Evidence and evidence gaps in assessments and interventions in areas related to social work research and practice – an overview of four evidence maps

Christel Hellberg, Sam Larsson, Göran Bertilsson, Helena Domeij, Susanna Larsson Tholén, Maja Kärman-Fredriksson, Gerd Ahlström, Lena Dahlberg, Patrik Karlsson, Jenny Nybom, Mikaela Starke, Ann-Marie Öhrvall & Gunilla Fahlström

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Evidence and evidence gaps in assessments and interventions in areas related to social work research and practice – an overview of four evidence maps

Vetenskapligt kunskapsläge om utredning och insatser i socialt arbete och forskning – en sammanställning av fyra kartläggningar

Christel Hellberg, Sam Larsson, Göran Bertilsson, Helena Domeij, Susanna Larsson Tholén, Maja Kärman-Fredriksson, Gerd Ahlström, Lena Dahlberg, Patrik Karlsson, Jenny Nybom, Mikaela Starke, Ann-Marie Öhrvall and Gunilla Fahlström

ABSTRACT
This overview of four evidence maps is based on systematic reviews of assessment and interventions in social work practice. The aim was to investigate the evidence and evidence gaps within four important areas for social work research and practice. Descriptive data on search strategies and domains were collected from four evidence maps, on Social Assistance, Substance Dependence, Care for older adults respectively for persons with disabilities. The scientific quality and scientific evidence were assessed. Key findings were summarised by analyzing and discussing common and specific elements in the evidence maps. The overview was undertaken in close collaboration between researchers with expertise in the field and a government agency. The overview identified both evidence and evidence gaps with respect to effects and experiences of interventions and assessment methods in four evidence maps. Evidence maps provide a comprehensive picture of the state of social services research and can thereby be of use to both researchers and practitioners, and in the production of evidence based social work.

ABSTRAKT
Denna artikel är en sammanställning av resultat från fyra kartläggningar av systematiska översikter om utredningar respektive insatser i socialt arbete. Syftet var att undersöka det vetenskapliga kunskapsläget, kunskap och kunskapsluckor, inom fyra viktiga områden av praktik och forskning i socialt arbete. Deskriptiva data om sökstrategier i litteraturdatabaser samt definierade domäner hämtades från fyra kartläggningar om socialbidrag.

KEYWORDS
Social work practice; social assistance; substance dependence; care for older adults; care for persons with disabilities

NYCKELORD
praktiskt socialt arbete; socialbidrag; missbruk och beroende; äldreomsorg; funktionshinderomsorg; evidens; kartläggning; systematisk översikt

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Introduction

This article presents an overview of four evidence maps concerning assessments and interventions related to four important areas in social work research and practice. Within the field of social work, providing evidence of the effects of interventions is a challenge. This includes measures intended to improve practice (McDonald & Popay, 2013). It is important to consider the evidence in central fields of social work practice, for example interventions regarding alcohol and other drug problems (Amodeo & Lopez, 2020), poverty and care of persons with disabilities (French & Swain, 2013; Hutchinson, 2015) and social work research and ageing (McCallion, 2013). This article considers evidence with reference to four central areas in social work such as substance-related dependency and its treatment, support for people due to financial problems, to disablement or old age. The possible implications for social work practice are also briefly addressed. The article presents evidence in these four areas by using evidence mapping as a methodological strategy (Alahdab & Murad, 2019; Saran et al., 2020; Saran & White, 2018), and the use of AMSTAR (Pollock et al., 2017).

The availability of reliable and valid research evidence is a major cornerstone for implementation or investment within the field of social work practice, and also for allocation of research funding for methods needing further investigation. Significant evidence gaps have been highlighted with respect to methods used in the social services (Dickson et al., 2017; Sundell & Åhsberg, 2016). Of central relevance to evidence-based social work are systematic reviews (SRs), in which evidence about benefits, as well as potentially harmful effects, is systematically collected and synthesised (Grinnell & Unrau, 2018; Soydan & Palinkas, 2014).

In recent years, the number of published SRs has been growing so rapidly (Ioannidis, 2016) that it is difficult for decision-makers to keep up to date with all the published findings. Variations in scope and methodological strengths and weaknesses of the SRs may also complicate decision-making: reviews of low quality may create a false impression that a topic has been adequately addressed. There is thus a need for careful, critical evaluation of the methodological quality of the systematic reviews. This process can be both challenging and time-consuming. In order to address some of these concerns and to support evidence-informed policy making, evidence maps, also commonly called evidence gap maps, have been developed (Miake-Lye et al., 2016; Saran & White, 2018). An evidence map, (EM), summarises systematic reviews of the mapped area. EMs can be thought of as a kind of database of SRs.

This article summarises key methodological findings from four evidence maps of special relevance for social work research and practice and considers common or area-specific elements. The EMs covered intervention and assessment methods of the following four areas:

1. Social assistance, i.e. government programmes which provide a minimum level of income support to households living in poverty or under financial stress
2. Care and services for adults with substance dependence
3. Care and services for older adults
4. Care for persons with disabilities and services
These four areas are central in social work practice and research (Bergmark et al., 2011; Shaw et al., 2013; Shaw & Lishman, 1999; Shaw & Zlotnik, 2013; Soydan & Palinkas, 2014; Walter et al., 2003). Some differences regarding interventions between these areas may be noted. With respect to substance dependence, a number of treatments or therapies are used such as CBT, MI and 12-steps. Social assistance interventions fall between social policy and labour market policy. There are activity interventions, such as ‘Work-first’, aiming at strengthening client resources and capabilities that could be evaluated. This is also the case in the other areas, and care and services for older persons and for persons with disabilities, where interventions in the form of benefits and social rights are evident. Hence, these specific area characteristics must be kept in mind.

**Evidence maps**

The EM is a recent type of review, synthesising the evidence for an area of interest (Miake-Lye et al., 2016). According to Saran and White (Saran & White, 2018), EMs do not summarise what the evidence says, but what evidence there is. The purpose of EMs is to:

- Guide researchers and practitioners to the available evidence and to indicate where there is a lack of high-quality evidence
- Identify evidence gaps that need to be addressed by evidence synthesis, such as SRs or by more research (Saran & White, 2018).

To our knowledge there are few published papers on EMs of social service interventions in evidence-based social work. Some examples are child welfare mega EM (Campbell, 2018), EMs on interventions for homelessness (Google, 2019), and on people with disabilities in low and middle-income countries (Saran et al., 2020).

**Study aim**

The aim was to investigate the evidence and evidence gaps within four important areas for social work research and practice. These areas are often discussed in the social work literature and are related to substance use-related dependency problems (Amodeo & Lopez, 2020), income support, care for older adults and persons with disabilities (cf. Shaw et al., 2013) by using evidence mapping and AMSTAR. The strategy of evidence mapping had special reference to the methodology by considering findings from these four EMs described above closely related to social services and to the field of social work research or evidence-based social work. Hereafter the populations and EMs are referred to as Social Assistance, Substance Dependence, Care for older adults and Care for persons with disabilities.

**Material and methods**

In summary, our approach to EM involves mapping of SRs (not primary studies) using a pre-specified protocol, a systematic search strategy, systematic application of clear inclusion and exclusion criteria, systematic reporting of all eligible studies and a critical appraisal by AMSTAR (Assessing the methodological quality of systematic reviews) (Shea et al., 2007, 2009, 2017) of included SRs, and identification of evidence and evidence gaps. No synthesis of results or grading of level of evidence is undertaken. Comprehensive versions of the EM-results are presented in reports in Swedish. The reports include tables in English summarising SRs of acceptable quality (objective, inclusion and exclusion criteria, date of literature search, study characteristics, design, intervention, setting, country of origin, outcome, follow-up time and conclusions) (SBU, 2018, 2019a, 2019b, 2019). Prior to publication, each EM was peer reviewed by additional external experts in the field, who had not participated in the actual work, as well as by SBU’s Scientific Advisory Committee (SBU, 2020).
SBU is an independent Swedish national authority, tasked by the government with assessing health care and social services interventions.

**Material and analysis in this overview of EMs**

An EM summarises relevant systematic reviews of primary studies, and the four EMs make up the overview. This process is illustrated in Figure 1.

The overview is based on descriptive data for each EM: the number of included relevant SRs (quality assessed as low, moderate, or high), databases and scientific journals in which the SRs were located, domains, evidence and evidence gaps. The data are analyzed descriptively and presented separately for each EM. Finally, methodological strengths and weaknesses are discussed at an overall level.

**The method and strategical collaboration in developing the four EMs**

The EMs were conducted by personnel from SBU with great experience of systematic reviews together with seven experts, representing knowledge and research in three fields, i.e. social work, nursing, and occupational therapy, with special expertise related to the four topics. Usually two experts and two SBU-reviewers worked on each EM. The experts were carefully trained at SBU in assessing the scientific methodological quality in the SRs, i.e. using AMSTAR and how to conduct an EM. However, a dialogue was conducted between the SBU-personnel and the experts in how to understand and investigate the four topics in focus, especially on how to consider and strategically put together systematic reviews within the specific fields of consideration and from a social work perspective. The social work literature emphasises the importance of collaboration among researchers, practitioners and consumers, including the relationship or possible participatory research with government agencies, for the purpose of generating or developing generalisable knowledge (Bergmark et al., 2011; Evans & Fisher, 1999/2005; Shaw & Zlotnik, 2013; Soydan & Palinkas, 2014; Walter et al., 2003). This is the strategy adopted in this article. The EM-work comprised the following six steps:

**Establishing the question, PICO or PIRO**

In the study, there was a setting and handling of population, intervention, comparison, outcome (PICO), and population, index test, reference test, outcome (PIRO).

One of the following populations: (a) adults receiving long term social assistance, adults with substance dependence, adults aged 60 years or older, disabled people regardless of age; (b) next of kin for all these populations. Assessment and intervention or activity adapted to individuals in the populations. Comparison is achieved by having relevant controls for each intervention or investigation. Outcomes are, e.g. effects of assessment, intervention, care or service, adverse events, experiences from assessments and interventions, client participation, costs.

![Figure 1](image-url). The assessment process from primary studies to a systematic review, further to an EM, and finally to an overview of four EMs.
**Identifying domains, setting inclusion and exclusion criteria**

The experts identified and specified the domains regarding assessment and interventions or activities for recipients or next of kin that were to be included in the respective EMs. Professionals and service user organisations were invited to comment on PICO and the domains. The inclusion criteria are PICO and the domains. Exclusion criteria were scoping reviews, reviews of reviews, but also reviews of medical questions such as diagnostics or medication, and general experiences not linked to services or assessments, e.g. of being old or disabled.

**Literature searches**

Broad search strategies were developed by an information specialist for each EM (available upon request) to capture SRs in as many of the relevant domains as possible. The search strategies consisted of two blocks, one with controlled vocabulary and free text words/phrases for the target population and one for study design (SRs and meta-analyses/meta-syntheses of quantitative and qualitative studies). All searches were limited to English, Danish, Norwegian, and Swedish, from publication year 2000 to spring 2017. The authors also browsed the list of publications in the Campbell Library. In all, 15 databases were used, although not all were relevant for application to all the EMs.

**Review selection**

The selection of relevant SRs was based on the PICO or PIRO and comprised two steps: first from abstracts and then from full texts. Both steps were undertaken independently by at least two researchers. Any disagreement was resolved through discussion in the project group until consensus was reached. SRs could be accepted as relevant, irrespective if they were based on primary studies with a quantitative or qualitative design, e.g. data from RCT, non-randomized studies, single case or qualitative studies. This methodological strategy implied a mixed approach to evidence synthesis (cf. Pope et al., 2007, p. 95).

**Quality assessment**

AMSTAR (Shea et al., 2009) was used to assess the scientific methodological quality of all the SRs found to be relevant. The quality was assessed independently by at least two people. The experts were introduced to and trained to use AMSTAR. Acceptable quality (assessed as high or moderate) required the following:

- A comprehensive literature search, in at least two relevant databases. The literature search should be described in such a way that it can be faithfully replicated by following the given instructions.
- A study selection, undertaken independently by at least two reviewers
- A scientific quality (risk of bias) assessment of included studies. The assessment should also be considered in the conclusions
- An appropriate method used to summarise and analyse the results of the included studies.

**Proceedings regarding SRs of acceptable quality**

Evidence and evidence gaps were established from relevant systematic reviews assessed as being of acceptable quality. SRs were considered up to date if the literature searches had been conducted no more than five years prior to publication of the EM. The definition of an evidence gap used is:

- An SR of acceptable quality discloses no conclusive evidence of beneficial or harmful effects, i.e. more primary studies are needed (Very low certainty of finding according to GRADE (Atkins et al., 2004) or corresponding system for grading of evidence, or when no primary studies were identified).
- The method has not been reviewed by any SR of acceptable quality, i.e. an SR is needed.
Results

As shown in Figure 2, the flowchart presents the total number of relevant SRs and different levels of quality for all four EMs. On the basis of the information in the abstract, 90% of all the retrieved references were excluded as irrelevant. There was considerable variation in the number of articles identified and consequently in the numbers of relevant articles across the EMs. However, the proportion of relevant articles was similar: Social Assistance \( n = 10/2255 \) (0.4%), Substance Dependence \( n = 128/10933 \) (1.2%), Care for older adults \( n = 268/15555 \) (1.7%), and Care for persons with disabilities \( n = 281/19234 \) (1.5%). Quality assessment of the relevant SRs disclosed variations of quality in the different areas. The proportion of SRs of acceptable quality ranged from 16 to 50%: Substance Dependence 16%; Care for persons with disabilities 17%; Care for older adults 41%; Social Assistance 50%.

Literature search

Overall the SRs of acceptable quality were identified from 15 databases. Scopus, SocIndex, PsycINFO and ASE captured SRs in all areas. Overall, PubMed/Medline provided the highest number of included SRs, followed by ASE and PsycINFO. No unique references were identified by searching Cochrane CDSR, HTA Database, IBSS and SocIndex. There was a substantial overlap between the content of the different databases. The following minimum number of databases needed to be searched to identify SRs of acceptable quality for inclusion:

- For Social Assistance: ASE, Campbell Library and Scopus.
- For Substance Dependence: a combination of two databases was sufficient to identify all included reviews of acceptable quality: PubMed and one of the following: ASE, IBSS or PsycINFO. One of the included SRs was identified by methods complementary to the searches
- For Care for older adults: PubMed/Medline, Cochrane DARE, ASE, ASSIA, Cinahl, Social Care online, SA/SSA.
- For Care for persons with disabilities: ASE, Medline and PsycINFO. Two of the included SRs were identified by methods complementary to the searches.
The five relevant SRs about Social Assistance were identified in five scientific journals, the 20 SRs about Substance Dependence were identified in seven journals, the 111 SRs about Care for older adults were identified in 57 journals, and the 49 SRs about Care for persons with disabilities were identified in 30 scientific journals.

**Domains**

Four domains were predefined by the respective EM experts and are present in all four EMs: (1) needs assessment (2) housing; (3) support, advice and information; (4) collaboration. To reflect on area specific characteristics, specific domains were thereafter identified in each EM respectively, resulting in 8–17 domains. No EM included relevant SRs for all its predefined domains. Regarding Social Assistance, 4 out of 8 domains lacked relevant SRs, compared with 2 out of 11 for Substance Dependence. No relevant reviews were found in 1 out of 12 domains in the Care for older adults EM and in the Care for persons with disabilities EM, 2 of the 20 domains lacked relevant SRs.

**Quality assessment**

Of the 687 relevant SRs included, about one in four, 27% (n = 185) was assessed as having acceptable quality (Figure 2). Regardless of EM, the main deficiencies in the SRs of low quality were similar, i.e. poor performance or documentation of the literature search, of whether the screening and relevance assessment of primary studies was undertaken independently by at least two people, as well as deficiencies in scientific quality assessment of the primary studies. SRs of qualitative studies of acceptable quality were identified in three EMs, Social Assistance, Care for persons with disabilities respectively older adults. However, in the Substance Dependence EM, the only SRs of qualitative studies identified were of low quality.

Between 2000 and 2017 there was an increase in the number of reviews relevant to social services research, i.e. those included in the four EMs (dark bars in Figure 3). There was also an upward trend in the proportion of relevant reviews of acceptable quality over the period of 18 years (line).
Evidence and evidence gaps

The evidence and different types of evidence gaps identified from SRs in the four EMs are presented in Table 1 and described below, in more detail, for each of the EMs. In the Care for persons with disabilities-EM, evidence and evidence gaps were identified for disabled people, but not for their next of kin or the practitioners. Some SRs revealed both evidence and evidence gaps. Sometimes the SR covered several domains and therefore appeared several times in the results. Although some domains contained evidence, they also contained evidence gaps, as the domains are broad and include several different types of interventions/assessments. As a result, evidence gaps were found in all domains in all the EMs.

Social assistance and income support

Five SRs were assessed as having acceptable quality. All concerned recipient interventions (five domains), and none concerned the three domains regarding assessment routines, decision-making and follow up. No SRs regarding assessment or interventions targeting next of kin was found. The SRs show some evidence in three of the eight domains. These domains include interventions intended to improve work and employment opportunities, housing initiatives (retaining and receiving housing) and collaboration at case management level. Evidence gaps were evident in all the eight domains (see Table 1). Client experiences were barely studied.

Substance dependence

Twenty SRs of acceptable quality were identified. All SRs concerned non-medical interventions, mainly psychosocial interventions targeting recipients. Scientific evidence was found in two domains, in support of some psychosocial interventions, including 12-step interventions, motivational interviewing, integrated and non-integrated programmes, mindfulness treatment, computer-based interventions, and peer-delivered recovery support services. Evidence gaps were found in all the 11 domains. No SRs investigating assessment routines for individuals with substance dependence were identified in this EM. However, some other observations were made. Firstly, some definitions of populations were unclear, due to lack of references to diagnostic criteria such as DSM and ICD10. It was therefore difficult to compare the conclusions of different reviews. Secondly, the concepts of psychosocial interventions differed, and mental health comorbidity was not always addressed. Further, the rare absence of non-treated controls may disadvantage some interventions, e.g. 12-steps, in comparison with other interventions where this comparison is more frequent. No SR with acceptable quality dealt with interventions for the next of kin or family.

Table 1. Reliable scientific evidence and evidence gaps, such as the need for more primary studies or an updated systematic review identified in SRs of social care and services assessments and interventions of low or moderate risk of bias.

<table>
<thead>
<tr>
<th></th>
<th>Social assistance (SR n = 5)</th>
<th>Substance dependence (SR n = 20)</th>
<th>Care for older adults (SR n = 111)</th>
<th>Disability care (SR n = 35)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of domains/Number of systematic reviews</td>
<td>3 domains/ 3 SRs</td>
<td>2 domains/ 11 SRs</td>
<td>7 domains/ 17 SRs</td>
<td>10 domains/ 17 SRs</td>
</tr>
<tr>
<td>Evidence gap: more primary studies needed</td>
<td>1 domain/ 1 SR</td>
<td>2 domains/ 8 SRs</td>
<td>9 domains/ 32 reviews</td>
<td>6 domains/ 7 SRs</td>
</tr>
<tr>
<td>Evidence gap: a systematic review requires updating</td>
<td>3 domains/ 2 SRs</td>
<td>2 domains/ 4 SRs</td>
<td>11 domains/ 74 SRs</td>
<td>17 domains/and 12 SRs</td>
</tr>
<tr>
<td>Domains with no SR of acceptable quality</td>
<td>5 domains</td>
<td>9 domains</td>
<td>1 domain</td>
<td>4 domains</td>
</tr>
<tr>
<td>Domains with no SR at all</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Number of domains</td>
<td>8</td>
<td>11</td>
<td>12</td>
<td>17</td>
</tr>
</tbody>
</table>

*Evidence gaps were not established for the groups next of kin or practitioners (14 SRs).
**Care for older adults**

In this EM, 111 SRs of acceptable quality were identified. Of all the relevant 268 SRs, about half dealt with the domain ‘Maintaining and stimulating work methods in institutional or community settings’. This domain includes many kinds of recipient interventions and activities, e.g. eating support, meal-time arrangements, reminiscence therapy, oral care, restorative home care. Some evidence was found in the domains ‘Needs assessment’ and ‘Follow-up for older persons’: interventions to support ageing in place, maintaining and stimulating work methods for institutional settings only, maintaining and stimulating work methods for both community and institutional settings, home help as an intervention, interventions addressing abuse and neglect, and effects from communication and cognitive devices. Evidence gaps were found in all the 12 domains. No SRs were identified for studies on needs assessment and follow up for the next of kin.

**Care for persons with disabilities**

In this EM, 35 SRs of acceptable quality were identified, covering 13 out of the 17 domains. No systematic review of acceptable quality was identified in the four domains communication interventions, motivational interventions, sensory interventions, or transport-related interventions.

The overall result shows scientific evidence in 20 of the 35 SRs, covering 10 domains. Scientific evidence gaps were identified in 15 SRs, covering 7 domains. The results, analyzed in relation to each of the disability groups, identified some scientific evidence for neuropsychiatric disability in 8 of 17 domains; psychiatric disorder in 4 of 17 domains; intellectual disability in 4 of 17 domains, and physical disability in 2 of 17 domains.

Scientific evidence gaps were identified for the psychiatric disorder group in 13 of 17 domains, for neuropsychiatric disability in 9 of 17 domains, for intellectual disability in 13 of 17 domains and physical disability in 15 of 17 domains. There were no SRs of acceptable quality in any of the domains for groups with sensory disability, dyslexia, dyscalculia, language disability, and multifunctional disability. Thus, scientific evidence gaps were disclosed in all 17 domains (see Table 1).

**Discussion**

This overview summarises four EMs related to assessments and interventions in central areas of social work research and practice. The overview covers the development of SRs about interventions and assessments over almost two decades, and moreover constitutes a broad overview of evidence about interventions and assessments of importance for social work. A critical remark can, of course, be that evidence and knowledge of evidence gaps gets out of date quickly. The search for systematic reviews in different scientific journals covered the period 2000–2017. However, the last of the four EMs was published in December 2019 and it was at that point the idea to produce an overview of the four EMs was formulated. This article reveals a possible strategy by using evidence mapping in order to develop research based knowledge in (four) central areas of importance for social work. Today, the role of evidence-based practice is one of the most central and controversial issues in social work (Soydan & Palinkas, 2014).

This article gives examples of possible methodological concepts and processes of syntheses of both quantitative and qualitative evidence related to the central fields that occupy social workers. The use of EM and AMSTAR represent a process of conducting and producing evidence in relevant areas of the profession of social work. However, using EMs is an example, not the only way so there is a need to further develop other methods/strategies as well, and to discuss the controversies and criticism of evidence-based practice and its meaning related to social work research and practice (cf. Grinnell & Unrua, 2018; Pope et al., 2007; Shaw et al., 2013; Shaw & Lishman, 1999; Soydan & Palinkas, 2014). The following discussion addresses the strengths and limitations of the methodology, emerging from key findings regarding central aspects of SR and EM processes.
**Setting, PICO and PIRO**

All the populations and social service interventions in the EMs are studied internationally. In the Care for persons with disabilities-EM, the included SRs described the studied population in such detail that analysis of different subpopulations could be mapped. This was not possible for the Substance Dependence group EM because of inadequate population descriptions in most of the included SRs. Comorbidity, of for example, mental illness as well as type of substance dependence (Emmelkamp & Vedel, 2006; Jung, 2010) was not specified in the SRs. Older adults are not a homogeneous group, but stratification into subgroups seems inappropriate, as divisions are not consistent across the SRs. The domains did not focus on specific diseases, which was one option, but on interventions for older persons.

**Searching the literature**

No specific database was sufficient to provide all the included references for any of the four EMs. The number of databases which needed to be searched ranged from two (Substance Dependence) to eight (Care for older adults). The searches also needed to include databases in multiple areas such as health care, psychology, nursing care and social services. This is in accordance with what is stated on information retrieval on complex topics (Cumpston et al., 2019).

Common to the four EMs is that the highest number of included SRs was sourced from three databases, Academic Search Elite, PubMed/Medline and PsycINFO, also providing the highest number of unique SRs. CDSR, DARE and HTA Database gave no unique SRs and very few of the included references, which was not unexpected, considering the topics searched.

For some EM topics, designing search strategies was more challenging. For example, designing an exhaustive search strategy to cover the population in the Care for persons with disabilities-EM was more complex and may have induced a higher risk of missing publications, than was the case with more well-defined populations, such as the substance dependence population and older adults. The population of the Social Assistance-EM also posed challenges because the scope was limited to systematic reviews of those on long-term support, excluding those on temporary support.

**Establishing domains**

The domains were predefined by the field experts in each EM, resulting in both similarities and differences. All EMs included domains targeting support for the recipients of services and next of kin. Regarding the recipients, the difference in both number and content of domains between the four EMs was great, but relevant and expected. The number of domains differed for the groups next of kin and professionals, but the content was similar across the EMs.

Clearly, if set by other experts the domains could have been defined differently, but professionals and user organisations were invited to comment on the suggested domains.

**Quality assessment**

In the EMs described in this overview, AMSTAR (Shea et al., 2009) was used for quality assessments of the included SRs. AMSTAR is a simple tool, which is easy to use and therefore suitable in EMs where the quality of hundreds of SRs is being assessed. AMSTAR has been shown to have high validity and interrater reliability (Pieper et al., 2014; Pieper et al., 2017; Pollock et al., 2017; Shea et al., 2007; Shea et al., 2009). However, there are also other tools available for quality assessment of systematic reviews, such as ROBIS and AMSTAR 2 (Shea et al., 2017; Whiting et al., 2016). Recent studies indicate that AMSTAR and ROBIS offer similar interrater reliability but differ in their construction and that AMSTAR is less time consuming (Banzi et al., 2018; García-Alamino et al., 2019).

Harmful or negative effects or inconvenience related to interventions are not always addressed in the SRs and this could be highly relevant for decision makers and practitioners.
In all four EMs, many relevant SRs were excluded because the methodology was poorly described, but in recent years the number of SRs of acceptable quality has been increasing. Quality appraisal of SRs is emphasised and the PRISMA-statement (Moher et al., 2009) is often referred to in the reviews, but this does not guarantee that these guidelines are consistently applied. This is in fact a waste of research resources (Alahdab & Murad, 2019).

**Relevance and transferability**

The proportion of identified relevant reviews may appear very modest. This is common in SRs as well as EMs and is the result of comprehensive search strategies. Although there are many commonalities across developed countries, this may not be the case in all national contexts. On the other hand, however, among developed countries the needs of the populations and the interventions studied show great similarities.

Not all target groups of social work and all interventions were addressed in the EMs. Children and young people, for example, comprise an important target group. As the methodological experiences from conducting EMs in these four areas are very similar, transferability to other areas or target groups is considered adequate.

With respect to transferability of the results to the present, the following comments can be made. Although our literature search was undertaken in April 2017, this does not affect the methodological findings from and experiences of conducting the EMs or make them less reliable. However, the EM-results were based on a large quantity of abstracts (47,977) and articles read in full text (4,322) – (see Figure 2).

A reasonable hypothesis is that the results presented by the EM:s represents a reasonable stability considering the large amount of reviews it was based on. However, a critical remark is that there is of course a need to check this kind of conclusions with updated data-base searches. Furthermore, the aim of this study was to reveal a possible methodological strategy in which evidence can be produced related to central areas in social work and in that sense the results represents interesting findings.

**Evidence gaps**

The results reveal that many interventions in this field have never been evaluated in an SR, or that the available SRs need updating. The domains used in the EMs are broad. Therefore, the domains which contain evidence supporting some interventions typically also contain evidence gaps with respect to other interventions included in the domain.

It should be noted that an evidence gap simply means that at present there is no evidence to show whether an intervention has the intended effect, but the gap does not indicate anything about the use of the intervention. Moreover, knowledge obtained from the SRs does not necessarily mean that a method should be implemented.

The role and nature of evidence in social work has also been discussed (Grinnell & Unrau, 2018; Soydan & Palinkas, 2014). Soydan and Palinkas (2014) discusses thoroughly, in methodological terms, how one can relate to the question of evidence in social work and problematises the concept of evidence and different classification systems regarding evidence creation. In an extensive discussion of evidence-based practice in social work, they present the potential for progression towards a new professional culture, and the importance of organising mutual collaboration between for example, practitioners and researchers. An important goal of such collaboration would be to improve the availability of evidence in support of interventions intended to improve the health of vulnerable communities.

**Conclusions**

From the methodological and empirical findings of this overview, the following conclusions are drawn:
Evidence maps provide a comprehensive picture of the state of social services research and can thereby be of use to both researchers and practitioners, and in the production of an evidence-based social work.

The four EMs indicate a real knowledge challenge in providing new and relevant evidence of the effects of social work interventions, including what is needed to improve practice (McDonald & Popay, 2013). This overview discloses important evidence and knowledge gaps related to all the four areas analyzed, which together represent central areas of relevance for evidence-based social work practice (Shaw et al., 2013).

The massive yearly increase in the publication rate of SRs has not necessarily resulted in an increase in reliable evidence. There is a need to develop new methodological approaches of different kinds related to evidence-based social work. EMs may constitute a possible step towards a more comprehensive overview of the field and the state of social work research. This is of importance for progression towards a new professional culture, highlighting the need for evidence-based practice in different fields of social work (McDonald & Popay, 2013; Soydan & Palinkas, 2014). The use of systematic reviews based mainly on different quantitative approaches is not the only option in order to develop an evidence-based social work. Other methods are needed as well, for example, the use of single participant design research and interpretive approaches such as meta-ethnography or other qualitative approaches (cf. Norcross et al., 2009; Pope et al., 2007, p. 72). In this overview a mixed methodological approach was used, evaluating both qualitative and quantitative reviews SRs.

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