- Satisfaction with the approach to social and community support
- Whether the approach met the person's expectations and/or the expectations of those involved in their care
- Perceived appropriateness of the support
- Positive and negative aspects of social and community approaches for social inclusion

The quality of the evidence

Effectiveness evidence

The quality of the evidence for quantitative outcomes was assessed with GRADE and was rated as low or very low. Studies were downgraded on the basis that they were at high risk of bias because of concerns around, for example, between group differences, missing outcome data, and/or blinding. Studies were further downgraded on the basis of indirectness because other factors may have influenced the outcomes (such as interventions not being provided exclusively by social workers). Some studies were downgraded on the basis of imprecision because 95% confidence intervals crossed 1 or 2 minimally important differences (MIDs) or because sample sizes were limited for studies reporting outcomes as p values or medians (IQRs) only. None of the studies were downgraded on the basis of inconsistency because only one study reported data for each outcome.

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.

No evidence was identified for transfer from residential care; long-term hospital stay or Assessment and Treatment Unit to the community.

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

Qualitative evidence

The qualitative evidence was assessed using GRADE-CERQual methodology and the overall confidence in the findings for the qualitative review ranged from low to high. Confidence in most findings was rated as low or moderate and only 1 finding was rated with high confidence. 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 they were based on evidence from studies in which support was not facilitated or delivered exclusively by social workers. Some of the findings were also downgraded for relevance because it was unclear whether the population in those studies could all be described as having complex needs.

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 discussed the qualitative evidence (G2.2 Length of the programme; low quality) which suggested that progress in interventions could be limited for people when they did not address all of their complex needs, such as their mental health needs and loneliness. The committee agreed with this finding and discussed similar experiences in practice. They therefore used this evidence to recommend that organisations should consider making time allowances for social workers in order to build effective relationships with people with complex needs, and find out how their individual life experiences may affect their need for support. The committee noted that this would standardise practice and acknowledged that this may lead to longer contact times, but this would be balanced against better individualised services and is supported by the economic analysis.

Helping people to connect with local communities and reduce isolation

The committee discussed the quantitative evidence which showed mixed findings for social work approaches to social inclusion. They agreed with the synthesis of the quantitative and qualitative data, which suggested that the mixed findings could be explained by the importance of taking an individualised approach to achieve positive outcomes (G5.2 Person centred approach to supporting social inclusion; moderate quality). The committee agreed that this was also a reflection of their practice experience, and was therefore important to consider when making recommendations for adults with complex needs.

The committee discussed the quantitative evidence that showed social work approaches to social inclusion had an important benefit over usual practice, in terms of perceived social support which is also reflected their experience. They also discussed the qualitative findings (G2.1 Appropriateness of intervention for various groups; low quality; G5.2 Person centred approach to supporting social inclusion; moderate quality) that highlighted the importance of taking a person-centred approach, and considering the different types of support needed based on a person's individual circumstances. They discussed, using experiential knowledge, that some interventions and support systems would be appropriate for people with certain needs but not others. They highlighted the example of Circle of Support for people with learning disabilities and agreed that there were many different types of social support available, but taking a person-centred approach was key. Using the evidence, and some experiential knowledge, the committee agreed on a recommendation that would ensure social workers engage in discussions to find out people's preferences and make sure that support for social inclusion is individualised.

The committee discussed the qualitative evidence (G2.1 Appropriateness of intervention for various groups; low quality) which suggested not all interventions were appropriate for

various groups. The findings also highlighted that community based groups and resources could be more beneficial than those provided by the NHS. The committee agreed as this finding reflected their practice experience, they would make a strong recommendation. The committee also discussed the evidence that showed active support from social workers was key to enabling participants to engage with social opportunities. They agreed that social workers should support people to access a diverse range of activities and social networks as this would provide opportunities for social inclusion to various groups of people. The committee identified some practical ways in which social workers could achieve this, such as finding out what resources were available in the community that could be suited to peoples' strengths, preferences or cultures. The qualitative evidence around appropriate resources led the committee to discuss social workers thinking outside the box in terms of what may be suitable for people. The committee discussed that activities and resources already available in the community may not fulfil the needs or preferences of all people, and that social workers should think creatively (for example by active involvement in commissioning discussions and flexible use of personal budgets) so that they are able to help the person to make community connections. They agreed that this would enable social workers to have the freedom to tailor care and support for the individual.

The committee also discussed the qualitative findings (G3.1 Positive relationships; low quality; G3.2 practitioner views; moderate quality) that suggested social work approaches achieve the best outcomes when they were focused on the overall wellbeing of the individual. They discussed that this could be because it led to a deeper understanding of the individual and created trust between the practitioner and the person being supported. They agreed that the recommendations focused on talking to a person about their preferences, enabling individualised resources and supporting people to access them, was a way of addressing their overall wellbeing.

The committee discussed some of the quantitative evidence, which showed no important benefit of interventions that lasted up to 12 months. They also discussed the qualitative findings that suggested interventions may not last long enough to address the needs of people with complex needs. They agreed with the synthesis of the quantitative and qualitative evidence (G2.2 Length of the programme; low quality) that suggested interventions lasting 12 months may not have been long enough to have an effect. Using the evidence the committee recognised that the length of a programme or intervention should be determined by an individual's needs and circumstances, and individualised approaches to care were key. There was a paucity of evidence to make specific recommendations about the optimal length of interventions so the committee agreed that the recommendation to take a strengths based, person centred approach would be a way of addressing this. They discussed that this would enable people to engage with services and activities that were relevant to them, rather than spending their time in activities where they were not engaged and therefore not achieving positive outcomes. They agreed that by taking a person-centred approach, regardless of the length of the intervention or programme, people would gain the skills and confidence to continue to develop their social connections and improve personal outcomes, outside of an intervention setting. They acknowledged that it is possible thatthe support network may not be acting in the person's best interest and that this could lead to potential distress. The committee therefore recommended that the social worker should find out whether any new community connection is meaningful, beneficial to wellbeing and enjoyable. This would mean that the person can talk about the experience that they had and whether it was positive and if not the social worker can explore the reasons, make sure that the person is safe and if not find an alternative activity.

The committee agreed that to successfully implement the recommendations which support individualised approaches to social inclusion, organisations and social workers need to keep up to date with what resources are available in the community, and ensure that this information is provided to people with complex needs and their families. The evidence (G4.1 Accessibility; low quality) suggested that people with complex needs were not always aware of the services available, and so the committee agreed on a number of examples to help

organisations and social workers implement the recommendation, such as creating lists of available resources that would be updated regularly, and also liaising with different community groups to find out what services they offer and how they could help people to access them. The committee agreed that this recommendation would address the barriers to engagement as a result from inadequate information, as highlighted in the evidence (G4.1 Accessibility; low quality), and from experience, they agreed it would also avoid, where possible, referrals to oversubscribed services with long waiting lists.

The committee recognised that they had recommended several actions for organisations and social workers in terms of facilitating access to community resources. They discussed whether this might lead to services or activities being developed based purely on professional views. However they agreed that this risk was mitigated by also recommending that people's personal preferences should be considered when helping them to access resources. For example the committee recommended that social workers check if any social or community connections being set up were meaningful to the person, and if not they should look for alternatives. They agreed this would also avoid any potential harm created from engaging in social activities that people did not actually enjoy. The committee agreed this would encourage ongoing communication between social workers and people using services, and address any changes in preferences. The committee also discussed the qualitative finding (G4.1 Accessibility; low quality) that highlighted that practitioners appreciated when there were fewer barriers in terms of eligibility criteria when making referrals. The evidence suggested that these issues could have an impact on accessibility. The committee agreed on a recommendation to address issues around accessing services, and agreed that it was important for organisations to provide essential information about their services that would clarify catchment areas, eligibility criteria and referral processes.

The committee discussed that the quantitative and qualitative evidence led to recommendations to support social workers, and people using services, with accessing services and activities to enable social networks and connections. However, they agreed that the evidence did not provide clarity over the best model or approach social workers could use to promote community connections and therefore made a research recommendation to address this gap.

Cost effectiveness and resource use

The committee considered 2 economic evaluations which compared the 'Connecting People Intervention' (CPI), an enhancement to usual care, to standard practice plus the guideline economic model which expanded upon these analyses. Both studies were deemed directly applicable to the decision problem given they were undertaken by social workers in a UK setting but with potentially serious limitations mostly as a result of biases in the effectiveness data (potential for confounding, selection bias and bias due to missing data as well as not having adequate statistical power). It was also difficult to identify the direction of any potential biases. The study found no evidence of differences in QALYs but in both studies there was evidence that the CPI intervention was cost saving with both studies estimating a greater than 70% probability of this being the case. The point estimates in both studies also represented a large cost saving per person (£1331 and £1780 per person) over just a short time horizon. If these point estimates were repeated across the entire eligible population of England it would easily represent a significant resource saving. Both studies also highlighted low fidelity with the intervention amongst the social workers providing it. The main barrier highlighted for this was the need to prioritise crisis and statutory work. Additional analyses as part of the guideline model suggested that even if a large amount of additional social worker time or administrative support was needed for the intervention it could still potentially be cost saving and cost effective. The guideline economic work also identified evidence around the Supporting People Together intervention although this evidence was of low quality and non-comparative. It too suggested that if there were small reductions in emergency hospital admissions or small increases in people appropriately discharged from services this too could be cost saving.

Although only considering 2 very specific interventions the economic evidence suggests that even if a significant amount of additional resource or time is needed to allow for interventions to be used and be effective they could still be cost saving. This supports recommendations around supporting social workers to make time allowances in caseloads so they can build relationships with people with complex needs.

The committee considered that the evidence lent weight to such interventions being cost effective with slightly stronger evidence of cost savings but acknowledged that it only covered 1 intervention and given the biases with the study it was difficult to form very strong conclusions of either effectiveness or cost effectiveness. The committee therefore recommended for a much wider 'general strengths-based person-centred approach' rather than a specific intervention.

The committee highlighted the qualitative evidence that interventions may not be long enough to address the needs of people with complex needs but that recommendations specific to length of intervention could have a significant resource impact. There was no economic evidence identified to support longer term programmes. The committee therefore were unable to make a recommendation around the length of interventions.

Other recommendations underpinned by this evidence review will increase the time social workers spend researching, supporting, communicating opportunities to and helping people to make connections in their communities. From the economic evidence this could still be cost saving if it improves outcomes and reduces utilisation of other healthcare resources through better outcomes. This is potentially the case even when significant periods of time are needed to perform these tasks. There is also likely to be an improvement in quality of life through increasing social contact and decreasing loneliness.

It is anticipated that other recommendations made support current practice and an increase in resource use is not expected.

Other factors the committee took into account

In making the recommendations based on this evidence review, the committee drew upon their knowledge and experience of other NICE guidelines and relevant legislation. In particular, the Mental Health Act (1983; amended 1995 and 2007), Mental Capacity Act 2005 and Care Act 2014 as well as the associated codes of practice supported a number of the recommendations and the committee also drew on the Social Work England professional standards for social workers.

The committee also thought it was important to signpost to other relevant NICE guidance such as the NICE guideline on Ccommunity engagement: improving health and wellbeing and reducing health inequalities for information on community engagement aimed toat reducinge health inequalities see. They also cross-referred to the NICE guideline on mental wellbeing in over 65s: occupational therapy and physical activity interventions for information aimed at engaging people over 65 years in activities to improve mental wellbeing

Recommendations supported by this evidence review

This evidence review supports recommendations 1.1.11 and 1.4.1 to 1.4.6 and research recommendation 5 in the NICE guideline.

References – included studies

Effectiveness

Carnes 2017

Carnes, D., Sohanpal, R., Frostick, C., Hull, S., Mathur, R., Netuveli, G., Tong, J., Hutt, P., Bertotti, M., The impact of a social prescribing service on patients in primary care: a mixed methods evaluation, BMC Health Serv Res, 17, 835, 2017

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Malmberg-Heimonen 2011

Malmberg-Heimonen, I., The effects of family group conferences on social support and mental health for longer-term social assistance recipients in Norway, British Journal of Social Work, 41, 949-967, 2011

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Patterson, M. L., Moniruzzaman, A., Somers, J. M., Community participation and belonging among formerly homeless adults with mental illness after 12 months of Housing First in Vancouver, British Columbia: a randomized controlled trial, Community Mental Health Journal, 50, 604-611, 2014

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Webber 2020

Webber, M, Ngamaba, K, Moran, N, Pinfold, V, Boehnke, J R, Knapp, M, Henderson, C, Rehill, A, Morris, D, The Implementation of Connecting People in Community Mental Health Teams in England: A Quasi-Experimental Study, British Journal of Social Work, 2020

Qualitative

Carnes 2017

Carnes, D., Sohanpal, R., Frostick, C., Hull, S., Mathur, R., Netuveli, G., Tong, J., Hutt, P., Bertotti, M., The impact of a social prescribing service on patients in primary care: a mixed methods evaluation, BMC Health Services Research, 17, 835, 2017

Gaveras 2014

Gaveras, E. M., Kristiansen, M., Worth, A., Irshad, T., Sheikh, A., Social support for South Asian Muslim parents with life-limiting illness living in Scotland: A multiperspective qualitative study, BMJ Open, 4, 2014

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Lloyd-Evans 2020

Lloyd-Evans, B., The Community Navigator Study: results from a feasibility randomised controlled trial of a programme to reduce loneliness for people with complex anxiety or depression, 2020

Stickley 2012a

Stickley, T., Hui, A., Social prescribing through arts on prescription in a U.K. city: participants' perspectives (part 1), Public Health, 126, 574-9, 2012

Stickley 2012b

Stickley, T., Hui, A., Social prescribing through arts on prescription in a U.K. city: referrers' perspectives (part 2), Public Health, 126, 580-6, 201

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Economic

Webber 2019

Webber, M., Morris, D., Howarth, S., Fendt-Newlin, M., Treacy, S.a, McCrone, P., Effect of the Connecting People Intervention on Social Capital: A Pilot Study, Research on Social Work Practice, 29, 483-494, 2019

Webber 2020

Webber, M, Ngamaba, K, Moran, N, Pinfold, V, Boehnke, J R, Knapp, M, Henderson, C, Rehill, A, Morris, D, The Implementation of Connecting People in Community Mental Health Teams in England: A Quasi-Experimental Study, British Journal of Social Work, 2020

Appendices

Appendix A Review protocols

Review protocol for review question G1: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

Table 7: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42021236758
1.	Review title	Social inclusion (quantitative)
2.	Review question	G1. What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs)?
3.	Objective	To establish and compare the effectiveness of social and community support for social inclusion, which is social work led or delivered.
4.	Searches	The following databases will be searched: • Cochrane Database of Systematic Reviews (CDSR). • Cochrane Central Register of Controlled Trials (CENTRAL). • MEDLINE & Medline in Process. • Embase. • Applied Social Science Index and Abstracts (ASSIA). • International Bibliography of the Social Sciences (IBSS). • Social Policy and Practice. • Social Services Abstracts. • Sociological Abstracts. • Social Care Online.

ID	Field	Content
		Searches will be restricted by: • Date limit: 2010 onwards (see rationale under Section 10). • English language. • Human studies. Other searches: • Additional searching may be undertaken if required. For each search (including economic searches), the principal database search strategy is quality assured by a second information specialist using an adaption of the PRESS 2015 Guideline Evidence-Based Checklist. With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies will be published in the final review.
5.	Condition or domain being studied	Social and community support for social inclusion, which is led or delivered by a social worker.
6.	Population	• People aged 18 or older with complex needs*. * Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.
7.	Intervention	Social work approaches to improving social inclusion through **delivering or facilitating access to**: • Community resources such as libraries, community hubs, green gyms, healthy living centres. • Cultural resources. • Basic services, for example, health services, shops, banks. • Group or individual volunteer and peer support, for example, befriending, peer support education and mentoring, volunteer health roles or volunteer health schemes such as ‘health walks’. • Renewed or improved social relationships including contact with family and friends.

ID	Field	Content
		• Strengthened communities, for example, community capacity building (the support that community groups access to help them address important issues in the community – building, funds, people, equipment) and capacity building among employers. Examples of specific interventions were given by the committee to help to guide the review. Nevertheless, studies evaluating any intervention which meets the above description will be considered for inclusion. • Social prescribing. • Family group conferencing. • Asset mapping. • Community connectors. • Circle of support.
8.	Comparator	Interventions compared with: • Usual practice. • Each other. • No intervention.
9.	Types of study to be included	• Experimental studies (where the investigator assigned intervention or control) including: ○ Randomised or quasi-randomised controlled trials. ○ Non-randomised controlled trials. • Systematic reviews/meta-analyses of controlled trials. In the absence of controlled trials reporting critical outcomes, studies using the following designs will be included if they report data on critical outcomes: • Observational studies (where neither control nor intervention were assigned by the investigator) including: ○ 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	Inclusion:

ID	Field	Content
		• Full text papers. • Only studies conducted in the UK will be included. However, if insufficient UK based studies are available for the purposes of decision making about recommendations then studies from the following high income countries (as defined by the World Bank) from Europe, plus Australia, New Zealand, Canada and South Africa, will be included. Exclusion: • Observational studies that do not report critical outcomes. • Conference abstracts. • Articles published before 2010. • Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/study quality. • Non-English language articles.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	**Person focused outcomes:** • Participation and inclusion – measured using validated measures. • Perceived social support. • 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. **Service focused outcomes:** • Unplanned care contacts, for example, social work contact, A&E visit, hospital admission or care home admission (either for respite or long term care).
13.	Secondary outcomes (important outcomes)	**Person focused outcomes:** • Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D. • Employment or volunteering. **Service focused outcomes:** • Transfer from residential care. Long term hospital stay or ATU to the community.

ID	Field	Content
14.	Data extraction (selection and coding)	• All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. • Duplicate screening will be undertaken for 10% of items. • Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion. • Draft excluded studies will be circulated to the Topic Group for their comments. Resolution of disputes will be by discussion between the senior reviewer, Topic Advisor and Chair. • A standardised form will be used to extract data from included studies. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.
15.	Risk of bias (quality) assessment	Risk of bias of individual studies will be assessed using the preferred checklist as described in Developing NICE guidelines: the manual.
16.	Strategy for data synthesis	NGA STAR software will be used for generating bibliographies/citations, study sifting and data extraction. If pairwise meta-analyses are undertaken, they will be performed using Cochrane Review Manager (RevMan). 'GRADEpro' will be used to assess the quality of evidence for each outcome. • Being a parallel review to A2, the NGA technical team will present findings from this review together with qualitative evidence (A2), where data allow. The committee will be supported to complete the synthesis of these mixed data through their discussions of the evidence. Their interpretation of the relationship between the quantitative and qualitative data will be described in the committee discussion of the evidence section of the evidence report.
17.	Analysis of sub-groups	Subgroup analysis will be conducted wherever possible if the issue of heterogeneity appears relevant, for example in relation to: • Different approaches to promoting social inclusion • Groups of people with different needs • All groups highlighted in the Equality Impact Assessment. • People entitled to section 117 aftercare following discharge from hospital under the Mental Health Act 1983.

<table>
<tr><th>ID</th><th>Field</th><th>Content</th></tr>
<tr><td>18.</td><td>Type and method of review</td><td>☒ Intervention
☐ Diagnostic
☐ Prognostic
☐ Qualitative
☐ Epidemiologic
☐ Service Delivery
☒ Other (please specify) This intervention review is linked with a qualitative review [G2] on the same issue.</td></tr>
<tr><td>19.</td><td>Language</td><td>English</td></tr>
<tr><td>20.</td><td>Country</td><td>England</td></tr>
<tr><td>21.</td><td>Anticipated or actual start date</td><td>January 2021</td></tr>
<tr><td>22.</td><td>Anticipated completion date</td><td>January 2022</td></tr>
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ID	Field	Content
		<table><tr><td>Data extraction</td><td>☑</td><td>☑</td></tr><tr><td>Risk of bias (quality) assessment</td><td>☑</td><td>☑</td></tr><tr><td>Data analysis</td><td>☑</td><td>☑</td></tr></table>
24.	Named contact	**5a. Named contact** National Guideline Alliance **5b. Named contact e-mail** SWIadults@nice/org.uk **5e Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) and National Guideline Alliance
25.	Review team members	NGA Technical Team
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance, which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the

ID	Field	Content
		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	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=236758
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Social work, complex needs, assessment, care management.
33.	Details of existing review of same topic by same authors	N/A.
34.	Current review status	☐ Ongoing ☒ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
	Additional information	N/A
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; ATU: assessment and treatment unit; CCTR: Cochrane Controlled Trials Register; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; EQ-5D: EuroQol 5 Dimensions; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; IBSS: International Bibliography of the Social Sciences; ICECAP-A: ICEpop CAPability measure for adults; MANSA: Manchester Short Assessment; NGA: National Guideline Alliance; NICE: National Institute for Health and Care Excellence; RCT: randomised controlled trial; RoB: risk of bias; UCLA: University of California, Los Angeles.

Review protocol for review question G2: Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs)?

Table 8: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42021236767
1.	Review title	Social inclusion (view and experiences)
2.	Review question	G2. Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs? *Note that this review is linked with G1, which is described in a separate review protocol:* *What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?*
3.	Objective	• To establish what adults with complex needs, their families and carers believe works well and what could be improved about social and community support approaches to promote social inclusion. • To establish what practitioners believe works well and what could be improved about social and community support approaches to promote social inclusion.
4.	Searches	The following databases will be searched: • Cochrane Database of Systematic Reviews (CDSR). • Cochrane Central Register of Controlled Trials (CENTRAL). • MEDLINE & Medline in Process. • Embase. • Emcare. • CINAHL. • PsycINFO. • Applied Social Science Index and Abstracts (ASSIA).

ID	Field	Content
		• International Bibliography of the Social Sciences (IBSS). • Social Policy and Practice. • Social Science Database. • Social Services Abstracts. • Sociological Abstracts. • Social Care Online. Searches will be restricted by: • Date limit: 2010 onwards (see rationale under Section 10). • English language. • Human studies. • Qualitative studies filter. Other searches: • Additional searching may be undertaken if required. One search will be conducted to cover all qualitative questions. For each search (including economic searches), the principal database search strategy is quality assured by a second information specialist using an adaption of the PRESS 2015 Guideline Evidence-Based Checklist. With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies will be published in the final review.
5.	Condition or domain being studied	Views, perceptions and or/or lived experiences of social and community support for social inclusion, which is led or delivered by a social worker.
6.	Population	• People aged 18 or older with complex needs*. • Families and supporters of adults with complex needs. • Relevant social-/health- care and other practitioners involved in needs assessment and review for adults with complex needs.

ID	Field	Content
		*Studies involving adults who require a high level of support with many aspects of their daily lives will be considered for inclusion. The emphasis is on complex needs, which rely on a range of health and social care services.
7.	Phenomenon of interest	Views, perceptions or lived experiences of social and community support for social inclusion, which is delivered or facilitated by a social worker. In order to understand what works and what does not work well, from the perspective of everyone involved, the committee want to locate data about the following themes: **Satisfaction with the approach to social and community support** • Accessibility of services, in terms of geography, language and communication and other factors that may limit access. Also, whether services remain accessible and available over the long term. • Affordability of services at the individual level (whether charges for attendance or the cost of travel are prohibitive). • Affordability of services and support at the local authority level, in particular the impact of austerity. • Universal services versus specialist services. The committee believe it is fundamental to inclusion to enable access to services which are available to the rest of the community and are interested to know whether this view is echoed in the research evidence. • Cultural appropriateness of services. • The role of stigma, both real and perceived and people's worries over their own psychological safety as a possible deterrent. **Whether the approach met the person's expectations and/or the expectations of those involved in their care** • The extent to which the particular approach met the social inclusion needs of the adult with complex needs. Data from the perspective of the adult, as well as those involved in their care and support would help to shed light on this. • The role of the carer in supporting inclusion, for example is the success or sustainability of the services or approaches to inclusion dependent on the carers involvement or support. Without them, does it become unsustainable? The committee hope data will be located which answer these questions.

ID	Field	Content
		Perceived appropriateness of the support • Whether the support provided was suitable to the particular needs and preferences of the adult with complex needs. **Positive and negative aspects of social and community approaches for social inclusion** • It is important to identify what the adult with complex needs feels about the particular support interventions. Identifying which interventions have made a difference as well as identifying where the interventions may have caused negative feelings. The perspective of families and carers is also important here as they can provide insight, from their experience, of what has or hasn't made a positive contribution to the person's life.
8.	Comparator	N/A as this is a qualitative review.
9.	Types of study to be included	• Systematic reviews of qualitative studies. • Studies using qualitative methods: focus groups, semi-structured and structured interviews, observations. • Surveys conducted using open ended questions and a qualitative analysis of responses. Note: Mixed methods studies will be included but only qualitative data will be extracted and risk of bias assessed.
10.	Other exclusion criteria	Inclusion: • Full text papers • Only studies conducted in the UK will be included. However, if no UK based studies are available then studies from the following high income countries (as defined by the World Bank) from Europe, plus Australia, New Zealand, Canada and South Africa, will be included. Exclusion: • Articles published before 2010. • Papers that do not include methodological details will not be included as they do not provide sufficient information to evaluate risk of bias/ study quality. • Studies using quantitative methods only (including surveys that report only quantitative data). • Surveys using mainly closed questions or which quantify open ended answers for analysis. • Non-English language articles.

ID	Field	Content
		Thematic saturation: 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 (4 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 4 aspects of the phenomenon of interest are 'adequate' and 'coherent'. See row 7 above for details of the anticipated framework of phenomenon and associated rationale.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	Outcomes, not applicable as this is a qualitative review. For anticipated themes, see row 7 above. 'Phenomenon of interest'.
13.	Secondary outcomes (important outcomes)	N/A.
14.	Data extraction (selection and coding)	• All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. • Duplicate screening will be undertaken for 10% of items. • Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed along with the reason for its exclusion. • 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 (that is, 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

ID	Field	Content
		details. The quality assessment will be performed by one reviewer and this will be quality assessed by the senior reviewer.
16.	Strategy for data synthesis	• Extracted second-order study themes and related first-order quotes will be synthesised by the reviewer into third-order themes and related sub-themes as 'review findings'. • The GRADE-CERQual approach will be used to summarise the confidence in the review findings synthesized from the qualitative evidence ('Using qualitative evidence in decision making for health and social interventions'; Lewin 2015). The overall confidence in evidence about each review finding will be rated on four dimensions: methodological limitations, coherence, adequacy, and relevance. • Being a parallel review to G1, the effectiveness of needs assessment, the NGA technical team will present findings from the quantitative (G1) and qualitative (G2) 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	☐ Intervention ☐ Diagnostic ☐ Prognostic ☒ Qualitative ☐ Epidemiologic ☐ Service Delivery ☒ Other (please specify) This qualitative review is linked with a quantitative review [G1] on the same issue.
19.	Language	English
20.	Country	England
21.	Anticipated or actual start date	January 2021
22.	Anticipated completion date	January 2022

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<tr><td>24.</td><td>Named contact</td><td>5a. Named contact</td></tr>
</table>

ID	Field	Content
		National Guideline Alliance **5b. Named contact e-mail** SWIadults@nice/org.uk **5e Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) and National Guideline Alliance.
25.	Review team members	NGA Technical Team
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance, which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10145/documents.
29.	Other registration details	
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: • 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.

ID	Field	Content
33.	Details of existing review of same topic by same authors	N/A.
34.	Current review status	☐ Ongoing ☒ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35.	Additional information	N/A
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 G1: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs)?

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

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

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/))) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez
20	(exp human activities/ or exp "lifestyle and related phenomena"/) use emez
21	18 and (19 or 20)
22	(Employment/ or Employment, Supported/ or Return to Work/ or Rehabilitation, Vocational/ or Unemployment/) use ppez
23	(unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/) use emez
24	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
25	(support* adj3 (employment? or work or vocational)).ti,ab.
26	(employment or unemploy* or underemploy* or under employ*).ti.
27	individual placement?.ti,ab.
28	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
29	(social firms or (sheltered adj (employment or work))).ti,ab.
30	(precar* adj1 (employment or work)).ti,ab.
31	(paid work or paid employment).ti,ab.
32	(voluntary work or volunteering or unpaid work or un paid work).ti,ab.
33	(meaningful adj (activit* or employment or work)).ti,ab.
34	("return to work" or "back to work" or absenteeism).ti,ab.
35	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
36	((labo?r force or employment or unemployment) adj status).ti,ab.
37	or/22-36
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 revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	Community Integration/
113	Community Networks/
114	exp Community Participation/
115	Social Identification/
116	Social Participation/
117	Socialization/
118	Capacity Building/
119	(or/112-118) use ppez
120	community integration/
121	community participation/
122	community program/
123	community reintegration/
124	social participation/
125	socialization/
126	capacity building/
127	(or/120-126) use emez
128	((social* or citizen* or civic or communit* or neighbo?rhood*) adj2 (includ* or inclus* or belong* or coalition or cohesion or collaborat* or connect* or engag* or empower* or integrat* or involv* or outreach or participat* or reintegrat* or re-integrat* or scheme? or signpost*)).ti,ab.
129	((access* or affordab* or availab* or deliver* or facilitat* or link* or pathway* or prescri* or refer* or signpost* or barrier* or deter* or inaccessib* or prevent* or prohibit* or unaffordab* or unavailab*) adj2 (education* or learning or training or library or libraries or community facilit* or community hub? or community service* or exercis* or fitness centre* or fitness center* or gym* or healthy living centre* or healthy living center* or leisure or art? or book* or cultur* or music* or recreation* or health service* or bank* or shop* or special* facilit* or special* service* or universal facilit* or universal service*)).ti,ab.
130	((group* or individual* or lay people or lay person* or lay worker* or mentor* or peer* or friend* or buddy or buddies or voluntary or volunteer*) adj2 (befriend* or bridg* or navigat* or network* or program* or scheme* or support*)).ti,ab.
131	(((communit* or civic or social*) and (business* or employer* or enterpri* or institution* or organi?ation* or stakeholder* or third sector*)) adj2 (capacity building or coalition* or collaboration or joint strateg* or local area agreement* or partnership*)).ti,ab.
132	(social prescri* or community referral* or non-medical referral* or family group conferenc* or asset based or asset mapping or community connector* or link* scheme? or "circle* of support").ti,ab.
133	or/128-132
134	119 or 127 or 133
135	111 and 134
136	Letter/ use ppez
137	letter.pt. or letter/ use emez
138	note.pt.
139	editorial.pt.

#	Searches
140	Editorial/ use ppez
141	News/ use ppez
142	exp Historical Article/ use ppez
143	Anecdotes as Topic/ use ppez
144	Comment/ use ppez
145	Case Report/ use ppez
146	case report/ or case study/ use emez
147	(letter or comment*).ti.
148	or/136-147
149	randomized controlled trial/ use ppez
150	randomized controlled trial/ use emez
151	random*.ti,ab.
152	or/149-151
153	148 not 152
154	animals/ not humans/ use ppez
155	animal/ not human/ use emez
156	nonhuman/ use emez
157	exp Animals, Laboratory/ use ppez
158	exp Animal Experimentation/ use ppez
159	exp Animal Experiment/ use emez
160	exp Experimental Animal/ use emez
161	exp Models, Animal/ use ppez
162	animal model/ use emez
163	exp Rodentia/ use ppez
164	exp Rodent/ use emez
165	(rat or rats or mouse or mice).ti.
166	or/153-165
167	135 not 166
168	limit 167 to english language
169	limit 168 to yr="2010 -Current"

Cochrane Database of Systematic Reviews, Issue 2 of 12, February 2021; Cochrane Central Register of Controlled Trials, Issue 2 of 12, February 2021

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

ID	Search
#25	MeSH descriptor: [Social Identification] this term only
#26	MeSH descriptor: [Social Participation] this term only
#27	Socialization:kw
#28	MeSH descriptor: [Capacity Building] this term only
#29	((social* or citizen* or civic or communit* or neighbo?rhood*) near/2 (includ* or inclus* or belong* or coalition or cohesion or collaborat* or connect* or engag* or empower* or integrat* or involv* or outreach or participat* or reintegrat* or “re integrat*” or scheme? or signpost*)):ti,ab
#30	((access* or affordab* or availab* or deliver* or facilitat* or link* or pathway* or prescri* or refer* or signpost* or barrier* or deter* or inaccessib* or prevent* or prohibit* or unaffordab* or unavailab*) near/2 (education* or learning or training or library or libraries or "community facilit*" or "community hub*" or "community service*" or exercis* or "fitness centre*" or "fitness center*" or gym* or "healthy living centre*" or "healthy living center*" or leisure or art? or book* or cultur* or music* or recreation* or "health service*" or bank* or shop* or "special facilit*" or "special service*" or "univeral facilit*" or "universal service*")):ti,ab
#31	((group* or individual* or "lay people" or "lay person*" or "lay worker*" or mentor* or peer* or friend* or buddy or buddies or voluntary or volunteer*) near/2 (befriend* or bridg* or navigat* or network* or program* or scheme* or support*)):ti,ab
#32	(((communit* or civic or social*) and (business* or employer* or enterpri* or institution* or organi?ation* or stakeholder* or “third sector*”)) near/2 ("capacity building" or coalition* or collaboration or "joint strateg*" or "local area agreement*" or partnership*)):ti,ab
#33	("social prescri*" or "community referral*" or "non medical referral*" or "family group conferenc*" or "asset based" or "asset mapping" or "community connector*" or "link scheme*" or "circle* of support"):ti,ab
#34	{or #22-#33}
#35	#21 and #34 with Cochrane Library publication date Between Jan 2010 and Feb 2021

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	(TI((social* OR citizen* OR civic OR communit* OR neighbo?rhood*) NEAR/2 (includ* OR inclus* OR belong* OR coalition OR cohesion OR collaborat* OR connect* OR engag* OR empower* OR integrat* OR involv* OR outreach OR participat* OR reintegrat* OR “re-integrat*” OR scheme? OR signpost*))) AND pd(20100101-20210224) AND la.exact("ENG")
S4	(AB,TI((access* OR affordab* OR availab* OR deliver* OR facilitat* OR link* OR pathway* OR prescri* OR refer* OR signpost* OR barrier* OR deter* OR inaccessib* OR prevent* OR prohibit* OR unaffordab* OR unavailab*) NEAR/2 (education* OR learning OR training OR library OR libraries OR "community facilit*" OR "community hub?" OR "community service*"OR exercis* OR "fitness centre*" OR "fitness center*" OR gym* OR "healthy living centre*" OR "healthy living center*" OR leisure OR art? OR book* OR cultur* OR music* OR recreation* OR "health service*" OR bank* OR shop* OR "special* facilit*" OR "special* service*" OR "universal facilit*" OR "universal service*"))) AND pd(20100101-20210224) AND la.exact("ENG")
S5	(AB,TI((group* OR individual* OR "lay people" OR "lay person*" OR "lay worker*" OR mentor* OR peer* OR friend* OR buddy OR buddies OR voluntary OR volunteer*) NEAR/2 (befriend* OR bridg* OR navigat* OR network* OR program* OR scheme* OR support*))) AND pd(20100101-20210224) AND la.exact("ENG")
S6	(AB,TI((group* OR individual* OR "lay people" OR "lay person*" OR "lay worker*" OR mentor* OR peer* OR friend* OR buddy OR buddies OR voluntary OR volunteer*) NEAR/2 (befriend* OR bridg* OR navigat* OR network* OR program* OR scheme* OR support*))) AND pd(20100101-20210224) AND la.exact("ENG")
S7	(AB,TI(“social prescri*” OR “community referral*” OR “non-medical referral*” OR “family group conferenc*” OR “asset based” OR “asset mapping” OR “community connector*” OR “link* scheme?” OR "circle* of support")) AND pd(20100101-20210224) AND la.exact("ENG")
S8	3 OR 4 OR 5 OR 6 OR 7
S9	1 AND 2 AND 8

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

Search
Titles search:
- PublicationTitle:‘communit* or neighborhood* or neighbourhood* or group* or individual* or lay people or lay person* or lay worker* or mentor* or peer* or friend* or buddy or buddies or voluntary or volunteer* or education* or learning or training or

Search
library or libraries or community facilit* or community hub* or community service* or exercis* or fitness centre* or fitness center* or gym* or healthy living centre* or healthy living center*'
- OR PublicationTitle:'leisure or art* or book* or cultur* or music* or recreation* or health service* or bank* or shop* or special* facilit* or special* service* or universal facilit* or universal service* or capacity building or social prescri* or community referral* or non-medical referral* or family group conferenc* or asset based or asset mapping or community connector* or link* scheme* or circle* of support'
- AND PublicationTitle:'includ* or inclus* or belong* or coalition or cohesion or collaborat* or connect* or engag* or empower* or integrat* or involv* or outreach or participat* or reintegrat* or re-integrat* or scheme* or signpost* or access* or affordab* or availab* or deliver* or facilitat* or link* or pathway* or prescri* or refer* or signpost* or barrier* or deter* or inaccessib* or prevent* or prohibit* or unaffordab* or unavailab or befriend* or bridg* or navigat* or network* or program* or scheme* or support*'
- AND PublicationYear:'2010 2021'

OR

Search
Abstracts search:
- AbstractOmitNorms:'communit* or neighborhood* or neighbourhood* or group* or individual* or lay people or lay person* or lay worker* or mentor* or peer* or friend* or buddy or buddies or voluntary or volunteer* or education* or learning or training or library or libraries or community facilit* or community hub* or community service* or exercis* or fitness centre* or fitness center* or gym* or healthy living centre* or healthy living center*'
- OR AbstractOmitNorms:'leisure or art* or book* or cultur* or music* or recreation* or health service* or bank* or shop* or special* facilit* or special* service* or universal facilit* or universal service* or capacity building or social prescri* or community referral* or non-medical referral* or family group conferenc* or asset based or asset mapping or community connector* or link* scheme* or circle* of support'
- AND AbstractOmitNorms:'includ* or inclus* or belong* or coalition or cohesion or collaborat* or connect* or engag* or empower* or integrat* or involv* or outreach or participat* or reintegrat* or re-integrat* or scheme* or signpost* or access* or affordab* or availab* or deliver* or facilitat* or link* or pathway* or prescri* or refer* or signpost* or barrier* or deter* or inaccessib* or prevent* or prohibit* or unaffordab* or unavailab or befriend* or bridg* or navigat* or network* or program* or scheme* or support*'
- AND PublicationYear:'2010 2021'

Social Policy and Practice 202010 [OVID].

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

#	Searches
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	or/25,30,39,50,54-55,61,68
70	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
71	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reable* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
72	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
73	71 or 72
74	5 and 11 and 69 and (70 or 73)
75	((social* or citizen* or civic or communit* or neighbo?rhood*) adj2 (includ* or inclus* or belong* or coalition or cohesion or collaborat* or connect* or engag* or empower* or integrat* or involv* or outreach or participat* or reintegrat* or re-integrat* or scheme? or signpost*)).ti,ab.
76	((access* or affordab* or availab* or deliver* or facilitat* or link* or pathway* or prescri* or refer* or signpost* or barrier* or deter* or inaccessib* or prevent* or prohibit* or unaffordab* or unavailab*) adj2 (education* or learning or training or library or libraries or community facilit* or community hub? or community service* or exercis* or fitness centre* or fitness center* or gym* or healthy living centre* or healthy living center* or leisure or art? or book* or cultur* or music* or

#	Searches
	recreation* or health service* or bank* or shop* or special* facilit* or special* service* or universal facilit* or universal service*)).ti,ab.
77	((group* or individual* or lay people or lay person* or lay worker* or mentor* or peer* or friend* or buddy or buddies or voluntary or volunteer*) adj2 (befriend* or bridg* or navigat* or network* or program* or scheme* or support*)).ti,ab.
78	(((communit* or civic or social*) and (business* or employer* or enterpri* or institution* or organi?ation* or stakeholder* or third sector*)) adj2 (capacity building or coalition* or collaboration or joint strateg* or local area agreement* or partnership*)).ti,ab.
79	(social prescri* or community referral* or non-medical referral* or family group conferenc* or asset based or asset mapping or community connector* or link* scheme? or "circle* of support").ti,ab.
80	or/75-79
81	74 and 80
82	limit 81 to yr="2010 -Current"

Literature search strategies for review question G2: Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs)?

A combined search was used for all qualitative questions.

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 18, 2020.

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 March 18, 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

#	Searches
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
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.

#	Searches
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	(Qualitative Research/ or Nursing Methodology Research/ or Interviews as Topic/ or Interview/ or Interview, Psychological/ or Narration/ or "Surveys and Questionnaires"/) use ppez
113	(qualitative research/ or nursing methodology research/ or exp interview/ or narrative/ or questionnaire/ or qualitative analysis/) use emez
114	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).mp.
115	((discourse* or discurs* or conversation* or content) adj analys?s).mp.
116	((lived or life or personal) adj experience*).mp.
117	(focus adj group*).ti,ab.
118	(grounded adj (theor* or study or studies or research or analys?s)).mp.
119	action research.ti,ab.
120	(field adj (study or studies or research)).ti,ab.
121	descriptive study.ti,ab.
122	or/112-121
123	((Letter/ or Editorial/ or News/ or exp Historical Article/ or Anecdotes as Topic/ or Comment/ or Case Report/ or (letter or comment*).ti.) not (Randomized Controlled Trial/ or random*.ti,ab.)) or (Animals not Humans).sh. or exp Animals, Laboratory/ or exp Animal Experimentation/ or exp Models, Animal/ or exp Rodentia/ or (rat or rats or mouse or mice).ti.
124	123 use ppez

#	Searches
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"

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
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	Expanders - Apply equivalent subjects

#	Query	Limiters/Expanders
	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*))	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

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.

#	Searches
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
13	or/7-12
14	exp *social problem/
15	exp human activities/ or exp "lifestyle and related phenomena"/
16	14 and 15
17	unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family functioning/ or family conflict/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
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/

#	Searches
69	exp migrant/ or minority group/ or vulnerable population/
70	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/
77	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
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"

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 (qualitative OR interview* OR ("mixed method" OR "mixed methods") OR questionnaire* OR survey*) AND pd(20100101-20201231)) AND ((AB,TI (need* OR assess* OR best interest* OR capacity OR competen* OR "Care Act" OR "depriv* of liberty" OR "Mental Capacity Act" OR "Mental Health Act" OR unmet) AND pd(20100101-20201231)) AND (((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?

Set	Searched 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(20100101-20201231)) AND ((AB,TI(complex* OR chang* OR chronic OR coexist* OR co exist* OR combin* OR concomitant OR comorbid* OR co morbid* OR cooccur* OR co occur* OR develop* OR high support OR life limiting OR long standing OR longstanding OR long term OR multi* OR ongoing OR on going OR persistent OR priorit* OR serious* OR severe OR several OR simultaneous OR special*) AND pd(20100101-20201231)) AND (AB,TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR issue* OR live? OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20201231))))) AND la.exact("ENG")

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 revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabilities/ or exp chronic illness/ or cognitive impairment/ or diminished capacity/ or exp health impairments/ or exp mental disorders/ or exp sensory system disorders/ or special needs/ or exp central nervous system disorders/ or exp sense organ disorders/ or terminally ill patients/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	exp health care services/ or exp community facilities/ or exp elderly care/ or exp mental health programs/ or social psychiatry/ or exp occupational health/ or exp rehabilitation/

#	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 discurs* or conversation* or content) adj analys?s).mp.
97	((lived or life or personal) adj experience*).mp.
98	(focus adj group*).ti,ab.
99	(grounded adj (theor* or study or studies or research or analys?s)).mp.
100	action research.ti,ab.
101	(field adj (study or studies or research)).ti,ab.
102	descriptive study.ti,ab.
103	or/94-102
104	((case report/ or (letter or comment*).ti.) not (randomized controlled trials/ or random*.ti,ab.)) or (animals/ or "primates (nonhuman)"/ or exp animal research/ or animal models/ or exp rodents/ or (rat or rats or mouse or mice).ti.)
105	103 not 104
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
Complex needs 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'

Social Policy and Practice 202001 [OVID].

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

#	Searches
7	SHCN.ti,ab.
8	complex case?.ti,ab.
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.
20	(voluntary work or volunteering).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj work* disabilit*).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* or rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.
66	(exploitation or safe guarding or safeguarding).ti,ab.

#	Searches
67	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
70	or/25,30,39,50,54-55,61,68-69
71	5 and 11 and 70
72	(qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*).ti,ab.
73	((discourse* or discurs* or conversation* or content) adj analys?s).ti,ab.
74	((lived or life or personal) adj experience*).ti,ab.
75	focus group*.ti,ab.
76	(grounded adj (theor* or study or studies or research or analys?s)).ti,ab.
77	action research.ti,ab.
78	(field adj (study or studies or research)).ti,ab.
79	descriptive study.ti,ab.
80	or/72-79
81	71 and 80
82	limit 81 to yr="2010 -Current"

Literature search strategies for economic studies

A combined search was used for all economic questions.

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

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

#	Searches
1	(exp Social Work/ or Social Work, Psychiatric/ or Social Workers/ or Social Welfare/ or Case Management/ or Accountable Care Organizations/ or (Mental Health Services/ and (Professional Role/ or Professional Standard/ or exp Workforce/))) use ppez
2	(social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/) use emez
3	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
4	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
5	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.
6	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
7	or/1-6
8	exp Comorbidity/ use ppez
9	comorbidity/ use emez
10	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
11	SHCN.ti,ab.
12	complex case?.ti,ab.
13	(dual diagnos?s or multi* diagnos?s).ti,ab.
14	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
15	or/8-14
16	exp *Social Problems/ use ppez
17	exp *social problem/ use emez
18	16 or 17
19	(exp Human Activities/ or exp Life Style/) use ppez
20	(exp human activities/ or exp "lifestyle and related phenomena"/) use emez
21	18 and (19 or 20)

#	Searches
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* 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

#	Searches
77	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
78	or/75-77
79	Civil Rights/ or Human Rights/ or Personal Autonomy/ or Personhood/ or Public Policy/ or Social Justice/
80	Minority Groups/ or "Transients and Migrants"/ or Refugees/ or Vulnerable Populations/
81	(or/79-80) use ppez
82	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
83	exp migrant/ or minority group/ or vulnerable population/
84	(or/82-83) use emez
85	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
86	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
87	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
88	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
89	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
90	or/81,84-89
91	(Crime Victims/ or "Adult Survivors of Child Abuse"/ or Alcoholism/ or Drug Users/ or Domestic Violence/ or Battered Women/ or Elder Abuse/ or Spouse Abuse/ or Human Trafficking/) use ppez
92	(crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/) use emez
93	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
94	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
95	coercive control.ti,ab.
96	((female? or women?) adj (refuge? or shelter?)).ti,ab.
97	(exploitation or safe guarding or safeguarding).ti,ab.
98	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
99	or/91-98
100	or/21,37,44,55,68,74,78,90,99
101	(exp Communication Disorders/ or exp Sensory Disorders/ or exp Cognition Disorders/ or Cognitive Dysfunction/ or exp Disabled Persons/ or exp Intellectual Disability/ or Mental Competency/ or exp Mental Disorders/ or Mental Health/ or exp Brain Diseases/) use ppez
102	(exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/) use emez
103	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
104	or/101-103
105	(Health Services/ or exp Community Health Services/ or exp Community Psychiatry/ or Custodial Care/ or Health Services for the Aged/ or Health Services for Persons with Disabilities/ or Long-Term Care/ or exp Mental Health Services/ or Palliative Care/ or Personal Health Services/ or exp Rehabilitation/ or Terminal Care/) use ppez
106	(health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/) use emez
107	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
108	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
109	or/105-108
110	100 and (104 or 109)
111	7 and 15 and 110
112	Economics/
113	Value of life/
114	exp "Costs and Cost Analysis"/
115	exp Economics, Hospital/
116	exp Economics, Medical/
117	Economics, Nursing/
118	Economics, Pharmaceutical/
119	exp "Fees and Charges"/
120	exp Budgets/
121	(or/112-120) use ppez
122	health economics/
123	exp economic evaluation/
124	exp health care cost/
125	exp fee/
126	budget/
127	funding/
128	(or/122-127) use emez
129	budget*.ti,ab.

#	Searches
130	cost*.ti.
131	(economic* or pharmaco?economic*).ti.
132	(price* or pricing*).ti,ab.
133	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
134	(financ* or fee or fees).ti,ab.
135	(value adj2 (money or monetary)).ti,ab.
136	or/129-135
137	121 or 128 or 136
138	Quality-Adjusted Life Years/ use ppez
139	Sickness Impact Profile/
140	quality adjusted life year/ use emez
141	"quality of life index"/ use emez
142	(quality adjusted or quality adjusted life year*).tw.
143	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
144	(illness state* or health state*).tw.
145	(hui or hui2 or hui3).tw.
146	(multiattribute* or "multi attribute*").tw.
147	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
148	utilities.tw.
149	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
150	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
151	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
152	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
153	Quality of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
154	Quality of Life/ and ec.fs.
155	Quality of Life/ and (health adj3 status).tw.
156	(quality of life or qol).tw. and Cost-Benefit Analysis/ use ppez
157	(quality of life or qol).tw. and cost benefit analysis/ use emez
158	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
159	Cost-Benefit Analysis/ use ppez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
160	cost benefit analysis/ use emez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
161	*quality of life/ and (quality of life or qol).ti.
162	quality of life/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
163	quality of life/ and health-related quality of life.tw.
164	Models, Economic/ use ppez
165	economic model/ use emez
166	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
167	(subjective wellbeing or subjective well-being).tw.
168	(ASCOT or "adult social care outcomes toolkit").tw.
169	(SCRQOL or "social care- related quality of life").tw.
170	"capacity to benefit score".tw.
171	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
172	(ASCOF or "adult social care outcomes framework").tw.
173	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
174	ONS-4.tw.
175	GHQ-12.tw.
176	(Personal Well-Being Index* or PWI-A).tw.
177	(OPUS* or "older people's utility scale").tw.
178	or/138-177
179	137 or 178
180	(((Letter/ or Editorial/ or News/ or exp Historical Article/ or Anecdotes as Topic/ or Comment/ or Case Report/ or (letter or comment*).ti.) not (Randomized Controlled Trial/ or random*.ti,ab.)) or ((Animals not Humans).sh. or exp Animals, Laboratory/ or exp Animal Experimentation/ or exp Models, Animal/ or exp Rodentia/ or (rat or rats or mouse or mice).ti.)) use ppez
181	(((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti,ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)) use emez
182	180 or 181
183	limit 179 to (conference abstract or conference paper or conference review or conference proceeding) [Limit not valid in Ovid MEDLINE(R),Ovid MEDLINE(R) Daily Update,Ovid MEDLINE(R) In-Process,Ovid MEDLINE(R) Publisher; records were retained]
184	183 use emez
185	179 not (182 or 184)
186	111 and 185

#	Searches
187	limit 186 to english language
188	limit 187 to yr="2010 -Current"

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

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

EBSCO Host CINAHL Plus

#	Query	Limiters/Expanders
S60	S17 AND S59	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S59	S23 OR S58	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S58	S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S57	TX (OPUS* or "older people's utility scale")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S56	TX ("Personal Well-Being Index*" or "PWI-A")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S55	TX "GHQ-12"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S54	TX "ONS-4"	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S53	TX "ONS-4"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S52	TX ("Warwick Edinburgh Mental Well-being scale" or WEMBS or S-WEMWBS)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S51	TX (ASCOF or "adult social care outcomes framework")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S50	TX (ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S49	TX "capacity to benefit score"	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S48	TX "capacity to benefit score"	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S47	TX (SCRQOL or "social care- related quality of life")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S46	TX (ASCOT or "adult social care outcomes toolkit")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S45	TX ("subjective wellbeing" or "subjective well-being")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S44	TX ((capabilit* or wellbeing or well-being) N3 (measur* or index* or instrument* or tool*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S43	TX ((capabilit* or wellbeing or well-being) N3 (measur* or index* or instrument* or tool*)).tw.	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S42	(MH "Quality of Life") AND TX (health-related quality of life)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S41	(MH "Quality of Life") AND TI (quality of life or qol)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S40	AB ((qol or hrqol or quality of life) AND ((qol or hrqol* or (quality of life N2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

#	Query	Limiters/Expanders
S39	(MH "Cost Benefit Analysis") AND TX ((quality of life or qol) or (cost-effectiveness ratio* and (perspective* or life expectanc*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S38	(MH "Quality of Life") AND TX (health N3 status)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S37	(MH "Quality of Life") AND TX ((quality of life or qol) N (score*1 or measure*1))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S36	(MH "Quality of Life") AND TX ((quality of life or qol) N (score*1 or measure*1))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S35	TX (time trade off*1 or time tradeoff*1 or tto or timetradeoff*1)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S34	TX (sf36 or sf 36 or sf thirty six or sf thirtysix)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S33	TX (euro* N3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S32	TX (eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol* or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S31	TI utilities	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S30	TX (utilit* N3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S29	TX (multiattibute* or multi attribute*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S28	TX (hui or hui2 or hui3)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S27	TX (illness state* or health state*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S26	TX (quality adjusted or quality adjusted life year*or qaly* or qal or qald* or qale* or qtime* or qwb* or daly)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S25	(MH "Sickness Impact Profile")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S24	(MH "Quality-Adjusted Life Years")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S23	S18 OR S19 OR S20 OR S21 OR S22	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S22	TX (value N2 (money or monetary))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S21	TX (cost* N2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S20	TI cost* or economic* or pharmaco?economic*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S19	TX budget* or fee or fees or finance* or price* or pricing	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S18	(MH "Fees and Charges+") OR (MH "Costs and Cost Analysis+") OR (MH "Economics") OR (MH "Economic Value of Life") OR (MH "Economics, Pharmaceutical") OR (MH "Economic Aspects of Illness") OR (MH "Resource Allocation+")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S17	S9 AND S16	Limiters - Publication Year: 2010-2020; English Language; Exclude MEDLINE records Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S16	S10 OR S11 OR S12 OR S13 OR S14 OR S15	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S15	TX (impact adj3 daily W2 (life or lives or living or activit* or experienc*))	Expanders - Apply equivalent subjects Search modes - SmartText Searching
S14	TX (dual diagnos#s or multi* diagnos#s)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S13	TX complex case?	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S12	TX SHCN	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S11	TX ((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) W4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or	Expanders - Apply equivalent subjects Search modes - SmartText Searching

#	Query	Limiters/Expanders
	people or problem* or realit* or situation? or social factor* or support or target*))	
S10	(MH "Comorbidity")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S9	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S8	TX (social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S7	TX (("approved mental health" W2 (professional? or personnel or staff or team* or worker?)) or AMHP)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S6	TX (care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S5	TX ((social* or case* or outreach or personal or relief or support) W3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi#ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S4	((MH "Mental Health Services+") AND ((MH "Accountability") OR (MH "Professional Practice") OR (MH "Professional Role")))	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S3	(MH "Accountable Care Organizations")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S2	(MH "Case Management") OR (MH "Case Managers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase
S1	(MH "Social Welfare") OR (MH "Social Work") OR (MH "Social Work Practice") OR (MH "Social Work Service") OR (MH "Social Worker Attitudes") OR (MH "Social Workers")	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase

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

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

ID	Search
#31	budget*:ti,ab
#32	cost*:ti
#33	(economic* or pharmaco?economic*):ti
#34	(price* or pricing*):ti,ab
#35	(cost* next/2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)):ab
#36	(financ* or fee or fees):ti,ab
#37	(value next/2 (money or monetary)):ti,ab
#38	{or #22-#37}
#39	MeSH descriptor: [Quality-Adjusted Life Years] this term only
#40	MeSH descriptor: [Sickness Impact Profile] this term only
#41	(“quality adjusted” or “quality adjusted life year*”):ti,ab
#42	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly):ti,ab
#43	(“illness state*” or “health state*”):ti,ab
#44	(hui or hui2 or hui3):ti,ab
#45	(multiattribute* or "multi attribute*"):ti,ab
#46	(utilit* next/3 (score? or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)):ti,ab
#47	utilities:ti,ab
#48	("eq-5d*" or eq5d* or "eq-5*" or eq5* or euroqual* or "euro qual*" or "euroqual 5d*" or "euro qual 5d*" or "euro qol*" or euroqol* or "euro quol*" or euroquol* or "euro quol5d*" or euroquol5d* or "eur qol*" or eurqol* or "eur qol5d*" or eurqol5d* or eur?qul* or eur?qul5d* or "euro* quality of life" or "european qol"):ti,ab
#49	(euro* next/3 (“5 d*” or 5d* or "5 dimension*" or 5dimension* or "5 domain*" or 5domain*)):ti,ab
#50	(sf36 or "sf 36" or "sf thirty six" or "sf thirtysix"):ti,ab
#51	("time trade off?" or "time tradeoff?" or tto or timetradeoff?):ti,ab
#52	{or #39-#51}
#53	MeSH descriptor: [Quality of Life] this term only
#54	(("quality of life" or qol) next (score? or measure?)):ti,ab
#55	(health next/3 status):ti,ab
#56	(“quality of life” or qol):ti
#57	((“quality of life” or qol) next/3 (improv* or chang*)):ti,ab
#58	"health related quality of life":ti,ab
#59	#53 and {or #54-#58}
#60	MeSH descriptor: [Cost-Benefit Analysis] this term only
#61	(“cost effectiveness ratio*” and (perspective* or “life expectanc*”)):ti,ab
#62	("quality of life" or qol):ti,ab
#63	#60 and {or #61-#62}
#64	(qol or hrqol or "quality of life"):ti
#65	("quality of life" and ((qol or hrqol* or "quality of life") next/2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score? or change? or impact? or impacted or deteriorat*))):ab
#66	MeSH descriptor: [Models, Economic] explode all trees
#67	((capabilit* or wellbeing or "well being") next/3 (measur* or index* or instrument* or tool*)):ti,ab
#68	("subjective wellbeing" or "subjective well being"):ti,ab
#69	(ASCOT or "adult social care outcomes toolkit"):ti,ab
#70	(SCRQOL or "social care related quality of life"):ti,ab
#71	"capacity to benefit score":ti,ab
#72	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure"):ti,ab
#73	(ASCOF or "adult social care outcomes framework"):ti,ab
#74	("Warwick Edinburgh Mental Well being scale" or WEMBS or S-WEMWBS):ti,ab
#75	"ONS-4":ti,ab
#76	"GHQ-12":ti,ab
#77	("Personal Well Being Index*" or "PWI-A"):ti,ab
#78	(OPUS* or "older people's utility scale"):ti,ab
#79	{or #64-#78}
#80	#52 or #59 or #63 or #79
#81	#38 or #80
#82	#21 and #81 with Publication Year from 2010 to 2020, in Trials

EMCare 1995 to present.

#	Searches
1	social care/ or social welfare/ or social work/ or social work practice/ or social worker/ or case management/ or case manager/ or national health service/ or accountable care organization/ or mental health care personnel/
2	((social* or case* or outreach or personal or relief or support) adj3 (advisor? or agenc* or assistant? or care* or department* or deliver* or institution* or intervention? or lead* or manager? or organi?ation* or personnel or planning or practi* or profession* or program* or provider? or provision or sector* or service? or setting? or staff or supervi* or system* or team* or unit? or work*)).ti,ab.
3	(care coordinator? or care co-ordinator? or case manager* or caseworker* or case-worker* or case worker* or best interest? assessor?).ti,ab.
4	(("approved mental health" adj (professional? or personnel or staff or team* or worker?)) or AMHP).ti,ab.

#	Searches
5	(social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service?).ti,ab.
6	or/1-5
7	comorbidity/
8	((complex* or chang* or chronic or coexist* or co exist* or combin* or concomitant or comorbid* or co-morbid* or cooccur* or co occur* or develop* or high support or (intellectual* and physical*) or life limiting or long standing or longstanding or long term or (mental* and physical*) or multi* or ongoing or on-going or persistent or priorit* or serious* or severe or several or simultaneous or special*) adj4 (need? or care or circumstance* or condition? or existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
9	SHCN.ti,ab.
10	complex case?.ti,ab.
11	(dual diagnos?s or multi* diagnos?s).ti,ab.
12	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
13	or/7-12
14	exp social problem/
15	exp human activities/ or exp "lifestyle and related phenomena"/
16	14 and 15
17	unemployment/ or employment status/ or supported employment/ or sheltered workshop/ or vocational rehabilitation/ or absenteeism/ or job security/ or return to work/
18	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
19	(support* adj3 (employment? or work or vocational)).ti,ab.
20	(employment or unemploy* or underemploy* or under employ*).ti.
21	individual placement?.ti,ab.
22	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family functioning/ or family conflict/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living facility/ or community living/ or emergency shelter/ or homelessness/ or exp homeless person/ or deinstitutionalization/ or halfway house/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
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

#	Searches
60	offender/ or exp maladjustment/ or prisoner/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
63	(community adj2 (reentry or re-entry)).ti,ab.
64	or/60-63
65	"social determinants of health"/ or social disability/ or loneliness/ or social isolation/ or social alienation/ or community involvement/ or *social support/ or *social network/ or *psychosocial environment/ or psychosocial rehabilitation/
66	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
67	or/65-66
68	human rights/ or civil rights/ or human dignity/ or personal autonomy/ or social justice/
69	exp migrant/ or minority group/ or vulnerable population/
70	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
71	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
72	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
73	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
74	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
75	or/68-74
76	crime victim/ or exp childhood trauma survivor/ or exp domestic violence/ or human trafficking/ or sex trafficking/ or exp drug dependence/ or injection drug user/
77	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabled person/ or exp disability/ or exp sensory dysfunction/ or exp cognitive defect/ or exp mental capacity/ or exp mental disease/ or exp intellectual impairment/ or exp mental health care/ or exp brain disease/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	health service/ or exp community care/ or exp elderly care/ or exp mental health service/ or long term care/ or custodial care/ or social psychiatry/ or palliative therapy/ or occupational health service/ or exp rehabilitation/ or terminal care/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	health economics/
95	exp economic evaluation/
96	exp health care cost/
97	exp fee/
98	budget/
99	funding/
100	budget*.ti,ab.
101	cost*.ti.
102	(economic* or pharmaco?economic*).ti.
103	(price* or pricing*).ti,ab.
104	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
105	(financ* or fee or fees).ti,ab.
106	(value adj2 (money or monetary)).ti,ab.
107	or/94-106
108	Sickness Impact Profile/
109	quality adjusted life year/
110	"quality of life index"/
111	(quality adjusted or quality adjusted life year*).tw.
112	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
113	(illness state* or health state*).tw.
114	(hui or hui2 or hui3).tw.

#	Searches
115	(multiattibute* or multi attribute*).tw.
116	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
117	utilities.tw.
118	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
119	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
120	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
121	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
122	"quality of life"/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
123	"quality of life"/ and (health adj3 status).tw.
124	(quality of life or qol).tw. and cost benefit analysis/
125	((qol or hrqol or quality of life).tw. or "quality of life"/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
126	cost benefit analysis/ and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
127	"quality of life"/ and (quality of life or qol).ti.
128	"quality of life"/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
129	"quality of life"/ and health-related quality of life.tw.
130	economic model/
131	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
132	(subjective wellbeing or subjective well-being).tw.
133	(ASCOT or "adult social care outcomes toolkit").tw.
134	(SCRQOL or "social care- related quality of life").tw.
135	"capacity to benefit score".tw.
136	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
137	(ASCOF or "adult social care outcomes framework").tw.
138	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
139	ONS-4.tw.
140	GHQ-12.tw.
141	(Personal Well-Being Index* or PWI-A).tw.
142	(OPUS* or "older people's utility scale").tw.
143	or/108-142
144	107 or 143
145	((letter.pt. or letter/ or note.pt. or editorial.pt. or case report/ or case study/ or (letter or comment*).ti.) not (randomized controlled trial/ or random*.ti,ab.)) or ((animal/ not human/) or nonhuman/ or exp animal experiment/ or exp experimental animal/ or animal model/ or exp rodent/ or (rat or rats or mouse or mice).ti.)
146	limit 144 to (conference abstract or conference paper or conference review or conference proceeding)
147	144 not (145 or 146)
148	93 and 147
149	limit 148 to english language
150	limit 149 to yr="2010 -Current"

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

Health Economics

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

Set	Searched for
S4	AND (AB,TI(need? OR care OR circumstance* OR condition? OR existence? OR experience? OR initiative? OR intervention? OR issue* OR live? OR mitigat* OR patient? OR person? OR people OR problem* OR realit* OR situation? OR social factor* OR support OR target*) AND pd(20100101-20210608))))) AND la.exact("ENG")

Health Utility Values

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

APA PsycInfo 1806 to March Week 5 2021

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

#	Searches
23	(social firms or (sheltered adj (employment or work))).ti,ab.
24	(precar* adj1 (employment or work)).ti,ab.
25	(paid work or paid employment).ti,ab.
26	(voluntary work or volunteering or unpaid work).ti,ab.
27	(meaningful adj (activit* or employment or work)).ti,ab.
28	("return to work" or "back to work" or absenteeism).ti,ab.
29	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
30	((labo?r force or employment or unemployment) adj status).ti,ab.
31	or/17-30
32	family relations/ or intergenerational relations/ or exp marital relations/ or family conflict/ or marital conflict/ or home environment/ or living alone/ or family reunification/ or living arrangements/
33	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
34	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
35	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
36	((carer? or partner or relationship?) adj support*).ti,ab.
37	or/32-36
38	housing/ or assisted living/ or group homes/ or shelters/ or homeless/ or homeless mentally ill/ or deinstitutionalization/ or independent living programs/ or living arrangements/ or residential care institutions/ or halfway houses/ or independent living programs/ or living arrangements/ or residential care institutions/ or poverty areas/ or social environments/ or therapeutic social clubs/ or built environment/ or urban planning/
39	housing.ti.
40	((housing or accommodation or neighbo?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
41	homeless*.ti,ab.
42	(permanent housing or social housing).ti,ab.
43	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
44	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
45	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
46	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
47	or/38-46
48	socioeconomic status/ or "income (economic)"/ or budgets/ or economic security/ or financial strain/ or exp employee benefits/ or *disadvantaged/ or *social deprivation/
49	money.ti.
50	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
51	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
52	(extreme poverty or high poverty).ti,ab. or poverty.ti.
53	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
54	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
55	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
56	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
57	(family adj (income? or tax credit?)).ti,ab.
58	welfare benefit?.ti,ab.
59	or/48-58
60	exp criminal offenders/ or criminal record/ or prisoners/ or criminal rehabilitation/ or reintegration/
61	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
62	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
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/

#	Searches
77	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
78	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
79	coercive control.ti,ab.
80	((female? or women?) adj (refuge? or shelter?)).ti,ab.
81	(exploitation or safe guarding or safeguarding).ti,ab.
82	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).tw.
83	or/76-82
84	or/16,31,37,47,59,64,67,75,83
85	exp disabilities/ or exp chronic illness/ or cognitive impairment/ or diminished capacity/ or exp health impairments/ or exp mental disorders/ or exp sensory system disorders/ or special needs/ or exp central nervous system disorders/ or exp sense organ disorders/ or terminally ill patients/
86	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or incompeten* or difficulty or difficulties or deficit? or dysfunct*).ti.
87	or/85-86
88	exp health care services/ or exp community facilities/ or exp elderly care/ or exp mental health programs/ or social psychiatry/ or exp occupational health/ or exp rehabilitation/
89	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reabl* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
90	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
91	or/88-90
92	84 and (87 or 91)
93	6 and 13 and 92
94	exp economics/
95	exp "costs and cost analysis"/
96	cost containment/
97	money/
98	resource allocation/
99	or/94-98
100	budget*.ti,ab.
101	cost*.ti.
102	(economic* or pharmaco?economic*).ti.
103	(price* or pricing*).ti,ab.
104	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
105	(financ* or fee or fees).ti,ab.
106	(value adj2 (money or monetary)).ti,ab.
107	or/99-105
108	"quality of life measures"/
109	(quality adjusted or quality adjusted life year*).tw.
110	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
111	(illness state* or health state*).tw.
112	(hui or hui2 or hui3).tw.
113	(multiattibute* or multi attribute*).tw.
114	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
115	utilities.tw.
116	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
117	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
118	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
119	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
120	exp "quality of life"/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
121	exp "quality of life"/ and (health adj3 status).tw.
122	(quality of life or qol).tw. and "costs and cost analysis"/ use psyh
123	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
124	"costs and cost analysis"/ use psyh and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
125	exp "quality of life"/ and (quality of life or qol).ti.
126	exp "quality of life"/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
127	exp "quality of life"/ and health-related quality of life.tw.
128	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
129	(subjective wellbeing or subjective well-being).tw.
130	(ASCOT or "adult social care outcomes toolkit").tw.
131	(SCRQOL or "social care- related quality of life").tw.
132	capacity to benefit score.tw.

#	Searches
133	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
134	(ASCOF or "adult social care outcomes framework").tw.
135	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
136	ONS-4.tw.
137	GHQ-12.tw.
138	(Personal Well-Being Index* or PWI-A).tw.
139	(OPUS* or "older people's utility scale").tw.
140	or/108-139
141	107 or 140
142	93 and 141
143	limit 142 to english language
144	limit 143 to yr="2010 -Current"

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

Search
AllFields:'social work* or social care* or care coordinator* or care co-ordinator*'
- OR AllFields:'case manager* or caseworker* or case-worker* or case worker* or best interest* assessor*'
- OR AllFields:'approved mental health professional* or AMHP'
- OR AllFields:'social welfare or social assistance or local authorit* or local council* or state support or social prescribing or welfare service*'
AND
HE search:
AND AllFields:'budget* or cost* or economic* or fee or fees or financ* or money or monetary or pharmacoeconomic* or price* or pricing'
OR
HUV search:
eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eurqul* or eurqul5d* or euro* quality of life or european qol
OR
sf36 or sf 36 or sf thirty six or sf thirtysix
OR
time trade off* or time tradeoff* or tto or timetradeoff*
OR
subjective wellbeing or subjective well-being
OR
ASCOT or adult social care outcomes toolkit
OR
SCRQOL or social care- related quality of life
capacity to benefit score
OR
ICECAP* or Icepop capability measure for adults or Icepop capability measure for older people or Icecap supportive care measure or Icecap close person measure
ASCOF or adult social care outcomes framework
OR
Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS
OR
ONS-4 or GHQ-12 or Personal Well-Being Index* or PWI-A or OPUS* or older people's utility scale

Social Policy and Practice 202104 [OVID].

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

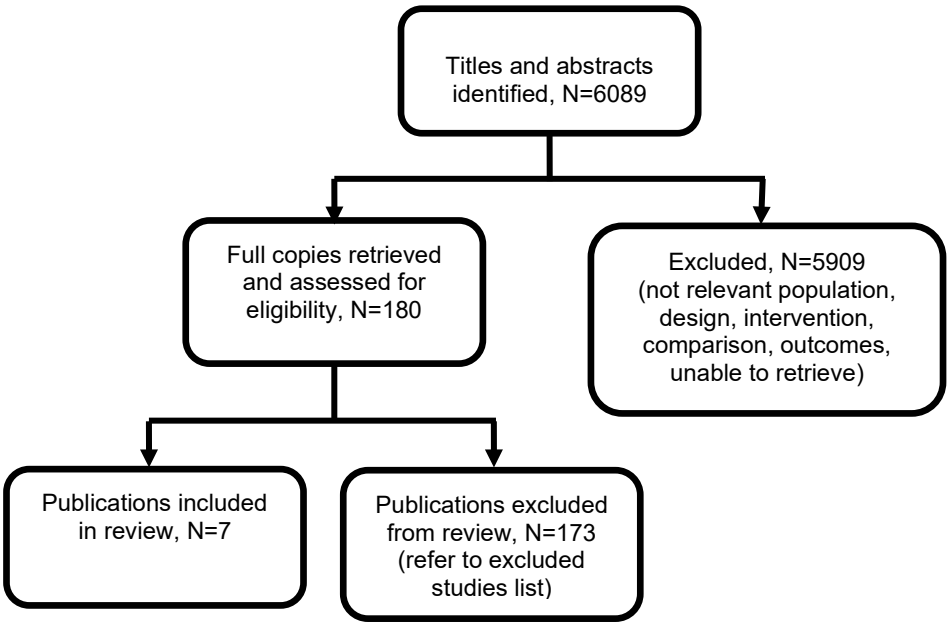
#	Searches
	existence? or experience? or initiative? or intervention? or issue* or live? or mitigat* or patient? or person? or people or problem* or realit* or situation? or social factor* or support or target*)).ti,ab.
7	SHCN.ti,ab.
8	complex case?.ti,ab.
9	(dual diagnos?s or multi* diagnos?s).ti,ab.
10	(impact adj3 daily adj (life or lives or living or activit* or experienc*)).ti,ab.
11	or/6-10
12	((chang* or develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or target*) adj3 (employment or unemployment or unemploy*)).ti,ab.
13	(support* adj3 (employment? or work or vocational)).ti,ab.
14	(employment or unemploy* or underemploy* or under employ*).ti.
15	individual placement?.ti,ab.
16	((finding or gaining or obtaining or keeping or sustaining) adj3 (work or job or employment)).ti,ab.
17	(social firms or (sheltered adj (employment or work))).ti,ab.
18	(precar* adj1 (employment or work)).ti,ab.
19	(paid work or paid employment).ti,ab.
20	(voluntary work or volunteering).ti,ab.
21	(meaningful adj (activit* or employment or work)).ti,ab.
22	("return to work" or "back to work" or absenteeism).ti,ab.
23	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj (work* or disabilit*)).ti,ab.
24	((labo?r force or employment or unemployment) adj status).ti,ab.
25	or/12-24
26	((family or families or intergenerat* or inter-generat*) adj (relation* or breakdown or conflict?)).ti,ab.
27	((sexual or intimate or partner?) adj (relation* or conflict?)).ti,ab.
28	((develop* or enhanc* or initiative? or intervention? or program* or address* or improv* or promot* or target*) adj2 relationship?).ti,ab.
29	((carer? or partner or relationship?) adj support*).ti,ab.
30	or/26-29
31	housing.ti.
32	((housing or accommodation or neighb?rhood? or residence*) adj3 (chang* or address* or condition* or develop* or enhanc* or improv* or initiative? or instability or intervention? or mitigat* or program* or stability or target*)).ti,ab.
33	homeless*.ti,ab.
34	(permanent housing or social housing).ti,ab.
35	((assisted or autonomous or independent or secur* or sheltered or support* or sustain*) adj3 (housing or accommodat* or dwelling? or residen* or tenanc* or tenure?)).ti,ab.
36	((halfway or satellite) adj (accommodat* or dwelling? or home? or house?)).ti,ab.
37	(neighbo?rhood? adj (characteristic* or intervention* or program*)).ti,ab.
38	((environment* or housing or neighbo?rhood?) and infrastructure).ti,ab.
39	or/31-38
40	money.ti.
41	((access* or improv* or manag* or supplement*) adj2 (cash or money or financ* or income? or savings)).ti,ab.
42	((financial adj (autonomy or security or insecurity)) or loans or borrowing or budgeting or microcredit or microfinance or social fund*).ti,ab.
43	(extreme poverty or high poverty).ti,ab. or poverty.ti.
44	((address* or escap* or improv* or "out of" or support* or target*) adj2 (depriv* or poor or poverty)).ti,ab.
45	(((food or fuel) adj (insecurity or poverty)) or food bank?).ti,ab.
46	((alleviat* or ease or manag* or prevent* or reduc* or stop*) adj2 (debt? or poverty or ((economic or financial) adj hardship?))).ti,ab.
47	((basic or low or minimum) adj3 (wage? or income?)).ti,ab.
48	(family adj (income? or tax credit?)).ti,ab.
49	welfare benefit?.ti,ab.
50	or/40-49
51	((crime? or criminal* or offend* or offence? or recidiv*) adj3 (initiative? or intervention? or program* or mitigat* or address* or diver* or prevent* rehabilitat*)).ti,ab.
52	((inmate? or prisoner? or convict? or felon?) adj3 (rehabilitat* or releas*)).ti,ab.
53	(community adj2 (reentry or re-entry)).ti,ab.
54	or/51-53
55	(community involvement or community network* or loneliness or social* alienat* or social connect* or social inclusion or social* isolat* or social network* or social participation or social stigma*).ti,ab.
56	(((civil* or human or legal or social) adj rights) or (social justice or equal protection or social protection)).ti,ab.
57	((social or community or neighbo?rhood?) adj3 (equit* or inequit* or inequalit*)).ti,ab.
58	(digital adj (inclusion or exclusion or divide or equit* or inequit* or inequalit*)).ti,ab.
59	((disadvantaged or underserved or under served or vulnerab* or at risk or high risk) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
60	((minorit* or emigra* or immigra* or migra* or foreigner* or refugee* or transient*) adj3 (adult? or famil* or person? or people? or population?)).ti,ab.
61	or/56-60
62	(crime victim? or revictimi* or ((victim* or crime?) and survivor*)).ti,ab.
63	((domestic or marital or partner? or spous* or surviv*) adj3 (abus* or rape? or sex* assault* or violence)).ti,ab.
64	coercive control.ti,ab.
65	((female? or women?) adj (refuge? or shelter?)).ti,ab.

#	Searches
66	(exploitation or safe guarding or safeguarding).ti,ab.
67	(((substance or drug or alcohol) adj (abuse or misuse?)) or "substance use" or "illegal drug use*" or addict* or alcoholi* or (problem* adj1 drinking)).ti,ab.
68	or/62-67
69	or/25,30,39,50,54-55,61,68
70	(disable? or disabilit* or handicap* or retard* or disorder? or impair* or condition? or illness* or capacity or competen* or difficulty or difficulties or deficit? or dysfunct*).ti.
71	((communit* or elder* or mental* or long term or custod* or psychosocial* or palliative or terminal or reable* or rehabilitat*) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
72	((allied health professional? or AHP? or clinical or clinician? or consultant? or family doctor? or general practi* or GP? or medical or medic? or nurse? or occupational therapist? or physician? or ((speech or language) adj2 therapist?) or SLT?) adj3 (care or agenc* or deliver* or department? or facilit* or institution* or network* or organi?ation* or provider? or provision? or partner* or sector* or service* or setting*)).ti,ab.
73	71 or 72
74	5 and 11 and 69 and (70 or 73)
75	budget*.ti,ab.
76	cost*.ti.
77	(economic* or pharmaco?economic*).ti.
78	(price* or pricing*).ti,ab.
79	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
80	(financ* or fee or fees).ti,ab.
81	(value adj2 (money or monetary)).ti,ab.
82	or/75-81
83	(quality adjusted or quality adjusted life year*).tw.
84	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
85	(illness state* or health state*).tw.
86	(hui or hui2 or hui3).tw.
87	(multiattribute* or multi attribute*).tw.
88	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
89	utilities.tw.
90	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
91	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
92	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
93	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
94	((quality of life or qol) adj (score*1 or measure*1)).tw.
95	((quality of life or qol) and (health adj3 status)).tw.
96	((qol or hrqol or quality of life) and (qol or hrqol* or quality of life)).tw. adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*).ab.
97	(cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
98	((quality of life or qol) adj3 (improv* or chang*)).tw.
99	health-related quality of life.tw.
100	((capabilit* or wellbeing or well-being) adj4 (measur* or index* or instrument* or tool*)).tw.
101	(subjective wellbeing or subjective well-being).tw.
102	(ASCOT or "adult social care outcomes toolkit").tw.
103	(SCRQOL or "social care- related quality of life").tw.
104	"capacity to benefit score".tw.
105	(ICECAP* or "Icepop capability measure for adults" or "Icepop capability measure for older people" or "Icecap supportive care measure" or "Icecap close person measure").tw.
106	(ASCOF or "adult social care outcomes framework").tw.
107	(Warwick Edinburgh Mental Well-being scale or WEMBS or S-WEMWBS).tw.
108	ONS-4.tw.
109	GHQ-12.tw.
110	(Personal Well-Being Index* or PWI-A).tw.
111	(OPUS* or "older people's utility scale").tw.
112	or/83-111
113	82 or 112
114	74 and 113
115	limit 114 to yr="2010 -Current"

Appendix C Study selection

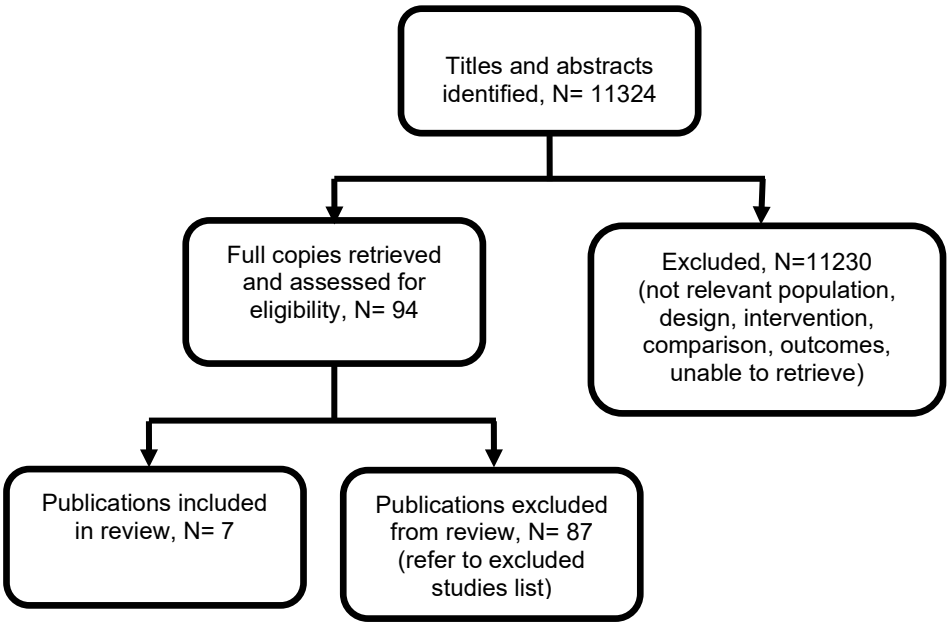
Study selection for review question G1: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

Figure 2: Study selection flow chart



Study selection for review question G2: Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs?

Figure 3: Study selection flow chart



Appendix D Evidence tables

Evidence tables for review question G1: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

Table 9: Evidence tables – effectiveness evidence

Study details	Results and risk of bias assessment
Full citation Carnes, D., Sohanpal, R., Frostick, C., Hull, S., Mathur, R., Netuveli, G., Tong, J., Hutt, P., Bertotti, M., The impact of a social prescribing service on patients in primary care: a mixed methods evaluation, BMC Health Services ResearchBMC Health Serv Res, 17, 835, 2017 **Ref Id** 1221441 **Country/ies where the study was carried out** UK (England) **Study type** Non-RCT (matched controlled group assessing 'non-exposed' participants). **Study dates** February 2014 to January 2016. **Inclusion criteria** **Intervention group** • Socially isolated participants or frequent attenders to general practices in the London Borough of City and Hackney. **Control group** • Aged between 23 and 85 years. • Attended a GP surgery within the last 3 months. • At least one of the following: depression, anxiety, type 2 diabetes. **Exclusion criteria**	**Results** <u>Positive and active engagement in life score (range 0 to 20) - mean (±SD)</u>[3] (see other information) Baseline: Intervention (n=179): 2.8 (1.00); control (n=293): 13.7 (3.92) 8 months: Intervention (n=62): 13.5 (3.83); control (n=121): 14.1 (3.89) Linear regression model (differences between baseline and follow-up) against treatment group: Adjusted coefficient -0.073 (95% CI -1.278 to 1.131)[4] (see other information) <u>A&E visits in past 3 months - mean (±SD)</u> Baseline: Intervention (n=184): 0.4; control (n=289): 0.3 (0.79) 8 months: Intervention (n=47): 0.3 (0.68); control (n=121): 0.5 (1.15) **<u>Risk of bias assessment using ROBINS-I</u>** **1. Bias due to confounding (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias - matched controls and linear regression used to adjust for baseline characteristics; unclear whether post-intervention variables controlled for. **2. Bias in selection of participants into the study (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias - participants were referred to the social prescribing service based on frequency of GP surgery attendance and/or social isolation; controls were randomly selected from local GP surgeries. **3. Bias in classification of interventions (Low/Moderate/Serious/Critical/No information)** No information - intervention groups defined, but no other information provided. **4. Bias due to deviations from intended interventions (Low/Moderate/Serious/Critical/No information)** Serious risk of bias - deviations not reported, but higher medication prescriptions for participants referred to social prescribing before and after intervention; for participants

Study details	Results and risk of bias assessment
Intervention group • People in acute crisis. • People at risk to self and/or others. • Uncontrolled addictions or mental health problems. **Control group** • People receiving palliative care. • People who were housebound. **Patient characteristics** N=22 GP surgeries referred N=486 participants (Intervention: n= 184; Control: n=302) Age - median (IQR) Intervention: 56 (22); control: 58 (20) Gender (female) - n (%) Intervention: 103 (59); control: 164 (54) Ethnicity - n (%) White: Intervention: 88 (49); control: 170 (58) Non-White: Intervention: 90 (51); control: 123 (42) Living arrangement - n (%) Alone: Intervention: 101 (60); control: 106 (37) With others: Intervention: 66 (40); control: 180 (63); p<0.001 **Intervention:** Social prescribing coordinators appointed and worked in enrolled GP surgeries.[1] (see other information) Coordinator and service users agreed on well-being action plan containing goals for improving wellbeing, and in some cases referral to community organisations and services. If necessary, a volunteer (trained by the coordinator) was assigned to help service users achieve their goals. Service users received up to 6 sessions with the social prescribing coordinator and as many contacts with the volunteer as required.	referred to social prescribing, 17% had more than 1 contact with the service, 14% had no contact and the remainder had 1 contact. **5. Bias due to missing data (Low/Moderate/Serious/Critical/No information)** Critical risk of bias - questionnaire response rate for social prescribing: at baseline n=184/475 (39%) and at 8 months 69/181 (38%); for controls: at baseline n=302/3000 (10%) and at 8 months n=127/302 (42%). **6. Bias in measurement of outcomes (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias - both subjective and objective measures used to assess different outcomes. **7. Bias in selection of the reported result (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias - no pre-registered protocol or statistical analysis plan provided. **Overall risk of bias (Low/Moderate/Serious/Critical/No information)** Critical risk of bias. **Source of funding** City and Hackney Clinical Commissioning Group (part of the National Health Service UK). **Other information** [1]Social prescribing defined as "a non-medical referral, or linking service, to help people identify their social needs and develop 'well-being' action plans to promote, establish or re-establish integration and support in their communities, with the aim of improving personal wellbeing" (Carnes 2017, p.2). Coordinators were trained in social work and employed by a managing third sector (not-for-profit organisation commissioned to implement the service. [2]Two control groups: one for comparison of participant reported outcomes by questionnaire, and the other for primary health care use using electronic patient records. N=82 community organisations used in the delivery of service, providing, for example, exercise classes, cookery lunch clubs, library visits, religious groups and ping pong. [3] HieQ Scale between 5 and 20: 5= poorly integrated; 20 = well integrated). [4] Adjusted with control variables, including age, sex, ethnicity, work status and living arrangement.

Study details	Results and risk of bias assessment
Control: Randomly selected matched participants from neighbouring areas who did not receive social prescribing.[2] (see other information) **Follow-up** 8 months.	
Full citation de Vet, R., Beijersbergen, M. D., Jonker, I. E., Lako, D. A. M., van Hemert, A. M., Herman, D. B., Wolf, Jrlm, Critical Time Intervention for Homeless People Making the Transition to Community Living: A Randomized Controlled Trial, Am J Community PsycholAmerican journal of community psychology, 60, 175-186, 2017 **Ref Id** 1313820 **Country/ies where the study was carried out** The Netherlands **Study type** Multicentre, parallel-group RCT. **Study dates** 1 December 2010 to 1 December 2012. **Inclusion criteria** **Shelters** • Provide short-term residential services (that is, 24-hour services for a period generally no longer than 12 months) to at least 50 adults each year. • Expected to continue providing services for the next 5 years.[1] (see other information) **Participants** • Aged 18 years or over. • Stayed at a participating shelter for <14 months. • Participants who knew when they would be exiting the shelter or receiving priority status for social housing.	**Results** Perceived social support (family support) - mean (±SD)[2] (see other information) Intervention (n=84): 3.41 (1.27); control (n=79): 3.00 (1.37) *Adjusted mean difference (95% CI):* (see other information) 0.36 (0.02 to 0.71); p<0.05* Perceived social support (social support) - mean (±SD)[2] (see other information) Intervention (n=87): 3.39 (1.15); control (n=77): 3.33 (1.03) *Adjusted mean difference (95% CI):* (see other information) -0.27 (-0.62 to 0.08)* Subjective QoL (general QoL) - mean (±SD)[2] (see other information) Intervention (n=90): 5.26 (1.27); control (n=83): 5.08 (1.32) *Adjusted mean difference (95% CI):[3] (see other information) 0.21 (-0.19 to 0.60)* **Risk of bias assessment using Cochrane RoB2** **1. Bias arising from the randomisation process (Low/High/Some concerns)** Low risk of bias. **2. Bias arising due to deviations from intended interventions (Low/High/Some concerns)** Some concerns - participants, shelter staff and research assistant did not have foreknowledge of intervention assignment, but were informed of intervention allocation during the trial. **3. Bias due to missing outcome data (Low/High/Some concerns)** Low risk of bias - <5% participants not included in ITT analyses. **4. Bias in measurement of the outcome (Low/High/Some concerns)** Some concerns - the authors stated that some of the data collectors had occasionally become aware of condition assignment, which may have influenced assessment of outcomes. **5. Bias in selection of the reported result (Low/High/Some concerns)** High risk of bias - 4 outcomes outlined in the study protocol were not reported in the study publication; the authors stated the reason was to reduce the conceptual overlap between several of the outcome measures and to minimise potential bias resulting from a relatively high amount of missing data on some variables.

Study details	Results and risk of bias assessment
• Moving to housing without supervision or daily supportive services and for which rent would be paid. **Exclusion criteria** • Participants moving to an area where there were no participating organisations providing services. **Patient characteristics** N=183 (Intervention: n=94; control: n=89) Age (years) - mean (±SD) Critical Time Intervention (CTI) (n=94): 41.42 (11.27); Care as usual (n=89): 39.72 (11.87) Gender (female) - n (%) CTI: 51 (54); Care as usual: 34 (38); p=0.03 History of literal homelessness - n (%) CTI: 62 (66); Care as usual: 52 (58) Family support - mean (±SD) CTI (n=88): 2.94 (1.44); Care as usual (n=88): 2.97 (1.32) Social support - mean (±SD) CTI (n=89): 3.41 (1.09); Care as usual (n=88): 3.10 (1.12); p=0.06 Unmet care needs in 1 or more life areas - n (%) CTI (n=87): 64 (74); Care as usual (n=88): 62 (71) General QoL - mean (±SD) CTI: 4.75 (1.16); Care as usual: 4.78 (1.35) BSI global severity index - mean (±SD) CTI (n=89): 0.59 (0.53); Care as usual (n=87): 0.59 (0.55) RSES - mean (±SD) CTI (n=90): 31.51 (5.64); Care as usual (n=89): 31.10 (5.57) Excessive alcohol use in past 30 days - n (%) CTI (n=86): 18 (21); Care as usual (n=86): 17 (20)	**Overall risk of bias (Low/High/Some concerns)** High risk of bias. **Source of funding** The Netherlands Organisation for Health Research and Development (ZonMw) and the Academic Collaborative Centre for Shelter and Recovery. **Other information** [1]Due to slow recruitment of shelters, additional shelters were recruited that did not meet the original eligibility criteria: 9 provided services to fewer than 50 adults per year; 3 offered long-term services (for periods longer than 12 months); 1 shelter was expected to close within the next 5 years. [2]ITT analyses for outcomes adjusted for baseline scores/proportions and organisation. Family and social support measured using the average score on a 5 point scale of 5 items from the RAND Course of Homelessness Study (Burnam & Koegel, 1989) - how often relatives or friends and acquaintances would be available to provide practical and emotional support. Quality of life was assessed using a 2 item average score on a 7 point scale, from Lehman's Brief Quality of Life Interview (Lehman, 1983). [3]Adjusted for clustering within organisations rather than within CTI worker and case managers because case managers mainly provided services to only one client taking part in the study. Participants received financial incentives to complete interviews, increasing over time from €15 at baseline to €30 at 9-month follow-up.

Study details	Results and risk of bias assessment
Cannabis use in past 30 days - n (%) CTI (n=87): 12 (14); Care as usual (n=82): 16 (20) **Intervention (CTI):** Includes different timings: Phase I (transition to the community between discharge and 3 months post-discharge); Phase II (try-out between 3 and 6 months post-discharge); Phase III (transfer of care between 6 and 9 months post-discharge). The 3 phases involve different responsibilities of CTI worker (for example, building relationships with community, assessing participants needs, frequency of contact); different materials (for example, risk and needs assessment, personal recovery plan, activity log); different intensities in relation to meeting frequency and duration. In each shelter organisation, 2 or 3 case managers (with a degree in social work or related field) from community service teams delivered the intervention. Recommended caseloads for CTI workers was 16 adults. **Comparator (Care as Usual):** provision of services after discharge, but type, approach, intensity, and duration differed depending on the shelter organisation, clients' needs, and funds available, and frequency, intensity and duration were less compared to CTI. Clients with complex needs received case management services after discharge from all except 1 organisation. Average caseloads for case managers ranged between 10 and 30 adults. **Follow-up** 9 months.	
Full citation Lloyd-Evans, B., et al., The Community Navigator Study: results from a feasibility randomised controlled trial of a programme to reduce loneliness for people with complex anxiety or depression, 2020 **Ref Id** 1307970 **Country/ies where the study was carried out** UK (England) **Study type** Feasibility RCT	**Results** Participation and inclusion (Time budget diary - activities performed alone) - median (IQR) Intervention: Baseline (n=30): 11.0 (8.5 to 14.5); follow-up (n=25): 8.0 (1.8 to 10.8) Control (n=10): Baseline: 11.0 (6.5 to 14.0); follow-up: 6.0 (3.0 to 6.0) Participation and inclusion (Time budget diary - some contact with others) - median (IQR) Intervention: Baseline (n=30): 5.0 (2.0 to 9.5); follow-up (n=25): 8.5 (4.3 to 14.3) Control (n=10): Baseline: 3.5 (0.0 to 9.3); follow-up: 7.0 (6.0 to 13.0) Participation and inclusion (Time budget diary - extensive contact with others) - median (IQR) Intervention: Baseline (n=30): 2.0 (0.5 to 4.5); follow-up (n=25): 1.0 (0.0 to 4.0) Control (n=10): Baseline: 2.0 (0.0 to 8.0); follow-up: 1.0 (0.0 to 2.5) Perceived social support (Lubben Social Network scale - total score) - median (IQR)[2] (see other information)

Study details	Results and risk of bias assessment
Study dates April 2017 to January 2018. **Inclusion criteria** • Aged over 18 years of age. • Currently on the caseload of a secondary mental health service for people living with depression or anxiety. • Met a minimum threshold score for loneliness of 2 points on the 6-item De Jong Gierveld loneliness scale. **Exclusion criteria** • People lacking decision-making capacity to consent to participation. • Currently using mental health inpatient or crisis services. • Assessed by the clinical team as posing a risk of harm to others. • Unable to communicate in English. **Patient characteristics** N=40 participants (Intervention: n=30; control: n=10) Sex (female) - n (%) Intervention: 24 (80); control: 5 (50) Age (years) - mean (±SD) Intervention: 44.6 (13.4); control: 38.5 (11.8) Ethnicity - n (%) White: Intervention: 17 (59); control: 8 (80) Mixed/multiple ethnic groups: Intervention: 3 (10); control: 0 (0) Asian/Asian British: Intervention: 3 (10); control: 1 (10) Black/African/Caribbean/Black British: Intervention: 4 (14); control: 1 (10) Other ethnic group: Intervention: 2 (7); control: 0 (0) Housing situation - n (%) Independent permanent accommodation: Intervention: 22 (73); control: 9 (90) Independent temporary accommodation: Intervention: 5 (17); control: 1 (10) Accommodation with staff support: Intervention: 3 (10); control: 0 (0) Living situation - n (%)	Intervention: baseline (n=30): 7.0 (4.0 to 9.0); follow-up (n=25): 7.5 (6.0 to 11.00) Control (n=10): baseline: 11.5 (9.0 to 15.0); follow-up: 11.0 (6.0 to 15.0) Perceived social support (social capital - RG-UK - total score) - median (IQR)[3] (see other information) Intervention: baseline (n=30): 9.5 (5.0 to 12.0); follow-up (n=25): 9.0 (6.0 to 12.3) Control (n=10): baseline: 13.0 (8.8 to 18.3); follow-up: 13.0 (6.5 to 22.3) Loneliness (De Jong Gierveld scale - total score) - median (IQR)[4] (see other information) Intervention: baseline (n=30): 11.0 (10.0 to 11.0); follow-up (n=25): 9.0 (8.0 to 11.00) Control (n=10): baseline: 10.5 (9.0 to 11.0); follow-up: 10.0 (7.0 to 11.0) Unplanned care contacts (hospital or community crisis care) - n (%) Intervention (n=30): baseline: 6 (20); follow-up: 5 (20) Control (n=10): baseline: 0 (0); follow-up: 1 (10) Recovering QoL questionnaire - median (IQR) Intervention: baseline (n=30): 9.0 (4.0 to 14.0); follow-up (n=25): 14.5 (8.0 to 19.0) Control (n=10): baseline: 9.5 (5.0 to 15.0); follow-up: 13.5 (10.0 to 19.0) EQ-5D-3L - mean (±SD) Intervention: baseline (n=30): 0.283 (0.40); follow-up (n=25): 0.472 (0.33) Control (n=10): baseline: 0.400 (0.24); follow-up: 0.453 (0.236) Self-rated health using EQ-VAS - median (IQR) Intervention: baseline (n=30): 35.0 (29.0 to 50.0); follow-up (n=25): 40.0 (30.0 to 60.0) Control (n=10): baseline: 47.5 (30.0 to 50.0); follow-up: 52.5 (35.0 to 60.0) **Risk of bias assessment using Cochrane RoB2** **1. Bias arising from the randomisation process (Low/High/Some concerns)** Low risk of bias - computer-generated allocation sequence; randomisation by independent statistician; differences between intervention group sizes, but this was intended based on 3:1 allocation ratio. **2. Bias arising due to deviations from intended interventions (Low/High/Some concerns)** Some concerns - participants and people delivering interventions were not blinded to group assignment; all participants analysed on service use outcomes in the intervention group, but not for other outcome data. **3. Bias due to missing outcome data (Low/High/Some concerns)**

Study details	Results and risk of bias assessment
Lives alone: Intervention: 14 (47); control: 5 (50) Lives with other adults, no dependent children: Intervention: 9 (30); control: 3 (30) Lives with dependent children: Intervention: 7 (23.3); control: 2 (20) Employment/education status - n (%) Open market employment: Intervention: 0 (0); control: 2 (20) Education, study or training: Intervention: 2 (6); control: 2 (20) Voluntary or unpaid work: Intervention: 4 (13); control: 0 (0) Full time caring role: Intervention: 2 (6); control: 1 (10) Other: Intervention: 22 (73); control: 5 (50) Primary diagnosis - n (%) F32 to 39 Mood (affective) disorders: Intervention: 12 (40); control: 3 (30) F40 to 48 Anxiety disorders: Intervention: 13 (43); control: 4 (40) Other disorders: Intervention: 5 (17); control: 3 (30) GP appointments in the past 3 months - median (IQR) Intervention: 4.5 (2.0 to 8.0); control: 2.0 (1.0 to 3.0) **Intervention:** Community Navigators programme, involving 10 hour meetings with a Community Navigator and access to up to 3 group sessions over 6 months. A budget of £100 was available per participant for activities designed to develop or enhance social connections and contact with others (as agreed with the Community Navigator).[1] (see other information) Plus, usual care. **Control:** Usual care - standard care from secondary mental health services, involving provision of a planned care package comprising some or all of the following: meetings approximately once a month with a 'care coordinator' (that is, a qualified mental health practitioner from the team, such a s a nurse or a social worker); appointments with a psychiatrist as required; and access to additional support from a psychologist on referral, if needed. **Follow-up** 6 months.	Some concerns - all participants analysed for service use outcomes, but not for other outcomes assessed in the intervention group; missing outcome data and reasons documented. **4. Bias in measurement of the outcome (Low/High/Some concerns)** Some concerns - outcome assessors aware of treatment allocation. **5. Bias in selection of the reported result (Low/High/Some concerns)** Low risk of bias - different outcomes mentioned in the statistical analysis section have data reported; reported results for the outcome measurements appear to correspond to all intended analyses. **Overall risk of bias (Low/High/Some concerns)** Some concerns - the authors acknowledged that this was a feasibility trial and did not intend to establish the effectiveness of the programme. **Source of funding** NIHR School for Social Care Research. **Other information** [1]Community Navigators used a social network mapping tool to: 1] map people, places and activities important to the participant, identified current interests and relationships, and potential areas for new social activity, or means to strengthen existing connections with others. 2] help participants develop a 'Connections Plan' to identify goals to increase connectedness and social relationships, and steps to achieve these; and offer practical help or support in achieving these goals (for example, planning travel or accompanying a participant to a new social group). 3] organise 3 group meetings, which offered participants the chance to meet each other, initiate friendships, and share experiences of the programme and recommendations about local groups and social opportunities. Community Navigators were not required to have mental health professional training or qualifications, but were provided with training and fortnightly group supervision from an experienced social work and occupational therapy practitioner from the participating mental health services. [2]Social network, measured using the 6-item Lubben Social Network Scale which measures frequency and perceived quality of contact with family and friends. [3]Perceived social capital, measured using 27-item Resource Generator UK tool. [4]Loneliness measured using 11-item De Long Gierveld scale (total score and social and emotional loneliness subscale scores). The authors state that this scale may not be the most suitable measure of loneliness in the study setting.

Study details	Results and risk of bias assessment
Full citation Malmberg-Heimonen, Ira, The effects of family group conferences on social support and mental health for longer-term social assistance recipients in Norway, British Journal of Social Work, 41, 949-967, 2011 **Ref Id** 1308059 **Country/ies where the study was carried out** Norway **Study type** RCT **Study dates** 2007 to 2010. **Inclusion criteria** • Adults receiving social assistance in the long-term (that is, more than 6 months' continuously). • No preference for being in the intervention or control group. **Exclusion criteria** Not reported. **Patient characteristics** N=149 (Intervention: n=96; control: n=53) Age (years) - mean Intervention: 37.9; control: 40.2 Gender (female) - % Intervention: 42.7; control: 30.2 Ethnic minority - % Intervention: 24.0; control: 18.9 Poor economic situation - % Intervention: 80.0; control: 75.5	**Results** Perceived social support (emotional social support) - mean (±SD)[2] (see other information) Intervention: T1 13.76 (4.36); T2 15.12 (4.19); T2 mean (95% CI): 15.46 (14.47 to 16.44) Control: T1 14.25 (4.28); T2 14.78 (4.29); T2 mean (95% CI): 14.28 (13.06 to 15.50) *Group difference: p=0.158; Total model adjusted R^2: 0.26[4] (see other information)* Perceived social support (social resources) - mean (±SD)[3] (see other information) Intervention: T1 8.26 (2.51); T2 9.28 (2.26); T2 mean (95% CI): 9.38 (8.87 to 9.89) Control: T1 8.45 (2.62); T2 8.70 (2.46); T2 mean (95% CI): 8.57 (7.79 to 9.16) *Group difference: p=0.051; Total model adjusted R^2: 0.42[4] (see other information)* **Risk of bias assessment using Cochrane RoB2** **1. Bias arising from the randomisation process (Low/High/Some concerns)** Some concerns - no information provided on allocation sequence; no significant differences in baseline characteristics between intervention groups. **2. Bias arising due to deviations from intended interventions (Low/High/Some concerns)** Some concerns - people delivering intervention and participants potentially aware of intervention allocation; ITT analyses conducted for data analyses. **3. Bias due to missing outcome data (Low/High/Some concerns)** High risk of bias - response rate at time 2 68% (Intervention: 62%; control: 79%). **4. Bias in measurement of the outcome (Low/High/Some concerns)** High risk of bias - same outcome measurement methods used but at different timepoints for intervention and control groups. **5. Bias in selection of the reported result (Low/High/Some concerns)** High risk of bias - no information relating to pre-specified analysis plan; adjusted and unadjusted outcome data reported. **Overall risk of bias (Low/High/Some concerns)** High risk of bias. **Source of funding** Norwegian Research Council and the Norwegian Directorate of Labour and Welfare.

Study details	Results and risk of bias assessment
Chronic disease - % Intervention: 66.3; control: 71.7 Emotional social support - mean Intervention: 14.13; control: 14.27 Social resources - mean Intervention: 8.34; control: 8.51 **Intervention (Family Group Conferencing):**[1] (see other information) meeting involving participants; independent facilitator (not employed by social services) assists the participant and arranges the meeting; invitations to attend meeting sent to participant's support network and new resources introduced to the existing network; participant and extended network then make an action plan together (without authorities or facilitator); action plan formulated by facilitator, supported by social worker. Plus, usual social services. **Control:** Usual social services. **Follow-up** First follow-up (T1) - mean Intervention: 22.40 weeks; control: 15.71 weeks Second follow-up (T2) 12 months	**Other information** [1]Family is defined as anyone the participants wishes to invite for support in the Family Group Conferencing process. Stays in prison, hospital and other institutions or illness resulted in the intervention process starting later or the process being interrupted for some participants. N=41 meetings: mean 4.8 (SD 1.78) extended private network individuals invited to attend; mean 3.9 (SD 1.64) participated. Of network, 44% friends, 16% parents, 16% siblings, 17% distant relatives (such as cousins, grandparents), 3% children, 2% husbands, wives or co-habitants, 2% former employers or former colleagues. N=65 professionals invited to meetings: 57% social workers, 11% doctors, 8% psychologists, 24% other professionals. [2]Emotional social support measured using a 4-item scale (1='not at all'; 5='very much'); scores ranged from 4 to 20. [3]Social resources measured using Oslo 3-item social support scale; scale ranged between 3 and 14. [4]Adjusted mean differences analysed using ANCOVA; experimental condition, site, duration of follow-up period and control of T1 baseline predictor were treated as covariates and adjusted for.
Full citation Patterson, M. L., Moniruzzaman, A., Somers, J. M., Community participation and belonging among formerly homeless adults with mental illness after 12 months of Housing First in Vancouver, British Columbia: a randomized controlled trial, Community Mental Health Journal, 50, 604-611, 2014 **Ref Id** 968120 **Country/ies where the study was carried out** Canada	**Results** Participation and inclusion (Physical Integration subscale)[4] (see other information) No significant change in the mean score over time for any of the High Needs or Moderate Needs groups (p<0.05) Multivariable model for CONG at 12 months (p=0.076) Participation and inclusion (psychological Integration subscale)[5] (see other information) **Moderate Needs (n=185)** *Intervention: mean (13.1); control: mean (11.5) at 6 months* *Intervention: mean (12.6); control: mean (11.9) at 12 months; p≤0.05* *'I know most of the people who live near me'* - Adjusted OR (95% CI)[6] (see other information): ICM 0.70 (0.47 to 1.06)

Study details	Results and risk of bias assessment
Study type RCT **Study dates** October 2009 to June 2011. **Inclusion criteria** • Legal adult status (aged ≥19 years). • Current mental disorder on the MINI International Neuropsychiatric Interview. • Absolutely homeless or precariously housed. **Exclusion criteria** Not reported. **Patient characteristics** N=497 High needs (n=297)[1] (see other information) Housing First with ACT: n=90 Congregate Housing with onsite support (CONG): n=107 Treatment as usual: n=100 Moderate Needs (n=200) Housing First with ICM: n=100 Treatment as usual: n=100 Age (years) - mean (±SD): 40.8 (11.0) Gender (male): 73% Ethnicity (Caucasian): 56% Substance dependence: 58% Illicit drug use: 25% Mental disorders (MINI) Criteria for at least one 'severe' disorder: 73% Criteria for at least one 'less severe' disorder: 53%	*'I interact with the people who live near me'* - Adjusted OR (95% CI)[6] (see other information): ICM 0.97 (0.67 to 1.40) *'I feel at home where I live'* - Adjusted OR (95% CI)[6] (see other information): ICM 2.05 (1.32 to 3.17); p≤0.05 *'I feel like I belong where I live'* - Adjusted OR (95% CI)[6] (see other information): ICM 1.99 (1.31 to 3.03); p≤0.05 **High Needs (n=286)** *No significant increase in mean subscale score over time for Housing First groups versus treatment as usual (p>0.05)* *'I know most of the people who live near me'* - Adjusted OR (95% CI)[6] (see other information): CONG 1.54 (1.00 to 2.36; p≤0.05); ACT 0.65 (0.43 to 0.97; p≤0.05) *'I interact with the people who live near me'* - Adjusted OR (95% CI)[6] (see other information): CONG 1.00 (0.66 to 1.51); ACT 0.88 (0.60 to 1.29) *'I feel at home where I live'* - Adjusted OR (95% CI)[6] (see other information): CONG 1.10 (0.72 to 1.69); ACT 1.77 (1.14 to 2.77; p≤0.05) *'I feel like I belong where I live'* - Adjusted OR (95% CI)[6] (see other information): CONG 1.24 (0.82 to 1.86); ACT 1.56 (1.05 to 2.33; p≤0.05) **Risk of bias assessment using Cochrane RoB2** **1. Bias arising from the randomisation process (Low/High/Some concerns)** Some concerns - randomisation to one of 5 study arms via computer based on level of need; no other information provided. **2. Bias arising due to deviations from intended interventions (Low/High/Some concerns)** Some concerns - participants and people delivering interventions aware of allocation assignment; it appears that ITT analyses were conducted. **3. Bias due to missing outcome data (Low/High/Some concerns)** High risk of bias - response rate at 6 months: 92%; at 12 months: 89%; mean substitution for individual missing items used to obtain the total score on both subscales if no more than half the items were missing; missing values for other covariates were not included in the analysis.

Study details	Results and risk of bias assessment
Intervention: Housing First with ACT[2] (see other information): participants could choose from up to 3 market lease apartments in various neighbourhoods and services were provided by a multi-disciplinary outreach team. CONG with on-site support[2, 3] (see other information): participants had their own room and bathroom but shared amenity space with 100 other participants and received 3 meals a day, activity programmes and various health and social services on site. ICM[1] (see other information): participants could choose from up to 3 market lease apartments in various neighbourhoods and services were provided by a team of outreach case managers who connected participants to existing services. **Control (treatment as usual):** no additional housing or support services provided beyond what was already available in the community. **Follow-up** 6 and 12 months.	**4. Bias in measurement of the outcome (Low/High/Some concerns)** Some concerns - outcome assessors aware of intervention received by participants. **5. Bias in selection of the reported result (Low/High/Some concerns)** Some concerns - protocol available; adjusted and unadjusted data reported. **Overall risk of bias (Low/High/Some concerns)** High risk of bias. **Source of funding** Health Canada and the Mental Health Commission of Canada. **Other information** All participants received cash honorarium after completing the screening and baseline interviews. [1]Based on a Multinomah Community Ability Scale score of 62 or lower and current (hypo) manic episode or psychotic disorder on the MINI. Plus, one of the following: legal involvement in the past year; substance dependence in the past month; 2 or more hospitalisations for mental illness in the past 5 years. [2]Support services were available to participants assigned to ACT, CONG, and ICM but not mandatory. Requirement for housing was compliance with the terms of the rental lease and weekly visits with a case manager to ensure safety and well-being. [3]The CONG residence was located in downtown Vancouver in a neighbourhood mainly locating businesses, including an inner-city hospital and a number of affluent condominiums. Support staff include a psychiatrist, a general practice physician, a licensed practical nurse, a registered nurse, a pharmacist, a peer employment coordinator, 2 social workers/case managers, 2 peer support workers, 3 mental health workers and a team leader (Goering 2011). [4]Physical integration assessed involvement in activities over the past month. [5]Psychological integration assessed sense of belonging in own neighbourhood. [6]Controlled for: follow-up time; age at enrolment and when first homeless; lifetime duration of homelessness; gender; ethnicity; marital status; education; mental disorder; substance dependence; multiple medical conditions; infectious disease; daily illicit drug use; detained by police.

Study details	Results and risk of bias assessment
Full citation Terzian, E., Tognoni, G., Bracco, R., De Ruggieri, E., Ficociello, R. A., Mezzina, R., Pillo, G., Social network intervention in patients with schizophrenia and marked social withdrawal: a randomized controlled study, Canadian journal of psychiatry. Revue canadienne de psychiatrie, 58, 622-631, 2013 **Ref Id** 951052 **Country/ies where the study was carried out** Italy **Study type** RCT **Study dates** 2007 to 2010. **Inclusion criteria** • Aged≤45 years. • Diagnosis in the schizophrenia spectrum (F20 in the International Classification of Diseases, 10th Revision). • Poor social network (<5 relationships). • Known to the recruiting service for over a year. **Exclusion criteria** Not reported. **Patient characteristics** N=345 (Intervention: n=173; control: n=172) Age (years) - n (%) 18 to 29: Intervention: 44 (25.4); control: 44 (25.6) 30 to 34: Intervention: 45 (26.0); control: 44 (25.6) 35 to 39: Intervention: 47 (27.2); control: 53 (30.8) 40 to 45: Intervention: 37 (21.4); control: 31 (18.0) Gender (female) - n (%) Intervention: 60 (34.7); control: 48 (27.9)	**Results** Perceived social support (social network overall) - n (%)[1] (see other information) Year 1 (n=345) Intervention: 77 (44.5); control: 53 (30.8) *OR (95% CI): 1.8 (1.16 to 2.80)* *Adjusted OR (95% CI):[3] (see other information) 2.1 (1.31 to 3.41)* Year 2 (n=327) Intervention: 79 (47.9); control: 54 (33.3) *OR (95% CI): 1.8 (1.17 to 2.87)* *Adjusted OR (95% CI):[3] (see other information) 2.2 (1.32 to 3.52)* Perceived social network (social network) - n (%)[2] (see other information) Year 1 Intervention: 69 (39.9); control: 43 (25.0) *OR (95% CI): 2.0 (1.26 to 3.15)* *Adjusted OR (95% CI):[3] (see other information) 2.4 (1.44 to 3.92)* Year 2 Intervention: 75 (45.5); control: 51 (31.5) *OR (95% CI): 1.8 (1.15 to 2.85)* *Adjusted OR (95% CI):[3] (see other information)2.1 (1.30 to 3.50)* Employment (work) - n (%)[4] (see other information) Year 1 Intervention: 57 (32.9); control: 63 (36.6) *OR (95% CI): 0.9 (0.55 to 1.33)* *Adjusted OR (95% CI):[3] (see other information) 0.8 (0.51 to 1.31)* Year 2 Intervention: 56 (33.9); control: 60 (37.0) *OR (95% CI): 0.9 (0.57 to 1.41)* *Adjusted OR (95% CI):[3] (see other information) 0.9 (0.55 to 1.42)* **Risk of bias assessment using Cochrane RoB2** **1. Bias arising from the randomisation process (Low/High/Some concerns)** Low risk of bias - randomisation balanced by service and allocation provided via telephone by study coordination centre; differences between groups for duration of treatment, but no other significant differences.

Study details	Results and risk of bias assessment
Income - n (%) Very low: Intervention: 29 (16.8); control: 33 (19.2) Low to middle: Intervention: 119 (68.8); control: 99 (57.6) High: Intervention: 25 (14.5); control: 40 (23.3) Work status - n (%) Employed: Intervention: 27 (15.6); control: 27 (15.7) Unemployed: Intervention: 127 (73.4); control: 123 (71.5) In-training: Intervention: 19 (11.0); control: 22 (12.8) Interest in increasing social network - n (%) No: Intervention: 50 (28.9); control: 49 (28.5) Yes, but does nothing to improve it: Intervention: 78 (45.1); control: 83 (48.3) Tried to improve it without success: Intervention: 45 (26.0); control: 40 (23.3) Comorbidity - n (%) Alcohol: Intervention: 10 (5.8); control: 16 (9.3) Drug addiction: Intervention: 14 (8.1); control: 7 (4.1) Mental retardation: Intervention: 17 (9.8); control: 19 (11.0) Personality disorder: Intervention: 16 (9.2); control: 21 (12.2) **Intervention:** Usual care plus support to enable participation in specific social activities chosen by the participant for 3 to 6 months. Delivered by staff members (nurse, social worker, or educator) or natural facilitators such as a family member, neighbour or volunteer. **Control:** Usual care provided by each community mental health service. **Follow-up** 1 and 2 years.	**2. Bias arising due to deviations from intended interventions (Low/High/Some concerns)** Some concerns - blinding not undertaken; authors stated that n=68 (39%) of participants allocated to intervention group were not offered any activity; ITT analysis conducted. **3. Bias due to missing outcome data (Low/High/Some concerns)** High risk of bias - 3.36% withdrew at 1 year follow-up; 8.4% withdrew at 2 year follow-up; secondary analysis conducted based only on intervention group. **4. Bias in measurement of the outcome (Low/High/Some concerns)** Some concerns - outcome assessors not blinded. **5. Bias in selection of the reported result (Low/High/Some concerns)** High risk of bias - adjusted and unadjusted data reported; further analyses performed as a result of no differences in secondary outcomes; secondary analysis conducted on intervention group only. **Overall risk of bias (Low/High/Some concerns)** High risk of bias. **Source of funding** Consorzio Mario Negri Sud (independent public-private research institute). **Other information** [1]overall social network score including relationships at work (for participants who worked) and intimate or sexual relationships. [2]measured for type of relationship (score 3 for intimate relationships; 2 for friends; 1 for acquaintances: for the first 2 categories an additional point was added for relationships lasting over 1 year), importance to the participant (score 2 for important or 1 for disturbing; irrelevant relationships were not included in the score), frequency of encounters (score 3 for weekly or more frequent encounters; 2 for 10 to 30 days; or 1 for less than monthly), and direction of the relationship (score 3 for reciprocal; 2 for one-sided; or 1 for patient feeling avoided). [3]Adjusted for potential confounders (including duration of treatment). [4]Includes no change if score at baseline already perceived to be good.
Full citation Webber, M, Ngamaba, K, Moran, N, Pinfold, V, Boehnke, J R, Knapp, M, Henderson, C, Rehill, A, Morris, D, The Implementation of Connecting People in	**Results** Perceived social support - RG-UK - mean (±SD) Intervention: baseline (n=57 observations) 15.0 (5.6); follow-up (n=48) 16.2 (5.5) Control: baseline (n=89) 14.8 (5.6); follow-up (77) 15.4 (5.0)

Study details	Results and risk of bias assessment
Community Mental Health Teams in England: A Quasi-Experimental Study, British Journal of Social Work, 2020 **Ref Id** 1309157 **Country/ies where the study was carried out** UK (England) **Study type** Non-RCT (two group before and after study). **Study dates** Not reported. **Inclusion criteria** • Service users who were post-acute mental health crisis. • Basic needs (such as food and shelter) were met. • Willing to develop new social connections. **Exclusion criteria** • Unable to provide consent and unable to participate in social activities. **Patient characteristics** Mental Health NHS Trusts: N=5 (Intervention: n=60 participants recruited; control: n=91 participants recruited) Age (years) - mean (±SD) Intervention: 41.4 (14.0); control: 41.4 (12.4) Gender (female) - n (%) Intervention: 36 (60.0); control: 79 (76.9) Ethnicity - n (%) White British: Intervention: 58 (96.7); control: 87 (95.6) White Irish: Intervention: 0; control: 2 (2.2) White other: Intervention: 2 (3.3); control: 2 (2.2) Living status - n (%)	Regression model (LOCF model)[2] (see other information): *b*=0.63 (SE 1.79) Subjective QoL (EQ-5D-VAS self-rated health) - mean (±SD) Intervention: baseline (n=60) 44.5 (21.3); follow-up (n=49) 52.1 (25.3) Control: baseline (n=91) 50.2 (23.1); follow-up (77) 56.5 (23.3) Subjective QoL (EQ-5D-5L index values) - mean (±SD) Intervention: baseline (n=60) 0.43 (0.32); follow-up (n=49) 0.52 (0.34) Control: baseline (n=90) 0.50 (0.30); follow-up (77) 0.57 (0.26) Connecting People fidelity measure - mean (±SD)[3] (see other information) Intervention: baseline (n=60) 62.5 (25.7); follow-up (n=49) 58.8 (29.3) Control: baseline (n=91) 61.1 (25.2); follow-up (77) 55.6 (28.2) **Risk of bias assessment using ROBINS-I** **1. Bias due to confounding (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias - linear regression used to adjust for baseline characteristics and NHS team sites; different analyses reported based on 'observed data' model, last observation carried forward and bootstrapping. Also, reliability analysis reporting fidelity ratings for level of implementation of Connecting People within different teams. **2. Bias in selection of participants into the study (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias - participants recruited by care co-ordinator or Clinical Studies Officer in participating implementation teams. **3. Bias in classification of interventions (Low/Moderate/Serious/Critical/No information)** No information - intervention groups defined, but no other information provided. **4. Bias due to deviations from intended interventions (Low/Moderate/Serious/Critical/No information)** No information. **5. Bias due to missing data (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias - follow-up withdrawals for Connecting People: 16.67%; for controls: 15.38%; additional analyses reported on complete-case (observed data model) and multiple imputation-based findings (post-estimation checks and sensitivity analyses to assess robustness of results) **6. Bias in measurement of outcomes (Low/Moderate/Serious/Critical/No information)**

Study details	Results and risk of bias assessment
Living alone: Intervention: 25 (41.7); control: 40 (44.0) Living with relatives: Intervention:33 (55.0); control: 45 (49.5) Living with others: Intervention: 2 (3.3); control: 5 (5.5) Missing: Intervention: 0; control: 1 (1.1) Index of multiple deprivation (quintiles) - n (%) 1 - most deprived: Intervention: 13 (21.7); control: 28 (30.8) 2 - Intervention: 13 (21.7); control: 24 (26.4) 3 - Intervention: 13 (21.7); control: 19 (20.9) 4 - Intervention: 7 (11.7); control: 10 (11.0) 5 - least deprived: Intervention: 14 (23.3); control: 10 (11.0) **Intervention:** Connecting People involving a worker (CMHT social worker or students of the Think Ahead programme)[1] (see other information) who explores an individual's existing connections; explores new opportunities for engagement in activities, groups, networks, clubs, societies or resources in the individual's local community; develops an action plan and sources appropriate support for them to access community; addresses barriers to social and community engagement; reviews progress towards achieving social goals. **Control:** No prior exposure to Connecting People. **Follow-up** 6 months.	Moderate risk of bias - both subjective and objective measures used to assess different outcomes. **7. Bias in selection of the reported result (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias. **Overall risk of bias (Low/Moderate/Serious/Critical/No information)** Moderate risk of bias - the authors acknowledged the lack of statistical power with a smaller sample size compared to the original plan, and the original 12 month follow-up plan was not possible because development of the implementation materials took longer than anticipated. **Source of funding** National Institute for Health Research School for Social Care Research. **Other information** [1]Students assessed on delivery of social interventions with individuals, families and communities (including Connecting People). Supported by Consultant Social Workers also trained in these interventions, during 200 days of practice learning in CMHTs. Each team received £1,000 to assist with the implementation of Connecting People. RG-UK measures the resourcefulness of social networks using culturally appropriate items for the UK general population. [2]Regression controlled for delivery teams (7 dummy variables; 2 teams were merged due to their small sample sizes; teams that recruited no participants were excluded). For the analysis, baseline scores, age and gender were incorporated as control variables and sites were entered as a set of (n-1) dummy variables to control for between-site differences. [3]Degree to which the intervention was implemented (10 questions measured on a 10-point response scale from 'not at all' (1) to 'extensively (10)).

ACT: assertive case management; A&E: accident and emergency; ANCOVA: analyses of covariance; BSI: Brief Symptom Inventory; CI: confidence interval; CMHT: community mental health team; CONG: congregated housing with onsite support; CTI: critical time intervention; EQ-5D: EuroQol-5 Dimensions; EQ-5D VAS: EuroQol-5 Dimensions visual analogue scale; HF: Housing First; ICM: intensive case management; IQR: interquartile range; ITT: intention-to-treat; LOCF: last observation carried forward; MINI: mini international neuropsychiatric interview; N: number; NIHR: National Institute for Health Research; OR: odds ratio; QoL: quality of life; RoB: risk of bias; SD: standard deviation; RCT: randomised controlled trial; RG-UK: Resource Generator UK; RoB2: risk of bias 2; ROBINS-I: risk of bias in non-randomised studies – of interventions; RSES: Rosenberg Self-Esteem Scale; SE: standard error; TAU: treatment as usual; T1/T1: time 1/time 2.

Evidence tables for review question G2: Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs?

Table 10: Evidence tables – qualitative data

Study details	Methods and participants	Results	Limitations
Full citation Carnes, D., Sohanpal, R., Frostick, C., Hull, S., Mathur, R., Netuveli, G., Tong, J., Hutt, P., Bertotti, M., The impact of a social prescribing service on patients in primary care: a mixed methods evaluation, BMC Health Services ResearchBMC Health Serv Res, 17, 835, 2017 **Ref Id** 1221441 **Country/ies where the study was carried out** England, UK **Study type** Phenomenological, part of mixed methods study. **Study aims** To explore participants' views and	**Recruitment strategy** A random sample of 100 adults referred to the prescribing service, from each of the following categories were approached for interview: participants who had fully engaged, partially engaged, or who did not engage at all in the social prescribing service. Purposive sampling was used to interview 20 participants, aiming to achieve variety in terms of sex, age and ethnicity. Only 5 participants recruited this way were available for interview, and therefore the rest were selected by the managing organisation. **Setting** GP surges in the borough of City and Hackney in London **Participant characteristics** N=20 adults who had been referred to the social prescribing service. **Data collection and analysis** <u>Data collection</u> Semi-structured interviews were conducted by telephone and face to face by 4 of the authors. Notes were taken, as interviews were not transcribed verbatim. Participants gave signed consent.	**Findings (including author's interpretation)** <u>Processes and procedures</u> Some interviewees did not know what social prescribing was. When the coordinators were established as part of the general practice services, the users did not recognise the term social prescribing and only remembered the coordinator. This was because people saw so many health care professionals and lost track of who they were seeing. "I have no idea who or what you are talking about, but sounds a good idea, I don't know why I was referred…" (Participant not engaged) p.6 "I don't know who she was [in terms of health care professional] … I can't remember her name…errr but she was very nice" (participant engaged) p.6 "The problem is there are lots of services and lots of names, I get confused" (participant partially engaged) p.6 <u>Engagement and outcome</u> The role of social prescribing coordinators worked best when they addressed health and well-being issues, highlighting that the role of the coordinator was important for the management of life skills and health conditions and not just logistical coordination and sign-posting. Positive comments resulted from sessions that allowed them the time to explore their situation and work towards goal-setting.	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how the research design would address the research aims. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes, the author describes how participants were recruited, and also discusses why some participants did not participate. **5. Was the data collected in a way that addressed the research issue?** Yes, the author describes data collection methods, and describes the topics used in the interviews. However, no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, the researcher has not critically examined their own role, potential bias and

Study details	Methods and participants	Results	Limitations
experiences of a social prescribing service **Study dates** Feb 2014 to January 2016	Data analysis Researchers familiarised themselves with the interview notes, and organised the data into topic areas. They agreed on the themes using consensus and data was aligned to themes. Any data that did not fit the themes was considered separately.	"It's done me a world of good, taken me out of the house, given me a routine and given me a sense of purpose and …hope. It's given me back my confidence" (participant engaged) p.7 "It [social prescribing] gave me the motivation to think I might be ready to go back to work" (participant engaged) p.7 "It [a voluntary organisation return to work scheme] allowed me to keep my hand in, so when I was ready to go back to work [this meant] I wouldn't have not been working since 2012.... I've [now] got references and skills that are current" (participant engaged) p.7	influence during formulation of the research questions or data collection. They mention that data was not transcribed verbatim but there is no mention of how they approached any bias as a result of this. **7. Have ethical issues been taken into consideration?** Yes, the study was approved by the University of East London Ethics Committee. **8. Was the data analysis sufficiently rigorous?** Yes, there is a clear description of the analysis process and it is clear how the themes were derived. The researcher explains that themes were agreed on consensus with other researchers. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Valuable, the authors have discussed the contribution of the study to existing literature and discussed implications for practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate **Source of funding** Not industry funded (funded by City and Hackney Clinical Commissioning Group)
Full citation Gaveras, E. M., Kristiansen, M., Worth, A., Irshad, T., Sheikh, A., Social support for South	**Recruitment strategy** Participants were recruited using purposive sampling. They were approached through health and social care professionals, religious and community leaders and personal contacts. Participants had to have a diagnosis of cancer or	**Findings (including author's interpretation)** Insecurity and differing perspectives on social support sources: I've got to leave one health parent behind Healthcare providers mentioned resource constraints in regards to providing culturally sensitive services,	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?**

Study details	Methods and participants	Results	Limitations
Asian Muslim parents with life-limiting illness living in Scotland: A multiperspective qualitative study, BMJ Open, 4, 2014 **Ref Id** 365938 **Country/ies where the study was carried out** Scotland, UK **Study type** Interpretive phenomenological **Study aims** To explore the experiences of South Asian Muslim adults who have a life limiting illness and are parents to children under 18, with regards to social support **Study dates** 2004	a life limiting illness with a prognosis of living less than 1 year. **Setting** Edinburgh, Scotland. **Participant characteristics** N=23 total participants interviewed. Adults with a life limiting illness, n=8 Carers of adults with a life limiting illness, n=6 Healthcare professionals, n=9 **Data collection and analysis** <u>Data collection</u> Interviews with adults with life limiting illness were conducted by a trilingual researcher in Punjabi, English and/or Urdu. The interviews were transcribed and translated by the trilingual researcher and a trilingual secretary. Healthcare professional interviews were performed by a member of the research team (either the trilingual researcher or another). Up to 3 interviews took place; an initial interview, an interview 8 weeks later, and another after 18 weeks. Interviews were undertaken until saturation was reached. <u>Data analysis</u> Data analysed using an interpretive phenomenological approach. Interviews were read and initial thoughts recorded. Initial codes were noted. In the next stage, more abstract ideas were generated. Themes were identified and grouped together. Disconfirming data was sought. Separate researchers carried out data collection and analysis.	including translated leaflets and a choice of homecare attendants. Adults using services were open to formal social support services but cultural differences and constrained resources prevented them and their family members from accessing services. One carer said he was open to services such as homecare and a social worker taking the children out but the homecare worker refusing to take off her shoes inside the home made care unacceptable. When the carer requested another attendant he was told there were limited number of attendants available. "A worker comes in she hoovers the place washes the dishes irons things like this, I asked her to take her shoes off and put some slippers on that we had, she didn't say a word, had some tea and went off after doing her work…she went back and complained they told me to take the shoes off this that and the other. I got rude phone call from her boss. "Excuse me, did you tell her to take her shoes off"? (Carer of adult using services) p.5	Yes. **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how the study design will address the research aims. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes, the author describes how the participants were recruited. **5. Was the data collected in a way that addressed the research issue?** Yes, the author describes methods of data collection clearly, and mentions stopping collection when data saturation is reached. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell, the author describes using trilingual researchers for data collection, and a trilingual secretary, but no further discussion around the research role in potential bias. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was gained from the Lothian Research Ethics Committee (Scotland). The author also describes considerations regarding different languages, and considerations in cases of bereavement during the study period. **8. Was the data analysis sufficiently rigorous?**

Study details	Methods and participants	Results	Limitations
			Yes, there is an in-depth description of the analysis process and it is clear how the themes were derived. The author mentions in brief the identification of contradictory data. The author describes that different researchers carried out the collection and analysis. **9. Is there a clear statement of findings?** Yes. **10. How valuable is the research?** Valuable, the author describes the contribution of the research in practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor **Source of funding** Not industry funded (funding by the Scottish Government Health Department) **Other information** Data collection took place 6 years before the publication cut-off date set out in the protocol (2010).
Full citation Joly, L., Cornes, M., Manthorpe, J. Supporting the social networks of homeless people, Housing Care and Support, 17, 198-207, 2014 **Ref Id** 1220474	**Recruitment strategy** 3 homelessness services were recruited to the study from different sites (a rural site, an inner city urban site, and a metropolitan site) as a research partner. No details were given as to how each agency was selected. Participants with experience in multiple exclusion homelessness were recruited from the homelessness agency at each site; half were recruited if they had recently been referred to the service, and half were purposively recruited. No information given on the recruitment of manager and practitioner participants.	**Findings (including author's interpretation)** <u>The proxy social network</u> Taking an informal approach was reported to be beneficial but reported by staff to blur professional boundaries. Some support workers appeared to take the place of an absent social network in cases where the social network of clients were limited, and the relationship formed more of a friendship rather than a housing support professional. "...some workers want to be the client's friend, and will therefore say yes to a lot of things which they shouldn't really be saying yes to, "oh buy me a coffee,	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?**

Study details	Methods and participants	Results	Limitations
Country/ies where the study was carried out England, UK **Study type** General qualitative inquiry **Study aims** To explore how different agencies and professionals provide care and support to people experiencing multiple homelessness exclusion, to develop their social networks **Study dates** January 2010 to April 2011	**Setting** 3 settings in England; a rural site, an inner city urban site, and a metropolitan site. In the rural site, the homelessness agency provided support and accommodation for former offenders. In the inner city urban site, a housing provider managed a 170 bed hostel for both men and women in south England. In the metropolitan site the agency provided “move on” support for homeless people in a northern town. **Participant characteristics** N=110 Practitioners and managers. (Housing and homelessness support workers, social workers, offender managers, mental health workers, drug and alcohol service workers, education and training advisors, and service commissioners (funders) across all three sites), n=76 Adults with multiple exclusion homelessness, n=34. **Data collection and analysis** <u>Data collection</u> Semi-structured interviews and focus groups were recorded and transcribed. Notes were taken if this was preferred by participants. Data relevant to social relationships was coded, and different relationships were categorised. Categories included family members, friends, acquaintances, associates, partners, other homeless people, and practitioners. <u>Data analysis</u> Data was analysed thematically. 2 researchers coded transcripts and collaborated on identifying themes. Themes were discussed with the research partners.	get me this, do this and go on just give me a voucher and turn a blind eye”, then it is if those workers are playing that friend’s role and then the client comes to you, and you are saying “no” [y] “but such and such does it for me” – so there can be that kind of difficulty sometimes" (Site B drug worker – line 1381). p.204 Clients appreciated when practitioners were able to open up opportunities beyond their own practitioner role. For example, one person anticipated that a relation of her support worker would provide her with employment, and this created a sense of 'family' which was important to clients. "Yeah I mean the [project] I could see a [project] in every town, you know I mean the way that it is down there it is like a family so to speak like everyone looks after everyone and it is just so nice and a good place to be I mean I love it down there and I can just sense that so many people coming through them doors so many people are getting well" (Site C P06 – line 1247). p.204	Yes, the author describes how the methods will address the aims of the research. **4. Was the recruitment strategy appropriate to the aims of the research?** Can't tell, the author describes how the participants with experience of multiple exclusions were recruited, but no information on how the sites were selected, or on practitioner and manager recruitment. **5. Was the data collected in a way that addressed the research issue?** Yes **6. Has the relationship between researcher and participants been adequately considered?** No, there is no information on whether the researcher critically examined their own role, potential bias and influence during formulation of the research questions or data collection. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was received from the Social Care Research Ethics Committee **8. Was the data analysis sufficiently rigorous?** Yes, there is an in-depth description of the analysis, and it is clear how themes were derived from the data. The researcher explains that 2 researchers were involved in the analysis and the research partners were also involved in discussions of themes. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?**

Study details	Methods and participants	Results	Limitations
			Valuable, the researchers have described the research in the context of practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Moderate **Source of funding** The study was funded as part of a research programme in England exploring multiple exclusion homelessness.
Full citation Lloyd-Evans, B., Frerichs, J., Theodora, s., Bone, J., Pinfold, V., Lewis, G., Billings, J., Barber, N., Chhapia, A., Chipp, B., Henderson, R., Shah, P., Shorten, A., Giorgalli, M., Terhune, J., Jones, R., Johnson, S., The Community Navigator Study: Results from a feasibility randomised controlled trial of a programme to reduce loneliness for people with complex anxiety or depression, PLoS ONE, 15, e0233535-e0233535, 2020 **Ref Id** 1313818 **Country/ies where the study was carried out** England, UK	**Recruitment strategy** Participants receiving the Community Navigators programme as part of the intervention group for the randomised controlled trial were invited to participate in interviews. Participants who agreed to be interviewed were selected. **Setting** Two NHS trusts, 1 inner-London site and 1 outer-London site. **Participant characteristics** N=32 total participants interviewed Participants receiving the Community Navigators programme, n=19 Community Navigators, n=3 Community Navigator supervisors, n=3 Participants' care coordinators, n=4 Participants' family of friends, n=3 **Data collection and analysis** <u>Data collection</u> Interviews were audio recorded and then transcribed.	**Findings (including author's interpretation)** <u>Affective attitude: How an individual feels about an intervention</u> Nearly all those who had received the Community Navigators programme had a positive experience of the programme. Stakeholders felt the programme was a useful addition to mental health support. Positive experiences were attributed to the relationship with the Community Navigator. Participants felt valued and understood. They appreciated being encouraged to make changes without being pressurised. One participant reported that the Community Navigator was too focused on identifying an activity of interest before building a relationship. "The only thing that comes across clearly is he actually does care." Participant SU3 p.11 "She came across as a bubbly person and optimistic–like, 'You can do this, [participant].' I said, 'Can I?' She went, 'Yes, you can.' And I did." Participant SU4 p.11 <u>Burden: The perceived amount of effort required to participate</u> Participants felt some aspects of the programme required effort and being active or making social	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how the research methods will address the aims. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes, the author describes the recruitment of the participants. **5. Was the data collected in a way that addressed the research issue?** Yes, the author describes the methods of data collection, but there is no mention of data saturation.

Study details	Methods and participants	Results	Limitations
Study type General qualitative inquiry, part of a feasibility randomised controlled trial **Study aims** To explore the acceptability of the Community Navigators programme to participants, providers and stakeholders **Study dates** October 2017 to January 2018	Data analysis Two study researchers undertook the analysis, with contributions from other team members and a coproduction working group (which included adults with lived experience and practitioners). A thematic approach was taken. Data was coded into themes based on an existing conceptual framework.	contact was difficult when they felt low, tired or anxious. Participants described a conflict between wanting more social contact, but anxious about the pressure of maintaining relationships. They felt confident when they pushed themselves through these challenges. "I have claustrophobia and I have agoraphobia. . . I knew I was going to go through quite a bit of suffering to manage to stay for three hours in the class." Participant SU17 p.11 "The old me was quite good at that, making new connections but following through is always so hard for me that it just feels pointless because it feels like another thing where you've let yourself down or someone else." Participant SU13 p.11 "The first group session I did find, "Am I going to be alright? There's lots of new people, new faces . . . I actually did consider not going. Then I thought, "No, make yourself go. If you don't then you're not even trying." So I did, I made myself go and it's the best thing I did." Participant SU8 p.11 Ethicality: The intervention's fit with an individual's value system Staff and friends and family felt the programme fitted with interviewee's personal and professional beliefs that mental health services should address broader life needs not just symptoms. "We're thinking a lot about people's medication and their symptoms. . . but that's not all that you need to have a good life, is it? You need to have that quality of life as well, and it's the first time that it's been sort of particularly seriously addressed by any team that I've worked in" Staff Member 5 p.12 "This is a study that can actually give you the purpose. It's not plying you with medication or putting you on programmes that might work, it's giving you	**6. Has the relationship between researcher and participants been adequately considered?** Can't tell, the author mentions that the researcher describes themselves as peer researcher to the participants, but there is no mention of potential bias during data collection. **7. Have ethical issues been taken into consideration?** Can't tell, the data has come from a feasibility trial, but it unclear whether ethical approval has been sought. **8. Was the data analysis sufficiently rigorous?** Yes, the data analysis is described and it is clear how themes were derived. The author mentions that two study researchers undertook the analysis. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Valuable, the author describes the implications of the study in practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor **Source of funding** Not industry funded (funded by the NIHR School for Social Care Research).

Study details	Methods and participants	Results	Limitations
		purpose that you design so that's really important." Friend/family member 3 p.12 Intervention coherence: Participants' understanding of the intervention and how it works Key elements of the programme that were identified by staff and participants were: providing dedicated time and space to focus on social connections; and the Community Navigators' focus on moving forward and doings things, a contrast to other mental health roles, which can focus more on problems and the past. "It was really different from counselling where you turn up and talk about how things have been and dwell on how things made you feel." Participant SU11 p.12 "I think the navigators bring the ability to be able to work more regularly and more specifically on reducing social isolation. Whereas care coordinators may try to do that but often their role may bring them away from that." Staff member 3 p.12 Opportunity cost: The extent to which benefits, profits, or values must be given up to engage in the intervention. A Community Navigator 's supervisor described the significant time commitment or being involved in the programme, but felt there were benefits of being involved. "Obviously I had to make more time. . .but it wasn't a negative impact, it was a positive impact. It brought something alive in the team." Staff member 1 p.12 Perceived effectiveness: Whether the intervention is perceived as likely to achieve its purpose Some participants felt the programme was not long enough to address the longstanding nature of people's mental health problems and loneliness.	

Study details	Methods and participants	Results	Limitations
		Family and friends felt the impact of the programme could be limited if participants faced complex life factors during it. "I think it leaves you needing more help. It leaves you, okay, I've opened up these avenues now. . . but there's no follow-up. It ends and then you're. . .seeing somebody six, seven times is not enough." Participant SU17 p.13 "I think that there were developments along the way in her personal life that made it difficult to fully engage. . .she could have got a lot more out of it and realises that, if it had come at a different time for her." Friend/family member 3 p.13 Some participants felt the programme had helped them. They realised the programme may not resolve all issues but could initiate positive longer-term change. Building blocks that were identified from the programme were: being more aware of social opportunities locally, feeling more comfortable interacting with others, and starting to attend regular groups or courses. "I've reconnected with friends from secondary school. Yes, I've reconnected with a lot of people and I haven't been feeling quite so lonely at all." Participant SU10 p.13 "I would still be moping around, depressed, with nothing to look forward to. Yes, so it helped me a great deal this, yes." Participant SU15 p.13 "[community navigator] has helped me in the fact that she's made me try to see some people differently to what I may initially. . . not to just initially cut everybody off from the start without giving it a chance and seeing whether we would get on." Participant SU01 p.13 <u>Self-efficacy: Participants' confidence that they can perform the behaviour required to participate in the intervention</u>	

Study details	Methods and participants	Results	Limitations
		Participants described how Community Navigators worked with them to find ways to make social engagement feel manageable. They reported that the presence of the Community Navigator had allowed them to face situations they would have usually avoided. “She would try and get me to use the phone, but I used to panic. . .I did eventually do it myself. She wrote things down for me to say on the phone, for me to explain.” Participant SU14 p.13 “I went with [community navigator]. . .which was good because the feelings I had, I just wanted to bolt. I panicked because there was so many people around. If I'd gone by myself, I would never have got as far.” Participant SU01 p.13 <u>Suggested improvements</u> Participants, Community Navigators and other stakeholders suggested a longer period of support and more sessions were needed.. They felt the programme was not long enough and that life circumstances and scheduling conflicts could limit engagement. It was also suggested that Community Navigators could be more effective if they worked closely with the client's mental health team. "The other problem was we had to use all our sessions up by December. That made it really difficult because it takes time to get things rolling, it takes time for courses to start and enrol on them and try them out. . .It was just a few sessions and then it was finished. It's not long enough.” Participant SU17 p.14 “It would have been good to do this for a bit longer so that they could have spread out the sessions a little bit more, so that if they’d been not well or one person went on holiday for six weeks over the summer . . . so it’s been difficult to get any momentum going.” Staff member p.14	

Study details	Methods and participants	Results	Limitations
		"I think that coming together with the Community Navigator a bit more and giving them more insight into our clients and how to approach our clients in some respects" Staff member 4 p.14	
Full citation Stickley, T., Hui, A., Social prescribing through arts on prescription in a U.K. city: participants' perspectives (part 1), Public Health, 126, 574-9, 2012 **Ref Id** 1308907 **Country/ies where the study was carried out** England, UK **Study aims** To explore the experiences of people who have participated in the Arts on Prescription programme **Study type** General qualitative inquiry **Study dates**	**Recruitment strategy** One of the researchers recruited participants by visiting the Arts on Prescription group and informing members of the research. **Setting** Arts on Prescription service **Participant characteristics** N=10 total participants Participants were adults who engaged with the Arts on Prescription programme. **Data collection and analysis** <u>Data collection</u> In-depth interviews took place between authors and participants. The interviews took a narrative approach therefore there was no interview schedule. Participants were asked to tell their story of being involved with Arts on Prescriptions. Interviews were recorded digitally and then transcribed. <u>Data analysis</u> Members of the research team consisted of academics and previous users of the Arts on Prescription programme. A thematic approach to analysis was taken. One of the experienced researched created vignettes from the narratives.	**Findings (including author's interpretation)** <u>A creative and therapeutic environment is provided</u> Participants reported that they experienced care and support from the professional workers and other participants. Participants experiences a sense of safety and trust from non-judgemental relationships. They appreciated not having the pressure to participate, and being with other who had similar experiences. "Being somewhere where other people have got problems. And sometimes it's the same problem so they can help you, you can help them." (Patricia) "The acceptance that you get from an artist or from an artist's assistants or from the visitors, you're not... treated like a weirdo, you're just accepted as this is you, you're allowed to be you, that's it. That's the main thing, you're allowed to be you." (Sinead) "Here, it doesn't matter if you make a mistake, it's more just learning the thing of it and just having a go and stuff." (Leanne) "We all felt as if we understood one another. So it worked beautifully." (Veronica) Quotes p.576-577 <u>Participants determine a new future</u> Participants felt that Arts on Prescription provided new opportunities for the future. Participants gained the confidence to consider education and employment, and some had started to volunteer.	**Limitations (assessed using the CASP checklist for qualitative studies). Answer options for each item are 'yes', 'can't tell' or 'no'.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes how the study design will address the aims of the study. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes, the author describes how participants were selected. **5. Was the data collected in a way that addressed the research issue?** Yes, the author describes methods of data collection, however has not described data saturation. **6. Has the relationship between researcher and participants been adequately considered?** No, there is no information regarding whether the researcher critically examined their own role, potential bias and influence during data collection and sample recruitment.

Study details	Methods and participants	Results	Limitations
Not reported.	The vignettes and the transcripts were given to the rest of the research team. Members grouped the data into themes individually, and then shared these with the rest of the team. The final themes were agreed as a group.	"It's the best thing I've done. It's given me the confidence I've, since I've started art, I've started volunteering again. I've started a new job." (Sinead) "So, basically a lot of opportunities, yes, from coming to this group, opened up - they give you letters and things and say, 'Would you like to have a go at this?'" (Ralph) "The course overall has allowed me to focus on something where, when you have an illness such as I had, you thought, like, I was a total loss really, and I've actually found that it's given me a purpose. It's very good." Quotes p.577 <u>People experience the social, psychological and occupational benefits</u> Participants gained a sense of social belonging which led to peer support and helped establish a sense of group identity and friendship. They developed new skills which created confidence socially and artistically, and aspired to greater things. The opportunity for self-expression allowed for changed self-perception, increased self-awareness and self-discovery, and for some brought hope and meaning to life. For others Arts on Prescription provided a distraction from problems in life. "It helps with the confidence, helps you to see things, put them in perspective, and you know, I just really enjoy kind of, you know, hanging out and doing my bit." (David) "They all come together and everybody does their little bit that is what this represents e bringing people together, sharing understanding and sharing it within the community. And it's priceless." (Gracie)	**7. Have ethical issues been taken into consideration?** Yes, ethical approval was approved by an NHS research ethics committee **8. Was the data analysis sufficiently rigorous?** Yes, there is an in-depth description of data analysis and it is clear how the themes were derived. The authors have considered bias and describe using multiple researchers in the analysis process. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Valuable, the authors describe the implications of the research for practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor **Source of funding** Not industry funded (funded by City Arts Nottingham). **Other information** Part 1 of 2, see Stickley 2012b for part 2.

Study details	Methods and participants	Results	Limitations
		"You don't have to think about anything else and how hard life is; relaxation makes it sound lazy but it is very calming and relaxing and that has to be a good thing." (Alfie) "I would really be lost without Arts on Prescription. It's made me, it's given me purpose, a sense of purpose of, it's made me want to actually contribute something to life more and that lot, so it's good." (Nate) Quotes p.577	
Full citation Stickley, T., Hui, A., Social prescribing through arts on prescription in a U.K. city: referrers' perspectives (part 2), Public Health, 126, 580-6, 2012 **Ref Id** 1308908 **Country/ies where the study was carried out** England, UK **Study type** General qualitative inquiry **Study aims** To find out the views of	**Recruitment strategy** 10 participants were recruited from a 148 referrers to the Arts on Prescription programme. Participants were selected if they had referred more than 1 client to the service, as this increased the likelihood of participants having received feedback from clients. **Setting** Arts on Prescription service **Participant characteristics** N=10 total participants Day service officer, n=1 General practitioners, n=2 Occupational therapists, n=2 Senior project worker, n=1 Social workers, n=2 Support manager, n=1 Tenancy support officer, n=1 **Data collection and analysis** <u>Data collection</u> Semi-structured interviews took place with the	**Findings (including author's interpretation)** <u>Contextual views - political commentary</u> Referrers reported that Arts on Prescription was a way of enabling participants to engage with the community, and towards a more inclusive services. "..I think it's part of a national change...encouraging them to just join the general public in, in everything that the general public does" (R10) "..moving more and more and more and more into the community, to the closure of the centre, kind of urged that on. So we were more, more needing to find services to get more connected with" (R10) Quotes p.583 <u>Practical issues</u> Referrers felt that people waiting for treatment from mental health services would benefit from Arts on Prescription as these are people who are often vulnerable and do not have mental health diagnosis. They also felt that some vulnerable people such as older people, who often are not accommodated by service provision would benefit. Some practitioners viewed Arts on Prescription as a stepping stone to voluntary work for those who had low self-esteem.	**1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes, the author describes why the research design is appropriate to address the aims of the research. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes, the author describes how and why participants were selected. **5. Was the data collected in a way that addressed the research issue?** Yes, methods of data collection are clear, but no mention of data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell, the author mentions that the researcher conducting interviews had no previous connection with Arts on

Study details	Methods and participants	Results	Limitations
referrers to an Arts on Prescription programme **Study dates** Dates of data collection not reported, but participants made referral to the Arts on Prescription programme between 2008 - 2011.	participants and lasted between 10-80 minutes. The interviews were digitally recorded and transcribed. <u>Data analysis</u> Data was analysed using a thematic approach. Transcripts were read by the members of the research team and anonymised. The data was then coded and the research team made adjusted and approved the final themes.	Referrers who worked with people with sensory impairment and learning difficulties felt that Arts on Prescription not successful as one client who attended did not find it appropriate. Referrers reported that Arts on Prescription was important in future care as the service was non-stigmatizing, community-based and not perceived as 'medical'. Referrers raised the little information required from Arts on Prescription when referring was positive; a change from having to complete risk assessments often for clients. <u>Practical issues - Arts on prescription as a service that complements statutory provision</u> Referrers saw Arts on Prescription as complementary to healthcare provision, and as an alternative to counselling. They felt NHS services were limited to this client group and Art on Prescription filled this gap. They felt Arts on Prescription was a stepping stone to other community based groups and resources, and an appropriate service to a large number of people. ".There aren't really places where you can turn up week in week out, to meet people and share an interest... there's a gap out there." (R10) ".to get them engaged into something that they enjoy doing. It's not everybody that's ready for employment or education and it's a good outlet. And again, like I say, it depends on the individual so it depends if it works individually. (R6) Quotes p.584 <u>Social benefits - peer support</u> Referrers felt that Arts on Prescription provided a contact with others who are experiencing difficulties and this promoted support. . "It's the whole environment, it's the attention from staff, it's meeting other people, and there always	Prescription, but has not explained whether this had a role in bias. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was approved by an NHS research ethics committee. **8. Was the data analysis sufficiently rigorous?** Yes, the author describes the analysis and it is clear how themes were derived. The author describes the use of more than one researcher in the analysis process. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Valuable, the author describes the implications of the study for practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor **Source of funding** Not industry funded (funded by City Arts Nottingham) **Other information** Part 2 of 2, see Stickley 2012a for part 1

Study details	Methods and participants	Results	Limitations
		seems to be a really interesting group of right characters and they feed off each other and praise each other." (R7) p.583 <u>Social benefits - social opportunities and social belonging</u> Referrers felt that Arts on Prescription provided social opportunities and a feeling of social belonging, which also had therapeutic benefits. ".and be included in the group, you know, so they're not excluded and, and feel part of the community". (R6) "I felt it was a useful thing for people particularly that were socially isolated, because of their condition, a lot of people with anxiety disorders, anxiety or depression they tend to avoid company and so they can become isolated, and there is a view that art is quite a therapeutic thing to do. (R4) Quotes p.583 <u>Personal benefits - A therapeutic, relaxing and safe environment that is professionally led</u> Two referrers who had visited the Arts on Prescription services themselves described the environment as relaxing and safe both physically and psychologically. Other referrers reported the same feedback from their clients. The service was described as enjoyable and participants and referrers respected that professional artists were employed as it led to inspiration. "It's a non-threatening environment". (R1, R9) "...safe place to go, that's not going to stir up more anxiety". (R8). "The fact they were professional artists really inspired her and I think she felt more valued and respected. "(R5)	

Study details	Methods and participants	Results	Limitations
		Quotes: p.582 <u>Personal benefits - Motivates and promotes autonomy</u> Referrers described the service as motivating. "..you cannot fault what they do, how they are at the Arts on Prescription. But it's keeping the clients' motivation of actually being independent enough to access that for themselves". (R7) "..she was motivated to go there so she didn't isolate herself at home because it was what she wanted to do, she had artists there that inspired her." (R5) Quotes p.582 <u>Personal benefits - Personally therapeutic and people take pride in their work</u> Referrers welcomed that Arts on Prescription was seen as therapeutic but not art therapy. Referrers also talked about participants taking pride in their work and building confidence. It was also reported that Arts on Prescription gave people the opportunity for engagement with meaningful activities, again leading to increased confidence. Referrers also reported people developing their social skills. "Builds confidence, provides meaningful occupation, skills development and self-expression" "...it works quite powerfully for people, it helps them to build their confidence. (R9) "...yeah, confidence building. I think the confidence building, the self-esteem are the main, the vital things that it does bring, and the social aspect also. (R8) Quotes p.582-583	
Full citation	**Recruitment strategy**	**Findings (including author's interpretation)**	**Limitations (assessed using the CASP checklist for qualitative studies). Answer**

Study details	Methods and participants	Results	Limitations
Webber, M., Enhancing social networks: a qualitative study of health and social care practice in UK mental health services, Health and Social Care in the Community, 23, 180-189, 2015 **Ref Id** 1226187 **Country/ies where the study was carried out** England, UK **Study type** Ethnographic **Study aims** To explore how practitioners help people recovering from psychosis to develop their social networks **Study dates** November 2010 to March 2012	6 agencies were selected from the NHS, voluntary and third sectors in rural and urban areas to provide a diverse context for the study. Managers from each agency were provided with information about the study, and they considered workers who would be suitable for the study. The inclusion criteria were any worker skilled in connecting service users and people (workers could include social workers, occupational therapists, community mental health nurses, social care workers and volunteers). Researchers purposively selected workers until data saturation was reached in each practice area. Researchers recruited participants people recovering from an episode of psychosis who were in their first or second engagement with mental health services. Initially, staff members were involving in giving information to adults using services who may have been interested, and later they were recruited using purposive sampling. **Setting** 6 health and social care agencies in England. **Participant characteristics** N=124 total participants Social worker, n=7 Social work student, n=2 Other staff, n= 64 Adults using services, n=51 **Data collection and analysis** <u>Data collection</u> Data was collected using ethnographic methods which included semi-structured interviews,	<u>Barriers to network development</u> Stigma of mental health problems and negative attitudes of others were barriers to developing social networks. Contextual barriers, such as a lack of resources namely money, transport, knowledge, time or support were shared by workers and service users. <u>Processes involved in connecting people</u> Exposing service users to new ideas was seen as a key element in identifying opportunities for connecting people and developing social networks. Sharing personal experiences was highlighted as a way to help service users engage with new ideas. “I mean our conversations, one time we spent a whole afternoon talking about holiday resorts in Britain, different ones we’ve been to at different times in our lives and it was very giggly and funny, sharing anecdotes. And then other times, we’d talk about depression or anything that was meaningful”. (BV7, volunteer, Agency A). p.186 Practitioners attending activities or interviews together and introducing a service user to a new environment were seen as useful for building confidence, which led to service users forming new social ties in their community. <u>Role of the agency</u> Teamwork, social networking and undertaking shared activities based on shared experiences aided the formation of relationships. Some individuals found that these ‘safe’ interactions within the agency helped their confidence in forming other relationships. <u>Worker skills, attitudes and roles</u> Clarity about professional boundaries and roles was highlighted as important. Allowing workers to act	**options for each item are ‘yes’, ‘can’t tell’ or ‘no’.** **1. Was there a clear statement of the aims of the research?** Yes. **2. Is a qualitative methodology appropriate?** Yes **3. Was the research design appropriate to address the aims of the research?** Yes, the authors described how the study design would address the aims of the research. **4. Was the recruitment strategy appropriate to the aims of the research?** Yes, the author describes in detail how the participants were recruited and selected. **5. Was the data collected in a way that addressed the research issue?** Yes, the author described data collection methods and justifies the methods chosen. The author discusses data saturation. **6. Has the relationship between researcher and participants been adequately considered?** Can't tell, the author describes building a relationship between the researchers and participants to allow for triangulation of data, but does not mention the role of bias during data collection. **7. Have ethical issues been taken into consideration?** Yes, ethical approval was obtained from NW London NHS Research Ethics Committee 2.

Study details	Methods and participants	Results	Limitations
	unstructured interviews, non-participant observation, participant observation and informal discussions. Participants gave consent at each stage. Data was collected in 2 phases. The researcher interviewed staff using semi-structured interviews which lasted between 30 and 90 minutes. Interviews were followed by observations of their practice which ranged from less than 30 minutes, to whole days. Adults using services were invited to participant in semi-structured interviews without staff present. Interviews lasted between 30 and 60 minutes. Interviews were audio-recorded and transcribed. Notes were taken during observations. Following data analysis of phase 1, data was collected in phase 2 with similar methods of collection. Data collection for phase 2 allowed for data saturation. <u>Data analysis</u> Data was coded and initial themes derived by 2 independent researchers. A grounded approach was taken to code the data in more detail.	within boundaries but not feel too constrained by them. There was a difference in professional boundary blurring between NHS and third sector practitioners. 'I usually either do CBT or I do social inclusion, I don't see the same person. So you tend to be more, sort of, there's clarity about what you're doing. So I don't usually make a transition between the two'. (IW1, worker, Agency E NHS) 'It should work like that, that there's this blurring boundaries of professional and like my role as Wellbeing Development Worker and my role as an Artist and it kind of gets a bit foggy. But I am actually quite comfortable with that'. (BW5, worker, Agency A third sector) Quotes p.185 A positive attitude of the worker towards social network enhancement was said to be an important factor towards the success of interventions. Appearing to listen and respond to an individual's interest and what they wanted to achieve was important seemed to be attributed to the success of the intervention. An equal relationship between worker and client was seen as important in supporting people to develop their networks, as well as empathy from shared living experience. '"Even if the situation might be quite dire and quite difficult, it's to always find something positive or something that they can aim for, you can aim for together, to give somebody hope'. (KW1, worker, Agency C) p.185	**8. Was the data analysis sufficiently rigorous?** Yes, there is an in-depth description of the analysis and it is clear how the themes were derived from the data. The researchers discuss the role of independent researchers for the analysis process to reduce bias. **9. Is there a clear statement of findings?** Yes **10. How valuable is the research?** Valuable, the author describes the contribution of the study to existing literature and the implications for practice. **Overall methodological limitations (No or minor/Minor/Moderate/Serious)** Minor. **Source of funding** Not industry funded (funded by the NIHR School for Social Care Research).

Appendix E Forest plots

Forest plots for review question G1: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

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

Appendix F GRADE and GRADE-CERQual tables

GRADE tables for review question G1: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

Table 11: Evidence profile for comparison between Community Navigator Programme versus Usual Care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Community Navigator	Usual care	Relative (95% CI)	Absolute		
Participation and inclusion (follow-up 8 months; measured with: Time budget diary - activities performed alone; Better indicated by higher values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[4]	none	25	10	-	Intervention: 8.00 (IQR: 1.8 to 10.8); Control: 6.00 (IQR: 3.0 to 6.0)	VERY LOW	CRITICAL
Participation and inclusion (follow-up 8 months; measured with: Time budget diary - some contact with others; Better indicated by higher values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[4]	none	25	10	-	Intervention: 8.5 (IQR: 4.3 to 14.3); control: 7.0 (IQR: 6.0 to 13.0)	VERY LOW	CRITICAL
Participation and inclusion (follow-up 8 months; measured with: Time budget diary - extensive contact with others; Better indicated by higher values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[4]	none	25	10	-	Intervention: 1.0 (IQR: 0.0 to 4.0); control: 1.0 (IQR: 0.0 to 2.5)	VERY LOW	CRITICAL
Perceived social support (follow-up 8 months; measured with: Lubben Social Network scale - total score; Better indicated by higher values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[4]	none	25	10	-	Intervention: 7.5 (IQR: 6.0 to 11.0); control: 11.0 (IQR: 6.0 to 15.0)	VERY LOW	CRITICAL
Perceived social support (follow-up 8 months; measured with: RG-UK - total score; Better indicated by higher values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[4]	none	25	10	-	Intervention: 9.0 (IQR: 6.0 to 12.3); control: 13.0 (IQR: 6.5 to 22.3)	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Community Navigator	Usual care	Relative (95% CI)	Absolute		
Loneliness (follow-up 8 months; measured with: De Jong Gierveld scale - total score; Better indicated by lower values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[4]	none	25	10	-	Intervention: 9.0 (IQR: 8.0 to 11.0); control: 10.0 (7.0 to 11.0)	VERY LOW	CRITICAL
Unplanned care contacts (follow-up 8 months; assessed with: Hospital or community crisis care)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[5]	none	5/20 (25%)	1/10 (10%)	RR 1.67 (0.22 to 12.62)	67 more per 1000 (from 78 fewer to 1000 more)	VERY LOW	CRITICAL
Subjective QoL (follow-up 8 months; measured with: Recovering QoL questionnaire; Better indicated by higher values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[4]	none	25	10	-	Intervention: 14.5 (IQR: 8.0 to 19.0); control: 13.5 (IQR: 10.0 to 19.0)	VERY LOW	IMPORTANT
Subjective QoL (follow-up 8 months; measured with: EQ-5D-3L; Better indicated by higher values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[6]	none	25	10	-	MD 0.02 higher (0.18 lower to 0.21 higher)	VERY LOW	CRITICAL
QoL (follow-up 8 months; measured with: EQ-VAS; Better indicated by higher values)												
1 (Lloyd-Evans 2020)	randomised trials[1]	serious[2]	no serious inconsistency	serious[3]	very serious[4]	none	25	10	-	Intervention: 40.0 (IQR 30.0 to 60.0); control: 52.5 (IQR: 35.0 to 60.0)	VERY LOW	CRITICAL

CI: confidence interval; EQ-5D-3L: EuroQoL-five dimension-3 level version; EQ-VAS: EuroQoL visual analogue scale; MD: mean difference; QoL: quality of life; RR: risk ratio; IQR: Interquartile Range.

[1] Feasibility RCT (medians (IQRs) reported separately for each treatment group where data were skewed; the authors acknowledged the skewed data and therefore did not calculate effect sizes).
[2] Serious risk of bias in the evidence contributing to the outcomes as per RoB2 (unblinded; the authors acknowledged that this was a feasibility trial and did not intend to establish the effectiveness of the programme).
[3] Intervention is indirect due to level of social worker input.
[4] Very serious imprecision; sample size below 200 (this outcome is only reported as median (IQR) for which there are no GRADE MIDs, the imprecision ratings were undertaken by using the optimum information size so that if the total n≥400, then the quality was not downgraded, if n=200 to 399, then the quality was downgraded by 1 level and if the total n<200, then the quality was downgraded by 2 levels).
[5] 95% CI crosses 2 MIDs (0.8, 1.25).
[6] 95% CI crosses 2 MIDs (0.5 x control group SD, for QoL (EQ-5D-3L) = 0.12).

Table 12: Evidence profile for comparison between Critical Time Intervention versus Care as Usual

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	CTI	CAU	Relative (95% CI)	Absolute		
Perceived social support (follow-up 9 months; measured with: Family support; Better indicated by higher values)												
1 (de Vet 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	84	79	-	MD 0.36 higher (0.02 to 0.71 higher)[3]	VERY LOW	CRITICAL
Perceived social support (social support) (follow-up 9 months; Better indicated by higher values)												
1 (de Vet 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[4]	none	87	77	-	MD 0.27 lower (0.62 lower to 0.08 higher)[3]	VERY LOW	CRITICAL
Subjective QoL (general QoL) (follow-up 9 months; Better indicated by higher values)												
1 (de Vet 2017)	randomised trials	very serious[1]	no serious inconsistency	no serious	no serious imprecision	none	90	83	-	MD 0.21 higher (0.19 lower to 0.6 higher)[3]	LOW	CRITICAL

CAU: care as usual; CI: confidence interval; CTI: critical time intervention; MD: mean difference; QoL: quality of life.

[1] Very serious risk of bias in the evidence contributing to the outcomes as per RoB2 (4 outcomes outlined in the study protocol were not reported in the study publication).
[2] 95% CI crosses 1 MID) (0.5 x control group SD, for family support = 0.66).

[3] Adjusted for clustering within organisations rather than within CTI worker and case managers because case managers mainly provided services to only one client taking part in the study.
[4] 95% CI crosses 1 MID (0.5 x control group SD, for social support = 0.56).

Table 13: Evidence profile for comparison between Family Group Conferences versus Usual Care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	FGC	UC	Relative (95% CI)	Absolute		
Perceived social support (follow-up 12 months; assessed with: Emotional social support)												
1 (Malmberg-Heimonen 2011)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	-	-	-	p=0.158[4]	VERY LOW	CRITICAL
Perceived social support (follow-up 12 months; assessed with: Social resources)												
1 (Malmberg-Heimonen 2011)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[3]	none	-	-	-	p=0.051[5]	VERY LOW	CRITICAL

CI: confidence interval; FGC: family group conferencing; UC: usual care.

[1] Very serious risk of bias in the evidence contributing to the outcomes as per RoB2 (response rate at time 2: 68%; same outcome measures used but at different timepoints for intervention and control groups).
[2] Intervention is indirect due to level of social worker input (supported but not delivered by a social worker).
[3] Very serious imprecision; sample size below 200 (this outcome is only reported as a p value for which there are no GRADE MIDs, the imprecision ratings were undertaken by using the optimum information size so that if the total n≥400, then the quality was not downgraded, if n=200 to 399, then the quality was downgraded by 1 level and if the total n<200, then the quality was downgraded by 2 levels).
[4] Total model adjusted R2: 0.26 (adjusted for experimental condition, site, duration of follow-up period and control of T1 baseline predictor).
[5] Total model adjusted R2: 0.42 (adjusted for experimental condition, site, duration of follow-up period and control of T1 baseline predictor).

Table 14: Evidence profile for comparison between Housing First versus Treatment as Usual

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	HF	TAU	Relative (95% CI)	Absolute		
Participation and inclusion (follow-up 12 months; assessed with: Physical integration subscale - High Needs (Congregate Housing))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[5]	none	-	-	-	p=0.076	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I know most of the people who live near me - Moderate Needs)												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	-	-	-	Adjusted OR 0.70 lower (0.47 lower to 1.06 higher)[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I know most of the people who live near me - High Needs (Congregated Housing))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	-	-	-	Adjusted OR 1.54 higher (1.00 to 2.36 higher); p≤0.05[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I know most of the people who live near me - High Needs (ACT))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	-	-	-	Adjusted OR 0.65 lower (0.43 to 0.97 lower); p≤0.05[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I interact with the people who live near me - Moderate Needs)												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[6]	none	-	-	-	Adjusted OR 0.97 lower (0.67 lower to 1.40 higher)[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I interact with the people who live near me - High Needs (Congregate Housing))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[6]	none	-	-	-	Adjusted OR 1.00 higher (0.66 lower to 1.51 higher)[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I interact with the people who live near me - High Needs (ACT))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[6]	none	-	-	-	Adjusted OR 0.88 lower (0.60 lower to 1.29 higher)[4]	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	HF	TAU	Relative (95% CI)	Absolute		
Participation and inclusion (follow-up 12 months; assessed with: I feel at home where I live - Moderate Needs)												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	-	-	-	Adjusted OR 2.05 higher (1.32 to 3.17 higher); p≤0.05[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I feel at home where I live - High Needs (Congregate Housing))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[6]	none	-	-	-	Adjusted OR 1.10 higher (0.72 lower to 1.69 higher)[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I feel at home where I live - High Needs (Assertive Community Treatment))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	-	-	-	Adjusted OR 1.77 higher (1.14 to 2.77 higher); p≤0.05[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I feel like I belong where I live - Moderate Needs)												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	-	-	-	Adjusted OR 1.99 higher (1.31 to 3.02 higher); p≤0.05[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I feel like I belong where I live - High Needs (Congregate Housing))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	-	-	-	Adjusted OR 1.24 higher (0.82 lower to 1.86 higher)[4]	VERY LOW	CRITICAL
Participation and inclusion (follow-up 12 months; assessed with: I feel like I belong where I live - High Needs (ACT))												
1 (Patterson 2014)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	serious[3]	none	-	-	-	Adjusted OR 1.56 higher (1.05 to 2.33 higher); p≤0.05[4]	VERY LOW	CRITICAL

ACT: assertive community treatment; CI: confidence interval; HF: housing first; OR: odds ratio; TAU: treatment as usual.

[1] Very serious risk of bias in the evidence contributing to the outcomes as per RoB2 (response rate at 12 months: 89%; mean substitution for individual missing items used to obtain the total score on both subscales if no more than half the times were missing; missing values for other covariates were not included in the analysis).
[2] Intervention is indirect due to level of social worker input (social worker input part of multidisciplinary team).
[3] 95% CI crosses 1 MID (0.8, 1.25 thresholds for ORs are measures made by the NGA and are not 'GRADE default MIDs').
[4] Adjusted for follow-up time; age at enrolment and when first homeless; lifetime duration of homelessness; gender; ethnicity; marital status; education; mental disorder; substance dependence; multiple

medical conditions; infectious disease; daily illicit drug use; detained by police.
[5] Very serious imprecision; sample size for High Needs participants n=297 (this outcome is only reported as a p value for which there are no GRADE MIDs, the imprecision ratings were undertaken by using the optimum information size so that if the total n≥400, then the quality was not downgraded, if n=200 to 399, then the quality was downgraded by 1 level and if the total n<200, then the quality was downgraded by 2 levels).
[6] 95% CI crosses 2 MIDs (0.8, 1.25 thresholds for ORs are measures made by the NGA and are not 'GRADE default MIDs').

Table 15: Evidence profile for comparison between Social Network Intervention versus Usual Care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Social Network intervention	Usual care	Relative (95% CI)	Absolute		
Perceived social support (follow-up 1 years; assessed with: Social network overall)												
1 (Terzian 2013)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision[3]	none	-	-	-	Adjusted OR 2.10 higher (1.31 to 3.41 higher)[4]	VERY LOW	CRITICAL
Perceived social support (follow-up 2 years; assessed with: Social network overall)												
1 (Terzian 2013)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision[3]	none	-	-	-	Adjusted OR 2.20 higher (1.32 to 3.52 higher)[4]	VERY LOW	CRITICAL
Perceived social support (follow-up 1 years; assessed with: Social network)												
1 (Terzian 2013)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision[3]	none	-	-	-	Adjusted OR 2.40 higher (1.44 to 3.92 higher)[4]	VERY LOW	CRITICAL
Perceived social support (follow-up 2 years; assessed with: Social network)												
1 (Terzian 2013)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	no serious imprecision[3]	none	-	-	-	Adjusted OR 2.10 higher (1.30 to 3.50 higher)[4]	VERY LOW	CRITICAL
Employment (follow-up 1 years; assessed with: Work)												
1 (Terzian 2013)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[5]	none	-	-	-	Adjusted OR 0.8 lower (0.51 lower to 1.31 higher)[4]	VERY LOW	IMPORTANT
Employment (follow-up 2 years; assessed with: Work)												
1 (Terzian 2013)	randomised trials	very serious[1]	no serious inconsistency	serious[2]	very serious[5]	none	-	-	Not estimable[4]	Adjusted OR 0.9 lower (0.55 lower to 1.42 higher)[4]	VERY LOW	IMPORTANT

CI: confidence interval; OR: odds ratio.

[1] Very serious risk of bias in the evidence contributing to the outcomes as per RoB2 (3.36% withdrew at 1 year follow-up and 8.4% at 2 year follow-up; secondary analyses conducted based only on intervention group).
[2] Intervention is indirect due to level of social worker input.

[3] 0.8, 1.25 thresholds for ORs are measures made by the NGA and are not 'GRADE default MIDs'.
[4] Adjusted for potential confounders, including duration of treatment.
[5] 95% CI crosses 2 MIDs (0.8, 1.25 thresholds for ORs are measures made by the NGA and are not 'GRADE default MIDs').

Table 16: Evidence profile for comparison between Social Prescribing versus No Social Prescribing

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Social prescribing	No social prescribing	Relative (95% CI)	Absolute		
Participation and inclusion (follow-up 8 months; measured with: Positive and active engagement in life score; Better indicated by higher values)												
1 (Carnes 2017)	randomised trials[1]	very serious[2]	no serious inconsistency	no serious indirectness	serious imprecision[3]	none	62	121	-	MD 0.60 lower (1.78 lower to 0.58 higher)	VERY LOW	CRITICAL
Unplanned care contacts (follow-up 3 months; measured with: A&E visits; Better indicated by lower values)												
1 (Carnes 2017)	randomised trials[1]	very serious[2]	no serious inconsistency	no serious indirectness	serious[4]	none	47	121	-	MD 0.20 lower (0.48 lower to 0.08 higher)	VERY LOW	CRITICAL

A&E: accident and emergency; CI: confidence interval; MD: mean difference.

[1] Non-RCT (matched controlled group assessing 'non-exposed' participants).
[2] Population is indirect because it is unclear whether they are adults with complex needs.

[3] Very serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I (difference in medication prescriptions in prescribing group before and after intervention; for participants referred to social prescribing, 17% had more than 1 contact with the service, 14% had no contact and the remainder had 1 contact; response rates low in both treatment groups).
[4] 95% CI crosses 1 MID (0.5 x control group SD, for unplanned contacts = 0.395).

Table 17: Evidence profile for comparison between Connecting People versus No Connecting People

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Connecting People	No Connecting People	Relative (95% CI)	Absolute		
Perceived social support (follow-up 6 months; measured with: RG-UK; Better indicated by higher values)												
1 (Webber 2020)	randomised trials[1]	very serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	48	77	-	MD 0.80 higher (1.12 lower to 2.72 higher)	VERY LOW	CRITICAL
Subjective QoL (follow-up 6 months; measured with: EQ-5D-VAS ; Better indicated by higher values)												
1 (Webber 2020)	randomised trials[1]	very serious[2]	no serious inconsistency	no serious indirectness	serious[4]	none	49	77	-	MD 4.40 lower (13.19 lower to 4.39 higher)	VERY LOW	IMPORTANT
Subjective QoL (follow-up 6 months; measured with: EQ-5D-5L; Better indicated by higher values)												
1 (Webber 2020)	randomised trials[1]	very serious[2]	no serious inconsistency	no serious indirectness	serious[5]	none	49	77	-	MD 0.05 lower (0.16 lower to 0.06 higher)	VERY LOW	IMPORTANT

CI: confidence interval; EQ-5D-5L: EuroQoL five dimension; EQ-VAS: EuroQoL visual analogue scale; MD: mean difference; QoL: quality of life; RG-UK: Resource Generator UK

[1] Non-RCT (2 group before and after study).
[2] Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I (potential for confounding, selection bias and bias due to missing data; the authors acknowledged the lack of statistical power and the original 12 month follow-up plan was not possible).
[3] 95% CI crosses 1 MID (0.5 x control group SD, for social support = 2.8).
[4] 95% CI crosses 1 MID (0.5 x control group SD, for social support = 11.55).
[5] 95% CI crosses 1 MID (0.5 x control group SD, for social support = 0.15).

GRADE-CERQual tables for review question G2: Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs?

Overarching theme G1 – Negative aspects

Table 18: Evidence profile (GRADE-CERQual) for theme G1.1 – External barriers to social inclusion approaches

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G1.1 – External barriers to social inclusion approaches						
1 study • Webber 2015 Ethnographic with interviews, observations and discussions. N=124 social workers, social worker students, other staff and adults using services. • Gaveras 2014 Interpretative phenomenological with interviews. N=23 adults using services, carers of adults using services, and practitioners.	Data from 2 studies suggested that external barriers exist which can make it difficult for adults with complex needs to develop social networks. These barriers include societal stigma surrounding mental health problems, negative attitudes of other adults participating in interventions, and a lack of resources for services. Resource constraints were said to limit the extent to which services can provide culturally sensitive resources such as translated leaflets or a choice of homecare worker to suit people's preferences. No supporting quote.	Minor concerns[1]	No or very minor concerns	Moderate concerns[2]	Minor concerns[3]	MODERATE

1. Minor concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered some rich data.
3. Some evidence is from a substantially different context to the review question (data collection for Gaveras 2014 took place in 2004, 6 years before the 2010 publication date cut-off)

Table 19: Evidence profile (GRADE-CERQual) for theme G1.2 – Role blurring

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G1.2 – Role blurring						
2 studies • Joly 2014 General qualitative inquiry with semi-structured interviews. N=110 practitioners, managers and people with multiple exclusion homelessness. • Webber 2015 Ethnographic with interviews, observations and discussions. N=124 social workers, social worker students, other staff and adults using services.	Data from 2 studies suggested that practitioners sometimes experience role blurring when working to support people's social inclusion .Evidence was mixed about whether this was beneficial. In one study it was reported that when interventions were aimed at enabling social networks, the practitioners themselves could end up 'becoming' the social network, resulting in friendships forming with the person they're supporting. This was raised as an issue when adults using services expected the same relationship from other practitioners, as supported by this quote: "...some workers want to be the client's friend, and will therefore say yes to a lot of things which they shouldn't really be saying yes to, "oh buy me a coffee, get me this, do this and go on just give me a voucher and turn a blind eye", then it is if those workers are playing that friend's role and then the client comes to you, and you are saying "no" [y] "but such and such does it for me" – so there can be that kind of difficulty sometimes" [Quote: Joly 2014 p.204] Some staff also reported role blurring when working in social inclusion roles, as well as other professional roles. "It should work like that, that there's this blurring boundaries of professional and like my role as Wellbeing Development Worker and my role as an Artist and it kind of gets a bit foggy. But I am actually quite comfortable with that". [Quote: Webber 2015 p.185]	Moderate concerns[1]	No or very minor concerns	Minor concerns[2]	No or very minor concerns	MODERATE

1. Moderate concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered moderately rich data.

Overarching theme G2 – Perceived appropriateness of support

Table 20: Evidence profile (GRADE-CERQual) for theme G2.1 – Appropriateness of intervention for various groups

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G2.1 – Appropriateness of intervention for various groups						
1 study • Stickley 2012b General qualitative inquiry with semi-structured interviews. N=10 practitioners.	Data from 1 study suggested that the Arts on Prescription intervention could be suitable for various groups of people, but it was important to consider people's preferences and needs. Referrers to the service felt that some groups such as older people and people waiting for treatment from mental health services would benefit from the Arts service, as they are often not accommodated by services designed to promote social inclusion. . They felt that where NHS services were limited for some groups, the Arts on Prescription filled those gaps. The service was seen as a stepping stone in itself to community connections, as well as connections to other community based groups, resources and voluntary work. On the other hand, some referrers who worked with people with sensory impairment and learning difficulties felt the service wasn't appropriate. "..to get them engaged into something that they enjoy doing. It's not everybody that's ready for employment or education and it's a good outlet. And again, like I say, it depends on the individual so it depends if it works individually." "There aren't really places where you can turn up week in week out, to meet people and share an interest... there's a gap out there." [Quotes: Stickley 2012b p.584]	Minor concerns[1]	No or 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 of the evidence is from a substantially different context to the review question (it is unclear if the intervention is aimed at adults with complex needs)

Table 21: Evidence profile (GRADE-CERQual) for theme G2.2 – Length of the programme

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G2.2 – Length of the programme						
1 study • Lloyd-Evans 2020 General qualitative inquiry with interviews. N=32 practitioners and adults using services.	Data from 1 study suggested that the programme for social inclusion was neither long enough, nor sufficiently in-depth, to address the complex mental health needs and loneliness of people using services. Family and friends felt that progress made would be limited if participants experienced complex life factors during the programme. "I think it leaves you needing more help. It leaves you, okay, I've opened up these avenues now. . . but there's no follow-up. It ends and then you're. . .seeing somebody six, seven times is not enough." (Participant) "I think that coming together with the Community Navigator a bit more and giving them more insight into our clients and how to approach our clients in some respects" (Practitioner) [Quote: Lloyd-Evans 2020 p.13-14]	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 of the evidence is from a substantially different context to the review question (social workers have some involvement, but do not deliver or facilitate access to the intervention).

Overarching theme G3 - Positive aspects

Table 22: Evidence profile (GRADE-CERQual) for theme G3.1 – Positive relationships

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G3.1 – Positive relationships						
1 study • Stickley 2012a General qualitative inquiry with interviews. N=10 adults using services.	Data from 1 study reported that participants appreciated the positive relationships with practitioners and other participants in the Arts on Prescription approach to social inclusion. They reported that practitioners and other participants created a supportive and caring environment, and felt a sense of safety and trust from non-judgemental relationships. Adults using the service appreciated not feeling under pressure to participate, and being around people who had similar experiences. "Being somewhere where other people have got problems. And sometimes it's the same problem so they can help you, you can help them." "Here, it doesn't matter if you make a mistake, it's more just learning the thing of it and just having a go and stuff." [Quotes: Stickley 2012a p.576-577]	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 of the evidence is from a substantially different context to the review question (it is unclear if the intervention is aimed at adults with complex needs).

Table 23: Evidence profile (GRADE-CERQual) for theme G3.2 – Practitioner views

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G3.2 – Practitioner views						
2 studies • Lloyd-Evans 2020 General qualitative inquiry with interviews. N=32 practitioners and adults using services. • Stickley 2012b General qualitative inquiry with semi-structured interviews. N=10 practitioners.	Data from 2 studies reported the practitioner views on social work approaches to social inclusion. Practitioners felt that the Arts on Prescription approach provided a physically and psychologically safe environment. Practitioners received the same feedback from adults using the service. "It's a non-threatening environment." "...safe place to go, that's not going to stir up more anxiety." "…it works quite powerfully for people, it helps them to feel safe, you know, a safe environment." [Quotes: Stickley 2012b p. 582] Practitioners also felt that the key aspects of social work approaches to social inclusion were that they were community based or with a focus on social connections; they were non-stigmatising; were not perceived as 'medical' and were focused on moving forward and less on past problems. "It was really different from counselling where you turn up and talk about how things have been and dwell on how things made you feel." [Quote: Lloyd-Evans 2020 p.12] Practitioners reported that the approaches were enjoyable and motivational for participants, and while some practitioners described the significant time commitment required by the programme, they felt that being involved also brought a positive impact to the team. "..you cannot fault what they do, how they are at the Arts on Prescription. But it's keeping the clients' motivation of actually being independent enough to access that for themselves." [Quote: Stickley 2012b p.582] "Obviously I had to make more time. . .but it wasn't a negative impact, it was a positive impact. It brought something alive in the team." [Quote: Lloyd-Evans 2020 p.12]	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	Serious concerns[3]	MODERATE

1. Minor concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered moderately rich data.
3. All of the evidence is from a substantially different context to the review question (Lloyd-Evans 2020: social workers have some involvement, but do not deliver or facilitate access to the intervention Stickley 2012b: it is unclear if the intervention is aimed at adults with complex needs).

Table 24: Evidence profile (GRADE-CERQual) for theme G3.3 – Relationship with practitioner

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G3.3 – Relationship with practitioner						
3 studies • Joly 2014 General qualitative inquiry with semi-structured interviews. N=110 practitioners, managers and people with multiple exclusion homelessness. • Lloyd-Evans 2020 General qualitative inquiry with interviews. N=32 practitioners and adults using services. • Webber 2015 Ethnographic with interviews, observations and discussions. N=124 social workers, social worker students, other staff and adults using services.	Data from 3 studies suggested the success of the interventions was attributed to the positive relationship with practitioners and the positive attitude of the practitioner. "She came across as a bubbly person and optimistic–like, 'You can do this, [participant].' I said, 'Can I?' She went, 'Yes, you can.' And I did." [Quote: Lloyd-Evans 2020, p.11] 'Even if the situation might be quite dire and quite difficult, it's to always find something positive or something that they can aim for, you can aim for together, to give somebody hope". [Quote: Webber 2015 p.185] Adults using the services reported that practitioners made them feel valued and understood, and appreciated being encouraged to make changes without being pressurised. They felt that listening and responding to their interests and what they wanted to achieve was key. An equal and trusting relationship between adults using services and practitioners was seen as important for supporting people to develop their networks. Adults using services also appreciated when practitioners were able to signpost to opportunities beyond their own role, such as employment opportunities.	Minor concerns[1]	No or very minor concerns	No or very minor concerns	Minor concerns[2]	HIGH

1. Minor concerns about methodological limitations as per CASP qualitative checklist.
2. Some of the evidence is from a substantially different context to the review question (Lloyd-Evans 2020: social workers have some involvement, but do not deliver or facilitate access to the intervention)

Overarching theme G4 – Satisfaction with the approach to social and community support

Table 25: Evidence profile (GRADE-CERQual) for theme G4.1 - Accessibility

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G4.1 – Accessibility						
2 studies • Carnes 2017 Phenomenological with semi-structured interviews. N=20 adults using services. • Stickley 2012b General qualitative inquiry with semi-structured interviews. N=10 practitioners.	Data from 2 studies reported on the accessibility of social prescribing services. Referrers were grateful for fewer barriers when referring people, in terms of not having to prove eligibility for the service. Some participants reported that they did not know what social prescribing was, suggesting that information around these services might not be adequate and could have an impact on accessibility and engagement. "I have no idea who or what you are talking about, but sounds a good idea, I don't know why I was referred…" (participant who did not engage). [Quote: Carnes 2017, p.6]	Moderate concerns[1]	No or very minor concerns	Minor concerns[2]	Serious concerns[3]	LOW

1. Moderate concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered moderately rich data.
3. All of the evidence is from a substantially different context to the review question (Carnes 2017: it is unclear whether the intervention can be applied to adults with complex needs. Stickley 2012b: it is unclear if the intervention is aimed at adults with complex needs)

Overarching theme G5 – Whether the approach met the person's expectations and/or the expectations of those involved in their care

Table 26: Evidence profile (GRADE-CERQual) for theme G5.1 – Addressing overall wellbeing

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G5.1 – Addressing overall wellbeing						
2 studies • Carnes 2017 Phenomenological with semi-structured interviews. N=20 adults using services • Lloyd-Evans 2020 General qualitative inquiry with interviews. N=32 practitioners and adults using services.	Data from 2 studies suggested that interventions worked best when they were focused on broader life needs, health and well-being, and goal setting. This highlighted that the role of the practitioner was not just sign-posting. "It's done me a world of good, taken me out of the house, given me a routine and given me a sense of purpose and …hope. It's given me back my confidence." (Participant) [Quote: Carnes 2017 p.7] "We're thinking a lot about people's medication and their symptoms. . . but that's not all that you need to have a good life, is it? You need to have that quality of life as well, and it's the first time that it's been sort of particularly seriously addressed by any team that I've worked in". (Practitioner) [Quote: Lloyd-Evans 2020 p.12]	Moderate concerns[1]	No or very minor concerns	Minor concerns[2]	Serious concerns[3]	LOW

1. Moderate concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered moderately rich data.
3. All of the evidence is from a substantially different context to the review question (Carnes 2017: it is unclear whether the intervention can be applied to adults with complex needs. Stickley 2012b: it is unclear if the intervention is aimed at adults with complex needs)

Table 27: Evidence profile (GRADE-CERQual) for theme G5.2 – Person centred approach to supporting social inclusion

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G5.2 – Person centred approach to supporting social inclusion						
3 studies • Lloyd-Evans 2020 General qualitative inquiry with interviews. N=32 practitioners and adults using services. • Stickley 2012a General qualitative inquiry with interviews. N=10 adults using services • Stickley 2012b General qualitative inquiry with semi-structured interviews. N=10 practitioners.	Data from 3 studies suggested that, generally, social work approaches to support met the social inclusion needs of participants. However, data highlighted that it was important to consider that the level of support needed varied depending on peoples' needs. Participants felt that social work approaches to support could initiate longer-term change by increasing their awareness of social opportunities locally, increasing their confidence around other people and developing their social skills. Participants also gained the confidence to consider education and employment. "...yeah, confidence building. I think the confidence building, the self-esteem are the main, the vital things that it does bring, and the social aspect also." (Practitioner). [Quote: Stickley 2012b p.582] "It's the best thing I've done. It's given me the confidence I've, since I've started art, I've started volunteering again. I've started a new job." (Participant). [Quote: Stickley 2012a p.577] Practitioners reported that as well as increasing the engagement of people within the community, the intervention in itself provided people with a feeling of social belonging and peer support, which had therapeutic benefits. Greater confidence also led to personal benefits of increased self-awareness and self-discovery, and provided a distraction from life problems. "I felt it was a useful thing for people particularly that were socially isolated, because of their condition, a lot of people with anxiety disorders, anxiety or depression they tend to avoid company and so they can become isolated, and there is a view that art is quite a therapeutic thing to do". (Practitioner) [Quote: Stickley 2012b p.583] "The course overall has allowed me to focus on something where, when you have an illness such as	Minor concerns[1]	No or very minor concerns	No or very minor concerns	Serious concerns[2]	MODERATE

	I had, you thought, like, I was a total loss really, and I've actually found that it's given me a purpose. It's very good." [Quote: Stickley 2012a p.577] Some of the data highlighted the importance of taking a personalised approach to social inclusion depending on peoples' needs. Some participants highlighted a greater need and want for relationships than the service could provide. Others felt that making social contact could be tiring, and although they realised the benefits of social contact, they were faced with feelings of anxiety towards the pressure of maintaining social relationships. "I have claustrophobia and I have agoraphobia. . . I knew I was going to go through quite a bit of suffering to manage to stay for three hours in the class." (Participant) [Quote: Lloyd-Evans 2020 p.11]					

1. Minor concerns about methodological limitations as per CASP qualitative checklist.
2. All of the evidence is from a substantially different context to the review question (Lloyd-Evans 2020: social workers have some involvement, but do not deliver or facilitate access to the intervention Stickley 2012a and Stickley 2012b: it is unclear if the intervention is aimed at adults with complex needs)

Table 28: Evidence profile (GRADE-CERQual) for theme G5.3 – Practitioner actively supporting social connections

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of finding	Adequacy	Relevance of evidence	Overall confidence
Theme G5.3 – Practitioner actively supporting social connections						
2 studies • Lloyd-Evans 2020 General qualitative inquiry with interviews. N=32 practitioners and adults using services. • Webber 2015 Ethnographic with interviews, observations and discussions. N=124 social workers, social worker students, other staff and adults using services.	Data from 2 studies suggested that active support with social connections and new experiences from the practitioner was key to helping participants achieve the intended benefits. Participants reported that active support and involvement, such as attending activities together, made social engagement feel manageable, and allowed them to participate in activities or situations they would have usually avoided. Sharing activities in this way helped them increase their confidence in forming other relationships. "I went with [community navigator]….which was good because the feelings I had, I just wanted to bolt. I panicked because there was so many people	Minor concerns[1]	No or very minor concerns	Minor concerns[2]	Minor concerns[3]	MODERATE

	around. If I'd gone by myself, I would never have got as far". (Participant) [Quote: Lloyd-Evans 2020 p.13]					

1. Minor concerns about methodological limitations as per CASP qualitative checklist.
2. Studies together offered moderately rich data.
3. Some of the evidence is from a substantially different context to the review question (Lloyd-Evans 2020: social workers have some involvement, but do not deliver or facilitate access to the intervention)

Appendix G Economic evidence study selection

Study selection for: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

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

Appendix H Economic evidence tables

Economic evidence tables for review question: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

Table 29: Economic evidence tables for what is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

Study country and type	Intervention and comparator	Study population, design and data sources	Costs and outcomes (descriptions and values)	Results	Comments
Author and year: Webber 2019 **Country:** UK **Type of economic analysis:** Cost utility **Source of funding:** National Institute for Health Research School for Social Care Research (T976/T11-017/ KCLMW).	**Intervention:** Connecting People Intervention (CPI) aimed at improving access to social capital, social inclusion and mental wellbeing in adults with mental health problems or a learning disability. An enhancement to usual care providing guidance to health and social work practitioners on how to map and improve a service user's social network. The focus is on identifying potential new networks and supporting service users in making new connections. **Comparator**: Usual care (this group was exposed to the intervention but it was undertaken with low fidelity)	**Population characteristics:** **Total** Mental Health problem: 82.9% Learning disability:17.1% Sex: 50.4% Female Age: Mean=43.6 Taking psychiatric medication:80.2%[1] **Modelling approach**: Economic evaluation conducted alongside one-group pretest–posttest preexperimental study **Source of baseline data**: One-group pretest-posttest study of 155 adults with mental health problems or learning disabilities at 14 centres (9 NHS, 4 third sector agencies, 1 local authority day service) **Source of effectiveness data**: As above	**Intervention**: Pre-test: £2,775 Post-test: £1,807 Control: Pre-test:£8,203 Post-test:£4,092 **Difference**[2]: -£1,331 [95% CI -£2,593 to £69][3] **Primary measure of effectiveness**QALY using EQ-5D collected from study participants. Preference scoring not reported. **Mean outcome per participant (QALYs)** Intervention:	**ICERs**: £66,550 per QALY[4] **Probability of being cost effective:** Not reported **Subgroup analysis:** None **Sensitivity analysis:** None	**Currency**: Pound sterling **Cost year:** 2015 **Time horizon:** 9 months **Discounting:** N/A **Applicability:** Directly applicable[5] **Limitations**: Potentially serious limitations[6]

Study country and type	Intervention and comparator	Study population, design and data sources	Costs and outcomes (descriptions and values)	Results	Comments
		Source of cost data: Service use recorded on the Client Service Receipt Inventory **Source of unit cost data:** Unit costs of health and social care (Curtis & Burns, 2015)	Pre-test: 0.68 Post-test: 0.73 Control: Pre-test:0.51 Post-test:0.61 Difference: -0.02 [95%CI -0.06 to 0.03]		**Other comments**: No discussion of how outcomes have been adjusted for use of psychiatric medication.
Author and year: Webber 2020 **Country:** UK **Type of economic analysis:** Cost utility **Source of funding:** National Institute for Health Research School for Social Care Research (ref C088/CM/UYYB-P114).	**Intervention:** Connecting People Intervention (CPI) aimed at improving access to social capital, social inclusion and mental wellbeing in adults with mental health problems or a learning disability. An enhancement to usual care providing guidance to health and social work practitioners on how to map and improve a service user's social network. The focus is on identifying potential new networks and supporting service users in making new connections. **Comparator**: Usual care	**Population characteristics:** **Total** <u>Age (years) - mean (±SD)</u> Intervention: 41.4 (14.0); control: 41.4 (12.4) <u>Gender (female) - n (%)</u> Intervention: 36 (60.0); control: 79 (76.9) <u>Index of multiple deprivation (quintiles) - n (%)</u> 1 - Intervention: 13 (21.7); control: 28 (30.8) 2 - Intervention: 13 (21.7); control: 24 (26.4) 3 - Intervention: 13 (21.7); control: 19 (20.9) 4 - Intervention: 7 (11.7); control: 10 (11.0)	**Cost** **Intervention**: Not reported **Control:** Not reported **Difference**: -£1,780 [95% CI -£1,314 to £7,820] **Primary measure of effectiveness**QALY using EQ-5D collected from study participants. Preference scoring not reported. **Mean outcome per participant (QALYs)** Intervention: Not reported	**ICERs**: £32,552 per QALY[4] **Probability of being cost effective:** 60% at a threshold of £20,000 per QALY **Subgroup analysis:** None **Sensitivity analysis:** Societal perspective taken towards costs. Resulting in	**Currency**: Pound sterling **Cost year:** 2018 **Time horizon:** 6 months **Discounting:** N/A **Applicability:** Directly applicable[5] **Limitations**: Potentially serious limitations[6]

Study country and type	Intervention and comparator	Study population, design and data sources	Costs and outcomes (descriptions and values)	Results	Comments
		5 - Intervention: 14 (23.3); control: 10 (11.0) **Modelling approach**: Economic evaluation conducted alongside one- Non-RCT (2-group before and after study) **Source of baseline data**: Webber 2020 discussed in detail in the included studies section **Source of effectiveness data**: As above **Source of cost data**: Service use recorded on the Client Service Receipt Inventory **Source of unit cost data:** Unit costs of health and social care (Curtis & Burns, 2018), NHS digital	Control: Not reported Difference: -0.055 [95%CI -0.21 to 0.08]	cost savings of £2,117 for the intervention Alternate measures of outcomes: Resource Generator-UK (RG-UK) Goal Attainment Scale (GAS) Questionnaire about the Process of Recovery (QPR) Warwick-Edinburgh Mental Well Being Scale (WEMWBS) all reported positive outcomes for the intervention although none were statistically significant.	**Other comments**:

CPI: Connecting People Intervention, EQ-5D: EuroQol 5 Dimension, GAS: Goal Attainment Scale ICER: Incremental cost effectiveness ratio, QALY: Quality adjusted life-year, QPR: Questionnaire about the Process of Recovery RCT: Randomised controlled trial, RG-UK: Resource Generator-UK WEMWBS: Warwick-Edinburgh Mental Well Being Scale
[1] Difference between comparator (86.0%) and intervention (63.3%) p=0.01
[2] All differences in costs and outcomes adjusted for psychiatric medication use at baseline.
[3] Positive values favour the intervention.
[4] ICER not reported but calculated. As QALYs and costs are negative this represents a cost saving per QALY lost.
[5] Biases in the effectiveness data (potential for confounding, selection bias and bias due to missing data as well as not having adequate statistical power)
[6] Time horizon too short to capture all important differences

Appendix I Economic model

Economic model for review question: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

Introduction

The aim of this report is to identify UK based evidence of costs for social work interventions which were within the scope of this guideline which could be used either directly, or as part of an economic or costing model, to provide evidence of cost effectiveness. Of particular interest were studies or reports which reported both cost and outcome measures for an intervention which may not have been eligible for inclusion in the economic evidence review but may help in the forming of recommendations. Examples of such reports include those that have not been through peer review or where the evidence needs to be extrapolated to be useful to decision making.

Methods

Identification of evidence to inform the economic model and costings

The inclusion and exclusion criteria for evidence that could be included are discussed below. Unlike the evidence reviews for other parts of the guideline we did not limit our search to peer reviewed evidence catalogued in relevant databases. Any evidence that was publicly accessible was eligible for inclusion in this report. As with the guideline reviews interventions were limited to those aimed at adults. There is a much larger body of evidence for social work interventions aimed at children and families. However, how interventions were applied, their intensity, the number and type of social worker required and other resource use was likely to differ widely to that of adult social work and would not be useful to decision making in the context of this guideline. For consistency with the guideline, interventions were again restricted to those which were provided by social workers and we did not consider evidence on interventions delivered by other professionals which could potentially be provided by social workers.

Although the inclusion and exclusion criteria for including studies did not restrict to specific types of, or named interventions the committee highlighted the following interventions for which we would potentially find evidence and for which they had experience or were aware of through their professional experience:

- Asset-Based Community Development
- Behavioural couples therapy
- Behavioural family therapy
- Community led support
- Family group conferencing
- Motivational interviewing
- Systemic family therapy
- Team around the adult
- The Connecting People Intervention

- The Family Partnership model (sometimes called "The Family Model")
- Three conversations model

Parameters and assumptions used in all analyses

It was anticipated that the majority of total costs and additional costs as a result of changes in practice from recommendations would be almost entirely as a result of additional social worker time or the number of social workers needed to be employed.

The cost of social workers time per hour were taken from the Personal Social Services Research Unit (PSSRU) Unit Costs of Health and Social Care 2020 (Netten & Burns 2020). The costs per hour were estimated using the estimate for a social worker in adult care. PSSRU estimated an annual cost using a social workers salary based on a weighted average of independent and local authority sector workers and associated on-costs such as employer tax and pension contributions. The total also includes direct, indirect and capital overhead costs such as office administration, higher management and building costs. Qualification costs are included to account for the cost of training social workers but this cost is excluded from the primary analyses. The authors attempted to estimate costs for both ongoing training and development and for work related travel which would be reimbursed but were unable to and consequently these costs are not included in any estimates. Social workers are required to undertake post registration teaching and learning of 15 days or 90 hours every 3 years. Travel costs are likely to vary widely between social workers and will depend on their exact caseload and geographical characteristics of the area in which they work.

Three annual salaries were estimated using different assumptions. For the base-case all estimated costs were included apart from qualification costs. This estimate was thought most likely to reflect the costs to the NHS & PSS from changes in the total number of hours worked as a result of recommendations. Two alternate wage rates were also estimated. The first was the annual wage plus employer on-costs. This represented a lower plausible estimate where there would be minimal costs from needing to supply additional accommodation or administration for any additional employed social workers. The second was as the base-case but with qualification on-costs included. This was considered an upper estimate of the true cost of additional hours to the NHS.

To get from annual costs PSSRU used a working year of 40.9 weeks at 37 hours per week. The estimate also accounted for 37 days of leave (both statutory and annual leave), 10 days for training and other professional development and an average of 8.7 days of medical and emergency related leave based on national rather than social work specific values. A social worker was therefore assumed to work 1,513 hours per year. The estimates of hourly wage rates under the three assumptions are presented in Table 1.

Table 30: Estimation of hourly cost of social worker time

Component	Base-case (Wage A)	Salary and on-costs (wage B)	All costs (Wage C)
Salary	£34,982	£34,982	£34,982
Salary on-costs	£9,583	£9,583	£9,583
Overheads	£23,483	Not included	£23,483
Qualifications	Not included	Not included	£9,993
Total costs	£67,968	£44,565	£77,901
Hourly cost (based on 1,513 hours per annum)	£44.91	£29.45	£51.48

Results

Identification of previous evidence

UK costing or economic evidence was identified for two interventions from our search: The 'Supporting People Together' program a type of Family Group Conferencing and the 'Connecting People Intervention' (CPI). The CPI was also identified during the economic evidence review for this guideline and is also discussed, as part of the included economic evidence. There was a paucity of identified evidence similar to the economic evidence searched for as part of the evidence reviews. The majority of evidence picked up was either for interventions aimed specifically at children and their families carried out by a social worker or interventions, which could potentially be delivered by social workers, delivered by other professionals such a peer support workers.

Supporting People Together

The evidence for the Supporting People Together Intervention came from a report of 16 family group conferences between October 2000 and August 2001 in Essex. Family Group Conferencing is a form of decision making that involves the family, friends and other people in the assessment and care planning process and the service user. For this report all service users were adults under the mental health team that were not in the acute phase of their illness. Referrals are received from the care coordinator either community mental health nurse or social worker. It is not intended as a form of therapy but as a decision making and planning process designed to increase support. The conferences are always run by an independent co-ordinator but all other people are known by the service user. The independent co-ordinator is a mental health professional but is otherwise uninvolved with the service user.

The family group conference is undertaken at a time and place agreed and would usually consist of information giving from professionals, a time for questions to be asked, some private family time and formulation of the family plan for future steps.

The report covered a range of qualitative and quantitative outcomes including costs and resource use for a 16 family group conferences in total.

The average cost for a family group conference was between £700 and £800. The largest component of this cost was for the use of an independent co-ordinator but includes their time tracing and inviting other participants and not just their time during the actual conference. The mean length of time for a conference was 2 hours and 25 minutes.

A venue cost was only reported in 43% of the conferences. This was most likely because accommodation for such meetings was already available within the mental health team. These costs are however unlikely to include opportunity costs where the conference room cannot be used for other meetings as would usually be the case in economic evaluations or costings undertaken as part of NICE guideline development (NICE 2020). The mean cost of the venue was £11.88 (£24.75 when only those reporting costs were included) with a highest reported cost of £42. This cost again appears low and is probably below the cost of hiring such accommodation from other oragnisaions or businesses. Such costs are therefore likely to represent internal charging tariffs or similar as opposed to an opportunity cost.

Other costs other than for venue and staff such as childcare and refreshments were incurred in 21% of cases with a mean cost across all conferences of £1.24 or £5.90 for conferences where such additional costs were reported. The full breakdown of such costs is not reported in a disaggregated form. Excluding venue and staff costs the average cost of a conference was £13.13.

The cost of staff time, excluding that of the independent co-ordinator was excluded by the report. This is likely to make up a large proportion of the total costs of the intervention. Using

the wage assumptions above and a mean length of 2 hours and 25 minutes the staff time cost would be between £71.17 and £124.41. These costs do not cover time to travel to the conference or time in advance to prepare. These again would add additional costs.

The report of this intervention was non-comparative so it is difficult to highlight how much of these costs account for additional expenditure to provide the conferences and how much would have also been incurred during possible alternatives. For example, some sort of service user centred decision making would need to be undertaken in any circumstance which would require input from relevan professionals. It may also be the case that family group conferencing is cost saving through efficiency savings from all relevant people being in the same room at the time of decision making. Such meetings could also be held remotely using teleconference or video conferencing facilities although organisers should be conscious that all people can easily and effectively partake in the meetings and that they are happy to do so when using such approaches.

Although the report did not follow up service users healthcare utilisation after the conference from the qualitative evidence potential savings in terms of hospital admissions and other healthcare services from increased security in informal networks. During the 16 conferences reported one person was completely discharged from mental healthcare services. One other person, in the opinion of the independent co-ordinator was prevented from needing an imminent hospital admission. From NHS Cost Collection 2019/20 (Department of Health 2020) the mental health costs are up to £814.05 for an emergency admission and up to £2,852.98 for ongoing services. Both of these are only likely to be a small proportion of the true cost and not capture those to social services and the local authorities from ongoing care and follow-up. If this additional prevented admission and additional discharge from services are above other possible alternative approaches it would be likely that Family Group Conferencing would be cost saving.

Connecting People Intervention

This intervention was identified as part of the economic evidence review but was also identified during the search of the evidence for economic modelling. It has been included in the report as additional evidence was found outside of the evidence published in a peer reviewed journal and additional analysis was undertaken in terms of presenting the results.

The Connecting People Intervention (CPI) is designed as an adjunct to usual social work. The CPI works by the service user and the social worker sitting down and mapping out the individual's current social networks as well as any strengths or assets that person may have. The social worker and service user will also discuss any life goals a person may have with particular prompting and emphasis to think outside of what current health services can offer. The intervention is underpinned in principals of co-production and co-definition of outcomes and aims to strengthen an individual's social connections and ultimately improve quality of life and reduce utilisation of healthcare services and potentially reduce costs.

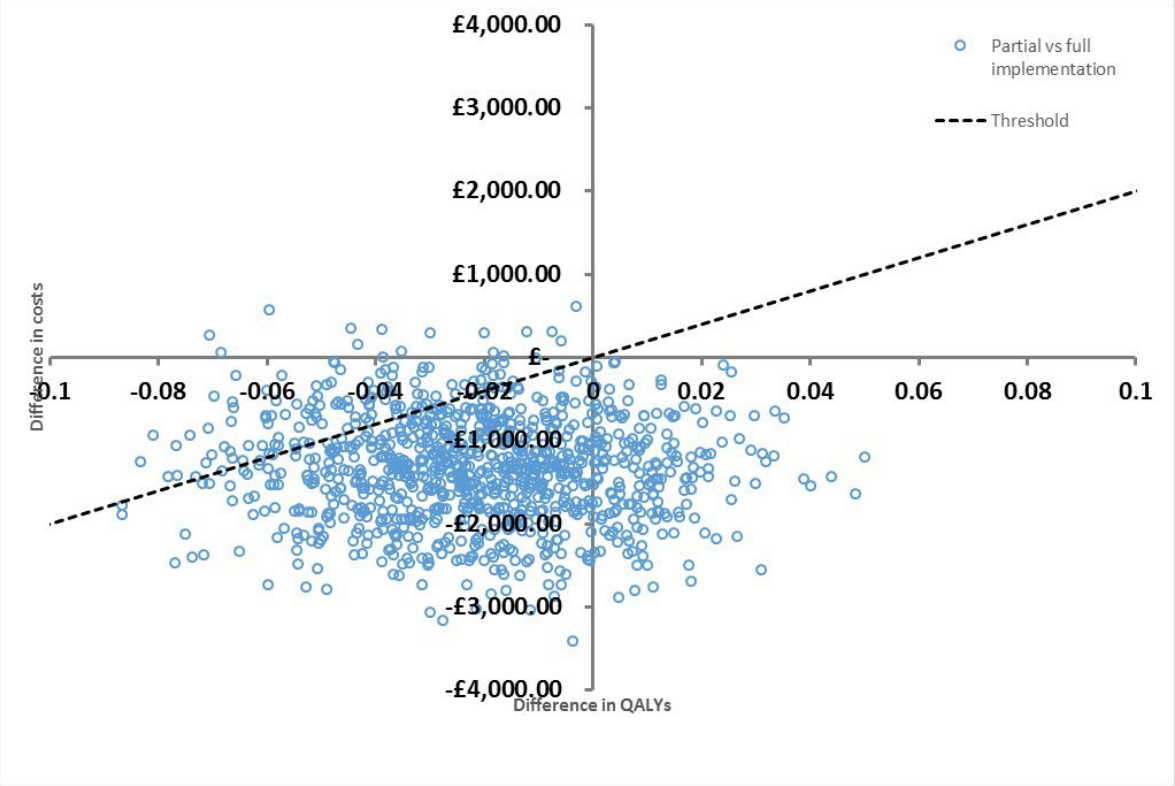
From Webber 2019 the CPI saved £1,331 (95% confidence interval £69 to £2,593) between a group which fully implemented the intervention (n=30) and those who only partially implemented it (n=87). This figure has been adjusted for an imbalance in the number of people taking psychiatric medication between the two groups. The intervention did not show any benefit in terms of quality adjusted life years (QALYs) showing a negative point estimate of difference in QALYs of -0.02 (95% confidence interval of -0.06 to 0.03) between the fully implemented and partially implemented groups. QALYs were estimated using the EQ-5D and were scored using the UK population preference weights NICE's preferred methodology for estimating this outcome. This gave a cost saving of £66,550 per QALY lost a value at which interventions would usually be recommended. It should be noted though that the committee could not highlight any logical argument as to why CPI would lead to a lower quality of life and the negative value was most likely to represent statistical variance then any detriment to quality of life. It was also noted that the lower costs were almost exclusively driven by

reductions in healthcare utilisation which suggested that people were in better health as a result of this intervention.

Whilst the analysis was comparative it compared full implementation to partial implementation rather than to usual care. The follow-up of participants at 9 months was also a relatively short time horizon. The study was also not randomised and it was hypothesised that those in the partial implementation group would be more complex (perhaps backed up by the higher proportion of psychiatric medication). The fidelity to the intervention was also not always high. Whilst the intervention was designed to largely map to existing practice many social workers did not have time to implement it. The main reasons cited for not implementing was the need to work on statutory and crisis work. This was given as a reason at all NHS sites in the analysis.

Sensitivity analysis was not undertaken for this report but to diagrammatically show the results a cost effectiveness plane (CEP) was created from the reported confidence intervals around costs and outcomes and a random number generator. Costs and outcomes were estimated independently of each other but assigned into pairs. We would expect to see some correlation between costs and outcomes with those who benefit most from the intervention likely to use less healthcare resources and consequently have lower costs. This will not be reflected in this analysis. The CEP is shown in Figure 1. Costs and QALYs are per person and the threshold is set at £20,000 per QALY. Points below the threshold line represent a cost effective estimate.

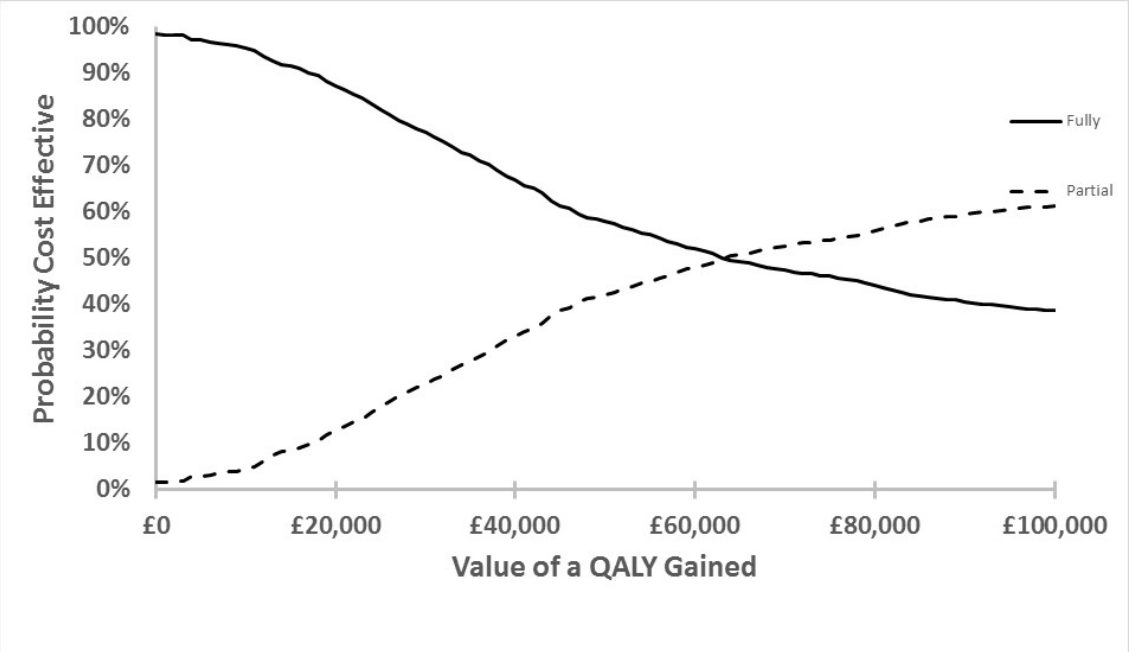
Figure 4: Cost effectiveness plane of the Connecting People Intervention



As would be expected from the point estimate and confidence intervals the majority of estimates show the CPI to be cost saving often over £1000 per person in the 9 month time horizon of the analysis. 80% of iterations fall into the south-west quadrant of the CEP representing interventions which whilst cost saving would be harmful and reduce QALYs. Discussion around the intervention being harmful is presented in the methods above.

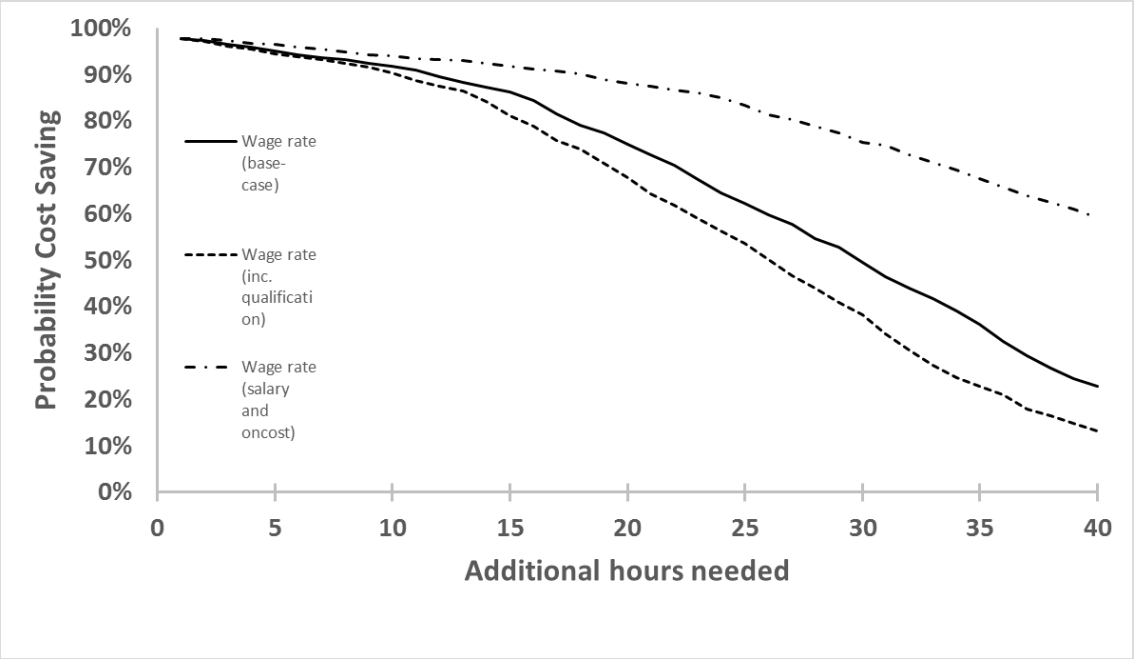
The CEP above is presented in Figure 2 as a cost effectiveness acceptability curve showing the probability of being cost effective against the threshold at which the decision maker is willing to pay per QALY. CPI remains the most likely cost effective approach for all values of the threshold up to £63,000 per QALY. At a threshold of £20,000 per QALY the probability of CPI being the prefered choice of 87%.

Figure 5: Cost effectiveness acceptability curve



Despite being designed so as not to increase social worker time this was presented as a barrier presented by a number of centres as discussed above. Using the wage rates from Netten & Curtis 2020 discussed above and the results of the cost effectiveness plane we added an additional cost to account for additional time needed and plotted against the probability of the CPI being cost saving (Figure 3).

Figure 6: Additional hours needed and probability of the Connecting People Intervention being cost effective



Discussion

For all estimates of wage rate CPI has a greater than 50% probability of being cost saving even when 26 hours of additional input is needed to deliver it. This analysis also suggests that if there are significant barriers to implementing the CPI intervention that resources could be directed to overcome these and still remain cost saving (i.e. by providing administrative support to social workers).

Appendix J Excluded studies

Excluded studies for review question G1: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

Table 31: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Peer support for discharge from inpatient to community mental health services: study protocol clinical trial (SPIRIT Compliant), Medicine, 99, e19192, 2020	Ineligible study design - protocol (no published results)
Aberdeenshire Health Social Care Partnership Innovation Team, Learning about community capacity-building from the Community Links Worker approach in Insch, Aberdeenshire (2013-16): a collaborative action research inquiry (cycle 1), 79, 2016	Ineligible intervention - not a social worker led or delivered intervention (Community Links worker)
Adamus, C., Motteli, S., Jager, M., Richter, D., Independent Housing and Support for non-homeless individuals with severe mental illness: Randomised controlled trial vs. observational study - Study protocol, BMC Psychiatry, 20, 2020	Ineligible study design - protocol (no published results)
Almqvist, A-L., Lassinantti, K., Social work practices for young people with complex needs: an integrative review, Child and Adolescent Social Work Journal, 35, 207-219, 2018	Ineligible study design – non systematic review (integrative review) - references checked but none meet the PICO criteria
Alvarez-Jimenez, M., Bendall, S., Koval, P., Rice, S., Cagliarini, D., Valentine, L., D'Alfonso, S., Miles, C., Russon, P., Penn, D. L., et al.,, HORYZONS trial: protocol for a randomised controlled trial of a moderated online social therapy to maintain treatment effects from first-episode psychosis services, BMJ Open, 9, e024104, 2019	Ineligible study design - protocol (no published results)
Anderson, K., Laxhman, N., Priebe, S., Can mental health interventions change social networks? A systematic review, BMC Psychiatry, 15, 2015	Systematic review - references checked checked but none meet the PICO criteria
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, Cochrane Database of Systematic Reviews, 2015, 2015	Cochrane systematic review - references checked but none meet the PICO criteria
Angell, B., Matthews, E., Barrenger, S., Watson, A. C., Draine, J., Engagement processes in model programs for community reentry from prison for people with serious mental illness, International Journal of Law and Psychiatry, 37, 490-500, 2014	Ineligible country - conducted in the US
Aoun, S. M., Abel, J., Rumbold, B., Cross, K., Moore, J., Skeers, P., Deliens, L., The Compassionate Communities Connectors model for end-of-life care: a community and health	Ineligible study design - protocol (no published results)

Study	Reason for exclusion
service partnership in Western Australia, Palliat Care Soc Pract, 14, 2632352420935130, 2020	
Aschbrenner, K. A., Naslund, J. A., Bartels, S. J., A mixed methods study of peer-to-peer support in a group-based lifestyle intervention for adults with serious mental illness, Psychiatric rehabilitation journal, 39, 328-334, 2016	Ineligible country - conducted in the US
Ayton, D., Joss, N., Empowering vulnerable parents through a family mentoring program, Australian Journal of Primary Health, 22, 320-326, 2016	Ineligible intervention - not approaches to promoting social inclusion of adults with complex needs (provision of social support and guidance to parents in relation to finances, parenting, socialisation, and improving employment)
Baker, K., Irving, A., Co-producing Approaches to the Management of Dementia through Social Prescribing, Social Policy and Administration, 50, 379-397, 2016	Ineligible intervention - not a social worker led or delivered intervention (GP and nurse led)
Band, R., Ewings, S., Cheetham-Blake, T., Ellis, J., Breheny, K., Vassilev, I., Portillo, M. C., Yardley, L., Blickem, C., Kandiyali, R., Culliford, D., Rogers, A., Study protocol for 'The Project about Loneliness and Social networks (PALS)': A pragmatic, randomised trial comparing a facilitated social network intervention (Genie) with a wait-list control for lonely and socially isolated people, BMJ Open, 9, 2019	Ineligible study design - protocol (no published results)
Bannon, S., Greenberg, J., Mace, R. A., Locascio, J. J., Vranceanu, A. M., The role of social isolation in physical and emotional outcomes among patients with chronic pain, General Hospital Psychiatry, 69, 50-54, 2021	Ineligible country - conducted in the US
Barclay, L., McDonald, R., Lentin, P., Social and community participation following spinal cord injury: a critical review, International journal of rehabilitation research, Internationale Zeitschrift fur Rehabilitationsforschung. Revue internationale de recherches de readaptation. 38, 1-19, 2015	Systematic review - references checked but none meet the PICO criteria
Beresford, B., Mann, R., Parker, G., Kanaan, M., Faria, R., Rabiee, P., Weatherly, H., Clarke, S., Mayhew, E., Duarte, A., Laver-Fawcett, A., Aspinal, F., NIHR Journals Library. Health Services and Delivery Research, 4, 4, 2019	Ineligible intervention - not a social worker led or delivered approach to social inclusion (social care/health care intervention to restore functioning and self-care skills)
Best, D., Irving, ., Collinson, B. B. A., Andersson, C., Edwards, M., Recovery Networks and Community Connections: Identifying Connection Needs and Community Linkage Opportunities in Early Recovery Populations, Alcoholism Treatment Quarterly, 35, 2-15, 2017	Ineligible study design – non-systematic review (narrative review)
Bethell, J., Aelick, K., Babineau, J., Bretzlaff, M., Edwards, C., Gibson, J. L., Hewitt Colborne, D., Iaboni, A., Lender, D., Schon, D., McGilton, K. S., Social Connection in Long-Term Care Homes: A Scoping Review of Published Research on the Mental Health Impacts and Potential Strategies During COVID-19, Journal	Ineligible study design – non-systematic review (scoping review), references checked but none meet the PICO criteria

Study	Reason for exclusion
of the American Medical Directors Association, 22, 228-237.e25, 2021	
Bigby, C., Anderson, S., Cameron, N., Identifying conceptualizations and theories of change embedded in interventions to facilitate community participation for people with intellectual disability: A scoping review, Journal of applied research in intellectual disabilities : JARID, 31, 165-180, 2018	Ineligible study design - non-systematic review (scoping review)
Blood, I., Copeman, I., Pannell, J., The anatomy of resilience: helps and hindrances as we age. A review of the literature, 62, 2015	Ineligible study design - non-systematic review
Boehmer, K. R., Holland, D. E., Vanderboom, C. E., Identifying and addressing gaps in the implementation of a community care team for care of Patients with multiple chronic conditions, BMC Health Serv Res, 19, 2019	Ineligible country - conducted in the US
Bower, P., e, 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 a social worker led or delivered approach to social inclusion (effectiveness of integrated care)
Brooker, D., et al., Evaluation of the implementation of the Meeting Centres Support Program in Italy, Poland, and the UK; exploration of the effects on people with dementia, International Journal of Geriatric Psychiatry, 33, 883-892, 2018	Ineligible study design - before and after study, when observational designs were not considered due to sufficient experimental studies
Brotherhood, E. V., Stott, J., Windle, G., Barker, S., Culley, S., Harding, E., Camic, P. M., Caufield, M., Ezeofor, V., Hoare, Z., et al.,, Protocol for the Rare Dementia Support Impact Study: RDS Impact, International Journal of Geriatric Psychiatry, 2019	Ineligible study design - protocol (no published results)
Bruschetta, S., Barone, R., Group-apartments for recovery of people with psychosis in Italy: Democratic therapeutic communities in post-modern social communities, Therapeutic Communities, 37, 213-226, 2016	Ineligible study design – non-systematic review (narrative review)
Buffel, T., Remillard-Boilard, S., Phillipson, C., Social isolation among older people in urban areas: a review of the literature for the Ambition for Ageing programme in Greater Manchester, 2015	Ineligible study design - non-systematic review (narrative review), references checked references checked but none meet the PICO criteria
Bulinski, L., Social reintegration of TBI patients: A solution to provide long-term support, Medical Science Monitor, 16, 2010	Ineligible intervention - not a social work led or delivered approach to social inclusion ('Academy of Life' programme, offered by the Reintegration and Training Centre of the Foundation for Persons with Brain Dysfunctions)
Cantrell, A., Croot, E., Johnson, M., Wong, R., Chambers, D., Baxter, S. K., Booth, A., NIHR Journals Library. Health Services and Delivery Research, 1, 1, 2020	Systematic review - references checked but none meet the PICO criteria
Carnaby, S., A flexible response: person-centred support and social inclusion for people with learning disabilities and challenging behaviour,	Ineligible study design - description of model for social inclusion

Study	Reason for exclusion
British Journal of Learning Disabilities, 39, 39-45, 2011	
Carr, S., Social care for marginalised communities: balancing self-organisation, micro-provision and mainstream support, 26, 2014	Ineligible study design - non-systematic review
Chakkalackal, L., Doing it for ourselves: self-help groups for people with dementia living in extra care housing schemes, 4, 2013	Ineligible intervention - not a social worker led or delivered intervention (occupational therapist facilitated intervention; Chakkalackal 2014)
Chakkalackal, L., The value of peer support on cognitive improvement amongst older people living with dementia, Research Policy and Planning, 31, 127-141, 2014	Ineligible intervention - not a social worker led or delivered intervention (occupational therapist facilitated intervention)
Chakkalackal, L., Kalathil, J., Peer support groups to facilitate self-help coping strategies for people with dementia in extra care housing, 53, 2014	Ineligible intervention - not a social worker led or delivered intervention (occupational therapist facilitated intervention; Chakkalackal 2014)
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 a social worker led or delivered approach to social inclusion (local authority and NHS staff referral to wellbeing centre providing healthy behaviour interventions)
Chien, W. T., Clifton, A. V., Zhao, S., Lui, S., Peer support for people with schizophrenia or other serious mental illness, Cochrane Database of Systematic Reviews, 2019	Cochrane systematic review - references checked but none meet the PICO criteria
Chng, J. P., Stancliffe, R. J., Wilson, N. J., Anderson, K., Engagement in retirement: an evaluation of the effect of Active Mentoring on engagement of older adults with intellectual disability in mainstream community groups, Journal of Intellectual Disability Research, 57, 1130-42, 2013	Ineligible intervention - not a social worker led or delivered intervention (involved support from mentors/volunteers, church officers)
Clarke, C. L., et al., Healthbridge: the national evaluation of peer support networks and dementia advisers in implementation of the national dementia strategy for England, 367, 2013	Ineligible intervention - not a social worker led or delivered intervention (Peer Support Network Facilitators and Dementia Advisers "who are not professionally qualified and more akin to lay health workers then social workers or nurses")
Clausen, H., Ruud, T., Odden, S., Benth, J. S., Heiervang, K. S., Stuen, H. K., Landheim, A., Improved Rehabilitation Outcomes for Persons with and without Problematic Substance Use After 2 Years with Assertive Community Treatment-A Prospective Study of Patients With Severe Mental Illness in 12 Norwegian ACT Teams, Frontiers in Psychiatry, 11 (no pagination), 2020	Ineligible intervention - not a social worker delivered approach to social inclusion (integrated health and welfare services to improve treatment of persons with severe mental illness)
Clausen, H., Ruud, T., Odden, S., Benth, J., Heiervang, K. S., Stuen, H. K., Killaspy, H., Drake, R. E., Landheim, A., Hospitalisation of severely mentally ill patients with and without problematic substance use before and during Assertive Community Treatment: An observational cohort study, BMC Psychiatry, 16, 2016	Ineligible intervention - not a social worker led or delivered approach to social inclusion (integrated health and welfare services to improve treatment of persons with severe mental illness)

Study	Reason for exclusion
Cos, T. A., LaPollo, A. B., Aussendorf, M., Williams, J. M., Malayter, K., Festinger, D. S., Do Peer Recovery Specialists Improve Outcomes for Individuals with Substance Use Disorder in an Integrative Primary Care Setting? A Program Evaluation, Journal of clinical psychology in medical settings, 27, 704-715, 2020	Ineligible country - conducted in the US
Creative Local Action, Response, Engagement, Together we can make a difference: CLARE year 1 report 2014-2015, 2015	Ineligible study design - model description and case studies (methodological details not provided for quantitative data)
Dayson, C., Bennett, E., Evaluation of the Rotherham mental health social prescribing service 2015/16/-2016/17, 2017	Ineligible intervention - not a social worker led or delivered intervention (Rotherham, Doncaster and South Humber Foundation Trust practitioner, voluntary sector advisor)
Dayson, C., Damm, C., The Rotherham Social Prescribing Service for People with long-term conditions: evaluation update, 2017	Ineligible study design - narrative report including case studies
Dayson, C., Bashir, N., The social and economic impact of the Rotherham Social Prescribing Pilot: main evaluation report, iii, 54, 2014	Ineligible intervention - not a social worker led or delivered approach to social inclusion (part of GP-led Integrated Case Management pilot)
Dayson, C., Bennett, E., Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact, 34, 2016	Ineligible intervention - not a social worker led or delivered approach to social inclusion (referral through GP, community nurse or pharmacist to Housing Association and Doncaster voluntary services)
Dayson, C., Leather, D., Evaluation of Hale Community Connectors Social Prescribing Service 2017, 19, 2018	Ineligible intervention - not a social worker led or delivered approach to social inclusion (referral from GP to Community Connectors Social Prescribing service)
De Jong, G., et al., Enabling social support and resilience: outcomes of Family Group Conferencing in public mental health care, European Journal of Social Work, 19, 731-748, 2016	Ineligible study design - case studies with no control group
Deering, K., Fieldhouse, J., Parmenter, V., What helps successful community groups (involving peers support workers) to develop?, Mental Health and Social Inclusion, 20, 126-134, 2016	Ineligible study design - non-systematic review
Dickens, A. P., Richards, S. H., Hawton, A., Taylor, R. S., Greaves, C. J., Green, C., Edwards, R., Campbell, J. L., An evaluation of the effectiveness of a community mentoring service for socially isolated older people: a controlled trial, BMC public health, 11, 218, 2011	Ineligible intervention - not a social worker led or delivered intervention (community mentoring provided through voluntary organisations)
Dolovich, L., Oliver, D., Lamarche, L., Thabane, L., Valaitis, R., Agarwal, G., Carr, T., Foster, G., Griffith, L., Javadi, D., Kastner, M., Mangin, D., Papaioannou, A., Ploeg, J., Raina, P., Richardson, J., Risdon, C., Santaguida, P., Straus, S., Price, D., Combining volunteers and primary care teamwork to support health goals and needs of older adults: A pragmatic randomized controlled trial, Cmaj, 191, E491-E500, 2019	Ineligible intervention - not a social worker led or delivered approach to social inclusion (home visit from a pair of trained community volunteers)

Study	Reason for exclusion
Donkers, H. W., Van der Veen, D. J., Teerenstra, S., Vernooij-Dassen, M. J., Nijhuis-Vander Sanden, M. W. G., Graff, M. J. L., Evaluating the social fitness Programme for older people with cognitive problems and their caregivers: lessons learned from a failed trial, BMC geriatrics, 18, 237, 2018	Ineligible intervention - not a social worker led or delivered approach to social inclusion (occupational therapists and physiotherapists)
Droes, R. M., Meiland, F. J., Evans, S., Brooker, D., Farina, E., Szczesniak, D., Van Mierlo, L. D., Orrell, M., Rymaszewska, J., Chattat, R., Comparison of the adaptive implementation and evaluation of the Meeting Centers Support Program for people with dementia and their family carers in Europe; study protocol of the MEETINGDEM project, BMC geriatrics, 17, 79, 2017	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)
Dunstan, D. A., Todd, A. K., Kennedy, L. M., Anderson, D. L., Impact and outcomes of a rural Personal Helpers and Mentors service, Aust J Rural Health, 22, 50-55, 2014	Ineligible intervention – not a social worker led or delivered approach to social inclusion (mental health professionals and others with knowledge and experience of culture, the local community and living with a mental illness)
Edwards, M., Soutar, J., Best, D., Co-producing and re-connecting: a pilot study of recovery community engagement, Drugs and Alcohol Today, 18, 39-50, 2018	Ineligible intervention - not a social worker led or delivered intervention to social inclusion (discussion of community connectors and co-production between NHS staff, voluntary sector staff and people in recovery)
Egan, M., Anderson, S., McTaggart, J., Community navigation for stroke survivors and their care partners: description and evaluation, Topics in Stroke Rehabilitation, 17, 183-90, 2010	Ineligible intervention – not a social worker led or delivered intervention (provided by a registered occupational therapist)
Fisher, E. M., Akiya, K., Wells, A., Li, Y., Peck, C., Pagan, J. A., Aligning social and health care services: The case of Community Care Connections, Preventive Medicine, 143 (no pagination), 2021	Ineligible country - conducted in the US
Franke, C. C., Paton, B. C., Gassner, L. A., Implementing mental health peer support: a South Australian experience, Australian Journal of Primary Health, 16, 179-86, 2010	Ineligible study design – non systematic review (narrative description), references checked references checked but none meet the PICO criteria
Franse, C. B., Voorham, A. J. J., van Staveren, R., Koppelaar, E., Martijn, R., Valia-Cotanda, E., Alhambra-Borras, T., Rentoumis, T., Bilajac, L., Marchesi, V. V., Rukavina, T., Verma, A., Williams, G., Clough, G., Garces-Ferrer, J., Mattace Raso, F., Raat, H., Evaluation design of Urban Health Centres Europe (UHCE): preventive integrated health and social care for community-dwelling older persons in five European cities, BMC geriatrics, 17, 209, 2017	Ineligible study design – protocol
Freedman, A., Nicolle, J., Social isolation and loneliness: The new geriatric giants Approach	Ineligible study design - non-systematic review

Study	Reason for exclusion
for primary care, Canadian Family Physician, 66, 176-182, 2020	
Gandy, R., Bell, A., McClelland, B., Roe, B., Evaluating the delivery, impact, costs and benefits of an active lives programme for older people living in the community, Prim Health Care Res Dev, 18, 122-134, 2017	Ineligible intervention - not a social worker led or delivered intervention (health promotion delivered by Age UK Lancashire)
Gardiner, C., Geldenhuys, G., Gott, M., Interventions to reduce social isolation and loneliness among older people: an integrative review, Health & Social Care in the Community, 26, 147-157, 2018	Systematic review - references checked but none meet the PICO criteria
Gehue, L. J., Scott, E., Hermens, D. F., Scott, J., Hickie, I., Youth Early-intervention Study (YES) - group interventions targeting social participation and physical well-being as an adjunct to treatment as usual: study protocol for a randomized controlled trial, Trials [Electronic Resource], 16, 333, 2015	Ineligible intervention - not a social work led or delivered approach to social inclusion (clinician referral and therapist facilitated, such as arts therapists)
Gentry, S. V., Powers, E. F. J., Azim, N., Maidrag, M., Effectiveness of a voluntary family befriending service: a mixed methods evaluation using the Donabedian model, Public Health, 160, 87, 2018	Ineligible intervention - not a social worker led or delivered intervention (local coordinators supporting volunteers)
Giebel, C., Morley, N., Komuravelli, A., A socially prescribed community service for people living with dementia and family carers and its long-term effects on well-being, Health & social care in the community., 02, 2021	Ineligible study design - before and after study, when observational designs were not considered due to sufficient experimental studies
Giuli, C., Paoloni, C., Santillo, E., Balietti, M., Fabbietti, P., Postacchini, D., Piacenza, F., Study of the effects of adapted Tango and multidimensional intervention in pREvention of dementia in agiNG: developing healTHy lifestyle programs (STRENGTH Project)-the experimental protocol of a prospective randomised controlled trial, Aging Clinical and Experimental Research, 32, 2529-2537, 2020	Ineligible intervention - not a social worker led or delivered approach to social inclusion (clinical focus involving psychologists, physicians, nurses, tango instructors and music therapist)
Gold, P. B., Macias, C., Rodican, C. F., Does Competitive Work Improve Quality of Life for Adults with Severe Mental Illness? Evidence from a Randomized Trial of Supported Employment, Journal of behavioral health services & research, 43, 155-71, 2016	Ineligible country - conducted in the US
Graham, J. T., Rutherford, K., The power of peer support: what we have learned from the Centre for Social Action Innovation Fund, 36, 2016	Ineligible study design - non-systematic review (descriptive narrative and case studies)
Green, M. F., Wynn, J. K., Gabrielian, S., Hellemann, G., Horan, W. P., Kern, R. S., Lee, J., Marder, S. R., Sugar, C. A., Motivational and cognitive factors linked to community integration in homeless veterans: study 1 - individuals with psychotic disorders, Psychological medicine, 1-9, 2020	Ineligible country - conducted in the US
Guanyu, J. R., Join-Lambert, H., Influence of family hosting on refugee integration and its implication on social work practice: the French	Ineligible study design - qualitative interview data

Study	Reason for exclusion
case, European Journal of Social Work, 23, 461-474, 2020	
Guruge, S., Thomson, M. S., George, U., Chaze, F., Social support, social conflict, and immigrant women's mental health in a Canadian context: a scoping review, Journal of psychiatric and mental health nursing, 22, 655-67, 2015	Ineligible study design – non-systematic review (scoping review), references checked but none meet the PICO criteria
Hailemariam, M., Weinstock, L. M., Johnson, J. E., Peer navigation for individuals with serious mental illness leaving jail: a pilot randomized trial study protocol, Pilot and Feasibility Studies, 6, 2020	Ineligible country - conducted in the US
Haldane, V., Singh, S. R., Srivastava, A., Chuah, F. L. H., Koh, G. C. H., Chia, K. S., Perel, P., Legido-Quigley, H., Community involvement in the development and implementation of chronic condition programmes across the continuum of care in high- and upper-middle income countries: A systematic review, Health Policy, 124, 419-437, 2020	Systematic review - references checked but none meet the PICO criteria
Hamilton-West, K., Milne, A., Hotham, S., New horizons in supporting older people's health and wellbeing: is social prescribing a way forward?, Age and ageing., 21, 2020	Ineligible study design - non-systematic review
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 SCIRehab project, Journal of Spinal Cord Medicine, 35, 611-23, 2012	Ineligible country - conducted in the US
Hancock, N., Scanlan, J. N., Gillespie, J. A., Smith-Merry, J., Yen, I., Partners in Recovery program evaluation: changes in unmet needs and recovery, Australian health review : a publication of the Australian Hospital Association, 42, 445-452, 2018	Ineligible intervention - not a social worker led or delivered intervention and approach to promote social inclusion (support facilitators with local knowledge; intervention to reduce unmet needs and increase mental health recovery)
Hansen, M. A., Modak, S., McMaster, S., Zoorob, R., Gonzalez, S., Implementing peer recovery coaching and improving outcomes for substance use disorders in underserved communities, Journal of Ethnicity in Substance Abuse., 2020	Ineligible country - conducted in the US
Harcourt, D., McDonald, C., Cartlidge-Gann, L., Burke, J., Working Together to Connect Care: a metropolitan tertiary emergency department and community care program, Australian health review : a publication of the Australian Hospital Association, 42, 189-195, 2018	Ineligible intervention - not a social worker led or delivered intervention (emergency staff referral to multidisciplinary team intervention)
Hardicre, N. K., Crocker, T. F., Wright, A., Burton, L. J., Ozer, S., Atkinson, R., House, A., Hewison, J., McKevitt, C., Forster, A., Farrin, A. J., An intervention to support stroke survivors and their carers in the longer term (LoTS2Care): Study protocol for the process evaluation of a cluster randomised controlled feasibility trial, Trials, 19 (1) (no pagination), 2018	Ineligible study design - protocol (no published results)

Study	Reason for exclusion
Hare Duke, L., Dening, T., de Oliveira, D., Milner, K., Slade, M., Conceptual framework for social connectedness in mental disorders: Systematic review and narrative synthesis, Journal of Affective Disorders, 245, 188-199, 2019	Systematic review - references checked but none meet the PICO criteria
Harkey, J., Young, J., Carter, J. J., Demoratz, M., Supporting the Support System: How Assessment and Communication Can Help Patients and Their Support Systems, Professional case management, 22, 174-180, 2017	Ineligible study design - non-systematic review (descriptive article)
Harley, A. E., Frazer, D., Weber, T., Edwards, T. C., Carnegie, N., No Longer an Island: A Social Network Intervention Engaging Black Men Through CBPR, American journal of men's health, 14, 1557988320913387, 2020	Ineligible country - conducted in the US
Harrison, J., Krieger, M. J., Johnson, H. A., Review of Individual Placement and Support Employment Intervention for Persons with Substance Use Disorder, Substance Use & Misuse, 55, 636-643, 2020	Systematic review - references checked but none meet the PICO criteria
Hashi, I., Case Management Promotion of Social Media for the Elderly Who Live Alone, Professional case management, 21, 82-87, 2016	Ineligible study design - non-systematic review (descriptive narrative)
Haslam, C., Cruwys, T., Chang, M. X., Bentley, S. V., Haslam, S. A., Dingle, G. A., Jetten, J., GROUPS 4 HEALTH reduces loneliness and social anxiety in adults with psychological distress: findings from a randomized controlled trial, Journal of Consulting and Clinical Psychology, 87, 787-801, 2019	Ineligible intervention - not a social worker led or delivered intervention (delivered by registered psychologists)
Haslam, C., Cruwys, T., Haslam, S. A., Dingle, G., Chang, M. X., Groups 4 Health: Evidence that a social-identity intervention that builds and strengthens social group membership improves mental health, J Affect Disord, 194, 188-95, 2016	Ineligible intervention – not a social worker led or delivered intervention (delivered by registered psychologists)
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, BMJ Open, 8, e018883, 2018	Ineligible study design - protocol
Hoffmann, K. D. PhD M. A., Walnoha, A. M. S., Sloan, J. B. A., Buddadhumaruk, P. M. S., Huang, H-H. M. D. M. P. H., Borrebach, J. B. A., Cluss, P. A. PhD, Burke, J. G. PhD M. H. S., Developing a Community-Based Tailored Exercise Program for People with Severe and Persistent Mental Illness, Progress in Community Health Partnerships, 9, 213-227, 2015	Ineligible intervention - not a social worker led or delivered intervention (chief executive officer, student and other non-social work staff)
Husk, K., Blockley, K., Lovell, R., Bethel, A., Bloomfield, D., Warber, S., Pearson, M., Lang, I., Byng, R., Garside, R., What approaches to	Ineligible study design - protocol

Study	Reason for exclusion
social prescribing work, for whom, and in what circumstances? A protocol for a realist review, Systematic Reviews, 5, 93, 2016	
Husk, K., Blockley, K., Lovell, R., Bethel, A., Lang, I., Byng, R., Garside, R., What approaches to social prescribing work, for whom, and in what circumstances? A realist review, Health & social care in the community, 28, 309-324, 2020	Ineligible study design - non-systematic review (realist review)
Isrctn, Community navigators study, http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN10771821, 2017	Ineligible intervention – not a social worker led or delivered intervention (community navigators were not required to have mental health professional training or qualifications)
Isrctn, Improving quality of life and health outcomes of patients with psychosis through a new structured intervention for expanding social networks: SCENE (Work Package 5), http://www.who.int/trialsearch/Trial2.aspx?TrialID=ISRCTN15815862, 2019	Ineligible study design - protocol (no published results)
Johnson, S., Lamb, D., Marston, L., Osborn, D., Mason, O., Henderson, C., Ambler, G., Milton, A., Davidson, M., Christoforou, M., et al.,, Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial, Lancet (London, England), 392, 409-418, 2018	Ineligible intervention - not a social worker led or delivered intervention (peer support workers supervised by clinicians from employing NHS trusts)
Johnson, S., Mason, O., Osborn, D., Milton, A., Henderson, C., Marston, L., Ambler, G., Hunter, R., Pilling, S., Morant, N., et al.,, Randomised controlled trial of the clinical and cost-effectiveness of a peer-delivered self-management intervention to prevent relapse in crisis resolution team users: study protocol, BMJ Open, 7, e015665, 2017	Ineligible study design - protocol (Linked to publication: Johnson (2018) Peer-supported self-management for people discharged from a mental health crisis team)
Kalina, J. T., Hinojosa, J., Strober, L., Bacon, J., Donnelly, S., Goverover, Y., Randomized Controlled Trial to Improve Self-Efficacy in People with Multiple Sclerosis: The Community Reintegration for Socially Isolated Patients (CRISP) Program, The American journal of occupational therapy : official publication of the American Occupational Therapy Association, 72, 7205205030p1-7205205030p8, 2018	Ineligible country - conducted in the US
Kidd, S. A., Peer support in the homeless youth context: requirements, design, and outcomes, Child and Adolescent Social Work Journal, 36, 641-654, 2019	Ineligible study design - before and after study, when observational designs were not considered due to sufficient experimental studies
Kiely, B., Clyne, B., Boland, F., O'Donnell, P., Connolly, D., O'Shea, E., Smith, S. M., Link workers providing social prescribing and health and social care coordination for people with multimorbidity in socially deprived areas (the LinkMM trial): protocol for a pragmatic randomised controlled trial, BMJ Open, 11, e041809, 2021	Ineligible study design - protocol (no published results)
Kilgarriff-Foster, A., O'Cathain, A., Exploring the components and impact of social prescribing,	Ineligible study design - non-systematic review

Study	Reason for exclusion
Journal of Public Mental Health, 14, 127-134, 2015	
Kim, S. H., Effects of a volunteer-run peer support program on health and satisfaction with social support of older adults living alone, Journal of Korean Academy of Nursing, 42, 525-536, 2012	Ineligible country - conducted in Korea
Kim, S. H., Choi, E. S., Development and evaluation of health mentoring programme by community older volunteers for older adults living alone, International Journal of Nursing Practice, 18, 69, 2012	Ineligible study design - conference abstract
Kogstad, R. E., Monness, E., Sorensen, T., Social networks for mental health clients: resources and solution, Community Mental Health Journal, 49, 95-100, 2013	Ineligible study design – not a social worker led or delivered intervention (correlation between social networks and wellbeing)
Lai, D. W. L., Li, J., Ou, X., Li, C. Y. P., Effectiveness of a peer-based intervention on loneliness and social isolation of older Chinese immigrants in Canada: a randomized controlled trial, BMC geriatrics, 20, 356, 2020	Ineligible population - not adults with complex needs (exclusion criteria includes people with complex conditions)
Lauckner, H. M., Hutchinson, S. L., Peer support for people with chronic conditions in rural areas: a scoping review, Rural and remote health, 16, 3601, 2016	Ineligible study design - non-systematic review (Scoping review)
Leavell, M. A., Leiferman, J. A., Gascon, M., Braddick, F., Gonzalez, J. C., Litt, J. S., Nature-Based Social Prescribing in Urban Settings to Improve Social Connectedness and Mental Well-being: A Review, Curr Environ Health Rep, 6, 297-308, 2019	Ineligible study design - non-systematic review
Lennox, C., Kirkpatrick, T., Taylor, R. S., Todd, R., Greenwood, C., Haddad, M., Stevenson, C., Stewart, A., Shenton, D., Carroll, L., et al.,, Pilot randomised controlled trial of the ENGAGER collaborative care intervention for prisoners with common mental health problems, near to and after release, Pilot and feasibility studies, 4, 2018	Ineligible intervention - not a social worker led or delivered (collaboration between criminal just providers, third sector social inclusion services, health services and people with lived experiences)
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 the PICO criteria
Levasseur, M., Dubois, M. F., Filliatrault, J., Vasiliadis, H. M., Lacasse-Bédard, J., Tourigny, A., Levert, M. J., Gabaude, C., Lefebvre, H., Berger, V., et al.,, Effect of personalised citizen assistance for social participation (APIC) on older adults' health and social participation: study protocol for a pragmatic multicentre randomised controlled trial (RCT), BMJ Open, 8, e018676, 2018	Ineligible study design - protocol (no published results)
Lewis, J. M., DiGiacomo, M., Luckett, T., Davidson, P. M., Currow, D. C., A Social Capital Framework for Palliative Care: Supporting Health and Well-Being for People with Life-	Ineligible study design - non-systematic review

Study	Reason for exclusion
Limiting Illness and Their Carers Through Social Relations and Networks, Journal of Pain and Symptom Management, 45, 92-103, 2013	
Lloyd-Evans, B., Bone, J. K., Pinfold, V., Lewis, G., Billings, J., Frerichs, J., Fullarton, K., Jones, R., Johnson, S., The Community Navigator Study: A feasibility randomised controlled trial of an intervention to increase community connections and reduce loneliness for people with complex anxiety or depression, Trials, 18, 2017	Ineligible study design - protocol (results published and included)
Lloyd-Evans, B., Mayo-Wilson, E., Harrison, B., Istead, H., Brown, E., Pilling, S., Johnson, S., Kendall, T., A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness, BMC Psychiatry, 14, 2014	Systematic review - references checked but none meet the PICO criteria
Loftus, A. M., McCauley, F., McCarron, M. O., Impact of social prescribing on general practice workload and polypharmacy, Public Health, 148, 96, 2017	Ineligible intervention - unclear whether social worker intervention (social prescribing pathway resourced by Western Health and Social Care Trust with a co-ordinator and referrals overseen by GP)
Ma, R., Mann, F., Wang, J., Lloyd-Evans, B., Terhune, J., Al-Shihabi, A., Johnson, S., The effectiveness of interventions for reducing subjective and objective social isolation among people with mental health problems: a systematic review, Social Psychiatry and Psychiatric Epidemiology, 55, 839-876, 2020	Systematic review - references checked but none meet the PICO criteria (Terzian 2013, Newlin 2015, Anderson 2015, Webber 2017 screened)
Macadam, A., Savitch, N., Staying connected, with Circles of Support, Journal of Dementia Care, 23, 32-34, 2015	Ineligible study design - overview/description of project
Mann, F., Bone, J. K., Lloyd-Evans, B., Frerichs, J., Pinfold, V., Ma, R., Wang, J., Johnson, S., A life less lonely: the state of the art in interventions to reduce loneliness in people with mental health problems, Social Psychiatry and Psychiatric Epidemiology, 52, 627-638, 2017	Ineligible study design - non-systematic review (scoping review),
Marshall, C. A., Boland, L., Westover, L. A., Marcellus, B., Weil, S., Wickett, S., Effectiveness of interventions targeting community integration among individuals with lived experiences of homelessness: A systematic review, Health & social care in the community., 26, 2020	Systematic review - references checked but none meet the PICO criteria (de Vet 2017 screened)
Marshall, J., Devane, N., Talbot, R., Caute, A., Cruice, M., Hilari, K., MacKenzie, G., Maguire, K., Patel, A., Roper, A., et al.,, A randomised trial of social support group intervention for people with aphasia: a Novel application of virtual reality, PLoS ONE, 15, e0239715, 2020	Ineligible intervention - not a social worker led or delivered intervention (led by community based co-ordinators and volunteers)
Mazzi, F., Baccari, F., Mungai, F., Ciambellini, M., Brescancin, L., Starace, F., Effectiveness of a social inclusion program in people with non-affective psychosis, BMC Psychiatry, 18, 2018	Ineligible intervention – not a social worker led or delivered (involves referral from community mental health professionals and interventions provided by Social Point worker and coaches - unclear skills and qualifications)

Study	Reason for exclusion
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 the PICO criteria
McLoughlin, K., Rhatigan, J., McGilloway, S., Kellehear, A., Lucey, M., Twomey, F., Conroy, M., Herrera-Molina, E., Kumar, S., Furlong, M., et al.,, INSPIRE (INvestigating Social and PractIcal suppoRts at the End of life): pilot randomised trial of a community social and practical support intervention for adults with life-limiting illness, BMC palliative care, 14, 65, 2015	Ineligible study design - protocol (no published results)
Mendel, P., O'Hora, J., Zhang, L., Stockdale, S., Dixon, E. L., Gilmore, J., Jones, F., Jones, A., Williams, P., Sharif, M. Z., et al.,, Engaging Community Networks to Improve Depression Services: A Cluster-Randomized Trial of a Community Engagement and Planning Intervention, Community mental health journal, 2020	Ineligible country - conducted in the US
Mental Health Foundation, An evaluation of the Standing Together project, 43, 2018	Ineligible intervention - not a social worker led or delivered intervention (paid and volunteer facilitators)
Mercer, S. W., Fitzpatrick, B., Grant, L., Chng, N. R., O'Donnell, C. A., Mackenzie, M., McConnachie, A., Bakhshi, A., Wyke, S., The Glasgow 'Deep End' Links Worker Study Protocol: a quasi-experimental evaluation of a social prescribing intervention for patients with complex needs in areas of high socioeconomic deprivation, 7, 1-10, 2017	Ineligible intervention – not a social worker led or delivered intervention (GP practice and link worker - person experienced in local community)
Miller, R., Appleton, S., Multiple exclusion homelessness: is simplicity the answer to this complexity? J Integr Care, 23, 23-34, 2015	Ineligible study design - non-systematic review (case study)
Milton, B., Attree, P., French, B., Povall, S., Whitehead, M., Popay, J., The impact of community engagement on health and social outcomes: a systematic review, Community Development Journal, 47, 316-334, 2012	Systematic review - references checked but none meet the PICO criteria
Moffatt, S., Wildman, J., Pollard, T. M., Penn, L., O'Brien, N., Pearce, M. S., Wildman, J. M., Evaluating the impact of a community-based social prescribing intervention on people with type 2 diabetes in North East England: mixed-methods study protocol, BMJ Open, 9, e026826, 2019	Ineligible study design - protocol only (no published results)
Montgomery, P., Jermyn, D., Bailey, P., Nangia, P., Egan, M., Mossey, S., Community reintegration of stroke survivors: the effect of a community navigation intervention, Journal of Advanced Nursing, 71, 214, 2015	Ineligible study design – protocol (no published results)
Moran, G. S., Kalha, J., Mueller-Stierlin, A. S., Kilian, R., Krumm, S., Slade, M., Charles, A., Mahlke, C., Nixdorf, R., Basangwa, D., et al.,, Peer support for people with severe mental illness versus usual care in high-, middle- and	Ineligible study design - protocol (no published results)

Study	Reason for exclusion
low-income countries: study protocol for a pragmatic, multicentre, randomised controlled trial (UPSIDES-RCT), Trials, 21, 371, 2020	
Morris, D., Thomas, P., Ridley, J., Webber, M., Community-Enhanced Social Prescribing: Integrating Community in Policy and Practice, International Journal of Community Well-Being, 2020	Ineligible study design - non-systematic review (narrative review)
Morse, G. A., York, M. M., Dell, N., Blanco, J., Birchmier, C., Improving outcomes for homeless people with alcohol disorders: a multi-program community-based approach, Journal of Mental Health, 29, 684-691, 2020	Ineligible country - conducted in the US
Mossabir, R., Morris, R., Kennedy, A., Blickem, C., Rogers, A., A scoping review to understand the effectiveness of linking schemes from healthcare providers to community resources to improve the health and well-being of people with long-term conditions, Health & social care in the community, 23, 467-484, 2015	Ineligible study design - non-systematic review (scoping review)
Newlin, M., Webber, M., Morris, D., Howarth, S., Social Participation Interventions for Adults with Mental Health Problems: A Review and Narrative Synthesis, Social Work Research, 39, 167, 2015	Systematic review - references checked but none meet the PICO criteria
Parkes, T., Matheson, C., Carver, H., Budd, J., Liddell, D., Wallace, J., Pauly, B., Fotopoulou, M., Burley, A., Anderson, I., MacLennan, G., Foster, R., Supporting Harm Reduction through Peer Support (SHARPS): Testing the feasibility and acceptability of a peer-delivered, relational intervention for people with problem substance use who are homeless, to improve health outcomes, quality of life and social functioning and reduce harms: Study protocol, Pilot and feasibility studies, 5, 2019	Ineligible study design - protocol (no published results)
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 shelter system, tProf Case Manag, 21, 34-42, 2016	Ineligible intervention – not a social worker led or delivered approach to social inclusion (focus on clinician led case integrated care and supportive housing intervention)
Peabody, Health at home: a new health and wellbeing model for social housing tenants, 2018	Ineligible intervention – not a social worker led or delivered intervention (volunteer public health students and health navigator)
Pescheny, J. V., Randhawa, G., Pappas, Y., The impact of social prescribing services on service users: a systematic review of the evidence, Eur J Public Health, 30, 664-673, 2020	Systematic review - references checked but none meet the PICO criteria
Pettus-Davis, C., et al., Acceptability of a social support intervention for re-entering prisoners, Journal of the Society for Social Work and Research, 6, 51-89, 2015	Ineligible country - conducted in the US

Study	Reason for exclusion
Pinfold, V., Sweet, D., Porter, I., Quinn, C., Byng, R., Griffiths, C., Billsborough, J., Enki, D. G., Chandler, R., Webber, M., Larsen, J., Carpenter, J., Huxley, P., NIHR Journals Library. Health Services and Delivery Research, 02, 02, 2015	Ineligible study - no intervention (mapping and documenting personal connections and wellbeing)
Pynnönen, K., Törmäkangas, T., Rantanen, T., Tiikkainen, P., Kallinen, M., Effect of a social intervention of choice vs. control on depressive symptoms, melancholy, feeling of loneliness, and perceived togetherness in older Finnish people: a randomized controlled trial, Aging & Mental Health, 22, 77-84, 2018	Ineligible intervention - not a social worker led or delivered intervention (interventions provided by qualified instructors in gyms, health care students, and rehabilitation counsellors)
Quilty, S., Wood, L., Scrimgeour, S., Shannon, G., Sherman, E., Lake, B., Budd, R., Lawton, P., Moloney, M., Addressing profound disadvantages to improve indigenous health and reduce hospitalisation: A collaborative community program in remote northern territory, International Journal of Environmental Research and Public Health, 16, 2019	Ineligible intervention - not a social work led or delivered approach to social inclusion (focus on clinician led case management intervention)
Ramon, S., Ryan, P., Urek, M., Attempting to mainstream ethnicity in a multi-country EU mental health and social inclusion project: lessons for social work, European Journal of Social Work, 13, 163-182, 2010	Ineligible study design - development and piloting of audit tools focused on ethnicity issues
Rempel, E. S., Wilson, E. N., Durrant, H., Barnett, J., Preparing the prescription: A review of the aim and measurement of social referral programmes, BMJ open, 7, 2017	Systematic review - references checked but none meet the PICO criteria
Rogers, E. S., Maru, M., Johnson, G., Cohee, J., Hinkel, J., Hashemi, L., A randomized trial of individual peer support for adults with psychiatric disabilities undergoing civil commitment, Psychiatric rehabilitation journal, 39, 248-255, 2016	Ineligible country - conducted in the US
Salas, C., Casassus, M., Rowlands, L., Pimm, S., Developing a model of long-term social rehabilitation after traumatic brain injury: the case of the head forward centre, Disability and rehabilitation, 1-12, 2020	Ineligible intervention - not a social worker led or delivered intervention (day centre organised by experienced volunteers, including relatives and peers, and including psychologists)
Samele, C., Forrester, A., Bertram, M., An evaluation of an employment pilot to support forensic mental health service users into work and vocational activities, Journal of Mental Health, 27, 45-51, 2018	Ineligible intervention - not social a worker led or delivered intervention (occupational therapist, employment consultant, peer mentor and project lead)
Savikko, N., Routasalo, P., Tilvis, R., Pitkala, K., Psychosocial group rehabilitation for lonely older people: favourable processes and mediating factors of the intervention leading to alleviated loneliness, International Journal of Older People Nursing, 5, 16-24, 2010	Ineligible intervention – not a social worker led or delivered intervention (nurse and occupational therapist or physiotherapist)
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 - conducted in the US

Study	Reason for exclusion
Segal, S. P., Silverman, C. J., Temkin, T. L., Self-help and community mental health agency outcomes: a recovery-focused randomized controlled trial, Psychiatric services (Washington, D.C.), 61, 905-910, 2010	Ineligible country - conducted in the US
Semple, A., Willis, E., de Waal, H., Peer support for people with dementia: a social return on investment (SROI) study, 31, 2015	Ineligible intervention - not a social worker led or delivered intervention (peer support groups provided by The Alzheimer's Society and other national charities)
Sheridan, A. J., Drennan, J., Coughlan, B., O'Keeffe, D., Frazer, K., Kemple, M., Alexander, D., Howlin, F., Fahy, A., Kow, V., O'Callaghan, E., Improving social functioning and reducing social isolation and loneliness among people with enduring mental illness: Report of a randomised controlled trial of supported socialisation, Int J Soc Psychiatry, 61, 241-50, 2015	Ineligible intervention - not a social worker led or delivered intervention (GP or psychiatrist referral; volunteer befriending by people with no link to mental health services)
Simpson, A., Flood, C., Rowe, J., Quigley, J., Henry, S., Hall, C., Evans, R., Sherman, P., Bowers, L., Results of a pilot randomised controlled trial to measure the clinical and cost effectiveness of peer support in increasing hope and quality of life in mental health patients discharged from hospital in the UK, BMC psychiatry, 14, 30, 2014	Ineligible intervention - unclear whether social worker led or delivered intervention (peer support initiated during psychiatric hospital care)
Sokol, R., Fisher, E., Peer Support for the Hardly Reached: A Systematic Review, American journal of public health, 106, 1308, 2016	Systematic review - references checked but none meet the PICO criteria
Stewart, M., Simich, L., Beiser, M., Knox, M., Makwarimba, E., Shizha, E., Impacts of a social support intervention for Somali and Sudanese refugees in Canada, Ethnicity and Inequalities in Health and Social Care, 4, 186-199, 2011	Ineligible intervention - not a social worker led or delivered intervention and approach to promote social inclusion (peer facilitators; qualitative data provided by professionals with service provider experience relevant to needs of refugees, including social workers)
Swift, M., People powered primary care: learning from Halton: Managing Community Care, Journal of Integrated Care, 25, 162-173, 2017	Ineligible study design - reflections on community wellbeing model
Tate, R., Wakim, D., Genders, M., A systematic review of the efficacy of community-based, leisure/social activity programmes for people with traumatic brain injury, Brain Impairment, 15, 157-176, 2015	Systematic review - references checked but none meet the PICO criteria
Taylor, A., Dorer, G., Gleeson, K., Evaluation of a peer support specialist led group, Mental Health and Social Inclusion, 22, 141-148, 2018	Ineligible intervention - not a social worker led or delivered intervention (peer led support in conjunction with NHS professionals)
Teater, B., Baldwin, M., Singing for Successful Ageing: The Perceived Benefits of Participating in the Golden Oldies Community-Arts Programme, British Journal of Social Work, 44, 81, 2014	Ineligible intervention – not a social worker led or delivered approach to promote social inclusion (community preventative programme provided by charity working with local and unitary authorities and housing associations)
Tempier, R., Balbuena, L., Garety, P., Craig, T. J., Does assertive community outreach improve social support? Results from the Lambeth Study	Ineligible intervention - not a social worker led or delivered Intervention (community team comprising team leader, psychiatrists, clinical

Study	Reason for exclusion
of early-episode psychosis, Psychiatric services (Washington, D.C.), 63, 216-222, 2012	psychologist, occupational therapist, nurses and healthcare assistants)
Tempier, R., Balbuena, L., Lepnurm, M., Craig, T. K., Perceived emotional support in remission: results from an 18-month follow-up of patients with early episode psychosis, Social psychiatry and psychiatric epidemiology, 48, 1897-1904, 2013	Ineligible intervention - not a social worker led or delivered intervention (community team comprising team leader, psychiatrists, clinical psychologist, occupational therapist, nurses and healthcare assistants)
Thomson, L. J., Morse, N., Elsden, E., Chatterjee, H. J., Art, nature and mental health: assessing the biopsychosocial effects of a 'creative green prescription' museum programme involving horticulture, artmaking and collections, Perspectives in Public Health, 140, 277-285, 2020	Ineligible intervention - not a social worker led or delivered intervention (coordinated and delivered by Art Gallery Cultural Park Keeper, horticultural specialists and museum volunteers)
Tsai, J., Mares, A. S., Rosenheck, R. A., Does housing chronically homeless adults lead to social integration?, Psychiatric Services, 63, 427-434, 2012	Ineligible country - conducted in the US
Tungpunkom, P., Maayan, N., Soares-Weiser, K., Life skills programmes for chronic mental illnesses, Cochrane Database of Systematic Reviews, 2012	Systematic review - references checked but none meet the PICO criteria
Tyler, N., Wright, N., Waring, J., Interventions to improve discharge from acute adult mental health inpatient care to the community: systematic review and narrative synthesis, BMC health services research, 19, 883, 2019	Systematic review - references checked but none meet the PICO criteria
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 chronically homeless adults: study protocol, BMC public health, 19, 334, 2019	Ineligible study design - protocol (no published results)
van Vegge,l R., Waghorn, G., Dias, S., Implementing evidence-based supported employment in Sussex for people with severe mental illness, British Journal of Occupational Therapy, 78, 286-294, 2015	Ineligible intervention - not a social worker led or delivered intervention (intervention provided by employment services or occupational therapists embedded in mental health services)
Vayshenker, B., Mulay, A. L., Gonzales, L., West, M. L., Brown, I., Yanos, P. T., Participation in peer support services and outcomes related to recovery, Psychiatric rehabilitation journal, 39, 274-81, 2016	Ineligible country - conducted in the US
Vogelpoel, N., Jarrold, K., Social prescription and the role of participatory arts programmes for older people with sensory impairments: Managing Community Care, Journal of Integrated Care, 22, 39-50, 2014	Ineligible intervention - not a social worker led or delivered intervention (GP led)
Wahlbeck, K., Cresswell-Smith, J., Haaramo, P., Parkkonen, J., Interventions to mitigate the effects of poverty and inequality on mental health, Soc Psychiatry Psychiatr Epidemiol, 52, 505-514, 2017	Ineligible study design - non-systematic review

Study	Reason for exclusion
Webber, M., Fendt-Newlin, M., A review of social participation interventions for people with mental health problems, Social Psychiatry and Psychiatric Epidemiology, 52, 369-380, 2017	Systematic review - references checked but none meet the PICO criteria
Webber, M., Morris, D., Howarth, S., Fendt-Newlin, M., Treacy, S.a, McCrone, P., Effect of the Connecting People Intervention on Social Capital: A Pilot Study, Research on Social Work Practice, 29, 483-494, 2019	Ineligible study design - before and after study, when observational designs were not considered due to sufficient experimental studies
Willis, P., 'Everyday advocates' for inclusive care? Perspectives on enhancing the provision of long-term care services for older lesbian, gay and bisexual adults in Wales, British Journal of Social Work, 47, 409-426, 2017	Ineligible intervention - not social work approaches to social inclusion (residential care home nursing staff)
Wistow, G., Perkins, M., Knapp, M., Bauer, A., Bonin, E. M., Circles of support and personalization: Exploring the economic case, Journal of Intellectual Disabilities, 20, 194-207, 2016	Ineligible intervention - not a social worker led or delivered intervention (circle including family, friends, personal assistants, and a facilitator with a professional background in the disability field)
Worrall, H., et al., The effectiveness of support groups: a literature review, Mental Health and Social Inclusion, 22, 85-93, 2018	Systematic review - references checked but none meet the PICO criteria
Zubritsky, C., Rothbard, A. B., Dettwyler, S., Kramer, S., Chhatre, S., Evaluating the effectiveness of an integrated community continuum of care program for individuals with serious mental illness, Journal of Mental Health, 22, 12-21, 2013	Ineligible country - conducted in the US

Excluded studies for review question G2: Based on the views and experiences of everyone involved, what works well and what could be improved about social and community support (including peer support) to promote social inclusion for adults with complex needs?

Table 32: Excluded studies and reasons for their exclusion

Study	Reason for Exclusion
Andrew Nathaniel, Meeks Suzanne, Fulfilled preferences, perceived control, life satisfaction, and loneliness in elderly long-term care residents, Aging and Mental Health, 22, 183-189, 2018	Ineligible country - study conducted in the US
Angell, B., Matthews, E., Barrenger, S., Watson, A. C., Draine, J., Engagement processes in model programs for community reentry from prison for people with serious mental illness, International Journal of Law and Psychiatry, 37, 490-500, 2014	Ineligible country - study in conducted the US
Ascenso, S., Perkins, R., Atkins, L., Fancourt, D., Williamon, A., Promoting well-being through group drumming with mental health service users and their carers, International journal of qualitative studies on health and well-being, 13, 1484219, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention
Aschbrenner Kelly, A qualitative study of social facilitators and barriers to health behavior change among persons with serious mental illness, Community Mental Health JournalCommunity Ment Health J, 49, 207-212, 2013	Ineligible country - study conducted in the US
Bandeira, L. A., Santos, M. C. D., Duarte, E. R. M., Bandeira, A. G., Riquinho, D. L., Vieira, L. B., Social networks of patients with chronic skin lesions: nursing care, Revista Brasileira de Enfermagem, 71, 652-659, 2018	Ineligible country - study conducted in Brazil
Barclay, R. E., Stevenson, T. J., Poluha, W., Ripat, J., Nett, C., Srikesavan, C. S., Interventions for improving community ambulation in individuals with stroke, Cochrane Database of Systematic Reviews, CD010200, 2015	Ineligible phenomenon of interest - not relevant to social inclusion
Bates, Claire, Terry, Louise, Popple, Keith, Supporting people with learning disabilities to make and maintain intimate relationships, Tizard Learning Disability Review, 22, 16-23, 2017	Ineligible phenomenon of interest – no social worker involvement in the intervention
Baxter, L., Fancourt, D., What are the barriers to, and enablers of, working with people with lived experience of mental illness amongst community and voluntary sector organisations? A qualitative study, PloS one, 15, 2020	Ineligible phenomenon of interest - not relevant to social inclusion
Bertotti, M., Frostick, C., Hutt, P., Sohanpal, R., Carnes, D., A realist evaluation of social prescribing: an exploration into the context and mechanisms underpinning a pathway linking primary care with the voluntary sector, Primary Health Care Research & Development, 19, 232-245, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention
Blickem, C., Kennedy, A., Vassilev, I., Morris, R., Brooks, H., Jariwala, P., Blakeman, T., Rogers, A., Linking people with long-term health conditions to healthy community activities: development of Patient-Led Assessment for Network Support (PLANS), Health expectations : an international journal of public participation in health care and health policy, 16, e48-e59, 2013	Ineligible phenomenon of interest – no social worker involvement in the intervention
Bonsu, K., Kugbey, N., Ayanore, M. A., Atefoe, E. A., Mediation effects of depression and anxiety on social support	Ineligible country - study conducted in Ghana

Study	Reason for Exclusion
and quality of life among caregivers of persons with severe burns injury, BMC Research Notes, 12, 772, 2019	
Buffel Tine, Remillard-Boilard Samuele, Phillipson Chris, Social isolation among older people in urban areas: a review of the literature for the Ambition for Ageing programme in Greater Manchester, 2015	Ineligible design - not qualitative research methods
Carlisle, S., Tackling health inequalities and social exclusion through partnership and community engagement? A reality check for policy and practice aspirations from a Social Inclusion Partnership in Scotland, Critical Public Health, 20, 117-127, 2010	Ineligible phenomenon of interest – no social worker involvement in the intervention
Carton, Adam D., Young, M. Scott, Kelly, Kristine M., Changes in Sources and Perceived Quality of Social Supports Among Formerly Homeless Persons Receiving Assertive Community Treatment Services, Community Mental Health Journal, 46, 156-163, 2010	Ineligible country - study conducted in the US
Carton, Adam D., Young, M., Kelly, Kristine M., Changes in sources and perceived quality of social supports among formerly homeless persons receiving assertive community treatment services, Community Mental Health JournalCommunity Ment Health J, 46, 156-163, 2010	Ineligible country - study conducted in the US
Catao, Maria de Fatima Fernandes Martins, Grisi, Alice Fernanda Martins, Life project and work as matter of exclusion/inclusion of the elderly person, Estudos de Psicologia, 31, 215-223, 2014	Ineligible country - study conducted in Brazil
Chadborn, Neil, et, al, Improving community support for older peopleâ□™s needs through commissioning third sector services: a qualitative study, Journal of Health Services Research and Policy, 24, 116-123, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention
Chen, F., Developing community support for homeless people with mental illness in transition, Community Mental Health Journal, 50, 520-530, 2014	Ineligible country - study conducted in the US
Chen, F. P., Building a Working Community: Staff Practices in a Clubhouse for People with Severe Mental Illness, Administration and policy in mental health, 44, 651-663, 2017	Ineligible country – study conducted in the US
Chen, F. P., Herman, D. B., Discharge practices in a time-unlimited intervention: the perspectives of practitioners in assertive community treatment, Administration and policy in mental health, 39, 170-179, 2012	Ineligible country - study conducted in the US
Chung, P. Y. F., Ellis-Hill, C., Coleman, P., Supporting activity engagement by family carers at home: maintenance of agency and personhood in dementia, International journal of qualitative studies on health and well-being, 12, 1267316, 2017	Ineligible phenomenon of interest – no social worker involvement in the intervention
Coffey, Michael, et, al, Quality of life, recovery and decision-making: a mixed methods study of mental health recovery in social care, Social psychiatry and psychiatric epidemiology, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention
Colloca, G., Colloca, P., The Effects of Social Support on Health-Related Quality of Life of Patients with Metastatic Prostate Cancer, Journal of cancer education : the official journal of the American Association for Cancer Education, 31, 244-252, 2016	Ineligible phenomenon of interest - not relevant to social inclusion
Cooper, K., Kirkpatrick, P., Wilcock, S., The effectiveness of peer support interventions for community-dwelling adults with chronic non-cancer pain: A systematic review, JBI Database of	Ineligible date - pre-2010

Study	Reason for Exclusion
Systematic Reviews and Implementation Reports, 12, 319-348, 2014	
Davis Alana, Am I there yet? The views of people with learning disability on forensic community rehabilitation, Journal of Intellectual Disabilities and Offending Behaviour, 6, 148-164, 2015	Ineligible phenomenon of interest – no social worker involvement in the intervention
de Andrade, Marisa, Angelova, Nikolina, Evaluating and evidencing asset-based approaches and co-production in health inequalities: measuring the unmeasurable?, Critical Public Health, 30, 232-244, 2020	Ineligible phenomenon of interest - not relevant to social inclusion
Derhun, F. M., Scolari, G. A. S., Castro, V. C., Salci, M. A., Baldissera, V. D. A., Carreira, L., The coexistence center for elderly people and its importance in the support to the family and the Health Care Network, Escola Anna Nery Revista de Enfermagem, 23, 2019	Ineligible country - study conducted in Brazil
Donnelly, S., O'Brien, M., Begley, E., Brennan, J., Enabling older people to access their expressed preference for care and support: A social work perspective, Age and Ageing, 42, ii1-ii12, 2016	Ineligible design – conference abstract
Doyle, Patrick J., de Medeiros, Kate, Saunders, Pamela A., Nested social groups within the social environment of a dementia care assisted living setting, Dementia: The International Journal of Social Research and Practice, 11, 383-399, 2012	Ineligible country - study conducted in the US
Durie, R., Wyatt, K., Connecting communities and complexity: A case study in creating the conditions for transformational change, Critical Public Health, 23, 174-187, 2013	Ineligible phenomenon of interest – no social worker involvement in the intervention
Dwyer, Peter, Hardill, Irene, Promoting social inclusion? The impact of village services on the lives of older people living in rural England, Ageing and Society, 31, 243-264, 2011	Ineligible phenomenon of interest – no social worker involvement in the intervention
Freeman, J., Gorst, T., Gunn, H., Robens, S., "A non-person to the rest of the world": experiences of social isolation amongst severely impaired people with multiple sclerosis, Disability & RehabilitationDisabil Rehabil, 1-9, 2019	Ineligible phenomenon of interest - not relevant to social inclusion
Gardiner, C., Barnes, S., The impact of volunteer befriending services for older people at the end of life: Mechanisms supporting wellbeing, Progress in Palliative Care, 24, 159-164, 2016	Ineligible phenomenon of interest – no social worker involvement in the intervention
Gillard, S., Adams, K., Edwards, C., Lucock, M., Miller, S., Simons, L., Turner, K., White, R., White, S., Self Care in Mental Health research, team, Informing the development of services supporting self-care for severe, long term mental health conditions: a mixed method study of community based mental health initiatives in England, BMC Health Services Research, 12, 189, 2012	Ineligible phenomenon of interest – no social worker involvement in the intervention
Han, Areum, Brown, Diane, Richardson, Amber, Older Adults' Perspectives on Volunteering in an Activity-Based Social Program for People with Dementia, Activities, Adaptation & Aging, 43, 145-163, 2019	Ineligible country - study conducted in the US
Hassan, S. M., Giebel, C., Morasae, E. K., Rotheram, C., Mathieson, V., Ward, D., Reynolds, V., Price, A., Bristow, K., Kullu, C., Social prescribing for people with mental health needs living in disadvantaged communities: the Life Rooms model, BMC Health Services Research, 20, 19, 2020	Ineligible phenomenon of interest – no social worker involvement in the intervention
Hind, D., Mountain, G., Gossage-Worrall, R., Walters, S. J., Duncan, R., Newbould, L., Rex, S., Jones, C., Bowling, A.,	Ineligible design – protocol; published results ineligible on

Study	Reason for Exclusion
Cattan, M., Cairns, A., Cooper, C., Goyder, E., Edwards, R. T., NIHR Journals Library. Public Health Research, 12, 12, 2014	phenomenon of interest – no social worker involvement in the intervention
Ibiapina, A. R. S., Monteiro, C. F. S., Alencar, D. C., Fernandes, M. A., Costa Filho, A. A. I., Therapeutic Workshops and social changes in people with mental disorders, Escola Anna Nery Revista de Enfermagem, 21, 2017	Ineligible country - study conducted in Brazil
James, E., Kennedy, A., Vassilev, I., Ellis, J., Rogers, A., Mediating engagement in a social network intervention for people living with a long-term condition: A qualitative study of the role of facilitation, Health Expectations, 11, 11, 2020	Ineligible phenomenon of interest – no social worker involvement in the intervention
Kingstone, T., Bartlam, B., Burroughs, H., Bullock, P., Lovell, K., Ray, M., Bower, P., Waheed, W., Gilbody, S., Nicholls, E., Chew-Graham, C. A., Can support workers from AgeUK deliver an intervention to support older people with anxiety and depression? A qualitative evaluation, BMC Family PracticeBMC Fam Pract, 20, 16, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention
Lamb, J., Dowrick, C., Burroughs, H., Beatty, S., Edwards, S., Bristow, K., Clarke, P., Hammond, J., Waheed, W., Gabbay, M., Gask, L., Community Engagement in a complex intervention to improve access to primary mental health care for hard-to-reach groups, Health expectations : an international journal of public participation in health care and health policy, 18, 2865-2879, 2015	Ineligible phenomenon of interest – no social worker involvement in the intervention
Lamont, E., Harris, J., McDonald, G., Kerin, T., Dickens, G. L., Qualitative investigation of the role of collaborative football and walking football groups in mental health recovery, Mental Health and Physical Activity, 12, 116-123, 2017	Ineligible phenomenon of interest – no social worker involvement in the intervention
Lee, Danbi, Hammel, Joy, Wilson, Tom, A community living management program for people with disabilities who have moved out of nursing homes: A pilot study, Disability and Rehabilitation: An International, Multidisciplinary Journal, 38, 754-760, 2016	Ineligible country - study conducted in the US
Lipman, V., Manthorpe, G., Social housing provision for minority ethnic older people with dementia: Findings from a qualitative study, Dementia (London, England), 16, 750-765, 2017	Ineligible phenomenon of interest – no social worker involvement in the intervention
Lloyd-Evans, B., Bone, J. K., Pinfold, V., Lewis, G., Billings, J., Frerichs, J., Fullarton, K., Jones, R., Johnson, S., The Community Navigator Study: A feasibility randomised controlled trial of an intervention to increase community connections and reduce loneliness for people with complex anxiety or depression, Trials, 18, 2017	Ineligible study design - feasibility trial
May-Chahal, Corinne, Antrobus, Roy, Engaging Community Support in Safeguarding Adults from Self-Neglect, The British Journal of Social Work, 42, 1478-1494, 2012	Ineligible phenomenon of interest - not relevant to social inclusion
McConkey, R., Collins, S., The role of support staff in promoting the social inclusion of persons with an intellectual disability, Journal of Intellectual Disability Research, 54, 691, 2010	Ineligible phenomenon of interest – no social worker involvement in the intervention
McNeish, Roxann, Rigg, Khary K., Tran, Quynh, Hodges, Sharon, Community-based behavioral health interventions: Developing strong community partnerships, Evaluation and Program Planning, 73, 111-115, 2019	Ineligible country - study conducted in the US

Study	Reason for Exclusion
Moffatt, S., Steer, M., Lawson, S., Penn, L., O'Brien, N., Link Worker social prescribing to improve health and well-being for people with long-term conditions: Qualitative study of service user perceptions, BMJ Open, 7, 2017	Ineligible phenomenon of interest - not relevant to social inclusion
Moffatt, S., Wildman, J., Pollard, T. M., Penn, L., O'Brien, N., Pearce, M. S., Wildman, J. M., Evaluating the impact of a community-based social prescribing intervention on people with type 2 diabetes in North East England: mixed-methods study protocol, BMJ Open, 9, e026826, 2019	Ineligible study design - protocol
Morris, R. L., Kennedy, A., Sanders, C., Evolving 'self'-management: exploring the role of social network typologies on individual long-term condition management, Health Expectations, 19, 1044-61, 2016	Ineligible phenomenon of interest - not relevant to social inclusion
Morris, R., Kirk, S., Kennedy, A., Vassilev, I., Mathieson, A., Jeffries, M., Blickem, C., Brooks, H., Sanders, C., Rogers, A., Connecting local support: A qualitative study exploring the role of voluntary organisations in long-term condition management, Chronic Illness, 11, 140-155, 2015	Ineligible population - population did not have complex needs
Munson, Michelle R., Stanhope, Victoria, Small, Latoya, Atterbury, Kendall, "At times I kinda felt I was in an institution": Supportive housing for transition age youth and young adults, Children and Youth Services Review, 73, 430-436, 2017	Ineligible country - study in conducted the US
Obita, G., Wolkowski, A., Johnson, L., Cash, S., Blagojevic, M., Ming, B., Carrick, D., Dinning, D., Lord, E., Jones, K., Wilson, T., Wood, T., All other members of the project group are, acknowledged, PA19 'closing the gap': a community engagement project, BMJ supportive & palliative care, 5 Suppl 1, A25, 2015	Ineligible design - conference abstract
Ong, Bie Nio, Richardson, Jane C., Porter, Tom, Grime, Janet, Exploring the relationship between multi-morbidity, resilience and social connectedness across the lifecourse, Health: an Interdisciplinary Journal for the Social Study of Health, Illness & MedicineHealth (Lond), 18, 302-318, 2014	Ineligible phenomenon of interest - not relevant to social inclusion
Payne, K., Walton, E., Burton, C., Steps to benefit from social prescription: a qualitative interview study, British Journal of General Practice, 70, e36-e44, 2020	Ineligible phenomenon of interest - not relevant to social inclusion
Pryce, Helen, Moutela, Tiago, Bunker, Colette, Shaw, Rachel, Tinnitus groups: A model of social support and social connectedness from peer interaction, British Journal of Health PsychologyBr J Health Psychol, 24, 913-930, 2019	Population - not adults with complex needs.
Quirk, H., Haake, S., How can we get more people with long-term health conditions involved in parkrun? A qualitative study evaluating parkrun's PROVE project, BMC Sports Science, Medicine and Rehabilitation, 11, 2019	Ineligible phenomenon of interest - not relevant to social inclusion
Raker, A. R., Feldman, M. B., Hile, S. J., Chandraratna, S., Positive Side Effects: The Perceived Health and Psychosocial Benefits of Delivering an HIV Self-Management Program for Peer Educators Living With HIV, The Journal of the Association of Nurses in AIDS Care : JANAC., 02, 2019	Ineligible country - study conducted in the US
Ramon, S., Griffiths, C. A., Nieminen, I., Pedersen, M., Dawson, I., Towards social inclusion through lifelong learning in mental health: analysis of change in the lives of the EMILIA project service users, The International journal of social psychiatry, 57, 211-223, 2011	Ineligible phenomenon of interest – no social worker involvement in the intervention

Study	Reason for Exclusion
Ran, Guanyu Jason, Join-Lambert, Hélène, Influence of family hosting on refugee integration and its implication on social work practice: the French case, European Journal of Social Work, 23, 461-474, 2020	Ineligible country – conducted in France and not conserded due to sufficient UK studies
Rawlings Dominique, Proud2B: an evaluation of outcomes for adults with a learning disability from minority groups in Hampshire participating in a club celebrating and exploring cultures, Research Policy and Planning, 28, 55-63, 2010	Ineligible phenomenon of interest – no social worker involvement in the intervention
Ritchie, C., Andersen, R., Eng, J., Garrigues, S. K., Intinarelli, G., Kao, H., Kawahara, S., Patel, K., Sapiro, L., Thibault, A., Tunick, E., Barnes, D. E., Implementation of an Interdisciplinary, Team-Based Complex Care Support Health Care Model at an Academic Medical Center: Impact on Health Care Utilization and Quality of Life, 11, e0148096, 2016	Ineligible country - study conducted in the US
Rogers, A., Vassilev, I., Brooks, H., Kennedy, A., Blickem, C., Brief encounters: what do primary care professionals contribute to peoples' self-care support network for long-term conditions? A mixed methods study, BMC family practice, 17, 21, 2016	Ineligible phenomenon of interest - not relevant to social inclusion
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
Scheyett, A., Pettus-Davis, C., Cuddeback, G., Assertive community treatment as community change intervention, Journal of Community Practice, 18, 76-93, 2010	Ineligible country - study conducted in the US
Sidhu, M. S., Griffith, L., Jolly, K., Gill, P., Marshall, T., Gale, N. K., Long-term conditions, self-management and systems of support: an exploration of health beliefs and practices within the Sikh community, Birmingham, UK, Ethnicity & Health, 21, 498-514, 2016	Ineligible phenomenon of interest - not relevant to social inclusion
Smith Raymond, Volunteer peer support and befriending for carers of people living with dementia: an exploration of volunteers' experiences, Health and Social Care in the Community, 26, 158-166, 2018	Ineligible phenomenon of interest – no social worker involvement in the intervention
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
Spain, D., Blainey, S. H., Group social skills interventions for adults with high-functioning autism spectrum disorders: A systematic review, Autism, 19, 874-886, 2015	Ineligible country – study conducted in the US
Stickley, T., Eades, M., Arts on Prescription: a qualitative outcomes study, Public Health, 127, 727-734, 2013	Ineligible phenomenon of interest – no social worker involvement in the intervention
Taylor, Jacqueline Ann, Lawton-Smith, Simon, Bullmore, Hannah, Supervised community treatment: does it facilitate social inclusion? A perspective from approved mental health professionals (AMHPs), Mental Health and Social Inclusion, 17, 43-48, 2013	Ineligible phenomenon of interest - not relevant to social inclusion
Tee, H., Priebe, S., Santos, C., Xanthopoulou, P., Webber, M., Giacco, D., Helping people with psychosis to expand their social networks: The stakeholders' views, BMC Psychiatry, 20, 2020	Ineligible phenomenon of interest – no social worker involvement in the intervention

Study	Reason for Exclusion
Truelle, J. L., Fayol, P., Montreuil, M., Chevignard, M., Community integration after severe traumatic brain injury in adults, Current Opinion in Neurology, 23, 688-694, 2010	Ineligible design - not qualitative
Tsai, H. H., Tsai, Y. F., Wang, H. H., Chang, Y. C., Chu, H. H., Videoconference program enhances social support, loneliness, and depressive status of elderly nursing home residents, Aging and Mental Health, 14, 947-954, 2010	Ineligible country - study conducted in Taiwan
Vassilev, I., Rogers, A., Blickem, C., Brooks, H., Kapadia, D., Kennedy, A., Sanders, C., Kirk, S., Reeves, D., Social networks, the 'work' and work force of chronic illness self-management: a survey analysis of personal communities, PLoS ONE [Electronic Resource]PLoS ONE, 8, e59723, 2013	Ineligible phenomenon of interest - not relevant to social inclusion
Vassilev, I., Rogers, A., Kennedy, A., Oatley, C., James, E., Identifying the processes of change and engagement from using a social network intervention for people with long-term conditions. A qualitative study, Health expectations : an international journal of public participation in health care and health policy, 22, 173-182, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention
Webber, Martin, Reidy, Hannah, Ansari, David, Stevens, Martin, Morris, David, Developing and Modeling Complex Social Interventions:Introducing the Connecting People Intervention, Research on Social Work Practice, 26, 14-19, 2016	Ineligible phenomenon of interest - not relevant to social inclusion
Weir, Bronagh, Cunningham, Margaret, Abraham, Lucy, Allanson-Oddy, Charlie, Military veteran engagement with mental health and well-being services: a qualitative study of the role of the peer support worker, Journal of Mental Health, 28, 647-653, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention
Whitelaw, S., Thirlwall, C., Morrison, A., Osborne, J., Tattum, L., Walker, S., Developing and implementing a social prescribing initiative in primary care: insights into the possibility of normalisation and sustainability from a UK case study, Primary health care research & development, 18, 112-121, 2017	Ineligible phenomenon of interest – no social worker involvement in the intervention
Wildman Josephine M, 'What works here doesn't work there': the significance of local context for a sustainable and replicable asset-based community intervention aimed at promoting social interaction in later life, Health and Social Care in the Community, 27, 1102-1110, 2019	Population - not adults with complex needs
Wildman, J. M., Moffatt, S., Penn, L., O'Brien, N., Steer, M., Hill, C., Link workers' perspectives on factors enabling and preventing client engagement with social prescribing, Health Soc Care Community, 27, 991-998, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention
Wildman, J. M., Moffatt, S., Steer, M., Laing, K., Penn, L., O'Brien, N., Service-users' perspectives of link worker social prescribing: a qualitative follow-up study, BMC public health, 19, 98, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention
Willis Paul, 'Everyday advocates' for inclusive care? Perspectives on enhancing the provision of long-term care services for older lesbian, gay and bisexual adults in Wales, British Journal of Social Work, 47, 409-426, 2017	Ineligible phenomenon of interest - not relevant to social inclusion
Wong, Yin-Ling Irene, Matejkowski, Jason, Lee, Sungkyu, Social integration of people with serious mental illness: Network transactions and satisfaction, The journal of behavioral health services & research, 38, 51-67, 2011	Ineligible country - study conducted in the US

Study	Reason for Exclusion
Yeung Echo Yuet-Wah, Role of social networks in the help-seeking experiences among Chinese suffering from severe mental illness in England: a qualitative study, British Journal of Social Work, 43, 486-503, 2013	Ineligible phenomenon of interest - not relevant to social inclusion
Young, J., Snowden, A., A qualitative study on the perceived impact of using an integrated community-based supportive cancer service, European Journal of Cancer Care, 28, e13001, 2019	Ineligible phenomenon of interest – no social worker involvement in the intervention

Excluded economic studies

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

Appendix K Research recommendations – full details

Research recommendation for review question G1: What is the effectiveness of social and community support approaches (including peer support) in promoting social inclusion of adults with complex needs?

K.1.1 Research recommendation

What social and community support approaches are effective in promoting social inclusion of people with complex needs?

K.1.2 Why this is important

The value of social relationships and participation for quality of life, health and wellbeing is well established. Help with developing connections with others and meaningful social contact is a high priority for adults with complex needs. Developing personal relationships is one of the 10 outcomes determining need for social care support in the Care Act 2014. Social workers use a variety of approaches in practice for helping people become more socially included and connected, but there is limited evidence about the most effective ways of doing this. The evidence review for this guideline yielded mixed or negative findings or a lack of evidence for all included outcomes, and found no evidence for effective approaches in a UK context. Positive outcomes were found only for some sub-groups within adults with complex needs, and may not be generalisable across our population of interest. If the research findings are positive then data on effective approaches to promoting social inclusion will improve practice in this area, improve individual outcomes and contribute to understanding where best to place scarce social work resources in future.

K.1.3 Rationale for research recommendation

Table 33: Research recommendation rationale

Importance to 'patients' or the population	Adults with complex needs often experience social exclusion and difficulties with participating in the activities of their community and developing desired social relationships as they would wish. Addressing gaps in the evidence base in this area would improve people's experience of social work interventions and support meaningful community connections.
Relevance to NICE guidance	Generating evidence in this area would give a clear indication of effective social work approaches for supporting community connections and enable future recommendations to improve practice.
Relevance to the NHS	Helping people with social inclusion is a core social work task. The Department of Health and Social Care (DHSC) identifies that "Social work is the leading profession in personalised support, getting alongside people when they need help and enabling people to connect to others in their communities". Poor outcomes have a negative impact on the use of NHS healthcare resources by people with complex needs and their family members / carers.

National priorities	Making best use of scarce resources and improving quality of services reflects the aims of the NHS Long Term Plan. The Long term NHS plan could consider allocating resources to improve evidence in this area.
Current evidence base	The evidence reviewed for this guideline was inconclusive about effective approaches, with no experimental studies showing positive results in the UK context.
Equality considerations	Encourages a more diverse approach as the intervention is adjusted to meet individual requirements and preferences

DHSC: Department of Health and Social Care; NHS: National Health Service; UK: United Kingdom

K.1.4 Modified PICO table

Table 34: Research recommendation modified PICO table

Population	Adults 18+ with complex needs
Intervention	Social work approaches to helping people with social inclusion and connectedness, delivered or led by social workers, which are individualised to meet people's needs and preferences, utilising their personal and local community assets.
Comparator	Routine care
Outcome	- Participation and inclusion –measured using validated measures. - Perceived social support - 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. - Subjective quality of life – measured using a validated tool such as ASCOT, ICECAP-A, MANSA or the EQ-5D. - Employment or volunteering - Unplanned care contacts, for example social work contact, A&E visit, hospital admission or care home admission (either for respite or long term care).
Study design	Randomised Controlled Trials or prospective cohort study with controls for confounding
Timeframe	The research should take place in time to inform future updates of this NICE guideline.
Additional information	None

A&E; Accident and emergency; ATU: Assessment and treatment unit; ASCOT: Adult social care outcomes toolkit; EQ-5D: EuroQol 5 Dimensions; MANSA: Manchester Short Assessment; ICECAP-A: ICEpop CAPability measure for adults; UCLA; The University of California, Los Angeles.