

Safeguarding adults in care homes

[C] Tools to support recognition and reporting of safeguarding concerns

NICE guideline < tbc >

Evidence reviews

September 2020

Draft for consultation

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

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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1 Tools to support recognition and reporting 2 of safeguarding concerns

3 This evidence review supports recommendations 1.1.3 (9), 1.1.4(11), 1.1.8(15), 1.4.1(2),
4 1.4.5(53), 1.4.6(54), 1.4.7(55), 1.4.8(56), 1.4.9(57a), 1.4.10(57b), 1.4.11(58), 1.4.12(60),
5 1.4.13(61), 1.4.14(62), 1.4.15(63), 1.4.16(64), 1.4.17(65), 1.4.18(65a), 1.4.19(66), 1.4.20(67),
6 1.6.1(70), 1.6.2(68), 1.6.3(68a), 1.6.4(71), 1.6.5(74), 1.6.6(75), 1.6.7(77), 1.6.8(78),
7 1.6.9(79), 1.6.10(69 + 80), 1.6.11(84), 1.6.12(86), 1.6.13(85), 1.7.1(76), 1.7.2(72 + 88),
8 1.7.4(87), 1.7.5(87a), 1.7.6(92), 1.7.9(90), 1.7.10(82), 1.7.11(82a), 1.7.12(91), 1.7.13(91a),
9 1.7.14(91b), 1.12.2(190), 1.12.5(182), 1.12.6(183), 1.12.7(184), 1.12.9(186), 1.12.10(187),
10 1.12.11(188), 1.12.12(189).

11 Review question

12 What tools and ways of working support effective or accurate recognition and reporting of
13 safeguarding concerns in care homes?

14 Introduction

15 Tools to support recognition and reporting of safeguarding concerns are important because
16 this is the means by which safeguarding concerns can be identified and addressed. The
17 Care Quality Commission standards [What can you expect from a good care home?](#) include
18 the expectation that staff in care homes have the confidence to report concerns about the
19 care that colleagues, carers and other professionals give.

20 Chapter 14 of the [Care Act Statutory Guidance](#) sets out the key safeguarding responsibilities
21 of local authorities and other agencies, including regulated care providers. Paragraph 14.11
22 specifically outlines the requirement for adult safeguarding to include information on '*what to
23 do to raise a concern about the safety or well-being of an adult*'. How to recognise and report
24 a safeguarding concern should be something which all stakeholders know about – this
25 includes not only care home staff, managers and service providers but also care home
26 residents and their family, friends and advocates.

27 It is recognised that, prior to the Care Act 2014, many local authorities operated on the basis
28 of thresholds for accepting safeguarding referrals and that this contributed to inconsistencies
29 and ambiguity within reported safeguarding statistics (for example, where a care home
30 provider operated services across a number of different local authorities, there might be
31 different thresholds in each authority and therefore different expectations about what should
32 and should not be reported). The Care Act 2014 and its associated guidance now supports
33 opportunity for earlier discussions and information gathering prior to the start of section 42
34 enquiries, but there remains a need for additional clarity to support greater consistency in
35 both the recognition and the reporting of safeguarding concerns.

36 Summary of the protocol

37 Please see

38 Table 1 for a summary of the Population, Intervention, Comparison and Outcome (PICO)
39 characteristics of this review.

1 **Table 1: Summary of the protocol (PICO table)**

Population	<ul style="list-style-type: none"> • Adults (aged over 18 years) accessing care and support in care homes (whether as residents, in respite or on a daily basis). • Family, friends and advocates of adults accessing care and support in care homes. • People working in care homes. • Providers of services in care homes. • Practitioners in local authorities and local health organisations. • Members of Safeguarding Adults Boards.
Intervention	<p>Intervention 1</p> <ul style="list-style-type: none"> • Tools, guidance or approaches to support the recognition of safeguarding concerns, for example: <ul style="list-style-type: none"> ○ Practice guidance for recognising safeguarding concerns (for example, web based resources or threshold guidance published centrally by ADASS or locally by individual local authorities). <p>Intervention 2</p> <ul style="list-style-type: none"> • Tools, guidance or approaches to support or improve reporting processes, for example: <ul style="list-style-type: none"> ○ Practice guidance for reporting safeguarding concerns (for example, web based resources or threshold guidance published by ADASS or by individual local authorities for local guidance on progressing safeguarding concerns). ○ Provider processes for reporting abuse (for example, internal incident log, reporting system or electronic record for external/head office review). ○ Anonymised/ confidential routes for reporting.
Comparison	<p>Comparison 1</p> <ul style="list-style-type: none"> • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 1 compared with each other. <p>Comparison 2</p> <ul style="list-style-type: none"> • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 2 compared with each other. <p>For the diagnostic component of the review (objective 2) the reference standard cited in the included studies will be used for example, the findings of a safeguarding review or a police report, which confirm abuse.</p>
Outcome	<p>Critical</p> <ul style="list-style-type: none"> • Morbidity related to safeguarding incidents. • Mortality related to safeguarding incidents. • Health and social care related quality of life. • Reports of proven safeguarding concerns. <p>Important</p> <ul style="list-style-type: none"> • satisfaction with the intervention (guidance). <p>For the diagnostic component (objective 2):</p>

Critical

- Sensitivity and specificity of tools or guidance for identifying abuse or neglect or a safeguarding concern.
- Positive and negative likelihood ratios (FP, FN, TP, TN).

1 ADASS: Association of Directors of Adult Social Services; FN: false negative; FP: false positive; TN: true
2 negative; TP: true positive.

3 For further details, see the review protocol in appendix A.

4 **Methods and process**

5 This evidence review was developed using the methods and process described in
6 [Developing NICE guidelines: the manual](#). Methods for this review question are described in
7 the review protocol in appendix A and the methods document with specific details about the
8 application of the [AGREE II tool](#) described here.

9 There was no research evidence identified for this review and as per the protocol, existing
10 health and social care guidance documents were therefore included on the basis of the
11 committee's opinion that these would provide the 'next best' available source of evidence.
12 The committee wanted to draw conclusions about the quality of the tools (or 'health and
13 social care guidance documents') through a transparent review and then use extracted data
14 as a basis for recommendations about recognising and reporting safeguarding concerns.

15 A systematic search designed with advice from the committee was conducted to identify
16 documents to support recognition and reporting. The committee agreed to prioritise the
17 inclusion of national (as opposed to local or regional) guidance documents because they
18 thought these were more generally relevant and they hypothesised that the methodology
19 used to develop the documents would be more robust than those developed locally.

20 Application of the AGREE II tool

21 Having been screened on the basis of title and abstract and then full text, the included
22 documents were critically appraised by 2 reviewers using the [Appraisal of Guidelines for
23 Research and Evaluation \(AGREE\) II instrument](#). The AGREE II instrument is an
24 internationally validated tool that is used to assess the methodological rigour and
25 transparency of clinical practice guidelines but used successfully in clinical and non-clinical
26 areas across the healthcare continuum, including for health promotion, public health,
27 screening, diagnosis, treatment or interventions. The health and social care guidance
28 documents included in this review have all been produced with the intention of guiding
29 practitioners and others in recognising and reporting abuse and neglect and assisting
30 decisions about the best course of action and in this sense were considered by the
31 committee as being appropriate for inclusion in the evidence base and assessed using
32 AGREE II. However the fact that the quality of these documents has been assessed by an
33 instrument designed for use in clinical practice should be borne in mind reading this evidence
34 review. For example, some of the terminology used by AGREE II is health focussed, such as
35 'patient' and 'health question'. We did not change these terms because they form part of this
36 validated instrument but we acknowledge that they are at odds with the ethos of social care
37 and the general practice context for this guideline. Where the tool refers to patient, we
38 interpreted this as 'person' and where it mentions health question we interpreted this as
39 'safeguarding question'.

40 Scoring the included documents

41 The AGREE II instrument consists of 23 questions over the following 6 domains: scope and
42 purpose, stakeholder involvement, rigour of development, clarity of presentation,
43 applicability, and editorial independence. Each of the 23 AGREE II items were rated on a 7-

1 point scale (1 indicating strong disagreement and 7 indicating strong agreement). An overall
 2 rating for each of the 6 AGREE II domains was then calculated by summing all the scores of
 3 the individual items in a domain and then calculating the total as a percentage of the
 4 maximum possible score for that domain, as follows:

$$5 \quad \frac{\text{Obtained score} - \text{Minimum possible score}}{\text{Maximum possible score} - \text{Minimum possible score}} \times 100$$

7 An overall rating for all domains was then determined (score 1 to 7) and finally an overall
 8 percentage rating was calculated for each guidance document based on the following
 9 equation: $(\text{overall score} - 1)/6$. High quality guidance documents were defined as those with
 10 an overall score of 70% or greater; moderate quality was defined as a score between 40%
 11 and 69%; and low quality as a score less than 40%. In the context of this review, the different
 12 scores can be interpreted as follows:

13 High quality – appropriate methods and rigorous and transparent strategies in the
 14 development process were reported and followed and there is the assurance that the
 15 potential biases of guidance development have been addressed adequately.

16 Moderate quality – some of the methods and strategies indicate the potential biases of the
 17 development process are unclear or have not been reported, this is likely to impact on the
 18 certainty in the action recommended in the guidance document.

19 Low quality – significant and important methods and strategies that indicate the potential
 20 biases of the development process have not been reported, this is very likely to impact on
 21 the certainty in the action recommended in the guidance document.

22 AGREE II methodology also suggests that a judgement should be made on whether the
 23 'reviewer' would recommend the guideline for use or not. However, the committee saw no
 24 benefit in having this judgement made by the NGA technical team or reported to them since
 25 they were interested in a synthesis of data from all included documents rather than
 26 recommending one or other of them for future use. They felt that the strength of their
 27 recommendations would be owing to the synthesis of advice from all the included documents
 28 and strengthened by their own expertise and experience.

29 Data extraction

30 Relevant data were extracted from each included guidance document, which comprised of
 31 advice about how to recognise and report safeguarding concerns in care homes. Different
 32 concepts relating to recognition and reporting of different types of abuse and neglect were
 33 identified, given an overall 'median' AGREE II rating and presented to the committee in
 34 evidence statements (see appendix F for further details). The median score for each
 35 evidence statement was calculated by identifying the overall scores for the guidance
 36 documents informing each evidence statement, arranging them in order from the smallest to
 37 the largest and then selecting the median point (that is, when there was an odd number of
 38 scores, the median score was the middle number; when there was an even number of
 39 scores, the median was the mean of the 2 middle scores). In the interests of consistency and
 40 for ease of interpretation, the same cut-offs of low, medium and high were applied for these
 41 median ratings of concepts, or 'themes', as for the ratings of the individual documents.
 42 Therefore, high quality resulted from a median score of 70% or greater; moderate quality
 43 resulted from a score between 40% and 69%; and low quality for scores less than 40%.

44 In terms of interpreting the quality assessment of the included guidance documents in
 45 accordance with the AGREE II methodology, the committee, through consensus, prioritised
 46 the individual domains of the AGREE II tool. This was not for the purpose of influencing any
 47 'weighting' in the calculation of overall scores but instead formed part of committee

1 considerations during their discussions. Their priorities were in the following descending
2 order: stakeholder involvement, rigour of development, editorial independence, and
3 applicability. Scope and purpose, and clarity of presentation were deprioritised.

4 The committee agreed that stakeholder involvement should be prioritised because this
5 focuses on the individuals involved in the development of the guidance and the extent to
6 which the guidance represents the views of the intended users. Given the importance of the
7 Making Safeguarding Personal framework and involving the person at the centre of the
8 safeguarding concern, the committee agreed that this domain should be given the highest
9 priority and guidance documents demonstrating stakeholder involvement would be given
10 greater weight to inform the committee's recommendations. The committee also agreed to
11 prioritise rigour of development, which evaluates the methods used to identify relevant
12 evidence, the methods used to synthesise the data and how the data were linked to and
13 informed the statements reported in the guidance documents. This enabled the committee to
14 determine how reliable the methods were and the level of confidence they could place on the
15 guidance document statements. The committee also agreed that editorial independence was
16 important to help them make judgements about the reliability of the documents; editorial
17 independence criteria identify how the guidance statements were formulated and whether
18 they were unduly biased by competing interests of stakeholders who developed the
19 guidance. Applicability relates to the factors associated with the implementation of the
20 guidance into practice and any potential resource implications. The committee agreed that
21 applicability was important when making their own recommendations, in terms of making
22 feasible recommendations and taking into consideration the impact they might have on
23 resources.

24 **Evidence**

25 **Included studies**

26 Ten publications were identified for this review, all 10 were guidance documents from various
27 bodies involved in social care within the UK (Association of Directors of Adult Social
28 Services, Social Care Institute for Excellence, National Health Service London, Metropolitan
29 Police 2019; Association of Directors of Adult Social Services, Local Government Association
30 2019; Association of Directors of Adult Social Services-North East 2011; Department of
31 Health, Social Services and Public Safety 2009; Royal College of Nursing 2018; Skills for
32 Care 2017; Social Care Institute for Excellence 2018; Social Care Institute for Excellence
33 2015; Social Care Wales 2019; Volunteer Now 2010).

34 Categories of relevant recommendations identified in the guidance documents included:

- 35 • Recognition
 - 36 ○ awareness
 - 37 ○ indicators of physical abuse
 - 38 ○ indicators of medication abuse
 - 39 ○ indicators of sexual abuse
 - 40 ○ indicators of psychological abuse
 - 41 ○ indicators of financial abuse
 - 42 ○ indicators of neglect
 - 43 ○ indicators of discriminatory abuse
 - 44 ○ indicators of institutional abuse
 - 45 ○ indicators of professional abuse
 - 46 ○ information gathering

- 1 o principles of recognition.
- 2 • Reporting
- 3 o confidentiality
- 4 o contents of report
- 5 o reporting procedure.
- 6 The included studies are summarised in Table 2.
- 7 See the literature search strategy in appendix B and study selection flow chart in appendix C
- 8 for further details.

9 **Excluded studies**

- 10 Studies not included in this review with reasons for their exclusion are provided in appendix
- 11 K.

12 **Summary of studies included in the evidence review**

- 13 A summary of the guidance documents that were included in this review are presented in
- 14 Table 2.

15 **Table 2: Summary of included studies**

Guidance	Title	Topics with relevant findings
Association of Directors of Adult Social Services, Local Government Association 2019	Making decisions on the duty to carry out Safeguarding Adults enquiries	Recognition <ul style="list-style-type: none"> • information gathering • principles of recognition. Reporting <ul style="list-style-type: none"> • reporting procedure.
Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019	London multi-agency adult safeguarding policy & procedures	Recognition <ul style="list-style-type: none"> • indicators • information gathering. Reporting <ul style="list-style-type: none"> • confidentiality • reporting procedure.
Association of Directors of Adult Social Services-North East 2011	Safeguarding threshold guidance	Recognition <ul style="list-style-type: none"> • indicators.
Department of Health, Social Services and Public Safety 2009	Adult abuse: recognising adult abuse and what to do about it! Guidance for staff	Recognition <ul style="list-style-type: none"> • indicators • information gathering. Reporting <ul style="list-style-type: none"> • confidentiality • reporting procedure.
Royal College of Nursing 2018	Adult safeguarding: roles and competencies for healthcare staff	Recognition <ul style="list-style-type: none"> • principles of recognition.

Guidance	Title	Topics with relevant findings
		Reporting <ul style="list-style-type: none"> reporting procedure.
Skills for Care 2017	What do I need to know about safeguarding adults?	Recognition <ul style="list-style-type: none"> indicators information gathering. Reporting <ul style="list-style-type: none"> contents of report.
Social Care Institute for Excellence 2018	Adult safeguarding practice questions	Recognition <ul style="list-style-type: none"> awareness.
Social Care Institute for Excellence 2015	At a glance 69: Safeguarding adults: Types and indicators of abuse	Recognition <ul style="list-style-type: none"> indicators.
Social Care Wales 2019	The social care manager: Practice guidance for social care managers registered with Social Care Wales	Reporting <ul style="list-style-type: none"> reporting procedure contents of report.
Volunteer Now 2010	Safeguarding vulnerable adults: a shared responsibility	Recognition <ul style="list-style-type: none"> indicators.

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

3 Quality assessment of studies included in the evidence review

4 See the evidence profiles in appendix F for further details.

5 Economic evidence

6 Included studies

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

9 Economic model

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

12 Evidence statements

13 Note that the quality of the included data is derived from the use of the AGREE II tool, which
14 as described above in 'methods and process' was designed for use with systematically
15 developed clinical practice guidelines. Not all the included guidance documents were
16 developed with a view to meeting the AGREE standards and the committee took this into
17 account in their interpretation.

1 **Theme C1: Awareness**

2 Data from 1 health and social care guidance document (Social Care Institute for Excellence
3 2018) suggested a number of actions to improve awareness about abuse and neglect in care
4 homes. For example, practitioners should provide adults with care and support needs (and
5 their families) with information about recognising warning signs of abuse and neglect. This
6 theme was rated as low quality because of a lack of information about the rigour of
7 development, editorial independence or applicability of the guidance and some lack of clarity
8 in the way advice is presented.

9 **Theme C2: Indicators of abuse**

10 **Sub-theme C2.1: Physical and C2.2 medication:** Data from 6 health and social care
11 guidance documents (Association of Directors of Adult Social Services, Social Care Institute
12 for Excellence, National Health Service London, Metropolitan Police 2019; Association of
13 Directors of Adult Social Services-North East 2011; Department of Health, Social Services
14 and Public Safety 2009; Skills for Care 2017; Social Care Institute for Excellence 2015;
15 Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate
16 physical abuse; 3 of these documents (Association of Directors of Adult Social Services,
17 Social Care Institute for Excellence, National Health Service London, Metropolitan Police
18 2019; Association of Directors of Adult Social Services-North East 2011; Skills for Care
19 2017) also reported examples of indicators for medication abuse and the committee agreed
20 that the 2 types of abuse should be presented together as they are related to one another.
21 One document (Association of Directors of Adult Social Services-North East 2011) provided
22 4 different indicator levels (that is, lower level, significant, very significant and critical harm) to
23 encourage a more consistent approach to safeguarding and to help professionals assess
24 what action (if any) is required. This sub-theme was rated as low quality because of a lack of
25 information about the scope and purpose, rigour of development, editorial independence,
26 stakeholder involvement or applicability of the guidance and some lack of clarity in the way
27 advice is presented.

28 **Sub-theme C2.3: Sexual:** Data from 6 health and social care guidance documents
29 (Association of Directors of Adult Social Services, Social Care Institute for Excellence,
30 National Health Service London, Metropolitan Police 2019; Association of Directors of Adult
31 Social Services-North East 2011; Department of Health, Social Services and Public Safety
32 2009; Skills for Care 2017; Social Care Institute for Excellence 2015; Volunteer Now 2010)
33 reported examples of signs and symptoms that potentially indicate sexual abuse. One
34 document (Association of Directors of Adult Social Services-North East 2011) provided 4
35 different indicator levels (that is, lower level, significant, very significant and critical harm) to
36 encourage a more consistent approach to safeguarding and to help professionals assess
37 what action (if any) is required. This sub-theme was rated as low quality because of a lack of
38 information about the scope and purpose, rigour of development, editorial independence,
39 stakeholder involvement or applicability of the guidance and some lack of clarity in the way
40 advice is presented.

41 **Sub-theme C2.4: Psychological:** Data from 6 health and social care guidance documents
42 (Association of Directors of Adult Social Services, Social Care Institute for Excellence,
43 National Health Service London, Metropolitan Police 2019; Association of Directors of Adult
44 Social Services-North East 2011; Department of Health, Social Services and Public Safety
45 2009; Skills for Care 2017; Social Care Institute for Excellence 2015; Volunteer Now 2010)
46 reported examples of signs and symptoms that potentially indicate psychological abuse. One
47 document (Association of Directors of Adult Social Services-North East 2011) provided 4
48 different indicator levels (that is, lower level, significant, very significant and critical harm) to
49 encourage a more consistent approach to safeguarding and to help professionals assess
50 what action (if any) is required. This sub-theme was rated as low quality because of a lack of

1 information about the rigour of development, editorial independence, stakeholder
2 involvement or applicability of the guidance and some lack of clarity in the way advice is
3 presented.

4 **Sub-theme C2.5: Financial:** Data from 6 health and social care guidance documents
5 (Association of Directors of Adult Social Services, Social Care Institute for Excellence,
6 National Health Service London, Metropolitan Police 2019; Association of Directors of Adult
7 Social Services-North East 2011; Department of Health, Social Services and Public Safety
8 2009; Skills for Care 2017; Social Care Institute for Excellence 2015; Volunteer Now 2010)
9 reported examples of signs and symptoms that potentially indicate financial and material
10 abuse. One document (Association of Directors of Adult Social Services-North East 2011)
11 provided 4 different indicator levels (that is, lower level, significant, very significant and
12 critical harm) to encourage a more consistent approach to safeguarding and to help
13 professionals assess what action (if any) is required. This sub-theme was rated as low
14 quality because of a lack of information about the scope and purpose, rigour of development,
15 editorial independence, stakeholder involvement or applicability of the guidance and some
16 lack of clarity in the way advice is presented.

17 **Sub-theme C2.6: Neglect (including self-neglect):** Data from 6 health and social care
18 guidance documents (Association of Directors of Adult Social Services, Social Care Institute
19 for Excellence, National Health Service London, Metropolitan Police 2019; Association of
20 Directors of Adult Social Services-North East 2011; Department of Health, Social Services
21 and Public Safety 2009; Skills for Care 2017; Social Care Institute for Excellence 2015;
22 Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate
23 neglect. One document (Association of Directors of Adult Social Services-North East 2011)
24 provided 4 different indicator levels (that is, lower level, significant, very significant and
25 critical harm) to encourage a more consistent approach to safeguarding and to help
26 professionals assess what action (if any) is required. This sub-theme was rated as low
27 quality because of a lack of information about the scope and purpose, rigour of development,
28 editorial independence, stakeholder involvement or applicability of the guidance and some
29 lack of clarity in the way advice is presented.

30 **Sub-theme C2.7: Discrimination:** Data from 5 health and social care guidance documents
31 (Association of Directors of Adult Social Services, Social Care Institute for Excellence,
32 National Health Service London, Metropolitan Police 2019; Association of Directors of Adult
33 Social Services-North East 2011; Department of Health, Social Services and Public Safety
34 2009; Social Care Institute for Excellence 2015; Volunteer Now 2010) reported examples of
35 signs and symptoms that potentially indicate discrimination. One document (Association of
36 Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that
37 is, lower level, significant, very significant and critical harm) to encourage a more consistent
38 approach to safeguarding and to help professionals assess what action (if any) is required.
39 This sub-theme was rated as low quality because of a lack of information about the scope
40 and purpose, rigour of development, editorial independence, stakeholder involvement or
41 applicability of the guidance and some lack of clarity in the way advice is presented.

42 **Sub-theme C2.8: Institutional and C2.9 professional:** Data from 5 health and social care
43 guidance documents (Association of Directors of Adult Social Services, Social Care Institute
44 for Excellence, National Health Service London, Metropolitan Police 2019, Association of
45 Directors of Adult Social Services-North East 2011, Department of Health, Social Services
46 and Public Safety 2009, Social Care Institute for Excellence 2015, Volunteer Now 2010)
47 reported examples of signs and symptoms that potentially indicate organisational abuse (also
48 referred to as institutional abuse); one document (Association of Directors of Adult Social
49 Services-North East 2011) also reported signs and symptoms that potentially indicate
50 professional abuse. The committee agreed that the 2 types of abuse are related and should
51 therefore be discussed together as organisational abuse. One document (Association of

1 Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that
2 is, lower level, significant, very significant and critical harm) to encourage a more consistent
3 approach to safeguarding and to help professionals assess what action (if any) is required.
4 These sub-themes were both rated as low quality because of a lack of information about the
5 scope and purpose, rigour of development, editorial independence, stakeholder involvement
6 or applicability of the guidance and some lack of clarity in the way advice is presented.

7 **Sub-theme C2.10: Thresholds:** Data from 1 health and social care guidance document
8 (Association of Directors of Adult Social Services – North East 2011) defined 4 different
9 levels of indicators of harm (lower level, significant, very significant, and critical harms) and
10 the actions that should be taken to address each level of harm:

- 11 • Indicators of lower level harms could be addressed via internal processes (for example,
12 disciplinary or care management).
- 13 • Indicators of significant or very significant harms should trigger a referral to safeguarding.
- 14 • Indicators of critical harms should be addressed as a potential criminal matter.

15 This sub-theme was rated as low quality because of a lack of information about the rigour of
16 development, editorial independence and stakeholder involvement.

17 **Theme C3: Information gathering**

18 Data from 4 health and social care guidance documents (Association of Directors of Adult
19 Social Services, Social Care Institute for Excellence, National Health Service London,
20 Metropolitan Police 2019; Association of Directors of Adult Social Services-North East 2011;
21 Department of Health, Social Services and Public Safety 2009; Skills for Care 2017)
22 suggested a number of actions to be taken immediately after a concern has been raised or
23 observed. For example, writing down carefully what the person at risk discloses using their
24 own words, but not interviewing them, and preserving any physical evidence if a crime may
25 have been committed and preserve evidence through recording. This theme was rated as
26 low quality because of a lack of information about the rigour of development, stakeholder
27 involvement or applicability of the guidance and some lack of clarity in the way advice is
28 presented.

29 **Theme C4: Principles of recognition**

30 Data from 2 health and social care guidance documents (Association of Directors of Adult
31 Social Services, Social Care Institute for Excellence, National Health Service London,
32 Metropolitan Police 2019; Royal College of Nursing 2018) suggested a number of actions to
33 be taken in response to reports of abuse or neglect and other information that should be
34 considered. For example, whether the concern affects children or any other adults at risk, or
35 whether there have been repeat allegations. This theme was rated as low quality because of
36 a lack of information about the rigour of development, editorial independence and or
37 applicability of the guidance.

38 **Theme C5: Confidentiality**

39 Data from 2 health and social care guidance documents (Association of Directors of Adult
40 Social Services, Social Care Institute for Excellence, National Health Service London,
41 Metropolitan Police 2019; Department of Health, Social Services and Public Safety, 2009)
42 suggested actions to be taken in relation to confidentiality. That is, providing the person at
43 the centre of a concern with an explanation as to why any information disclosed by the
44 person at the centre of the concern cannot be kept confidential, and that a line manager or
45 designated safeguarding lead must be informed about a concern. This theme was rated as

1 low quality because of a lack of information about the rigour of development and applicability
2 of the guidance and some lack of clarity in the way advice is presented.

3 **Theme C6: Contents of report**

4 Data from 2 health and social care guidance documents (Skills for Care 2017, Social Care
5 Wales 2019) suggested what details should be recorded and information reported about a
6 safeguarding concern. For example, the name and details of person at risk, what raised
7 suspicions, whether a crime may have been committed. The guidance documents also
8 highlighted the need for records and reports to be accurate, detailed, objective, timed, dated
9 and signed and to comply with relevant procedures and legal requirements. This theme was
10 rated as low quality because of a lack of information about the rigour of development,
11 stakeholder involvement and applicability of the guidance and some lack of clarity in the way
12 advice is presented.

13 **Theme C7: Reporting procedure**

14 Data from 5 health and social care guidance documents (Association of Directors of Adult
15 Social Services, Social Care Institute for Excellence, National Health Service London,
16 Metropolitan Police 2019, Association of Directors of Adult Social Services, Local
17 Government Association 2019, Department of Health, Social Services and Public Safety
18 2009, Royal College of Nursing 2018, Social Care Wales 2019) suggested a number of
19 actions to improve procedures for reporting abuse and neglect. For example, if abuse is
20 suspected the situation should be assessed to ensure no one is in immediate danger, and to
21 encourage the person at risk to report the matter to police if a crime is suspected and not an
22 emergency situation. The guidance documents also provided examples of parties who may
23 need to be informed or consulted about a concern depending on the context, including, for
24 example, local authorities and the Office of the Public Guardian/DWP. This theme was rated
25 as low quality because of a lack of information about the rigour of development, editorial
26 independence, stakeholder involvement or applicability of the guidance and some lack of
27 clarity in the way advice is presented.

28 **The committee's discussion of the evidence**

29 **Interpreting the evidence**

30 ***The outcomes that matter most***

31 The following outcomes were identified as critical/important by the committee:

- 32 • Morbidity related to safeguarding incidents.
- 33 • Mortality related to safeguarding incidents.
- 34 • Health and social care related quality of life.
- 35 • Reports of proven safeguarding concerns.
- 36 • Satisfaction with the intervention (guidance).
- 37 • Sensitivity and specificity of tools or guidance for identifying abuse or neglect or a
38 safeguarding concern.
- 39 • Positive and negative likelihood ratios (FP, FN, TP, TN).

1 However, no research evidence was identified so there were no data to address these
2 outcomes. Instead, the committee agreed to use existing health and social care guidance
3 documents to inform the recommendations about recognising and reporting safeguarding
4 concerns. The committee agreed that standard general principles in recognising and
5 reporting safeguarding concerns would improve outcomes for care home residents, including
6 increased safety by reducing risk of harm, and improvements in health and well-being.

7 ***The quality of the evidence***

8 The quality of the evidence was assessed using the AGREE II tool. This instrument is
9 intended for use assessing the quality of systematically developed clinical practice
10 guidelines, including assessments of methodological rigour and transparency. All supporting
11 material published with the included health and social care guidance was reviewed to inform
12 quality assessment, however it was not feasible to contact the authors of each piece of
13 guidance. Therefore it is plausible that guidelines may have scored lower on quality
14 assessments than the underlying methodology would warrant had authors made their full
15 methodology available. The committee were aware of this in their discussions of the
16 evidence.

17 The included guidance documents scored between 0% and 86% for stakeholder
18 involvement, and between 0% and 25% for applicability. All guidance documents scored 0%
19 for rigour of development because most of the documents did not provide any details on the
20 methods used to develop the guidance (Association of Directors of Adult Social Services-
21 North East 2011, Department of Health, Social Services and Public Safety 2009, Skills for
22 Care 2017, Social Care Institute for Excellence 2015, Social Care Wales 2019). Although the
23 remaining documents did not provide detailed methods on development, 4 documents
24 (Association of Directors of Adult Social Services, Social Care Institute for Excellence,
25 National Health Service London, Metropolitan Police 2019, Royal College of Nursing 2018,
26 Social Care Institute for Excellence 2018, Volunteer Now 2010) mentioned contributions from
27 and consultation with advisory groups (including professionals from the health sector,
28 housing, the police and social work and social care, and also from a legal perspective) and
29 learning from safeguarding adults reviews in the development of the guidance document.
30 The Association of Directors of Adult Social Services, Local Government Association (2019)
31 document was developed based on workshops held to support the work and provides a
32 collective view from experts from different backgrounds. Notably, the workshops were
33 informed by a regional review of safeguarding adults reviews, so this is an important
34 contribution. All documents scored 7% for editorial independence.

35 Generally, the guidance documents were not assessed as having been developed by a
36 broadly representative group of relevant professionals and did not show that the views of
37 intended users (practitioners, people living in care homes, their families) were represented. It
38 was unclear whether the likely barriers and facilitators to implementation, strategies to
39 improve uptake, and resource implications of applying the guidance were considered. The
40 methods used to formulate and update the recommendations, and details on whether a
41 systematic process had been used to gather and synthesise the evidence, were not clearly
42 described. Declaration of any bias or competing interests from guidance development group
43 members were not clearly reported.

44 The included guidance documents scored between 29% and 81% for scope and purpose,
45 and between 0% and 38% for clarity of presentation. Generally, the overall aim, specific
46 health questions and target population for the documents were described, but details were
47 sometimes limited. The documents did not present recommendations in a clear and concise
48 structure and format.

1 In terms of an overall score, all of the guidance documents were deemed to be 'low quality'.
2 However, based on their own expertise, the committee judged that the guidance documents
3 were relevant to this evidence review and agreed that the documents should be used as a
4 basis to make recommendations. They were also aware of the potential limitations of the
5 AGREE II tool as a means of assessing the included documents. As described above,
6 AGREE II is intended for use assessing the quality of clinical practice guidelines. Whilst this
7 was the best available tool for use in the context of NICE guideline development to support a
8 systematic appraisal of the way in which the included guidance documents were developed,
9 the committee recognised that the included documents were not developed to meet the
10 standards set by AGREE II. For example in many cases the documents did not report the
11 methods and process used in their development (and authors were not contacted), which
12 affected their quality rating. The committee however agreed the documents were the best
13 available evidence and valued the fact that they were based on a range of information,
14 legislation, expert opinion, research, conference proceedings and findings from and
15 experiences of safeguarding adults' reviews, all of which are considered highly appropriate
16 evidence sources for informing learning and best practice about adult safeguarding. They
17 also valued the use of AGREE II as a means of [facilitating a consistent and transparent](#)
18 [appraisal of certain aspects of the development of the guidance](#) and they recognised that it
19 has been instrumental in improving standards in guideline development in healthcare
20 settings and could in turn be considered in the social care context when practice guidance is
21 developed in the future.

22 Recommendations were made using the 10 included guidance documents. The
23 recommendations covered all of the specified topic areas: Recognition – awareness (n=1
24 study); indicators of physical and medication abuse (n=6 studies); indicators of sexual abuse
25 (n=6 studies); indicators of psychological abuse (n=6 studies); indicators of financial and
26 material abuse (n=6 studies); indicators of neglect (n=6 studies); indicators of discrimination
27 (n=5 studies); indicators of organisational abuse (n=5 studies); thresholds (n=1 study);
28 information gathering (n=4 studies); principles of recognition (n=2 studies). Reporting –
29 confidentiality (n=2 studies); contents of report (n=2 studies); reporting procedure (n=6
30 studies).

31 **Benefits and harms**

32 **Policy and procedure**

33 **Care home safeguarding policy and procedure**

34 *Recommendations based on data relating to contents of report*

35 The guidance documents highlighted the need for clear arrangements to be in place in care
36 homes explaining how to identify and respond to safeguarding concerns and how to report
37 concerns, including the details that should be recorded when reporting a safeguarding
38 concern. Based on the evidence and drawing on their own expertise, the committee made
39 recommendations reflecting the need for care homes and care home providers to have
40 systems in place to track and monitor incidents, accidents, disciplinary action, complaints
41 and safeguarding concerns in order to identify patterns of potential harm, the benefit of which
42 would be to ensure that incidents are picked up systematically and safeguarding concerns
43 will not be missed.

44 The guidance documents also highlighted the need to preserve evidence and records that
45 may be required for safeguarding enquiries or investigations. Based on consensus, the
46 committee therefore made a recommendation to emphasise that care homes should
47 preserve evidence, including care records (for example, for police investigations). Based on
48 their own expertise, the committee recognised that the quality of the details recorded may
49 vary, which may in turn affect any further enquiries or investigations relating to the

1 safeguarding concern. However, further recommendations made by the committee
2 throughout the guideline (relating to, for example, gathering information and record keeping)
3 should help to improve the quality of reporting to benefit any future safeguarding enquiries or
4 investigations by providing clear and accurate information and evidence.

5 **Care home whistleblowing policy and procedure**

6 *Recommendations based on data relating to contents of report*

7 The committee made further recommendations based on the evidence highlighting the need
8 for clear arrangements to be in place in care homes explaining how to respond to
9 safeguarding concerns and how to report concerns. The recommendations were also based
10 on the committee's own experience and expertise and reflected the need to be aware of the
11 vulnerability of people who whistleblow (including care home residents) and for care homes
12 and care home providers to ensure that whistleblowers are not victimised as a result of
13 reporting or disclosing a safeguarding concern. The barriers to reporting concerns in terms of
14 whistleblowing have also been discussed in evidence review B: barriers and facilitators to the
15 identifying abuse and neglect and addressed by recommendations about indicators of abuse
16 and neglect in care homes, which were made with the aim of addressing underreporting, for
17 example when care home staff feel isolated, or are wary of personal repercussions.

18 Overall, the committee considered that the anticipated benefits from promoting
19 understanding of the vulnerability of care home residents and ensuring that a clear
20 whistleblowing policy and procedure is in place are likely to outweigh the potential harms that
21 can result from staff feeling afraid of the repercussions of whistleblowing and the long-lasting
22 effects of whistleblowing on team dynamics and quality of care.

23 **Indicators of individual abuse and neglect**

24 The committee agreed to make recommendations relating to potential indicators of individual
25 abuse and neglect covered by different areas of the Care Act 2014.

26 The committee did not want to agree recommendations setting out thresholds for exactly
27 when a safeguarding concern should be raised with the local authority because this could
28 imply a degree of certainty and rigidity where in fact a level of judgement and interpretation is
29 more appropriate. Instead the committee agreed to set out a wide range of possible
30 indicators against the different definitions of abuse and neglect under the Care Act 2014.
31 Data about relevant indicators were extracted from the included guidance and presented to
32 the committee for them to consider as a basis for making recommendations about
33 recognising and reporting abuse and neglect.

34 The committee acknowledged that the statements from the guidance documents, based on
35 data relating to principles of recognition and the tools that should be used to support
36 recognition of safeguarding concerns (for example, practice tools such as the Power and
37 Control Wheel, and research findings) were not relevant to care homes. Instead, the
38 committee used the 4 indicator levels of harm identified from the guidance documents, along
39 with general indicators, as a basis to make recommendations. The committee agreed to
40 separate the indicators under each form of abuse and neglect into 2 categories. 1) Indicators
41 which should lead the person to 'consider' that abuse or neglect might be taking place and to
42 take appropriate action to seek advice from a designated safeguarding lead, record
43 information, check whether other indicators have previously been recorded, discuss the
44 welfare of the resident at risk with a manager or supervisor, monitor the situation carefully
45 and/or mitigate any further risk and 2) indicators where the person 'suspects' that abuse or
46 neglect is taking place and therefore follows safeguarding procedures as set out in the
47 recommendations in the rest of the guideline. The committee also agreed that this approach
48 would be particularly helpful to health and social care practitioners as it is similar to the

1 approach for identification of suspected abuse as set out in NICE guideline 76, Child Abuse
2 and Neglect.

3 Although the committee did not make specific recommendations about domestic violence,
4 they were keen to highlight that some behavioural and emotional indicators may be due to
5 historical incidents or experiences such as childhood abuse or past experience of domestic
6 violence. In some cases, physical, sexual, psychological and financial abuse by a volunteer,
7 visitor, family member or carer, or a care home worker can be a continuation of past
8 domestic violence or abuse.

9 The committee agreed that the recommendations may require care homes to do more to
10 promote understanding of these indicators in each setting, but this will in turn help care
11 homes manage safeguarding issues more proactively, dealing with early warning signs of
12 potential abuse or neglect. Early action may in turn help reduce the numbers of formal
13 investigations or enquiries the care home, local authority and others are involved in, as well
14 as improving the quality and safety of care and support for care home residents.

15 *Recommendations based on data relating to awareness*

16 The committee wanted to use the indicators to make practitioners, care home residents or
17 visitors to the care home aware of the circumstances when abuse or neglect may be taking
18 place and help them make a decision about if and how to deal with this as a safeguarding
19 concern. The committee were also keen to highlight that health and social care practitioners
20 should provide information to care home residents (and their families and carers) on what
21 abuse and neglect look like and how to recognise early warning signs and this was reflected
22 in their recommendation.

23 Overall, the committee considered that the anticipated benefits resulting from providing care
24 homes residents and their families and carers with information about abuse and neglect and
25 how to recognise early warning signs are likely to outweigh the potential harms, because this
26 is likely to promote understanding and increase awareness of what to look for at an early
27 stage to prevent any further harm and ensure the safety and well-being of individuals at risk
28 through early intervention.

29 **Neglect**

30 The guidance documents indicated possible signs of neglect (for example, ongoing lack of
31 care leading to harm, for example, pressure wounds), and reported different levels of
32 neglect. The majority of the recommendations about neglect were based on evidence from
33 the guidance documents, highlighting certain behaviours and changes in behaviour when
34 neglect should be considered or suspected. For example, consider neglect when residents
35 uncharacteristically refuse or are reluctant to engage in social interaction, or suspect neglect
36 when residents live in a dirty, unhygienic or smelly environment or when they have only
37 inconsistent or reluctant contact with external health and social care organisations. The
38 committee also agreed to include a number of indicator recommendations based on their
39 expertise, in particular to suspect neglect when residents do not have an agreed care plan or
40 are not receiving the care in their agreed care plan. The committee also agreed to make a
41 recommendation, based on the evidence, to highlight that reasons for neglect may result
42 from self-neglect and that assessments should be made on a case by case basis, in
43 accordance with the Care Act 2014 statutory guidance. This was reflected in their
44 recommendation highlighting that when deciding whether to intervene because of self-
45 neglect, to think about whether the resident has the capacity to understand the possible
46 impact of their self-neglect and to make an assessment based on the risk and needs specific
47 to the resident, in line with the Care Act 2014 statutory guidance.

48 **Physical and medication abuse**

1 The guidance documents presented potential signs of physical abuse (for example, fractures,
2 minor bruising, reddening of the skin, minor cut or abrasion, pain) and levels of physical harm
3 (that is, lower, significant, very significant, and critical) separately to potential signs of
4 medication abuse (for example, recurring missed medication, deliberate maladministration of
5 medication) The committee agreed with this distinction and therefore dealt with them
6 separately in the recommendations. For example, they discussed how pressure sores and
7 withholding food, drink or aids to independence are signs of neglect rather than physical
8 abuse and therefore 'withholding of medication' was cited with the neglect indicators.

9 The majority of the indicator recommendations about physical abuse were based on the
10 guidance documents, for example, consider physical abuse when residents have
11 unexplained marks or injuries such as bruising, cuts, lesions, bald patches, burns and scalds
12 (taken from the 'general indicators' of physical harm extracted from the guidance), or suspect
13 physical abuse when residents flinch when approached, or change their behaviour (for
14 example, acting subdued) in the presence of a particular person or are obviously being
15 restrained without authorisation. The committee were also keen to emphasise the need to act
16 immediately if an assault is witnessed or someone discloses that a resident has been
17 assaulted to ensure that all residents are safe. The committee were also aware that
18 injuries/abuse by other residents may not be taken seriously on all occasions and this should
19 be reflected in the recommendations. As a result, the committee made a recommendation
20 based on their own expertise, highlighting the need to be aware of situations where injuries
21 may have been caused by other residents.

22 ***Sexual abuse***

23 The guidance documents indicated possible signs of sexual abuse (for example, physical
24 symptoms and sexual relationships between staff and service user), and levels of sexual
25 harm. The majority of indicator recommendations about sexual abuse were based on these
26 statements, highlighting certain behaviours (for example, if residents are spoken to or
27 referred to using sexualised language), and changes in behaviour (such as resisting being
28 touched, becoming aggressive or withdrawn, and showing highly sexualised behaviours) for
29 when sexual abuse should be considered. The committee discussed other potential
30 indicators of sexual abuse based on the evidence and agreed to make a recommendation
31 reflecting when to suspect sexual abuse, for example, when residents have unexplainable
32 physical symptoms that may be associated with sexual activity such as itching, bleeding or
33 bruising to the genitals, anal area or inner thighs. Based on their own expertise, the
34 committee were also keen to emphasise the need to consider family involvement and this
35 was reflected in the indicator about suspecting sexual abuse when residents have a sexual
36 relationship with a family member other than their husband, wife or partner.

37 ***Psychological abuse***

38 Potential signs of psychological abuse (for example, compulsive behaviour, being withdrawn)
39 and levels of psychological harm were reported in the guidance documents. The committee
40 felt that some of the levels of psychological harm related more to the frequency/duration of
41 the harm (for example, lower level psychological harms defined as single incidents of
42 rude/inappropriate verbal behaviour, withholding of information to disempower) rather than
43 the severity or impact of harm. However, the committee felt that the guidance document
44 statements were still pertinent and they therefore used the statements as a basis to make
45 recommendations but related them more to severity or impact of harm.

46 The majority of indicator recommendations about psychological abuse were based on the
47 guidance documents, highlighting that psychological abuse should be considered when
48 residents have information about their own care systematically withheld from them by the
49 care home, or residents show significant and otherwise unexplainable changes in their

1 behaviour including, for example, becoming withdrawn, avoiding or being afraid of particular
2 individuals. The committee also included a number of indicators based on their expertise and
3 consensus, in particular consider psychological abuse when residents are deliberately and
4 systematically isolated by other residents and/or staff, or to suspect psychological abuse
5 when residents are getting married or entering a civil partnership, if they do not have capacity
6 to do this, and family members make all the preparations, this could be a forced marriage.

7 ***Financial and material abuse***

8 The committee discussed different examples of financial abuse and agreed that some of the
9 statements presented from the guidance documents were not relevant to care home settings
10 (for example, not paying bills, not having normal home comforts). As a result, the committee
11 made recommendations on when to consider or suspect financial and material abuse based
12 on only those examples relevant to care home settings and these formed the majority of
13 indicator recommendations about financial and material abuse. The committee were keen to
14 include resident's personal allowance in the recommendations. For example, suspect
15 financial and material abuse when the resident's family or others show unusual interest in
16 their assets, or residents have unusual difficulty with their finances, and are
17 uncharacteristically proactive of money and possessions; suspect financial and material
18 abuse if a person's money, possessions or property are used by others which does not
19 appear to benefit the person, for example, personal allowance being used to fund staff gifts,
20 misuse of loyalty card points/benefits. The committee also included a number of indicators
21 based on their expertise and consensus. In particular, suspect financial and material abuse
22 when residents get married or enter a civil partnership, if they lack capacity to do this and
23 may have been targeted or groomed by someone seeking to benefit through inheritance –
24 this could be a predatory marriage, or if they change a will under duress or coercion.

25 ***Discriminatory abuse***

26 Based on the guidance documents, which identified potential signs of discriminatory abuse
27 (for example, denial of civil liberties and service users not receiving the care they need) and
28 different levels of discrimination, the committee made recommendations on when
29 discrimination should be considered and when it should be suspected. The committee were
30 keen to include the protection of a resident(s) protected characteristics, and this was
31 reflected in the recommendations relating to both when to consider and when to suspect
32 discrimination. The majority of indicator recommendations for discrimination were based on
33 the guidance document statements, such as consider discrimination when residents are
34 denied choices about the care and support they are receiving that does not take account of
35 their personal or cultural needs, or other needs associated with protected characteristics
36 under the Equality Act 2010; suspect discrimination when residents are not treated equitably
37 and do not have equal access to available services.

38 The committee were keen to further emphasise the position of resident(s) with protected
39 characteristics and made recommendations based on their expertise to reflect this: consider
40 or suspect discrimination when residents show any of the indicators of psychological abuse
41 stated above, if these are associated with protected characteristics.

42 The committee discussed the benefits and harms around the indicators of abuse and
43 neglect. They recognised that it may be difficult to identify certain types of abuse, for
44 example, recognising the difference between a poor service and organisational abuse.
45 Similarly, it may be difficult to determine whether signs and symptoms may be because of
46 abuse or another reason (for example, bruising as a result of an accident). The
47 recommendations indicating when to consider and when to suspect abuse indicate the extent
48 to which an indicator suggests abuse or neglect, with 'suspect' indicating a stronger
49 likelihood of abuse. Providing different indicators of abuse or neglect and distinguishing

1 between when to consider and when to suspect abuse or neglect are likely to improve early
2 recognition of signs and symptoms and improve assessment of the seriousness of harm.
3 This in turn is likely to improve consistency in identifying early warning signs which should
4 promote speedier recognition and reporting of concerns. This will benefit individuals at risk of
5 harm because warning signs are less likely to be missed and concerns are more likely to be
6 reported and escalated appropriately, dependent on the seriousness of harm. However, the
7 committee recognised that decisions on when to 'consider' and when to 'suspect' abuse will
8 need some judgement from individuals and agencies in terms of other possible explanations
9 for any signs, symptoms or behaviour change. The committee were also aware that the list of
10 indicators for the different types of abuse is not exhaustive and therefore some judgement is
11 also needed to identify other changes in behaviour that may be an indication of the different
12 types of abuse. Providing common indicators and definitions should, however, help reduce
13 ambiguity about what abuse and neglect look like which should improve accuracy in
14 identifying abuse or neglect. Having clear definitions and examples of indicators to improve
15 recognition of early warning signs of abuse and neglect should in turn help practitioners and
16 care home staff to determine what information needs to be recorded and monitored.

17 The committee recognised that uncertainties about what abuse and neglect look like may in
18 turn lead to signs being missed or signs being misinterpreted, which can lead to potential
19 under- or over-reporting of concerns, either leaving individuals at risk of harm or individuals
20 being 'over treated' when signs and symptoms may arise from causes other than abuse or
21 neglect. However, discussions and recommendations made by the committee previously in
22 this review in relation to situations where there is uncertainty about what constitutes a
23 safeguarding concern, should help practitioners and care home staff reflect on practice and
24 learn from or improve their practice.

25 Based on their own expertise and experience, the committee were also aware that the risk of
26 abuse or neglect may be higher in care homes with high, ongoing staff turnover; these
27 concerns have been addressed based on evidence review B: barriers and facilitators to
28 identifying abuse and neglect.

29 Overall, the committee considered that the anticipated benefits resulting from providing
30 examples of indicators of abuse and neglect and when to consider or suspect harm are likely
31 to outweigh the potential harms, because this is likely to increase awareness of what to look
32 for and help individuals determine what constitutes significant harm, ultimately ensuring the
33 safety and well-being of individuals at risk by providing them with appropriate care.

34 **Immediate actions if you suspect abuse or neglect**

35 ***Making sure people are safe***

36 *Recommendations based on data relating to reporting procedure*

37 Statements from the guidance documents presented to the committee highlighted the
38 appropriate action, reporting and documentation to be taken after a safeguarding concern
39 has been identified (for example, ensure that no one is in immediate danger, consider the
40 parties who may need to be informed or consulted in the first instance). Based on their own
41 expertise and the guidance documents, the committee discussed the parties who should be
42 immediately informed of the safeguarding concern, (depending on the situation), including
43 calling 999 if there is immediate danger to care home residents. If a crime is suspected, but
44 the situation is not an emergency, to encourage and support the person at risk to report the
45 concern to the police, taking into consideration that some residents may not be able to report
46 the concern themselves as a result of coercion, control, or undue influence or lack of
47 capacity.

1 The committee were aware that there may be implications resulting from care homes
2 consulting with other health and social care organisations and reporting a concern to the
3 police, in terms of challenges with working with others, information sharing and also
4 additional pressure on resources (for example, increased workloads). However, such
5 challenges have been addressed and recommendations made based on evidence review F:
6 barriers and facilitators to effective strategic partnership working.

7 Overall, the committee considered that the anticipated benefits from ensuring no one is in
8 immediate danger and that care home staff are aware of the different organisations who
9 should be immediately notified of a concern are likely to outweigh the potential harms;
10 ensuring that those at risk are safeguarded and receive the care and support they need to
11 ensure positive health and well-being.

12 ***Gathering information***

13 The guidance documents highlighted the details that should be recorded following
14 identification of a safeguarding concern and having made sure no one is in immediate
15 danger, including, for example, writing down details of the person at risk and details on the
16 alleged abuser. Based on the evidence and their own expertise, the committee made
17 recommendations to highlight the procedures for gathering information, including, for
18 example, not interviewing the person at risk, but writing down what they disclose in their own
19 words and recording what happened, when it happened, and where it happened;
20 encouraging the person at risk to preserve any evidence, and not contacting the alleged
21 abuser.

22 The committee recognised the importance of gathering information in terms of the details that
23 should be collected and that they should be accurate, detailed, objective, timed, dated and
24 signed, and comply with relevant procedures and legal requirements. The benefit of which is
25 that the right information is collected systematically, ensuring important details are not
26 missed. Considering the outcomes that the person at risk would like to happen will be of
27 benefit as this is likely to empower the person making the allegation and give them a sense
28 of control. Inaccurate information or a disturbance of relevant evidence may jeopardise any
29 further investigations, the disadvantage being that the alleged abuser is incorrectly cleared
30 when they have caused people harm, or that someone who has been wrongfully accused is
31 incorrectly charged, with the potential hardship of losing their job. Clear guidance on how
32 information is gathered is important to reduce potential harms, for example, interviewing the
33 person at risk may introduce the use of leading questions. It may also result in adverse
34 outcomes or the person at risk becoming stressed and anxious due to being interviewed,
35 when they are already in a vulnerable situation, which may in turn influence what is reported
36 by the person at risk, or their wish to continue with the accusations. The harms in this are not
37 only the direct stress and anxiety to the person at risk, but also the possible repercussions of
38 someone who may abuse and neglect others in their care and not being held to account for
39 this. Similarly, contact with the alleged abuser may result in inadvertent disclosure of details
40 or put the person at risk at further risk of harm.

41 On balance, the committee considered that the anticipated benefits to both staff and care
42 home residents in terms of safety, health and well-being resulting from the recommendations
43 are likely to outweigh the potential harms. Ensuring that all relevant information and evidence
44 is collected following correct procedures should help those involved with safeguarding decide
45 on the actions to be taken and whether there is a need to move to a safeguarding
46 investigation.

47 ***Confidentiality and reporting suspected abuse and neglect***

48 The statements from the guidance documents highlighted explaining to a person at risk that
49 a senior member of staff or designated officer must be informed when abuse or neglect is

1 suspected and not promising to keep secrets or make promises that cannot be kept and this
2 was reflected in the recommendations made by the committee for this review. Based on their
3 own expertise, the committee made further recommendations as they were keen to
4 emphasise the importance in reporting suspected abuse or neglect to a senior member of
5 staff and the safeguarding lead as soon as practical, unless the alleged abuser is the only
6 senior member of staff or the safeguarding lead. In instances where staff may not feel
7 confident in reporting a safeguarding concern within their own organisation, the concern
8 should be reported to the local authority, Care Quality Commission, or through a
9 whistleblowing helpline, if available. In all instances the person at risk should be informed as
10 to whom the concern is being reported to and why.

11 The committee were aware of the potential challenges faced by other staff when the alleged
12 abuser neglect is a senior member of staff or the safeguarding lead. One of the
13 disadvantages is that staff may not be aware of who to report concerns to under such
14 circumstances and that it may be justified to share sensitive, personal information with other
15 organisations where the interests of the person at the centre of the safeguarding concern
16 and other care home residents outweighs the interest served by protecting confidentiality.
17 Further disadvantages include the potential for some anxiety about disclosing information to
18 others, particularly in situations where the alleged abuser is a senior member of staff or
19 safeguarding lead. However, concerns still need to be reported to the local authority or Care
20 Quality Commission in order that they can take responsibility for deciding whether or not
21 abuse or neglect has occurred.

22 Overall, the committee considered that the anticipated benefits of promoting awareness that
23 concerns can be reported to agencies external to the care home are likely to outweigh the
24 potential harms such as anxiety surrounding disclosing information to others, which may
25 ultimately result in concerns not being reported. An awareness that suspected abuse or
26 neglect should be reported and who to disclose the concerns to under different
27 circumstances may improve the speed and quality of responses to safeguarding and
28 ultimately provide appropriate care for the person at risk.

29 Linked to their discussions regarding immediate actions to take when abuse or neglect is
30 suspected, the committee agreed that it was essential to draft a similar recommendation
31 covering immediate actions to take when 'consider' indicators have been noted. The
32 committee therefore used their own knowledge and expertise to draft a consensus based
33 recommendation which outlines the steps that should be taken. It was agreed that this should
34 be clearly linked to the recommendation on immediate actions to take when abuse or neglect
35 is suspected. This was achieved in the final point of the recommendation by highlighting the
36 importance of making a decision as to whether there is now a serious concern regarding the
37 possibility of abuse or neglect.

38 **Responding to reports of abuse or neglect**

39 ***Care homes safeguarding leads***

40 *Recommendations based on data relating to principles of recognition and awareness*

41 The committee agreed that in situations where there is uncertainty about whether something
42 should be reported as a safeguarding concern, care homes should not make the decision in
43 isolation but should liaise with the local authority to make the decision. The discussions and
44 recommendations made by the committee were based on their own expertise and the
45 statements provided in the guidance documents, which suggested that patterns of harm
46 should not be based on single incidents. The recommendations therefore reflected that when
47 a safeguarding concern has been reported, this should be assessed in the broader context
48 rather than in isolation to identify whether any other people are at risk of harm, whether there

1 have been repeat allegations, if there could be a criminal offence, and if there is a current or
2 past relationship of trust between the resident and alleged abuser.

3 The recommendations also highlighted that if abuse or neglect is suspected, a safeguarding
4 referral must be made to the local authority, in line with the Care Act 2014 and statutory
5 guidance. The committee also emphasised the need to ensure that the person at risk is
6 involved in discussions regarding the next steps in the process and is able to access
7 independent advocacy in line with statutory requirements, if this is needed. However, the
8 committee were also keen to emphasise that the person at risk should be informed that any
9 concerns will need to be reported to the local authority, informing them of who will be
10 informed, why and when.

11 The committee also agreed to draft a recommendation that emphasises the third part of what
12 has become known as the 'three-point test'/statutory criteria for decision-making (as set out
13 in the Care Act, 2014 and further guidance produced by ADASS). The committee agreed that
14 this is a key aspect of the safeguarding referral process and wanted to highlight the
15 importance of considering whether the care home resident can protect themselves against
16 abuse or neglect or the risk of it. The committee also agreed that consideration of mental
17 capacity was essential to this decision point. The committee recognised that there may be
18 potential harms (or disadvantages) when there are uncertainties around whether something
19 should be reported as a safeguarding concern, including an increase in reporting concerns
20 that is not justified, or the suspension of staff that have not harmed and the likely stigma they
21 may be exposed to as a result. It may also result in over 'treatment' of individuals. The
22 recommendation highlighting that care homes should not make decisions in isolation but
23 should discuss with the local authority is likely to result in improvements in the understanding
24 of when and how to escalate issues, and should reduce the risk of important reporting
25 procedures not being adhered to. This will, in turn, result in improved reporting of abuse or
26 neglect and increase the level of care afforded to individuals affected. It will also reduce the
27 stress and uncertainty likely to manifest in staff if they do not know when, how or to whom to
28 make these reports. This may further reduce the risk of lack of reporting concerns, ultimately
29 ensuring that individuals at risk of harm are receiving appropriate care and investigations
30 take place.

31 On balance, the committee considered that the benefits are likely to outweigh the potential
32 harms for staff, local agencies and care home residents, and improve the appropriate
33 escalation of safeguarding concerns.

34 **Local authorities**

35 *Recommendations based on data relating to principles of recognition and reporting* 36 *procedure*

37 The guidance documents outlined which factors should be considered when responding to
38 safeguarding concerns, that is, whether the referral meets the criteria for a Section 42 (S42)
39 enquiry or an 'other' safeguarding enquiry. The committee discussed the need for local
40 authorities to ensure that there are arrangements in place that enable care homes to consult
41 with a social worker or other qualified safeguarding practitioner about safeguarding concerns
42 without making a formal referral. Based on consensus rather than statements from the
43 guidance documents, the committee made recommendations to reflect their discussions.

44 The committee recognised the benefits from ensuring that a process is in place for care
45 homes to discuss safeguarding concerns, such as the safeguarding process is more likely to
46 escalate in a timely way to prevent further harm to care home residents. This has also been
47 addressed in evidence review B: barriers and facilitators to the identifying abuse and neglect.
48 The committee were aware that there may be disadvantages resulting from care homes
49 consulting with other organisations, such as local authorities, and reporting a concern in

- 1 terms of challenges with working with others, information sharing and also additional
2 pressure on resources (for example, increased workloads). Such challenges have been
3 addressed and recommendations made based on evidence review F: barriers and facilitators
4 to effective strategic partnership working.
- 5 The committee were aware that there may be uncertainty about what should and should not
6 be reported as a safeguarding enquiry under the S42 duty or an 'other' safeguarding enquiry.
7 Based on the evidence and their own expertise and experience, the committee therefore
8 recommended placing the responsibility on the local authority to decide in a timely fashion
9 whether the referral meets the legal criteria for a section 42 enquiry (that is, the person
10 needs care and support; the person is experiencing or at risk of abuse or neglect; as a result
11 of their needs, the person is unable to protect themselves).
- 12 The committee discussed the parties who should be informed when a safeguarding referral
13 meets the S42 criteria and who the local authority should consult, depending on the type of
14 abuse or situation (for example, the care home resident and their families, the police). Based
15 on consensus rather than statements from the guidance documents, the committee made
16 recommendations to reflect their discussions. The recommendations were designed to
17 ensure that the local authority sets up an initial planning discussion about the safeguarding
18 enquiry with the relevant people (including staff from the care home or care home provider if
19 appropriate) and also for them to appoint an enquiry lead to co-ordinate the work of the
20 enquiry and act as the main point of contact. The benefits of the recommendations are likely
21 to include clarity on who is involved in the safeguarding enquiry and ensure consistency
22 during the enquiry with one person overseeing and co-ordinating the process.
- 23 The committee were also keen to emphasise that any decision should be communicated with
24 both the care home resident and the care home safeguarding lead and that where a decision
25 is made not to pursue section 42 enquiry consideration should still be given to the support
26 needs of the individual and any organisational response, for example, reviewing the care and
27 support plan.
- 28 On balance, the committee considered the recommendations should improve understanding
29 of the differences between safeguarding referrals and should ensure that the correct
30 procedures and pathways are followed. This should in turn ensure the provision of the most
31 appropriate care for those at risk, providing benefits through increased safety and
32 improvements in health and well-being, but also providing support to the care homes and
33 staff.
- 34 Finally, the committee did not make a research recommendation about tools to support
35 recognition and reporting of safeguarding concerns. This is because the tools themselves (or
36 guidance documents) were judged, a priori, to be an acceptable source of evidence to
37 answer this question and since eligible guidance documents were located and used as a
38 basis for drafting recommendations the committee did not feel there was a gap in data, as
39 such. They did however recommend research on the specific issue of identifying self-neglect
40 and this was on the basis of review A about the signs and symptoms of abuse and neglect.
41 Review A is linked to this review in the sense that when it was found to be 'empty' the
42 committee chose to draft their 'indicator' recommendations on this review instead. Further
43 explanation is provided in review A as well as a description of the recommended research.
- 44 **Indicators of organisational abuse and neglect**
- 45 The committee were keen to make recommendations that describe indicators that should
46 alert people to the possibility of organisational abuse in a care home. Organisational abuse is
47 distinct from other types of abuse or neglect because it is not directly caused by individual
48 action or inaction, instead it is a cumulative consequence of how services are managed, led
49 and funded. Organisational abuse may be hidden or exacerbated as a result of closed

1 cultures or disguised compliance. These recommendations also included detail regarding the
2 immediate actions that should be taken if organisational abuse or neglect is a possibility,
3 however they do not outline the steps that should be taken to raise a concern, make a
4 referral or conduct an enquiry as the committee agreed that these processes will vary
5 depending on the nature of the allegations, and the local arrangements in place for
6 responding to these allegations.

7 The guidance documents highlighted potential indicators of institutional abuse and 4 different
8 levels of professional and institutional abuse. For example, failure of professionals to support
9 service user access, and a person not having personal clothing or possessions. The
10 committee agreed to separate the indicators into 2 response categories: consider abuse and
11 neglect and suspect abuse and neglect. The first category (consider), comprises of indicators
12 which should lead the person to 'consider' that organisational abuse or neglect might be
13 taking place and recommends the appropriate actions to take, including raising the matter
14 with the care home manager (unless they are believed to be part of the problem), in writing if
15 possible; explaining the impact that the identified practice is having (or is likely to have) on
16 care home residents; requesting a response within a specified period of time (for example, 2
17 weeks); and, if the manager agrees to make changes, monitoring the situation to ensure that
18 any promised changes are implemented. The recommendation also states that if no
19 improvements are apparent after these steps have been taken, then the level of concern
20 should be increased to 'suspect'. In this second category (suspect), the listed indicators
21 highlight where the person should 'suspect' that organisational abuse or neglect is taking
22 place and which should lead the person to contact the local authority to make an adult
23 safeguarding referral, or if an unsatisfactory response is received, to report the matter to the
24 Care Quality Commission.

25 As a result of the large number of recommendations made by the committee for indicators of
26 organisational abuse and neglect, and to improve the readability and usability of the
27 recommendations, the committee agreed to organise them into categories to reflect
28 overarching themes of the recommendations (for example, quality of care and service
29 provision). The committee did not feel that this was necessary for other sections because it
30 may be more confusing and would not improve readability. The committee included a
31 number of indicator recommendations based on the evidence, for example, to consider
32 organisational abuse when meaningful and structured activities for residents are neither
33 available nor accessible, or to suspect organisational abuse where there is evidence that
34 incidents were deliberately not reported.

35 The committee also included a number of indicator recommendations about organisational
36 abuse and neglect based on their own expertise. For example, consider organisational abuse
37 where the care home does not explain the concepts of safeguarding to residents to
38 understand what safeguarding is and what organisational abuse and neglect are because
39 without an understanding of their rights and choices, residents will not recognise that they
40 are being abused or neglected. Helping residents to understand what safeguarding is and
41 what organisational abuse and neglect look like should enable residents to make
42 safeguarding referrals and raise or report concerns. Other recommendations based on the
43 committee's expertise include considering organisational abuse when there are inconsistent
44 patterns of safeguarding concerns logged. The committee felt this was important to include
45 because such inconsistencies may indicate that only 1 or 2 members of staff are taking
46 responsibility for safeguarding issues rather than the whole team of staff.

47 Other consensus based recommendations include considering organisational abuse when a
48 care home admits or accepts referrals for residents that staff do not have the skills to care
49 for. The committee agreed that this was important to include because it may indicate wilful
50 neglect - the care home accepts a referral knowing that they cannot meet the individual
51 needs of the resident. This has direct implications on the care of the individual in terms of

1 receiving the level of care they need, but also suggests potential risks to existing residents
2 because staff may need to focus their attention on the incoming person and therefore do not
3 provide the level of care needed by other residents.

4 The committee also agreed that it was important to recognise that complaints of victimisation
5 from care home residents, or their family or friends could be an indicator of organisational
6 abuse or neglect; particularly when these occur repeatedly. As a result, the committee
7 agreed to draft a recommendation highlighting this possibility.

8 **Overall the committee considered that the anticipated benefits from promoting**
9 **understanding of potential indicators of organisational abuse are likely to outweigh**
10 **the potential harms by helping care homes manage safeguarding issues more**
11 **proactively and dealing with early warning signs of potential organisational abuse or**
12 **neglect. Early action may in turn help reduce the numbers of formal investigations**
13 **that the care home, local authority and others are involved in. It is also expected to**
14 **improve the quality and safety of care and support for care home residents and**
15 **reduce the risk of harm to them resulting in cumulative practice in the care home,**
16 **which might otherwise be dismissed or overlooked. Cost-effectiveness and resource**
17 **use**

18 The committee acknowledged that the recommendations may have implications for care
19 home resources but agreed that these would not be significant and that the
20 recommendations should already be in place in some or most care home settings.

21 Recommendations about what to consider as indicators of abuse do not explicitly represent a
22 choice between competing courses of action although the actions that follow from a
23 suspicion could potentially have implications for the cost effective use of scarce resources. A
24 risk averse “better safe than sorry” approach could lead to the over-reporting of concerns
25 which could potentially affect staff morale without necessarily producing commensurate gain
26 in the welfare of vulnerable adults. On the other hand, it may be that the adverse effects on
27 welfare of missed abuse and neglect are so traumatic that such an approach would be
28 justified on cost-effectiveness grounds.

29 This review did not have the quantitative evidence that would be required for a formal
30 consideration of cost-effectiveness for indicators of abuse. In order to mitigate the risks of
31 under and over reporting of concerns, the committee distinguished between indicators that
32 should be considered as abuse or neglect or, more strongly, indicators where abuse or
33 neglect should be suspected. They believed that their recommendations would promote
34 better recognition of abuse and neglect and thereby promote timelier reporting, with the
35 potential to avert “downstream” costs and future harms.

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

37 The quality ratings of the themes informed the committee’s discussions to some extent
38 although they were aware that the included guidance documents were not necessarily
39 designed to meet the standards set by AGREE II. Ultimately their decisions about using the
40 themes as a basis for recommendations had more to do with the relevance of the data,
41 whether they were reported consistently across documents, their fit with relevant legislative
42 requirements and the convergence with their own experiential knowledge.

43 **References**

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- 32 **Volunteer Now 2010**
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1 Appendices

2 Appendix A – Review protocol

3 Review protocol for review question C: What tools and ways of working support effective or accurate recognition and 4 reporting of safeguarding concerns in care homes?

5 **Table 3: Review protocol for review question C: What tools and ways of working support effective or accurate recognition and**
6 **reporting of safeguarding concerns in care homes?**

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	CRD42019160532
1.	Review title	Tools to support recognition and reporting of safeguarding concerns.
2.	Review question	What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?
3.	Objective	<ul style="list-style-type: none"> • To determine the effectiveness of different tools, guidance or ways of working for supporting the recognition of a safeguarding concern (as distinct from an incident of poor practice or low quality care). • To determine the diagnostic accuracy of different tools, guidance or ways of working for supporting recognition of a safeguarding concern (as distinct from an incident of poor practice or low quality care). • To determine the effectiveness of different tools, guidance or ways of working for supporting or improving safeguarding reporting processes.
4.	Searches	<ul style="list-style-type: none"> • ASSIA • Embase • IBSS • MEDLINE • Medline-In-Process • PsycINFO • Sociological Abstracts • Social Services Abstracts • Social Policy and Practice

ID	Field (based on PRISMA-P)	Content
		<p>Searches will be restricted by:</p> <ul style="list-style-type: none"> Date - From 2008 English language Human studies <p>The searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion.</p> <p>The full search strategies for MEDLINE database will be published.</p>
5.	Condition or domain being studied	Safeguarding concerns in care homes.
6.	Population	<p>Inclusion:</p> <ul style="list-style-type: none"> • Adults accessing care and support in care homes (whether as residents, in respite or on a daily basis). • Family, friends and advocates of adults accessing care and support in care homes. • People working in care homes. • Providers of services in care homes. • Practitioners in local authorities and local health organisations. • Members of Safeguarding Adults Boards. <p>Exclusion: The scope of the guideline is safeguarding adults living in or using care homes. Therefore, people under 18 years of age who are accessing support in care homes are excluded.</p>
7.	Intervention/Exposure/Test	<p>Intervention 1</p> <ul style="list-style-type: none"> • Tools, guidance or approaches to support the recognition of safeguarding concerns, for example: <ul style="list-style-type: none"> ◦ Practice guidance for recognising safeguarding concerns (for example, web based resources or threshold guidance published centrally by ADASS or locally by individual local authorities). <p>Intervention 2</p> <ul style="list-style-type: none"> • Tools, guidance or approaches to support or improve reporting processes, for example:

ID	Field (based on PRISMA-P)	Content
		<ul style="list-style-type: none"> ○ Practice guidance for reporting safeguarding concerns (for example, web based resources or threshold guidance published by ADASS or by individual local authorities for local guidance on progressing safeguarding concerns). ○ Provider processes for reporting abuse (for example, internal incident log, reporting system or electronic record for external/ head office review). ○ Anonymised/ confidential routes for reporting.
8.	Comparator/Reference standard/Confounding factors	<p>Comparison 1</p> <ul style="list-style-type: none"> ● Practice as usual. ● ‘Natural history’ (no service) control. ● Different kinds of intervention 1 compared with each other. <p>Comparison 2</p> <ul style="list-style-type: none"> ● Practice as usual. ● ‘Natural history’ (no service) control. ● Different kinds of intervention 2 compared with each other. <p>For the diagnostic component of the review (objective 2) the reference standard cited in the included studies will be used, for example, the findings of a safeguarding review or a police report, which confirm abuse.</p>
9.	Types of study to be included	<ul style="list-style-type: none"> ● Experimental studies (where the investigator assigned intervention or control) including: <ul style="list-style-type: none"> ○ Randomised controlled trials ○ Non-randomised controlled trials (for example, case control, case series [uncontrolled longitudinal study]) ○ Before and after study or interrupted time series. ● Observational studies (where neither control nor intervention were assigned by the investigator) including: <ul style="list-style-type: none"> ○ Prospective cohort studies. ○ Retrospective cohort studies. ○ Cross-sectional study. ○ Review on associations. ○ Before and after study or interrupted time series. ○ Systematic reviews of studies using the above designs.

ID	Field (based on PRISMA-P)	Content
		<ul style="list-style-type: none"> • Systematic reviews of studies using the above designs. • Practice guidelines for identifying and progressing safeguarding concerns. <p>Specifically, for the diagnostic component (objective 2), studies of care homes where the tools or guidance have been used and which provide evidence of whether a safeguarding concern was proven:</p> <ul style="list-style-type: none"> • Cohort studies (prospective study designs will be prioritised over retrospective designs). • Cross-sectional studies <p>Systematic reviews and meta-analyses of these study types.</p>
10.	Other exclusion criteria	<p>Inclusion:</p> <ul style="list-style-type: none"> • Published full-text papers. • Studies conducted in the UK and the following high income (according to the World Bank) countries, will be prioritised: Europe, including the Republic of Ireland, Australia and Canada. If no studies are identified from these countries then studies from all high income countries (according to the World Bank) will be considered. This includes studies conducted in the US. • Studies conducted in care homes will be prioritised. If no studies are identified, which were conducted in care homes then studies from congregate settings (excluding acute hospital settings) will be considered. <p>Exclusion:</p> <ul style="list-style-type: none"> • Articles published before 2008. The committee relate the cut off year to the significant practice changes occurring when the Mental Capacity Act was implemented. • Papers that do not include methodological details will be excluded because they do not provide sufficient information to evaluate risk of bias/quality of study. • Non-English language articles. • Conference abstracts.
11.	Context	No previous guideline will be updated by this review question.
12.	Primary outcomes (critical outcomes)	<p>Critical</p> <ul style="list-style-type: none"> • Morbidity related to safeguarding incidents. • Mortality related to safeguarding incidents. • Health and social care related quality of life.

ID	Field (based on PRISMA-P)	Content
		<ul style="list-style-type: none"> • Reports of proven safeguarding concerns. <p>For the diagnostic component (objective 2):</p> <ul style="list-style-type: none"> • Sensitivity and specificity of tools or guidance for identifying abuse or neglect or a safeguarding concern. • Positive and negative likelihood ratios (FP, FN, TP, TN).
13.	Secondary outcomes (important outcomes)	Satisfaction with the intervention (the guidance).
14.	Data extraction (selection and coding)	<p>Screening on title and abstract and full text will be conducted by the systematic reviewer using the criteria outlined above. Because this question was prioritised for economic analysis formal dual weeding (title and abstract) of 10% of items will be undertaken. Any discrepancies will be resolved through discussion between the first and second reviewers or by reference to a third person, for example topic advisor or senior systematic reviewer.</p> <p>The systematic reviewer will also carry out data extraction, which will be recorded on a standardised form (see Developing NICE guidelines: the manual section 6.4).</p> <p>NGA STAR software will be used for study sifting, data extraction, recording quality assessment using checklists and generating bibliographies/citations.</p> <p>Overall quality control will be done by the senior systematic reviewer.</p>
15.	Risk of bias (quality) assessment	<p>Risk of bias will be assessed using the appropriate checklist as described in appendix H of Developing NICE guidelines: the manual. This includes the use of AGREE II to assess the methodological quality of practice guidelines https://www.agreetrust.org/agree-ii/The risk of bias across all available evidence was evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group http://www.gradeworkinggroup.org/.</p>
16.	Strategy for data synthesis	<p>If pairwise meta-analyses are undertaken, they will be done using Cochrane Review Manager (RevMan).</p> <p>'GRADEpro' will be used to assess the quality of evidence for each outcome in quantitative studies. If diagnostic accuracy measures are not reported but can be calculated, this will be done.</p>

ID	Field (based on PRISMA-P)	Content		
		Where 4 or more unbiased studies are included (for example, there is no suggestion that the estimates of accuracy are systematically incorrect) then diagnostic meta-analysis will be conducted using either the hierarchical summary ROC model (when multiple thresholds/different definitions of the presence of a safeguarding concern are used in the included studies) or the bivariate model (when the same threshold/definition of the presence of a safeguarding concerns is used in the included studies). Where fewer than 4 studies are included the univariate model will be conducted.		
17.	Analysis of sub-groups	Subgroup analysis will be conducted wherever possible, for example if appropriate data is reported in relation to different characteristics of service users (for example, dementia status, age and learning disability of service users living within or using care homes) or different care settings (for example, nursing home, care home or residential learning dis ability service). The drafted recommendations will be applied to the whole population unless we find clear evidence of a difference for a particular subgroup.		
18.	Type and method of review	<input checked="" type="checkbox"/>	Intervention	
		<input type="checkbox"/>	Diagnostic	
		<input type="checkbox"/>	Prognostic	
		<input type="checkbox"/>	Qualitative	
		<input type="checkbox"/>	Epidemiologic	
		<input type="checkbox"/>	Service Delivery	
		<input type="checkbox"/>	Other (please specify)	
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	March 2019		
22.	Anticipated completion date	October 2020		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Formal screening of search results	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ID	Field (based on PRISMA-P)	Content
		<p>against eligibility criteria</p> <p>Data extraction <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Risk of bias (quality) assessment <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <p>Data analysis <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>
24.	Named contact	<p>5a. Named contact National Guideline Alliance</p> <p>5b. Named contact e-mail SafeguardingAdults@nice.org.uk</p> <p>5c. Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline</p>
25.	Review team members	<p>From the National Guideline Alliance:</p> <ul style="list-style-type: none"> • Jennifer Francis [Technical lead] • Ted Barker [Technical analyst] • Fiona Whiter [Technical analyst] • Paul Jacklin [Health economist] • Elise Hasler [Information scientist]
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

ID	Field (based on PRISMA-P)	Content	
		Developing NICE guidelines: the manual . Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10107	
29.	Other registration details	N/A	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019160532	
31.	Dissemination plans	<p>NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:</p> <ul style="list-style-type: none"> • 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	Safeguarding in care homes, abuse and neglect in care homes.	
33.	Details of existing review of same topic by same authors	Not an update.	
34.	Current review status	<input type="checkbox"/>	Ongoing
		<input checked="" type="checkbox"/>	Completed but not published
		<input type="checkbox"/>	Completed and published
		<input type="checkbox"/>	Completed, published and being updated
		<input type="checkbox"/>	Discontinued
35.	Additional information		
36.	Details of final publication	www.nice.org.uk	

GRADE: Grading of Recommendations Assessment, Development and Evaluation; NGA: National Guideline Alliance; NHS: National health service; NICE: National Institute for Health and Care Excellence; RoB: risk of bias;

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1 Appendix B – Literature search strategies

2 Literature search strategies for review question C: What tools and ways of 3 working support effective or accurate recognition and reporting of 4 safeguarding concerns in care homes? 5

6 Database(s): Medline & Embase (Multifile)

7 Last searched on **Embase Classic+Embase** 1947 to 2019 November 27, **Ovid**
8 **MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and**
9 **Daily** 1946 to November 27, 2019

10 Date of last search: 3rd December 2019

11 Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of
12 Print, In-Process & Other Non-Indexed Citations and Daily

#	Searches
1	*Long-Term Care/ use ppez
2	*long term care/ use emczd
3	((long term\$ or long-term\$) adj care).tw.
4	Respite Care/ use ppez
5	respite care/ use emczd
6	(respite\$ adj care).tw.
7	institutional practice/ use ppez
8	institutional care/ use emczd
9	exp Nursing Homes/ use ppez
10	Group Homes/ use ppez
11	nursing home/ use emczd
12	residential facilities/ use ppez
13	residential home/ use emczd
14	homes for the aged/ use ppez
15	home for the aged/ use emczd
16	(nursing adj home\$1).tw.
17	(care adj home\$1).tw.
18	((elderly or old age) adj2 home\$1).tw.
19	((nursing or residential) adj (home\$1 or facilit\$)).tw.
20	(home\$1 for the aged or home\$1 for the elderly or home\$1 for older adult\$).tw.
21	residential aged care.tw.
22	("frail elderly" adj2 (facilit\$ or home or homes)).tw.
23	(residential adj (care or facilit\$ or institution\$ or setting\$ or service\$ or provider\$)).tw.
24	((long-term or long term) adj2 (facility or facilities)).tw.
25	((mental health or mental-health) adj (facilit\$ or institution\$ or setting\$ or service\$)).tw.
26	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25
27	Physical Abuse/ use ppez
28	physical abuse/ use emczd
29	Restraint, Physical/ use ppez
30	*Violence/ use ppez
31	*violence/ use emczd
32	emotional abuse/ use emczd
33	Sex Offenses/ use ppez
34	Rape/ use ppez
35	sexual abuse/ use emczd
36	rape/ use emczd
37	neglect/ use emczd
38	Domestic Violence/ use ppez
39	domestic violence/ use emczd
40	Spouse Abuse/ use ppez
41	Intimate Partner Violence/ use ppez
42	partner violence/ use emczd
43	exp Human Rights Abuses/ use ppez
44	exp human rights abuse/ use emczd
45	self neglect/ use emczd
46	abuse/ use emczd
47	patient abuse/ use emczd

#	Searches
48	((physical\$ or emotional\$ or sexual\$ or psychological\$ or financial\$ or organi?tional\$ or institutional\$ or discriminat\$ or depriv\$) adj abus\$).tw.
49	(domestic\$ adj violen\$).tw.
50	(modern\$ adj3 slave\$).tw.
51	(neglect or self-neglect or self neglect).tw.
52	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).tw.
53	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
58	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
59	55 or 56 or 57 or 58
60	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
61	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
62	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
63	60 or 61 or 62
64	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ population\$)).tw.
65	(26 and 54) or 59 or 63 or 64
66	Confidentiality/ use ppez
67	confidentiality/ use emczd
68	(anonym\$ adj3 (study or studies or survey\$ or questionnaire\$ or interview\$ or form or report\$ or submit\$ or submission\$)).tw.
69	(confidential\$ or anonymity).tw.
70	66 or 67 or 68 or 69
71	Documentation/ use ppez
72	(documentation/ or medical documentation/) use emczd
73	*Decision Support Systems, Clinical/ use ppez
74	*clinical decision support system/ use emczd
75	((detect\$ or identif\$ or screen\$) adj2 (tool\$ or scale\$ or instrument\$ or benchmark\$)).tw.
76	((incident\$ or complaint\$) adj (report\$ or track\$ or log or system)).tw.
77	(threshold\$ and (concern\$ or investigat\$ or prevent\$ or protect\$)).tw.
78	(threshold\$ adj (tool\$ or framework\$ or guid\$ or score\$)).tw.
79	(checklist\$ adj5 risk\$).tw.
80	decision making.kw.
81	71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80
82	"Organization and Administration"/ use ppez
83	clinical supervision/ use emczd
84	((clinical\$ or professional\$) adj supervision\$).tw.
85	(supervision\$ adj4 (staff\$ or work\$ or peer or training or education or handling or risk\$ or right\$)).tw.
86	(supervision\$ and training).tw.
87	(supervision\$ adj (program\$ or session\$)).tw.
88	(teamcoach\$ or team-coach\$ or team coach\$ or teamlearn\$ or team-learn\$ or team learn\$).tw.
89	(team\$ adj5 intervention\$).tw.
90	82 or 83 or 84 or 85 or 86 or 87 or 88 or 89
91	Organizational policy/ use ppez
92	Organizational culture/ use ppez
93	organization/ use emczd
94	policy/ use emczd
95	standard/ use emczd
96	((policy\$ or policies\$) adj2 procedure\$).tw.
97	Mandatory Reporting/ use ppez
98	mandatory reporting/ use emczd
99	voluntary reporting/ use emczd
100	(report\$ adj (protocol\$ or procedur\$ or policy or policies or process\$ or guideline\$ or law\$ or requirement\$ or system\$)).tw.
101	(report\$ adj3 (abus\$ or neglect\$ or self-neglect\$ or mistreat\$ or safeguard\$)).tw.
102	((mandat\$ or compulsory or voluntary) adj3 report\$).tw.
103	91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102
104	(Patient Advocacy/ or Consumer Advocacy/) use ppez

#	Searches
105	(patient advocacy/ or consumer advocacy/) use emczd
106	(advoca\$ adj10 (abus\$ or neglect\$ or self-neglect\$ or safeguard\$)).tw.
107	(advoca\$ adj5 (partnership\$ or famil\$ or relative\$ or friend\$ or volunteer\$ or caregiver\$ or nurs\$ or social worker\$ or staff\$ or resident\$)).tw.
108	(advoca\$ adj (group\$ or role\$ or support\$ or organi?ation\$ or service\$ or program\$ or scheme\$ or team\$ or skill\$)).tw.
109	(independen\$ adj advoca\$).tw.
110	ombudsm?n\$.tw.
111	104 or 105 or 106 or 107 or 108 or 109 or 110
112	((case or care or consensus\$ or family or group\$ or protect\$) adj conference\$).tw.
113	((multiagenc\$ or multi-agenc\$ or multi agenc\$ or multidisciplin\$ or multi-disciplin\$ or multi disciplin\$) adj2 conference\$).tw.
114	(secondary data analys\$ or secondary analys\$).mp.
115	((respond\$ or describ\$ or manag\$ or identif\$ or report\$ or document\$ or prevent\$ or evaluat\$ or understand\$ or recogni\$ or awareness or action) adj4 incident\$).tw.
116	((recog\$ or respond\$ or manag\$) adj3 (abus\$ or neglect\$ or self-neglect\$ or mistreat\$ or safeguard\$)).tw.
117	112 or 113 or 114 or 115 or 116
118	(recogni\$ or report\$ or respond\$ or manag\$ or advoca\$ or supervision\$ or threshold\$ or documentation\$ or investigat\$ or inquiry or inquiries or policy or policies or procedure\$ or process\$ or anonym\$ or confidential\$).tw.
119	70 or 81 or 90 or 103 or 111 or 117
120	65 and 119
121	59 or 64
122	118 and 121
123	120 or 122
124	limit 123 to yr="2008 -Current"
125	limit 124 to english language. General exclusions filter applied.

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Database(s): Medline & Embase (Multifile)

Last searched on **Embase Classic+Embase** 1947 to 2019 November 27, **Ovid**

MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid

MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to November 27, 2019

Date of last search: 3rd December 2019

Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

#	Searches
1	*Long-Term Care/ use ppez
2	*long term care/ use emczd
3	((long term\$ or long-term\$) adj care).tw.
4	Respite Care/ use ppez
5	respite care/ use emczd
6	(respite\$ adj care).tw.
7	institutional practice/ use ppez
8	institutional care/ use emczd
9	exp Nursing Homes/ use ppez
10	Group Homes/ use ppez
11	nursing home/ use emczd
12	residential facilities/ use ppez
13	residential home/ use emczd
14	homes for the aged/ use ppez
15	home for the aged/ use emczd
16	(nursing adj home\$1).tw.
17	(care adj home\$1).tw.
18	((elderly or old age) adj2 home\$1).tw.
19	((nursing or residential) adj (home\$1 or facilit\$)).tw.
20	(home\$1 for the aged or home\$1 for the elderly or home\$1 for older adult\$).tw.
21	residential aged care.tw.
22	("frail elderly" adj2 (facilit\$ or home or homes)).tw.
23	(residential adj (care or facilit\$ or institution\$ or setting\$ or service\$ or provider\$)).tw.
24	((long-term or long term) adj2 (facility or facilities)).tw.
25	((mental health or mental-health) adj (facilit\$ or institution\$ or setting\$ or service\$)).tw.
26	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25
27	Physical Abuse/ use ppez
28	physical abuse/ use emczd
29	Restraint, Physical/ use ppez
30	*Violence/ use ppez

#	Searches
31	*violence/ use emczd
32	emotional abuse/ use emczd
33	Sex Offenses/ use ppez
34	Rape/ use ppez
35	sexual abuse/ use emczd
36	rape/ use emczd
37	neglect/ use emczd
38	Domestic Violence/ use ppez
39	domestic violence/ use emczd
40	Spouse Abuse/ use ppez
41	Intimate Partner Violence/ use ppez
42	partner violence/ use emczd
43	exp Human Rights Abuses/ use ppez
44	exp human rights abuse/ use emczd
45	self neglect/ use emczd
46	abuse/ use emczd
47	patient abuse/ use emczd
48	((physical\$ or emotional\$ or sexual\$ or psychological\$ or financial\$ or organi?ational\$ or institutional\$ or discriminat\$ or depriv\$) adj abus\$).tw.
49	(domestic\$ adj violen\$).tw.
50	(modern\$ adj3 slave\$).tw.
51	(neglect or self-neglect or self neglect).tw.
52	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).tw.
53	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
58	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
59	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
60	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
61	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
62	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ population\$)).tw.
63	(family adj violence\$).tw,kw.
64	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63
65	(elderly or old age or aged or older adult\$ or frail or vulnerabl\$ or mental health or mental-health or residential or institution\$ or respite\$ or long term\$ or long-term\$ or nursing home\$1 or care home\$1 or home care\$).m_titl.
66	(abuse\$ or restrain\$ or violen\$ or rape or neglect\$ or selfneglect\$ or self-neglect\$ or slave\$ or safeguard\$ or safe-guard\$ or mistreat\$ or protect\$ or harm\$).m_titl.
67	Health Planning Guidelines/ use ppez
68	exp Practice Guidelines/ use emczd
69	practice guideline.pt.
70	guideline.pt.
71	guideline\$.ti.
72	(guidance\$ or framework\$ or standard\$).ti.
73	67 or 68 or 69 or 70 or 71 or 72
74	64 or (26 and 54) or (54 and 65) or (26 and 66)
75	73 and 74
76	(adult\$ adj (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).m_titl.
77	75 or 76
78	limit 77 to yr="2008 -Current"
79	limit 78 to english language

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2 **Database(s): Cochrane Library**3 Last searched on **Cochrane Database of Systematic Reviews**, Issue 12 of 12, Dec 2019,4 **Cochrane Central Register of Controlled Trials**, Issue 12 of 12, Dec 2019

5 Date of last search: 3rd December 2019

#	Searches
#1	MeSH descriptor: [Long-Term Care] this term only

#	Searches
#2	((long term* or long-term*) NEXT care):ti,ab,kw
#3	MeSH descriptor: [Respite Care] this term only
#4	((respite* NEXT care)):ti,ab,kw
#5	MeSH descriptor: [Institutional Practice] this term only
#6	MeSH descriptor: [Nursing Homes] explode all trees
#7	MeSH descriptor: [Group Homes] this term only
#8	MeSH descriptor: [Residential Facilities] explode all trees
#9	MeSH descriptor: [Homes for the Aged] this term only
#10	((nursing NEXT home*)):ti,ab,kw
#11	((care NEXT home*)):ti,ab,kw
#12	((elderly or old age) NEAR/2 home*)):ti,ab,kw
#13	((nursing or residential) NEXT (home* or facilit*)):ti,ab,kw
#14	((home* for the aged" or "home* for the elderly" or "home* for older adult*")):ti,ab,kw
#15	(residential aged care):ti,ab,kw
#16	((frail elderly" NEAR/2 (facilit* or home or homes))):ti,ab,kw
#17	((residential NEXT (care or facilit* or institution* or setting* or service* or provider*)):ti,ab,kw
#18	((long-term or long term) NEAR/2 (facility or facilities))):ti,ab,kw
#19	((mental health NEXT (facilit* or institution* or setting* or service*)):ti,ab,kw
#20	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
#21	MeSH descriptor: [Physical Abuse] this term only
#22	MeSH descriptor: [Restraint, Physical] this term only
#23	MeSH descriptor: [Violence] this term only
#24	MeSH descriptor: [Sex Offenses] this term only
#25	MeSH descriptor: [Rape] this term only
#26	MeSH descriptor: [Domestic Violence] this term only
#27	MeSH descriptor: [Spouse Abuse] this term only
#28	MeSH descriptor: [Intimate Partner Violence] this term only
#29	MeSH descriptor: [Human Rights Abuses] explode all trees
#30	((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv* NEAR/1 abus*)):ti,ab,kw
#31	((domestic* NEXT violen*)):ti,ab,kw
#32	((modern* NEAR/3 slave*)):ti,ab,kw
#33	((neglect or self-neglect or self neglect)):ti,ab,kw
#34	((significant* or persistent* or deliberat* or inflict* or unexplained* or non-accident* or nonaccident* or non-natural* NEXT (injur* or trauma*)):ti,ab,kw
#35	((safeguard* or safe-guard* or safe guard*)):ti,ab,kw
#36	#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
#37	MeSH descriptor: [Elder Abuse] this term only
#38	((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR/3 (abus* or mistreat* or neglect* or self-neglect*)):ti,ab,kw
#39	#37 OR #38
#40	((adult* social* care*" or "adult* protective* service*" or "elder* protective* service*")):ti,ab,kw
#41	((adult\$ NEAR/3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)):ti,ab,kw
#42	((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) NEAR/3 protect*)):ti,ab,kw
#43	#40 OR #41 OR #42
#44	((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR/5 (dementia* or alzheimer* or "learning disab*" or "learning impair*" or "learning disorder*" or "intellectual disab*" or "intellectual impair*" or "mentally ill" or "mentally disabl*" or "disabl* adult*" or "disabl* people*" or "disabl* person*" or "disabl* population*")):ti,ab,kw
#45	#20 AND #36
#46	#39 OR #43 OR #44 OR #45
#47	MeSH descriptor: [Confidentiality] this term only
#48	((anonym* NEAR/3 (study or studies or survey* or questionnaire* or interview* or form or report* or submit* or submission*)):ti,ab,kw
#49	((confidential* or anonymity)):ti,ab,kw
#50	MeSH descriptor: [Documentation] this term only
#51	MeSH descriptor: [Decision Support Systems, Clinical] this term only
#52	((detect* or identif* or screen*) NEAR/2 (tool* or scale* or instrument* or benchmark*)):ti,ab,kw
#53	((incident* or complaint*) NEXT (report* or track* or log or system))):ti,ab,kw
#54	((threshold* and (concern* or investigat* or prevent* or protect*)):ti,ab,kw
#55	((threshold* NEXT (tool* or framework* or guid* or score*)):ti,ab,kw
#56	((checklist* NEAR/5 risk*)):ti,ab,kw
#57	MeSH descriptor: [Organization and Administration] this term only
#58	((clinical* or professional*) NEXT supervision*)):ti,ab,kw
#59	((supervision* NEAR/4 (staff* or work* or peer or training or education or handling or risk* or right*)):ti,ab,kw
#60	((supervision* and training)):ti,ab,kw

#	Searches
#61	((supervision* NEXT (program* or session*)):ti,ab,kw
#62	((teamcoach* or team-coach* or "team coach*" or teamlearn* or team-learn* or "team learn*")):ti,ab,kw
#63	((team* NEAR/5 intervention*)):ti,ab,kw
#64	MeSH descriptor: [Organizational Policy] this term only
#65	MeSH descriptor: [Organizational Culture] this term only
#66	((policy* or policies*) NEAR/2 procedure*)):ti,ab,kw
#67	MeSH descriptor: [Mandatory Reporting] this term only
#68	((report* NEXT (protocol* or procedur* or policy or policies or process* or guideline* or law* or requirement* or system*)):ti,ab,kw
#69	((report* NEAR/3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*)):ti,ab,kw
#70	((mandat* or compulsory or voluntary) NEAR/3 report*)):ti,ab,kw
#71	MeSH descriptor: [Patient Advocacy] this term only
#72	MeSH descriptor: [Consumer Advocacy] this term only
#73	((advoca* NEAR/10 (abus* or neglect* or self-neglect* or safeguard*)):ti,ab,kw
#74	((advoca* NEAR/5 (partnership* or famil* or relative* or friend* or volunteer* or caregiver* or nurs* or social worker* or staff* or resident*)):ti,ab,kw
#75	((advoca* NEXT (group* or role* or support* or organi?ation* or service* or program* or scheme* or team* or skill*)):ti,ab,kw
#76	((independen* NEXT advoca*)):ti,ab,kw
#77	(ombudsman* or ombudsmen*)):ti,ab,kw
#78	((case or care or consensus* or family or group* or protect*) NEXT conference*)):ti,ab,kw
#79	((multiagenc* or multi-agenc* or "multi agenc*" or multidisciplin* or multi-disciplin* or "multi disciplin*") NEAR/2 conference*)):ti,ab,kw
#80	((secondary data analys* or "secondary analys*")):ti,ab,kw
#81	((respond* or describ* or manag* or identif* or report* or document* or prevent* or evaluat* or understand* or recogni* or awareness or action) NEAR/4 incident*)):ti,ab,kw
#82	((recog* or respond* or manag*) NEAR/3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*)):ti,ab,kw
#83	#47 OR #48 OR #49 OR #50 OR #51 OR #52 OR #53 OR #54 OR #55 OR #56 #57 OR #58 OR #59 OR #60 OR #61 OR #62 OR #63 OR #64 OR #65 OR #66 OR #67 OR #68 OR #69 OR #70 OR #71 OR #72 OR #73 OR #74 OR #75 OR #76 OR #77 OR #78 OR #79 OR #80 OR #81 OR #82
#84	#46 AND #83 Publication Year from 2008 to current

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Database(s): Cinahl Plus

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Date of last search: 3rd December 2019

#	Searches
S86	S85 Limiters - Publication Year: 2008-2019; English Language
S85	S81 OR S84
S84	S82 AND S83
S83	S36 OR S37 OR S43
S82	TI (recogni* or report* or respond* or manag* or advoca* or supervision* or threshold* or documentation* or investigat* or inquiry or inquiries or policy or policies or procedure* or process* or anonym* or confidential*) OR AB (recogni* or report* or respond* or manag* or advoca* or supervision* or threshold* or documentation* or investigat* or inquiry or inquiries or policy or policies or procedure* or process* or anonym* or confidential*)
S81	S45 AND S80
S80	S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57 OR S58 OR S59 OR S60 OR S61 OR S62 OR S63 OR S64 OR S65 OR S66 OR S67 OR S68 OR S69 OR S70 OR S71 OR S72 OR S73 OR S74 OR S75 OR S76 OR S77 OR S78 OR S79
S79	TI ((recog* or respond* or manag*) N3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*)) OR AB ((recog* or respond* or manag*) N3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*))
S78	TI ((respond* or describ* or manag* or identif* or report* or document* or prevent* or evaluat* or understand* or recogni* or awareness or action) N4 incident*) OR AB ((respond* or describ* or manag* or identif* or report* or document* or prevent* or evaluat* or understand* or recogni* or awareness or action) N4 incident*)
S77	TI (secondary data analys* or secondary analys*) OR AB (secondary data analys* or secondary analys*)
S76	TI ((multiagenc* or multi-agenc* or multi agenc* or multidisciplin* or multi-disciplin* or multi disciplin*) N2 conference*) OR AB ((multiagenc* or multi-agenc* or multi agenc* or multidisciplin* or multi-disciplin* or multi disciplin*) N2 conference*)
S75	TI ((case or care or consensus* or family or group* or protect*) N1 conference*) OR AB ((case or care or consensus* or family or group* or protect*) N1 conference*)
S74	TI ombudsm?n* OR AB ombudsm?n*
S73	TI (independen* N1 advoca*) OR AB (independen* N1 advoca*)
S72	TI (advoca* N1 (group* or role* or support* or organi?ation* or service* or program* or scheme* or team* or skill*)) OR AB (advoca* N1 (group* or role* or support* or organi?ation* or service* or program* or scheme* or team* or skill*))
S71	TI (advoca* N5 (partnership* or famil* or relative* or friend* or volunteer* or caregiver* or nurs* or social worker* or staff* or resident*)) OR AB (advoca* N5 (partnership* or famil* or relative* or friend* or volunteer* or caregiver* or nurs* or social worker* or staff* or resident*))
S70	TI (advoca* N10 (abus* or neglect* or self-neglect* or safeguard*)) OR AB (advoca* N10 (abus* or neglect* or self-neglect* or safeguard*))

#	Searches
S69	(MH "Consumer Advocacy") OR (MH "Patient Advocacy")
S68	TI ((mandat* or compulsory or voluntary) N3 report*) OR AB ((mandat* or compulsory or voluntary) N3 report*)
S67	TI (report* N3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*)) OR AB (report* N3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*))
S66	TI (report* N1 (protocol* or procedur* or policy or policies or process* or guideline* or law* or requirement* or system*)) OR AB (report* N1 (protocol* or procedur* or policy or policies or process* or guideline* or law* or requirement* or system*))
S65	(MH "Mandatory Reporting") OR (MH "Voluntary Reporting")
S64	TI ((policy* or policies*) N2 procedure*) OR AB ((policy* or policies*) N2 procedure*)
S63	(MH "Organizational Culture") OR (MH "Organizational Policies")
S62	TI (team* N5 intervention*) OR AB (team* N5 intervention*)
S61	TI (teamcoach* or team-coach* or team coach* or teamlearn* or team-learn* or team learn*) OR AB (teamcoach* or team-coach* or team coach* or teamlearn* or team-learn* or team learn*)
S60	TI (supervision* N1 (program* or session*)) OR AB (supervision* N1 (program* or session*))
S59	TI (supervision* and training) OR AB (supervision* and training)
S58	TI (supervision* N4 (staff* or work* or peer or training or education or handling or risk* or right*)) OR AB (supervision* N4 (staff* or work* or peer or training or education or handling or risk* or right*))
S57	TI ((clinical* or professional*) N1 supervision*) OR AB ((clinical* or professional*) N1 supervision*)
S56	(MH "Clinical Supervision")
S55	TI (checklist* N5 risk*) OR AB (checklist* N5 risk*)
S54	TI (threshold* N1 (tool* or framework* or guid* or score*)) OR AB (threshold* N1 (tool* or framework* or guid* or score*))
S53	TI (threshold* and (concern* or investigat* or prevent* or protect*)) OR AB (threshold* and (concern* or investigat* or prevent* or protect*))
S52	TI ((incident* or complaint*) N1 (report* or track* or log or system)) OR AB ((incident* or complaint*) N1 (report* or track* or log or system))
S51	TI ((detect* or identif* or screen*) N2 (tool* or scale* or instrument* or benchmark*)) OR AB ((detect* or identif* or screen*) N2 (tool* or scale* or instrument* or benchmark*))
S50	(MH "Decision Support Systems, Clinical")
S49	(MH "Documentation")
S48	TI (confidential* or anonymity) OR AB (confidential* or anonymity)
S47	TI (anonym* N3 (study or studies or survey* or questionnaire* or interview* or form or report* or submit* or submission*)) OR AB (anonym* N3 (study or studies or survey* or questionnaire* or interview* or form or report* or submit* or submission*))
S46	(MH "Privacy and Confidentiality")
S45	S38 OR S42 OR S43 OR S44
S44	S19 AND S35
S43	TI ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*)) OR AB ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*))
S42	S39 OR S40 OR S41
S41	TI ((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 protect*) OR AB ((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 protect*)
S40	TI (adult* N3 (safeguard* or safe-guard* or safe guard* or protection*)) OR AB (adult* N3 (safeguard* or safe-guard* or safe guard* or protection*))
S39	TI (adult* social* care* or adult* protective* service* or elder* protective* service*) OR AB (adult* social* care* or adult* protective* service* or elder* protective* service*)
S38	S36 OR S37
S37	TI ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*)) OR AB ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*))
S36	(MH "Elder Abuse")
S35	S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34
S34	TI (safeguard* or safe-guard* or safe guard*) OR AB (safeguard* or safe-guard* or safe guard*)
S33	TI ((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) N1 (injur* or trauma*)) OR AB ((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) N1 (injur* or trauma*))
S32	TI (neglect or self-neglect or self neglect) OR AB (neglect or self-neglect or self neglect)
S31	TI (modern* N3 slave*) OR AB (modern* N3 slave*)
S30	TI (domestic* N1 violen*) OR AB (domestic* N1 violen*)
S29	TI ((physical* or emotional* or sexual* or psychological* or financial* or organi?tional* or institutional* or discriminat* or depriv*) N1 abus*) OR AB ((physical* or emotional* or sexual* or psychological* or financial* or organi?tional* or institutional* or discriminat* or depriv*) N1 abus*)
S28	(MH "Patient Abuse")

#	Searches
S27	(MH "Human Trafficking")
S26	(MH "Intimate Partner Violence")
S25	(MH "Domestic Violence")
S24	(MH "Neglect (Omaha)") OR (MH "Self Neglect")
S23	(MH "Rape")
S22	(MH "Sexual Abuse")
S21	(MH "Restraint, Physical")
S20	(MH "Violence")
S19	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18
S18	TI ((mental health or mental-health) N1 (service* or setting* or facilit* or institution*)) OR AB ((mental health or mental-health) N1 (service* or setting* or facilit* or institution*))
S17	TI ((long-term or long term) N2 (facility or facilities)) OR AB ((long-term or long term) N2 (facility or facilities))
S16	TI (residential N1 (care or facilit* or setting*)) OR AB (residential N1 (care or facilit* or setting*))
S15	TI ("frail elderly" N2 (facilit* or home or homes)) OR AB ("frail elderly" N2 (facilit* or home or homes))
S14	TI residential aged care OR AB residential aged care
S13	TI (home* for the aged or home* for the elderly or home* for older adult*) OR AB (home* for the aged or home* for the elderly or home* for older adult*)
S12	TI ((nursing or residential) N1 (home* or facilit*)) OR AB ((nursing or residential) N1 (home* or facilit*))
S11	TI ((elderly or old age) N2 home*) OR AB ((elderly or old age) N2 home*)
S10	TI (care N1 home*) OR AB (care N1 home*)
S9	TI (nursing N1 home*) OR AB (nursing N1 home*)
S8	(MH "Housing for the Elderly")
S7	(MH "Residential Facilities")
S6	(MH "Nursing Homes+")
S5	(MH "Institutionalization")
S4	TI (respite* N1 care) OR AB (respite* N1 care)
S3	(MH "Respite Care")
S2	TI ((long term* or long-term*) N1 care) OR AB ((long term* or long-term*) N1 care)
S1	(MH "Long Term Care")

1

2

Database(s): Cinahl Plus

3

Date of last search: 3rd December 2019

#	Searches
S53	S52 Limiters - Publication Year: 2008-2019; English Language
S52	S48 OR S49 OR S50 OR S51
S51	S3 AND S38 AND S46
S50	S3 AND S22 AND S47
S49	S3 AND S22 AND S38
S48	S3 AND S45
S47	TI (abuse* or restrain* or violen* or rape or neglect* or selfneglect* or self-neglect* or slave* or safeguard* or safe-guard* or mistreat* or protect* or harm*)
S46	TI (elderly or old age or aged or older adult* or frail or vulnerabl* or mental health or mental-health or residential or institution* or respite* or long term* or long-term* or nursing home*1 or care home*1 or home care*)
S45	S39 OR S40 OR S41 OR S42 OR S43 OR S44
S44	TI ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*)) OR AB ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*))
S43	TI ((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 protect*) OR AB ((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 protect*)
S42	TI (adult* N3 (safeguard* or safe-guard* or safe guard* or protection*)) OR AB (adult* N3 (safeguard* or safe-guard* or safe guard* or protection*))
S41	TI (adult* social* care* or adult* protective* service* or elder* protective* service*) OR AB (adult* social* care* or adult* protective* service* or elder* protective* service*)
S40	TI ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*)) OR AB ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*))
S39	(MH "Elder Abuse")
S38	S23 OR 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
S37	TI (safeguard* or safe-guard* or safe guard*) OR AB (safeguard* or safe-guard* or safe guard*)
S36	TI ((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) N1 (injur* or trauma*)) OR AB ((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) N1 (injur* or trauma*))

#	Searches
S35	TI (neglect or self-neglect or self neglect) OR AB (neglect or self-neglect or self neglect)
S34	TI (modern* N3 slave*) OR AB (modern* N3 slave*)
S33	TI (domestic* N1 violen*) OR AB (domestic* N1 violen*)
S32	TI ((physical* or emotional* or sexual* or psychological* or financial* or organi?ational* or institutional* or discriminat* or depriv*) N1 abus*) OR AB ((physical* or emotional* or sexual* or psychological* or financial* or organi?ational* or institutional* or discriminat* or depriv*) N1 abus*)
S31	(MH "Patient Abuse")
S30	(MH "Human Trafficking")
S29	(MH "Intimate Partner Violence")
S28	(MH "Domestic Violence")
S27	(MH "Neglect (Omaha)") OR (MH "Self Neglect")
S26	(MH "Rape")
S25	(MH "Sexual Abuse")
S24	(MH "Restraint, Physical")
S23	(MM "Violence")
S22	S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21
S21	TI ((mental health or mental-health) N1 (service* or setting* or facilit* or institution*)) OR AB ((mental health or mental-health) N1 (service* or setting* or facilit* or institution*))
S20	TI ((long-term or long term) N2 (facility or facilities)) OR AB ((long-term or long term) N2 (facility or facilities))
S19	TI (residential N1 (care or facilit* or setting*)) OR AB (residential N1 (care or facilit* or setting*))
S18	TI ("frail elderly" N2 (facilit* or home or homes)) OR AB ("frail elderly" N2 (facilit* or home or homes))
S17	TI residential aged care OR AB residential aged care
S16	TI (home* for the aged or home* for the elderly or home* for older adult*) OR AB (home* for the aged or home* for the elderly or home* for older adult*)
S15	TI ((nursing or residential) N1 (home* or facilit*)) OR AB ((nursing or residential) N1 (home* or facilit*))
S14	TI ((elderly or old age) N2 home*) OR AB ((elderly or old age) N2 home*)
S13	TI (care N1 home*) OR AB (care N1 home*)
S12	TI (nursing N1 home*) OR AB (nursing N1 home*)
S11	(MH "Housing for the Elderly")
S10	(MH "Residential Facilities")
S9	(MH "Nursing Homes+")
S8	(MH "Institutionalization")
S7	TI (respite* N1 care) OR AB (respite* N1 care)
S6	(MH "Respite Care")
S5	TI ((long term* or long-term*) N1 care) OR AB ((long term* or long-term*) N1 care)
S4	(MH "Long Term Care")
S3	S1 OR S2
S2	TI (guideline* or guidance* or framework* or standard* or tool* or threshold*)
S1	(MH "Practice Guidelines")

1

2

Database(s): Social Policy and Practice, PsycINFO 1806 to November Week 4 2019

3

Date of last search: 3rd December 2019

#	Searches
1	((long term\$ or long-term\$) adj care).mp.
2	(respite\$ adj care).mp.
3	(nursing adj home\$1).mp.
4	(care adj home\$1).mp.
5	((elderly or old age) adj2 home\$1).mp.
6	((nursing or residential) adj (home\$1 or facilit\$)).mp.
7	(home\$1 for the aged or home\$1 for the elderly or home\$1 for older adult\$).mp.
8	residential aged care.mp.
9	("frail elderly" adj2 (facilit\$ or home or homes)).mp.
10	(residential adj (care or facilit\$ or setting\$)).mp.
11	((long-term or long term) adj2 (facility or facilities)).mp.
12	((mental health or mental-health) adj (facilit\$ or institution\$ or setting\$ or service\$)).mp.
13	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
14	((physical\$ or emotional\$ or sexual\$ or psychological\$ or financial\$ or organi?tional\$ or institutional\$ or discriminat\$ or depriv\$) adj abus\$).mp.
15	(neglect or self-neglect or self neglect).mp.
16	((domestic\$ or partner\$) adj violen\$).mp.
17	(modern\$ adj3 slave\$).mp.
18	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained\$ or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).mp.
19	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
20	14 or 15 or 16 or 17 or 18 or 19

#	Searches
21	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
22	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
23	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ population\$)).mp.
24	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
25	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
26	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
27	13 and 20
28	21 or 22 or 23 or 24 or 25 or 26 or 27
29	(anonym\$ adj3 (study or studies or survey\$ or questionnaire\$ or interview\$ or form or report\$ or submit\$ or submission\$)).mp.
30	(confidential\$ or anonymity).mp.
31	documentation.mp.
32	decision support system\$.mp.
33	((detect\$ or identif\$ or screen\$) adj2 (tool\$ or scale\$ or instrument\$ or benchmark\$)).mp.
34	((incident\$ or complaint\$) adj (report\$ or track\$ or log or system)).mp.
35	(threshold\$ and (concern\$ or investigat\$ or prevent\$ or protect\$)).mp.
36	(threshold\$ adj (tool\$ or framework\$ or guid\$ or score\$)).mp.
37	(checklist\$ adj5 risk\$).mp.
38	((clinical\$ or professional\$) adj supervision\$).mp.
39	(supervision\$ adj4 (staff\$ or work\$ or peer or training or education or handling or risk\$ or right\$)).mp.
40	(supervision\$ and training).mp.
41	(supervision\$ adj (program\$ or session\$)).mp.
42	(teamcoach\$ or team-coach\$ or team coach\$ or teamlearn\$ or team-learn\$ or team learn\$).mp.
43	(team\$ adj5 intervention\$).mp.
44	((policy\$ or policies\$) adj2 procedure\$).mp.
45	(report\$ adj (protocol\$ or procedur\$ or policy or policies or process\$ or guideline\$ or law\$ or requirement\$ or system\$)).mp.
46	(report\$ adj3 (abus\$ or neglect\$ or self-neglect\$ or mistreat\$ or safeguard\$)).mp.
47	((mandat\$ or compulsory or voluntary) adj3 report\$).mp.
48	(advoca\$ adj10 (abus\$ or neglect\$ or self-neglect\$ or safeguard\$)).mp.
49	(advoca\$ adj5 (partnership\$ or famil\$ or relative\$ or friend\$ or volunteer\$ or caregiver\$ or nurs\$ or social worker\$ or staff\$ or resident\$)).mp.
50	(advoca\$ adj (group\$ or role\$ or support\$ or organi?ation\$ or service\$ or program\$ or scheme\$ or team\$ or skill\$)).mp.
51	((patient\$ or consumer\$) adj advoca\$).mp.
52	(independen\$ adj advoca\$).mp.
53	ombudsm?n\$.mp.
54	((case or care or consensus\$ or family or group\$ or protect\$) adj conference\$).mp.
55	((multiagenc\$ or multi-agenc\$ or multi agenc\$ or multidisciplin\$ or multi-discplin\$ or multi disciplin\$) adj2 conference\$).mp.
56	(secondary data analys\$ or secondary analys\$).mp.
57	((respond\$ or describ\$ or manag\$ or identif\$ or report\$ or document\$ or prevent\$ or evaluat\$ or understand\$ or recogni\$ or awareness or action) adj4 incident\$).mp.
58	((recog\$ or respond\$ or manag\$) adj3 (abus\$ or neglect\$ or self-neglect\$ or mistreat\$ or safeguard\$)).mp.
59	29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58
60	28 and 59
61	(recogni\$ or report\$ or respond\$ or manag\$ or advoca\$ or supervision\$ or threshold\$ or documentation\$ or investigat\$ or inquiry or inquiries or policy or policies or procedure\$ or process\$ or anonym\$ or confidential\$).tw.
62	21 or 22 or 23
63	61 and 62
64	60 or 63
65	limit 64 to english language
66	limit 65 to yr="2008 -Current"

1

2

Database(s): Social Policy and Practice, PsycINFO 1806 to November Week 4 2019

3

Date of last search: 3rd December 2019

#	Searches
1	((long term\$ or long-term\$) adj care).mp.
2	(respite\$ adj care).mp.
3	(nursing adj home\$1).mp.

#	Searches
4	(care adj home\$1).mp.
5	((elderly or old age) adj2 home\$1).mp.
6	((nursing or residential) adj (home\$1 or facilit\$)).mp.
7	(home\$1 for the aged or home\$1 for the elderly or home\$1 for older adult\$).mp.
8	residential aged care.mp.
9	("frail elderly" adj2 (facilit\$ or home or homes)).mp.
10	(residential adj (care or facilit\$ or setting\$)).mp.
11	((long-term or long term) adj2 (facility or facilities)).mp.
12	((mental health or mental-health) adj (facilit\$ or institution\$ or setting\$ or service\$)).mp.
13	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
14	((physical\$ or emotional\$ or sexual\$ or psychological\$ or financial\$ or organi?ational\$ or institutional\$ or discriminat\$ or depriv\$) adj abus\$).mp.
15	(neglect or self-neglect or self neglect).mp.
16	((domestic\$ or partner\$) adj violen\$).mp.
17	(modern\$ adj3 slave\$).mp.
18	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).mp.
19	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
20	14 or 15 or 16 or 17 or 18 or 19
21	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
22	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
23	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ population\$)).mp.
24	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
25	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
26	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
27	(family adj violence\$).mp.
28	21 or 22 or 23 or 24 or 25 or 26 or 27
29	(elderly or old age or aged or older adult\$ or frail or vulnerabl\$ or mental health or mental-health or residential or institution\$ or respite\$ or long term\$ or long-term\$ or nursing home\$1 or care home\$1 or home care\$).m_titl.
30	(abuse\$ or restrain\$ or violen\$ or rape or neglect\$ or selfneglect\$ or self-neglect\$ or slave\$ or safeguard\$ or safe-guard\$ or mistreat\$ or protect\$ or harm\$).m_titl.
31	guideline\$.mp.
32	(guidelines\$ or guidance\$ or framework\$ or standard\$).ti.
33	31 or 32
34	28 or (13 and 20) or (20 and 29) or (13 and 30)
35	33 and 34
36	limit 35 to yr="2008 -Current"
37	limit 36 to english language

1

2 **Databases ASSIA, IBSS, Social Science Database, Social Services Abstracts and**
3 **Sociological Abstracts were also searched**

4 Date of last search: 3rd December 2019

5 Economics Search

6

7 **Database(s): Medline & Embase (Multifile)**

8 **Embase Classic+Embase 1947 to 2019 December 03, Ovid MEDLINE(R) and Epub**

9 **Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to December**
10 **03, 2019**

11 Date of last search: 4th December 2019

12 *Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of*
13 *Print, In-Process & Other Non-Indexed Citations and Daily*

#	Searches
1	*Long-Term Care/ use ppez
2	*long term care/ use emczd
3	((long term\$ or long-term\$) adj care).tw.
4	Respite Care/ use ppez
5	respite care/ use emczd

#	Searches
6	(respite\$ adj care).tw.
7	institutional practice/ use ppez
8	institutional care/ use emczd
9	exp Nursing Homes/ use ppez
10	Group Homes/ use ppez
11	nursing home/ use emczd
12	residential facilities/ use ppez
13	residential home/ use emczd
14	homes for the aged/ use ppez
15	home for the aged/ use emczd
16	(nursing adj home\$1).tw.
17	(care adj home\$1).tw.
18	((elderly or old age) adj2 home\$1).tw.
19	((nursing or residential) adj (home\$1 or facilit\$)).tw.
20	(home\$1 for the aged or home\$1 for the elderly or home\$1 for older adult\$).tw.
21	residential aged care.tw.
22	("frail elderly" adj2 (facilit\$ or home or homes)).tw.
23	(residential adj (care or facilit\$ or institution\$ or setting\$ or service\$ or provider\$)).tw.
24	((long-term or long term) adj2 (facility or facilities)).tw.
25	((mental health or mental-health) adj (facilit\$ or institution\$ or setting\$ or service\$)).tw.
26	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25
27	Physical Abuse/ use ppez
28	physical abuse/ use emczd
29	Restraint, Physical/ use ppez
30	*Violence/ use ppez
31	*violence/ use emczd
32	emotional abuse/ use emczd
33	Sex Offenses/ use ppez
34	Rape/ use ppez
35	sexual abuse/ use emczd
36	rape/ use emczd
37	neglect/ use emczd
38	Domestic Violence/ use ppez
39	domestic violence/ use emczd
40	Spouse Abuse/ use ppez
41	Intimate Partner Violence/ use ppez
42	partner violence/ use emczd
43	exp Human Rights Abuses/ use ppez
44	exp human rights abuse/ use emczd
45	self neglect/ use emczd
46	abuse/ use emczd
47	patient abuse/ use emczd
48	((physical\$ or emotional\$ or sexual\$ or psychological\$ or financial\$ or organi?tional\$ or institutional\$ or discriminat\$ or depriv\$) adj abus\$).tw.
49	(domestic\$ adj violen\$).tw.
50	(modern\$ adj3 slave\$).tw.
51	(neglect or self-neglect or self neglect).tw.
52	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).tw.
53	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
58	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
59	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
60	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
61	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
62	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ population\$)).tw.
63	(family adj violence\$).tw,kw.

#	Searches
64	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63
65	(elderly or old age or aged or older adult\$ or frail or vulnerabl\$ or mental health or mental-health or residential or institution\$ or respite\$ or long term\$ or long-term\$ or nursing home\$1 or care home\$1 or home care\$).m_titl.
66	(abuse\$ or restrain\$ or violen\$ or rape or neglect\$ or selfneglect\$ or self-neglect\$ or slave\$ or safeguard\$ or safe-guard\$ or mistreat\$ or protect\$ or harm\$).m_titl.
67	Economics/ use ppez
68	Value of life/ use ppez
69	exp "Costs and Cost Analysis"/ use ppez
70	exp Economics, Hospital/ use ppez
71	exp Economics, Medical/ use ppez
72	Economics, Nursing/ use ppez
73	Economics, Pharmaceutical/ use ppez
74	exp "Fees and Charges"/ use ppez
75	exp Budgets/ use ppez
76	health economics/ use emczd
77	exp economic evaluation/ use emczd
78	exp health care cost/ use emczd
79	exp fee/ use emczd
80	budget/ use emczd
81	funding/ use emczd
82	budget*.ti,ab.
83	cost*.ti.
84	(economic* or pharmaco?economic*).ti.
85	(price* or pricing*).ti,ab.
86	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
87	(financ* or fee or fees).ti,ab.
88	(value adj2 (money or monetary)).ti,ab.
89	or/67-88
90	26 and 54 and 89
91	64 and 89
92	54 and 65 and 89
93	26 and 66 and 92
94	90 or 91 or 92 or 93
95	limit 94 to yr="2014 -Current"
96	Quality-Adjusted Life Years/ use ppez
97	Sickness Impact Profile/
98	quality adjusted life year/ use emczd
99	"quality of life index"/ use emczd
100	(quality adjusted or quality adjusted life year*).tw.
101	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
102	(illness state* or health state*).tw.
103	(hui or hui2 or hui3).tw.
104	(multiattribute* or multi attribute*).tw.
105	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
106	utilities.tw.
107	(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.
108	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
109	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
110	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
111	Quality of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
112	Quality of Life/ and ec.fs.
113	Quality of Life/ and (health adj3 status).tw.
114	(quality of life or qol).tw. and Cost-Benefit Analysis/ use ppez
115	(quality of life or qol).tw. and cost benefit analysis/ use emczd
116	((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.
117	Cost-Benefit Analysis/ use ppez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
118	cost benefit analysis/ use emczd and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
119	*quality of life/ and (quality of life or qol).ti.
120	quality of life/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
121	quality of life/ and health-related quality of life.tw.
122	Models, Economic/ use ppez
123	economic model/ use emczd

#	Searches
124	care-related quality of life.tw,kw.
125	((capability\$ or capability-based\$) adj (measure\$ or index or instrument\$)).tw,kw.
126	social care outcome\$.tw,kw.
127	(social care and (utility or utilities)).tw,kw.
128	96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120 or 121 or 122 or 123 or 124 or 125 or 126 or 127
129	26 and 54 and 128
130	64 and 128
131	54 and 65 and 128
132	26 and 66 and 128
133	129 or 130 or 131 or 132
134	95 or 133

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Database(s): CRD: NHS Economic Evaluation Database (NHS EED), HTA Database

3

Date of last search: 4th December 2019

Line	Search
1	MeSH DESCRIPTOR Long-Term Care EXPLODE ALL TREES
2	(((((long term* or long-term*) NEAR1 care)))
3	MeSH DESCRIPTOR Respite care EXPLODE ALL TREES
4	((respite* NEAR1 care))
5	MeSH DESCRIPTOR institutional practice EXPLODE ALL TREES
6	MeSH DESCRIPTOR Nursing Homes EXPLODE ALL TREES
7	MeSH DESCRIPTOR Group Homes EXPLODE ALL TREES
8	MeSH DESCRIPTOR residential facilities EXPLODE ALL TREES
9	MeSH DESCRIPTOR homes for the aged EXPLODE ALL TREES
10	((nursing NEAR1 home*))
11	((care NEAR1 home*))
12	((elderly or old age) NEAR2 home*))
13	((nursing or residential) NEAR1 (home* or facilit*))
14	((home* for the aged or home* for the elderly or home* for older adult*))
15	(residential aged care)
16	(("frail elderly" NEAR2 (facilit* or home or homes)))
17	((residential NEAR1 (care or facilit* or institution* or setting* or service* or provider*)))
18	((long-term or long term) NEAR2 (facility or facilities)))
19	((mental health or mental-health) NEAR1 (facilit* or institution* or setting* or service*))
20	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
21	MeSH DESCRIPTOR Physical Abuse EXPLODE ALL TREES
22	MeSH DESCRIPTOR Restraint, Physical EXPLODE ALL TREES
23	MeSH DESCRIPTOR Violence EXPLODE ALL TREES
24	MeSH DESCRIPTOR Sex Offenses EXPLODE ALL TREES
25	MeSH DESCRIPTOR Rape EXPLODE ALL TREES
26	MeSH DESCRIPTOR Domestic Violence EXPLODE ALL TREES
27	MeSH DESCRIPTOR Spouse Abuse EXPLODE ALL TREES
28	MeSH DESCRIPTOR Intimate Partner Violence EXPLODE ALL TREES
29	MeSH DESCRIPTOR Human Rights Abuses EXPLODE ALL TREES
30	((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv*) NEAR1 abus*))
31	((domestic* NEAR1 violen*))
32	((modern* NEAR3 slave*))
33	((neglect or self-neglect or self neglect))
34	((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) NEAR1 (injur* or trauma*))
35	((safeguard* or safe-guard* or safe guard*))
36	#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
37	MeSH DESCRIPTOR Elder Abuse EXPLODE ALL TREES
38	((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR3 (abus* or mistreat* or neglect* or self-neglect*))
39	((adult* social* care* or adult* protective* service* or elder* protective* service*))
40	((adult* NEAR3 (safeguard* or safe-guard* or safe guard* or protection*))
41	((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) NEAR3 protect*))
42	((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*))
43	((family NEAR1 violence*))

Line	Search
44	#37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43
45	((elderly or old age or aged or older adult* or frail or vulnerabl* or mental health or mental-health or residential or institution* or respite* or long term* or long-term* or nursing home* or care home* or home care*)):TI
46	((abuse* or restrain* or violen* or rape or neglect* or selfneglect* or self-neglect* or slave* or safeguard* or safe-guard* or mistreat* or protect* or harm*)):TI
47	#20 AND #36
48	#20 AND #46
49	#36 AND #45
50	#44 OR #47 OR #48 OR #49
51	* IN NHSEED, HTA
52	#50 AND #51
53	((care-related quality of life)) IN NHSEED, HTA
54	(((((capability* or capability-based*) NEAR1 (measure* or index or instrument*)))))) IN NHSEED, HTA
55	((social care outcome*)) IN NHSEED, HTA
56	((social care NEAR (utility or utilities))) IN NHSEED, HTA
57	#52 OR #53 OR #54 OR #55 OR #56

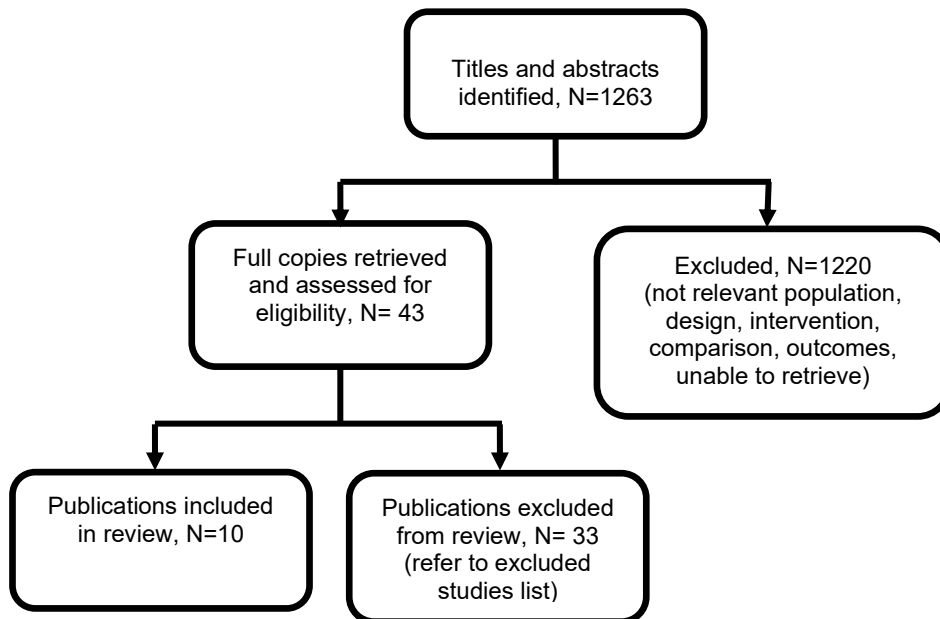
1

1 Appendix C – Evidence study selection

2 Study selection for review question C: What tools and ways of working support
3 effective or accurate recognition and reporting of safeguarding concerns in
4 care homes?

5 Figure 1: Study selection flow chart

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1 Appendix D – Evidence tables

2 Evidence tables for review question C: What tools and ways of working support effective or accurate recognition and 3 reporting of safeguarding concerns in care homes?

4 Table 4: Evidence tables for review question C: What tools and ways of working support effective or accurate recognition and 5 reporting of safeguarding concerns in care homes?

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>Full citation</p> <p>Local Government Association; Association of Directors of Adult Social Services, Making decisions on the duty to carry out Safeguarding Adults enquiries: suggested framework to support practice, reporting and recording, 31p., 2019</p> <p>Ref Id</p> <p>1150966</p> <p>Country/ies where study carried out</p> <p>UK</p> <p>Study type</p> <p>Guidance.</p> <p>Aim of the study</p>	<p>This guidance is aimed at sectors and organisations involved with referrals of safeguarding adults concerns.</p>	<p>Data relating to recognition of safeguarding concerns and information gathering</p> <ul style="list-style-type: none"> Recognition should be informed by observations, third party reports and corroborative information objectively (pp. 20). <p>Data relating to recognition of safeguarding concerns - principles</p> <ul style="list-style-type: none"> Recognition should take into account whether a concern affects children or any other adults at risk (pp. 20). Recognition should consider if there have been repeat allegations (pp. 20). Recognition should consider if the concern may constitute a criminal offence and if there is a current or past relationship of trust (pp. 20). Reporting should be supported by practice tools (for example, power and control wheel/DASHRIC, clutter rating index) or eligibility thresholds for services (for example, social care outcomes or continuing healthcare decision support tool descriptors) and research findings to reduce appearance 	<p>Scope and purpose (43%)</p> <p>The overall objective of the guidance and the population for whom the guidance was aimed at were described in some detail. However, the health question was not explicitly stated.</p> <p>Stakeholder involvement (57%)</p> <p>The professionals involved in the development of the guidance were clearly described, and the views of the target population were sought to some extent. The target users were discussed, but details were limited.</p> <p>Rigour of development (0%)</p> <p>The guidance drew on various sources (including safeguarding workshops), but other details were not provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication, and there was no mention of a procedure for updating the guidance.</p> <p>Clarity of presentation (5%)</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>To provide supporting information on decision making in relation to whether or not a reported safeguarding adults concern needs an enquiry under the Section 42 (S42) duty of Care Act, 2014.</p> <p>Study dates</p> <p>November 2018.</p> <p>Source of funding</p> <p>No sources of funding reported.</p>		<p>of bias or subjectivity and shows why suspicions are reasonable (pp. 20).</p> <ul style="list-style-type: none"> After a risk is recognised and preliminary information is gathered, decide how it will be reported as either a safeguarding enquiry under the S42 duty if the three criteria are met (need for care and support, experiencing or at risk of abuse or neglect and as a result of their needs is unable to protect themselves), or an 'other' safeguarding enquiry using the local authority's powers but not under the S42 duty or as not requiring any further action under safeguarding processes but still remaining reported as a concern (pp. 20). <p>Data relating to procedures for reporting safeguarding concerns - who needs to be informed</p> <ul style="list-style-type: none"> When reporting, consider the full breadth of parties that may need to be informed or consulted depending on the context including the local authority, appropriate voluntary organisations, the police, organisation commissioning care, the Office of the Public Guardian/DWP, helplines or internet support, GPs or other healthcare professionals, the CQC or other regulators (pp. 22). 	<p>Statements are vague and the different options are not discussed. The key statements are not easily identifiable.</p> <p>Applicability (11%) The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. There was some discussion on how the statements can be put into practice, but this was limited. The potential resource implications, and monitoring/auditing criteria were not discussed.</p> <p>Editorial independence (7%) The guidance does not include a detailed statement about funding or the interests of the committee.</p>
<p>Full citation</p> <p>Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019 Ref Id</p>	<p>The guidance is aimed at people and organisations working with adults at risk of abuse and neglect.</p>	<p>Data relating to recognition of indicators of harm</p> <ul style="list-style-type: none"> Potential causes for concern (as opposed to signs only of poor care): a series of medication errors, an increase in number of A&E visits, especially if the same injuries happen more than once, changes in the behaviour and demeanour, nutritionally 	<p>Scope and purpose (76%) The overall objective of the guidance and the population for whom the guidance was aimed at were clearly defined. However, the health question was not clearly stated.</p> <p>Stakeholder involvement (48%)</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>1150967</p> <p>Country/ies where study carried out</p> <p>UK (London)</p> <p>Study type</p> <p>Guidance.</p> <p>Aim of the study</p> <p>To improve safeguarding of adults at risk of abuse in London and encourage continued development of best practice.</p> <p>Study dates</p> <p>Not reported.</p> <p>Source of funding</p> <p>No sources of funding reported.</p>		<p>inadequate food, signs of neglect (for example, dirty clothes), repeated missed visits by a Home Care Agency, an increase in the number of complaints received about the service, an increase in the use of agency or bank staff, a pattern of missed GP or dental appointments, an unusually high or unusually low number of safeguarding alerts (pp. 92).</p> <p>Data relating to recognition of safeguarding concerns - information gathering</p> <ul style="list-style-type: none"> • Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording (pp. 63). • Do not interview the person, but establish the basic facts avoiding asking the same questions more than once (pp. 64). <p>Data relating to confidentiality of reporting safeguarding concerns</p> <ul style="list-style-type: none"> • Promises should not be made to the person at the centre of the concerns in relation to keeping confidential what they tell say; it should be explained to the person at the centre of the concerns who will be informed of the concerns and why. It should be explained that the person's wishes will be respected where possible, but that referrals and actions can be taken without their consent. The person at the centre of the concerns should be told what action will be taken (pp. 64). <p>Data relating to procedures for reporting safeguarding concerns</p>	<p>The professionals involved in the development of the guidance were clearly described, and the target users of the guideline were defined. The views and preferences of the target population were considered, but details were limited.</p> <p>Rigour of development (0%) Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described in detail, and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication (although the authors did state that the document had been reviewed from a legal perspective), and there was no mention of a procedure for updating the guidance.</p> <p>Clarity of presentation (10%) Statements are presented but are somewhat vague. The different options are not discussed and the key statements are not easily identifiable.</p> <p>Applicability (0%) The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. Detailed discussions on how the statements can be put into practice were not provided. The potential resource implications, and monitoring/auditing criteria were not discussed.</p> <p>Editorial independence (7%) The guidance does not include a detailed statement about funding or the interests of the committee.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		<ul style="list-style-type: none"> Encourage and support the adult at the centre of the safeguarding concern to report the matter to the police if a crime is suspected and not an emergency situation (pp. 63). The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk (pp. 63). Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger (pp. 63). 	
<p>Full citation</p> <p>Association of Directors of Social Services, Safeguarding threshold guidance, 7p., 2011</p> <p>Ref Id</p> <p>1020333</p> <p>Country/ies where study carried out</p> <p>England (North East)</p> <p>Study type</p> <p>Guidance.</p> <p>Aim of the study</p> <p>To provide a set standard for safeguarding adults at risk</p>	<p>The guidance is aimed at professionals working with adults living in the North East of England who are at risk of harm.</p>	<p>Data relating to recognition of indicators of harm - response</p> <ul style="list-style-type: none"> Lower level harms could be addressed via internal processes (for example, disciplinary or care management) (pp. 4). Significant or very significant harms should trigger a referral to safeguarding (pp. 4). Critical harms should be addressed as a potential criminal matter (pp. 4). <p>Data relating to recognising indicators of physical harm</p> <ul style="list-style-type: none"> Lower level physical harms - staff error causing no or little harm, minor events that still meet criteria for incident reporting, isolated service user on service user incident, single inexplicable very light marking (pp. 4). Significant physical harms - inexplicable marking or lesions, cuts or grip marks on multiple occasions (pp. 4). 	<p>Scope and purpose (29%)</p> <p>The overall objective of the guidance was described. However, the health question and population for whom the guideline was aimed at were not clearly described.</p> <p>Stakeholder involvement (0%)</p> <p>No information was provided on the professionals who were involved in the development of the guidance, and it is unclear whether there was any involvement by adults at risk. The target users for the guidance is alluded to but not explicitly stated.</p> <p>Rigour of development (0%)</p> <p>Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. There was no mention of a procedure for updating the guidance.</p> <p>Clarity of presentation (38%)</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>across the North East of England using a clear baseline.</p> <p>Study dates Not reported.</p> <p>Source of funding No sources of funding reported.</p>		<ul style="list-style-type: none"> Very significant physical harms - inappropriate restraint, withholding of food/drink/aids to independence, inexplicable fractures, assault (pp. 4). Critical physical harms - grievous bodily harm/assault with a weapon leading to permanent damage or death (pp. 4). <p>Data relating to recognising indicators of medication harm</p> <ul style="list-style-type: none"> Lower level medication harms - user does not receive prescribed medication but with no harm (pp. 4). Significant medication harms - recurring missed medication affecting more than one user and/or cause some harm (pp. 4). Very significant medication harms - deliberate maladministration of medication or covert administration when not medically authorised (pp. 4). Critical medication harms - pattern of recurring errors or an incidence of very significant harm which results in ill-health or death (pp. 4). <p>Data relating to recognising indicators of sexual harm</p> <ul style="list-style-type: none"> Lower level sexual harms - isolated incident of teasing or low-level unwanted sexualised attention (pp. 4). Significant sexual harms - recurring sexualised touch or masturbation without consent, being subject to indecent exposure, sexualised behaviour which causes distress to person at risk (pp. 4). Very significant sexual harms - attempted penetration of any means without consent, 	<p>statements are fairly vague, but the key statements are easily identifiable. The different options are not clearly presented.</p> <p>Applicability (21%) The guidance did not present a systematic discussion of facilitators and barriers to the guideline or advice for implementation. No information was provided on potential resource implications of applying statements, or on monitoring/auditing criteria. However, discussions were provided on how the statements can be put into practice.</p> <p>Editorial independence (7%) The guidance does not include a detailed statement about funding or the interests of the committee.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		<p>being forced to look at pornographic material without consent (pp. 4).</p> <ul style="list-style-type: none"> • Critical sexual harms - sex in a relationship characterised by inequality (for example, staff and service user), rape, voyeurism (pp. 4). <p>Data relating to recognising indicators of psychological harm</p> <ul style="list-style-type: none"> • Lower level psychological harms - single incidents of rude/inappropriate verbal behaviour, withholding of information to disempower (pp. 4). • Significant psychological harms - denying choices or opinions, frequent verbal outbursts (pp. 4). • Very significant psychological harms - humiliation or emotional blackmail (pp. 4). • Critical psychological harms - denial of basic human rights, vicious personalised verbal attacks (pp. 4). <p>Data relating to recognising indicators of financial harm</p> <ul style="list-style-type: none"> • Lower level financial harms - money not recorded safely/properly, adult not routinely involved in decisions about how their money is spent (pp. 4). • Significant financial harms - adult's money kept in joint bank account with unclear arrangements/denied access (pp. 4). • Very significant financial harms - misuse of adult's property or possessions (pp. 4). • Critical financial harms - fraud or theft (pp. 4). 	

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		<p>Data relating to recognising indicators of neglect</p> <ul style="list-style-type: none"> • Lower level neglect harms - isolated missed home visit, one meal/drink assistance missed with no harm (pp. 4). • Significant neglect harms - recurrent missed home visits, hospital discharge without adequate planning but no harm (pp. 4). • Very significant neglect harms - ongoing lack of care leading to harm (for example, pressure wounds) (pp. 4). • Critical neglect harms - failure to arrange access to life saving services or to intervene in dangerous situations (pp. 4). <p>Data relating to recognising indicators of discriminatory harm</p> <ul style="list-style-type: none"> • Lower level discriminatory harms - incidents of teasing motivated by prejudiced attitudes, isolated short term incident of care planning that does not address an adult's specific diversity associated need (pp. 4). • Significant discriminatory harms - inequitable access to services because diversity issue or recurring failure to meet specific support needs relating to diversity (pp. 4). • Very significant discriminatory harms - denial of civil liberties, humiliation or threats relating to diversity (pp. 4). • Critical discriminatory harms - hate crime resulting in injury or fear for life (pp. 4). <p>Data relating to recognising indicators of institutional harm</p> <ul style="list-style-type: none"> • Lower level institutional harms - lack of opportunities to engage in leisure and social 	

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		<p>activities, involvement in running of service, care planning not person centred (pp. 4).</p> <ul style="list-style-type: none"> • Significant institutional harms - rigid routines, dignity being undermined (pp. 4). • Very significant institutional harms - bad practice not reported, unsafe/unhygienic living environments (pp. 4). • Critical institutional harms - misuse of position of power, over-medication/inappropriate restraint (pp. 4). <p>Data relating to recognising indicators of professional harm</p> <ul style="list-style-type: none"> • Lower level professional harms - service users living together are incompatible, outmoded care practice not causing significant harm, denying access to services like advocacy (pp. 4). • Significant professional harms - failure to whistle blow when appropriate, failure to refer disclosure of abuse (pp. 4). • Very significant professional harms - punitive response to challenging behaviours from service users, failure to support user access to care (pp. 4). • Critical professional harms - entering sexual relationship with a patient/client (pp. 4). 	
<p>Full citation</p> <p>Northern Ireland. Department of Health, Social Services, Public, Safety, Great Britain Northern Ireland Office, Adult abuse: recognising adult abuse and what to do about it!: guidance for staff, 17p., 2009</p>	<p>The guidance is aimed at everyone employed or working in a voluntary capacity, permanently or occasionally, with vulnerable adults in any setting or context.</p>	<p>Data relating to recognition of indicators of physical abuse</p> <ul style="list-style-type: none"> • Possible signs of physical abuse include fractures, bruising, burns, pain, marks, not wanting to be touched (pp. 5). 	<p>Scope and purpose (29%) The overall objective of the guidance and the health question were not clearly defined. However, the authors did provide a description of the population for whom the guidance was aimed at (providing a definition for vulnerable adults).</p> <p>Stakeholder involvement (14%)</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>Ref Id 1006082</p> <p>Country/ies where study carried out Northern Ireland.</p> <p>Study type Guidance.</p> <p>Aim of the study To provide advice to anyone employed or working in a voluntary capacity, permanently or occasionally, with vulnerable adults in any setting or context on how to be alert to signs of abuse and what to do and not to do if abuse is suspected.</p> <p>Study dates Not reported.</p> <p>Source of funding No sources of funding reported.</p>		<p>Data relating to recognition of indicators of psychological abuse</p> <ul style="list-style-type: none"> Possible signs of psychological abuse include being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus (pp. 5). <p>Data relating to recognition of indicators of financial or material abuse</p> <ul style="list-style-type: none"> Possible signs of financial or material abuse include having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills, not having normal home comforts (pp. 6). <p>Data relating to recognition of indicators of sexual abuse</p> <ul style="list-style-type: none"> Possible signs of sexual abuse include physical symptoms including genital itching, or soreness of having a sexually transmitted disease, using bad language, not wanting to be touched, behaving in a sexually inappropriate way, changes in appearance (pp. 6). <p>Data relating to recognition of indicators of neglect</p> <ul style="list-style-type: none"> Possible signs of neglect include having pain or discomfort, being very hungry, thirsty or 	<p>The authors did not refer to the professionals involved in the development process and did not capture the views of the target population. The target users were defined, although the information was limited.</p> <p>Rigour of development (0%) No details were provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication, and there was no mention of a procedure for updating the guidance.</p> <p>Clarity of presentation (0%) Statements are brief and not clearly explained or presented.</p> <p>Applicability (0%) The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. No discussions were provided on how the statements can be put into practice, the potential resource implications, or monitoring/auditing criteria.</p> <p>Editorial independence (7%) The guidance does not include a detailed statement about funding or the interests of the committee.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		<p>untidy, failing health, changes in behaviour (pp. 7).</p> <p>Data relating to recognition of indicators of discriminatory abuse</p> <ul style="list-style-type: none"> Possible signs of discriminatory abuse include the person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish (pp. 7). <p>Data relating to procedures in reporting suspected abuse</p> <ul style="list-style-type: none"> If abuse is suspected ensure that no one is in immediate danger (pp. 10). If abuse is suspected, the person at the centre of the concern should be aware that they will be kept involved at every stage, that they will be told the outcome and who will do this (pp. 10). <p>Data relating to recognition of abuse and information gathering</p> <ul style="list-style-type: none"> If abuse is suspected, the person at the centre of the concern should not be pressed for more detail (pp. 11). If abuse is suspected, personal investigations should not be attempted and the alleged abuser should not be contacted (pp. 11). If abuse is suspected, medical and forensic evidence might be needed and the person at the centre of the concern should be 	

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		<p>encouraged not to wash or bathe because this could disturb evidence (pp. 11).</p> <p>Data relating to confidentiality in reporting suspected abuse</p> <ul style="list-style-type: none"> If abuse is suspected, it should be explained to the person at the centre of the concern that a line manager or designated officer must be informed, and this should be done immediately (pp. 11). If abuse is suspected, promises to keep secrets or making promises that cannot be kept should not be made to the person at the centre of the concern (pp. 11). 	
<p>Full citation</p> <p>Royal College of Nursing, Adult safeguarding: roles and competencies for healthcare staff, 44, 2018</p> <p>Ref Id</p> <p>1019760</p> <p>Country/ies where study carried out</p> <p>UK</p> <p>Study type</p> <p>Guidance.</p>	<p>The guidance is aimed at health and social care professionals working with individuals aged 18 years who may be at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves.</p>	<p>Data relating to recognition of potential signs of abuse - principles</p> <ul style="list-style-type: none"> Core competencies for all staff working in health settings include recognising potential indicators of adult abuse, harm and neglect (pp. 14). Core competencies for all registered healthcare staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role): identify risks and contribute to risk assessments (pp. 18). <p>Data relating to reporting procedures</p> <ul style="list-style-type: none"> Core competencies for all staff working in health settings include: an awareness of appropriate action including reporting and documenting concerns safely and seeking advice (pp. 14). 	<p>Scope and purpose (57%)</p> <p>The overall objective of the guidance was defined and the population for whom the guidance was aimed at was provided, although the detail provided was limited. The health question was clearly stated.</p> <p>Stakeholder involvement (57%)</p> <p>The authors referred to the professionals involved in the development of the guidance, and the target users were clearly defined. However, it was not clear whether the guidance sought the views and preferences of the target population.</p> <p>Rigour of development (0%)</p> <p>No details were provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. There was no mention of a procedure for updating the guidance.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>Aim of the study</p> <p>To provide all health and social care professionals working in any healthcare setting with the competencies needed to support adult safeguarding.</p> <p>Study dates</p> <p>Not reported.</p> <p>Source of funding</p> <p>Supported by NHS England and NHS Wales.</p>		<ul style="list-style-type: none"> Core competencies for all registered healthcare staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role): able to present safeguarding concerns verbally and in writing for professional and legal purposes (pp.18). 	<p>Clarity of presentation (19%) Statements are specific and concise, but key statements are not easily identifiable, and different options are not presented.</p> <p>Applicability (18%) The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. Limited discussions were provided on how the statements can be put into practice, and the potential resource implications of applying statements were considered to some extent. No information was provided on monitoring/auditing criteria.</p> <p>Editorial independence (7%) The guidance does not include a detailed statement about the role of the funding body or the interests of the committee.</p>
<p>Full citation</p> <p>Skills for Care, what do I need to know about safeguarding adults? Key questions for workers in adult social care, 18, 2017</p> <p>Ref Id</p> <p>1005616</p> <p>Country/ies where study carried out</p> <p>UK</p> <p>Study type</p>	<p>The guidance is aimed at social care managers and staff working with adults who may be at risk of harm.</p>	<p>Data relating to recognising indicators of physical abuse or neglect</p> <ul style="list-style-type: none"> Possible indicators of abuse or neglect include: disclosure, seeming under the control of others, unexplained injuries (for example, loss of hair, bruises, bites, burn or scald marks), pressure ulcers, missing money or possessions, pain around genital/anal/breast areas, blood-stained underwear, pain and discomfort when walking or sitting, dirty clothing or bedding, taking the wrong dosage of medication or medication not given, anxiety, lack of confidence or low self-esteem, disturbed sleep, rigid routines, verbal abuse and disrespect, exclusion from activities/services, few or no personal belongings, avoiding eye contact/hesitant to talk to strangers or law 	<p>Scope and purpose (57%) The overall objective of the guidance was not clearly defined. However, clear descriptions of the health question and population for whom the guidance was aimed at were provided.</p> <p>Stakeholder involvement (0%) The authors did not refer to the professionals involved in the development process and did not capture the views of the target population. The target users were not clearly defined.</p> <p>Rigour of development (0%) Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication, and there was</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>Guidance.</p> <p>Aim of the study</p> <p>To provide information on safeguarding adults for adult social care managers and staff.</p> <p>Study dates</p> <p>Not reported.</p> <p>Source of funding</p> <p>No sources of funding reported.</p>		<p>enforcers, buying things they don't need or investing in things they don't understand (pp. 7).</p> <p>Data relating to recognition of abuse or neglect and information gathering</p> <ul style="list-style-type: none"> • Write down carefully what a person at risk tells you, using their own words (pp. 11). • Evidence should be preserved where possible (for example, don't wash clothing or injuries) and if you suspect physical or sexual abuse is suspected, encourage the person at the centre of the concern not to wash until they have spoken to someone (pp. 11). • Make notes of any money or possessions and when and where they were last seen (pp. 11). • Ask the person at risk what they want done but tell the person at risk you have a responsibility to report concerns and tell them who will be informed of the concerns, why and when (pp. 11). <p>Data relating to reporting of abuse or neglect - contents</p> <ul style="list-style-type: none"> • Reporting should include name and details of person at risk, your name, contact details and where you work, nature of suspected abuse/neglect, what raised suspicions, dates/places/times you suspect abuse may have occurred, whether you feel there is an imminent danger to anyone, whether you feel a crime may have been committed (pp. 11). 	<p>no mention of a procedure for updating the guidance.</p> <p>Clarity of presentation (19%) Statements are somewhat vague and the different options are not clearly presented. The key statements are not easily identifiable.</p> <p>Applicability (0%) The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. No discussions were provided on how the statements can be put into practice, the potential resource implications, or monitoring/auditing criteria.</p> <p>Editorial independence (7%) The guidance does not include a detailed statement about funding or the interests of the committee.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>Full citation</p> <p>Social Care Institute for Excellence, Adult safeguarding practice questions, 2018</p> <p>Ref Id</p> <p>1019757</p> <p>Country/ies where study carried out</p> <p>UK</p> <p>Study type</p> <p>Guidance.</p> <p>Aim of the study</p> <p>To provide guidance to frontline practitioners and managers who work with adults who have care and support needs and who may be at risk of abuse or neglect.</p> <p>Study dates</p> <p>Not reported.</p> <p>Source of funding</p> <p>No sources of funding reported.</p>	<p>The guidance is aimed at frontline practitioners and managers working with adults who have care and support needs and who may be at risk of abuse or neglect.</p>	<p>Data relating to recognition of potential warning signs of abuse</p> <ul style="list-style-type: none"> Practitioners in any setting can help by providing information for adults with care and support needs (and their families) on what abuse looks like and how to recognise potential warning signs (pp. 5). 	<p>Scope and purpose (81%)</p> <p>The overall objective of the guidance was clearly defined and a clear description of the population for whom the guidance was aimed at was provided. The health question was not explicitly stated but can be inferred from the introduction.</p> <p>Stakeholder involvement (86%)</p> <p>The authors referred to the professionals involved in the development process, and the guidance was commented upon and strengthened by an advisory group which included people with care and support needs and carers. The target users were clearly defined.</p> <p>Rigour of development (0%)</p> <p>No details were provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. The guidance was commented upon by an advisory group including Department of Health officials and representatives of Making Safeguarding Personal, but no further details were provided. There was no mention of a procedure for updating the guidance.</p> <p>Clarity of presentation (10%)</p> <p>Statements are brief and not clearly explained or presented.</p> <p>Applicability (0%)</p> <p>The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. No discussions were provided on how the statements can be put into practice, the potential resource implications, or monitoring/auditing criteria.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
			<p>Editorial independence (7%) The guidance does not include a detailed statement about funding or the interests of the committee.</p>
<p>Full citation Social Care Institute for Excellence, Safeguarding adults: types and indicators of abuse, 6, 2015</p> <p>Ref Id 941162</p> <p>Country/ies where study carried out UK</p> <p>Study type Briefing/guidance.</p> <p>Aim of the study To provide details for people who come into contact with people with care and support needs to recognise possible indicators of abuse and identify abuse.</p> <p>Study dates Not reported.</p>	<p>Population The briefing is aimed at social workers, local authority staff and their partners, chairs and members of Safeguarding Adults Boards working with people with care and support needs, such as older people or people with disabilities, who are more likely to be abused or neglected.</p>	<p>Data relating to recognising indicators of physical abuse</p> <ul style="list-style-type: none"> Possible indicators of physical abuse include: no explanation for injuries or inconsistency with the account of what happened; injuries are inconsistent with the person's lifestyle; bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps; frequent injuries; unexplained falls; subdued or changed behaviour in the presence of a particular person; signs of malnutrition (pp. 1). <p>Data relating to recognising indicators of sexual abuse</p> <ul style="list-style-type: none"> Possible indicators of sexual abuse include: bruising, particularly to the thighs, buttocks and upper arms and marks on the neck; torn, stained or bloody underclothing; bleeding, pain or itching in the genital area; unusual difficulty in walking or sitting; foreign bodies in genital or rectal openings; infections, unexplained genital discharge, or sexually transmitted diseases; pregnancy in a woman who is unable to consent to sexual intercourse; the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude; incontinence not related to any medical diagnosis; self-harming; poor concentration, withdrawal, sleep disturbance; excessive fear/apprehension of, or withdrawal from, 	<p>Quality assessment with AGREE II</p> <p>Scope and purpose (5%) The overall objective of the guidance and the health question were not clearly stated. Details on the population for whom the guidance was aimed at were limited.</p> <p>Stakeholder involvement (0%) The professionals involved in the development of the guidance and the target users of the guideline were not described. The views of the target population and other stakeholders were not considered.</p> <p>Rigour of development (0%) Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described in detail, and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication and there was no mention of the guidance being updated.</p> <p>Clarity of presentation (19%) Statements are specific, but the key statements are not easily identifiable. The different options are not clearly presented.</p> <p>Applicability (0%) The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. There was no discussion on how the statements can</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>Source of funding No sources of funding reported.</p>		<p>relationships; fear of receiving help with personal care; reluctance to be alone with a particular person (pp. 2).</p> <p>Data relating to recognising indicators of psychological abuse</p> <ul style="list-style-type: none"> Possible indicators of psychological abuse include: an air of silence when a particular person is present; withdrawal or change in the psychological state of the person; insomnia; low self-esteem; uncooperative and aggressive behaviour; a change of appetite, weight loss/gain; signs of distress: tearfulness, anger; apparent false claims, by someone involved with the person, to attract unnecessary treatment (pp. 3). <p>Data relating to recognising indicators of financial abuse</p> <ul style="list-style-type: none"> Possible indicators of financial or material abuse include: missing personal possessions; unexplained lack of money or inability to maintain lifestyle; unexplained withdrawal of funds from accounts; power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity; the person allocated to manage financial affairs is evasive or uncooperative; the family or others show unusual interest in the assets of the person; a lack of clear financial accounts held by a care home or service (pp. 3). <p>Data relating to recognising indicators of discriminatory abuse</p>	<p>be put into practice, and monitoring/auditing criteria were not discussed.</p> <p>Editorial independence (7%) The guidance does not include a detailed statement about funding or the interests of the committee.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		<ul style="list-style-type: none"> Possible indicators of discriminatory abuse include: the person appears withdrawn and isolated; expressions of anger, frustration, fear or anxiety; the support on offer does not take account of the person's individual needs in terms of a protected characteristic (pp. 4). <p>Data relating to recognising indicators of institutional abuse</p> <ul style="list-style-type: none"> Possible indicators of institutional abuse include: lack of flexibility and choice for people using the service; inadequate staffing levels; people being hungry or dehydrated; poor standards of care; lack of personal clothing and possessions and communal use of personal items; lack of adequate procedures; poor record-keeping and missing documents; absence of visitors; few social, recreational and educational activities; public discussion of personal matters; unnecessary exposure during bathing or using the toilet; absence of individual care plans; lack of management overview and support (pp. 5). <p>Data relating to recognising indicators of neglect/self-neglect Possible indicators of neglect/self-neglect include: poor environment – dirty or unhygienic; poor physical condition and/or personal hygiene; pressure sores or ulcers; malnutrition or unexplained weight loss; untreated injuries and medical problems; , inability or unwillingness to take medication or treat illness or injury; inconsistent or reluctant contact with medical and social care organisations; accumulation of untaken medication; uncharacteristic failure to engage in social interaction; inappropriate or inadequate clothing; inability to avoid self-harm, inability or</p>	

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>Full citation Social Care, Wales, The social care manager: practice guidance for social care managers registered with Social Care Wales, 28, 2019</p> <p>Ref Id 1163565</p> <p>Country/ies where study carried out UK (Wales)</p> <p>Study type Guidance.</p> <p>Aim of the study To provide details on the role of social care managers in the provision of high quality care and support services, and what individuals, families and the public can expect from social care managers.</p> <p>Study dates Not reported.</p> <p>Source of funding</p>	<p>Population This guidance is aimed at social care managers registered with Social Care Wales, and employers.</p>	<p>unwillingness to manage personal affairs, hoarding (pp. 5 to 6).</p> <p>Data relating to procedures in reporting concerns</p> <ul style="list-style-type: none"> Where harm or abuse may have taken place or where there is risk of harm, immediate action must be taken and relevant procedures followed. Contribute to monitoring and evaluation of internal safeguarding procedures to ensure effectiveness and promote improvement (pp. 14). <p>Data relating to reporting concerns – contents of reporting</p> <ul style="list-style-type: none"> Records and reports must be accurate, detailed, objective, timed, dated and signed, and comply with relevant procedures and legal requirements (pp. 12). 	<p>Quality assessment with AGREE II</p> <p>Scope and purpose (76%) The overall objective of the guidance and the population for whom the guidance was aimed at were clearly defined. However, the health question was not clearly stated.</p> <p>Stakeholder involvement (22%) The professionals involved in the development of the guidance were not described, but the target users of the guideline were defined. The views of the target population and other stakeholders were considered, but details were limited.</p> <p>Rigour of development (0%) Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described in detail, and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication (although the authors did state that the document had been reviewed from a legal perspective). Although there was mention of the guidance being updated from time to time, no details were provided.</p> <p>Clarity of presentation (19%) Statements are specific, but the key statements are not easily identifiable. The different options are not clearly presented.</p> <p>Applicability (11%)</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>Sponsored by the Welsh Government.</p>			<p>The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. There was some discussion on how the statements can be put into practice, but this was limited. The potential resource implications, and monitoring/auditing criteria were not discussed.</p> <p>Editorial independence (7%)</p> <p>The guidance does not include a detailed statement about funding or the interests of the committee.</p>
<p>Full citation</p> <p>Volunteer Now, Safeguarding vulnerable adults: a shared responsibility - standards and guidance for good practice in safeguarding vulnerable adults, 2010</p> <p>Ref Id</p> <p>1007425</p> <p>Country/ies where study carried out</p> <p>Northern Ireland</p> <p>Study type</p> <p>Guidance.</p> <p>Aim of the study</p>	<p>The guidance is aimed at voluntary, community and independent organisations working with vulnerable adults (aged 18 years and over) at risk of harm.</p>	<p>Data relating to recognising indicators of psychological abuse</p> <ul style="list-style-type: none"> Possible signs of psychological abuse include being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus (pp. 3). <p>Data relating to recognising indicators of financial abuse</p> <ul style="list-style-type: none"> Possible signs of financial abuse include having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills, not having normal home comforts (pp. 3). <p>Data relating to recognising indicators of sexual abuse</p>	<p>Scope and purpose (29%)</p> <p>The overall objective of the guidance was clearly described. However, details on the health question and population for whom the guidance was aimed at was limited.</p> <p>Stakeholder involvement (62%)</p> <p>Detailed descriptions of the professionals who were involved in the development of the guidance and the target users of the guidance were provided. However, it was unclear whether there was any involvement by adults at risk in the guidance process.</p> <p>Rigour of development (0%)</p> <p>Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. There was no mention of a procedure for updating the guidance.</p> <p>Clarity of presentation (19%)</p> <p>Statements are specific, but the key statements are not easily identifiable. The different options are not clearly presented.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
<p>To provide standards and guidance for organisations working with vulnerable adults in voluntary, community and independent sectors.</p> <p>Study dates</p> <p>April 2009.</p> <p>Source of funding</p> <p>Department of Health, Social Services and Public Safety (DHSSPS).</p>		<ul style="list-style-type: none"> Possible signs of sexual abuse include physical symptoms including genital itching, or soreness of having a sexually transmitted disease, using bad language, not wanting to be touched, behaving in a sexually inappropriate way, changes in appearance (pp. 4). <p>Data relating to recognising indicators of neglect</p> <ul style="list-style-type: none"> Possible signs of neglect include having pain or discomfort, being very hungry, thirsty or untidy, failing health, changes in behaviour (pp. 4). <p>Data relating to recognising indicators of discriminatory abuse</p> <ul style="list-style-type: none"> Possible signs of discriminatory abuse include the person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish (pp. 4). <p>Data relating to recognising indicators of institutional abuse</p> <ul style="list-style-type: none"> Possible signs of institutional abuse include the person not having personal clothing or possessions, there being no care plan, they are often admitted to hospital, there are instances of staff having treated them badly or in a way that causes harm, poor staff morale, high staff turnover, lack of clear lines 	<p>Applicability (25%) The guidance did not present a detailed systematic discussion of facilitators and barriers to the guidance or advice for implementation. Details were not provided on potential resource implications of applying statements, or on monitoring/auditing criteria, although this was limited. However, there was some discussion on how the statements can be put into practice.</p> <p>Editorial independence (7%) The guidance does not include a detailed statement about the role of the funding body or the interests of the committee.</p>

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		<p>of accountability and consistency of management (pp. 4).</p> <p>Data relating to recognising indicators of physical abuse</p> <ul style="list-style-type: none"> Possible signs of physical abuse include fractures, bruising, burns, pain, marks, not wanting to be touched (pp. 3). 	

1

2 **Appendix E – Forest plots**

3 **Forest plots for review question C: What tools and ways of working support**
4 **effective or accurate recognition and reporting of safeguarding concerns in**
5 **care homes?**

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

1 Appendix F – Summary tables showing data from existing health and social care guidance with 2 AGREE-II quality ratings

3 Summary of data tables for review question C: What tools and ways of working support effective or accurate recognition and 4 reporting of safeguarding concerns in care homes?

5 Table 5: Summary of data table: Theme C1. Awareness

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=1 • Social Care Institute for Excellence, 2018	Practitioners in any setting can help by providing information for adults with care and support needs – and their families – on what abuse looks like and how to recognise potential warning signs.	LOW 33% (33)

6

7 Table 6: Summary of data table: Theme C2. Indicators of abuse

Guidance information	Summary of data	AGREE-II overall rating (median and range)
Sub-theme C2.1: Physical		
N=6 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019	Indicators of lower level physical harms include staff error causing no or little harm, minor events that still meet criteria for incident reporting, isolated service user on service user incident, single inexplicable very light marking. Indicators of significant physical harms include inexplicable marking or lesions, cuts or grip marks on multiple occasions.	LOW 17% (0-50)

Guidance information	Summary of data	AGREE-II overall rating (median and range)
<ul style="list-style-type: none"> • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • SCIE 2015 • Volunteer Now, 2010 	<p>Indicators of very significant physical harms include inappropriate restraint, withholding of food/drink/aids to independence, inexplicable fractures, assault.</p> <p>Indicators of critical physical harms include grievous bodily harm/assault with a weapon leading to permanent damage or death.</p> <p>Other possible general indicators of physical harm include bruising, burns, cuts, welts, burns and/or marks on the body, the person at risk not wanting to be touched, loss of hair, no explanation for injuries or inconsistency with the account of what happened, injuries are inconsistent with the person's lifestyle, frequent injuries, unexplained falls, subdued or changed behaviour in the presence of a particular person, signs of malnutrition.</p>	
Sub-theme C2.2: Medication		
<p>N=3</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Skills for Care, 2017 	<p>Indicators of lower level medication harms include person at risk does not receive prescribed medication but with no harm.</p> <p>Indicators of significant medication harms include recurring missed medication affecting more than one user and/or causing some harm.</p> <p>Indicators of very significant medication harms include deliberate maladministration of medication or covert administration when not medically authorised.</p> <p>Indicators of critical medication harms include a pattern of recurring errors or an incidence of very significant harm which results in ill-health or death.</p>	<p>LOW</p> <p>17% (17-33)</p>
Sub-theme C2.3: Sexual		
<p>N=6</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health 	<p>Indicators of lower level sexual harms include isolated incidents of teasing or low-level unwanted sexualised attention.</p> <p>Indicators of significant sexual harms include recurring sexualised touch or masturbation without consent, being subject to indecent exposure, sexualised behaviour which causes distress to person at risk.</p>	<p>LOW</p> <p>17% (0-50)</p>

Guidance information	Summary of data	AGREE-II overall rating (median and range)
<p>Service London, Metropolitan Police, 2019</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015 	<p>Indicators of very significant sexual harms include attempted penetration of any means without consent, being forced to look at pornographic material without consent.</p> <p>Indicators of critical sexual harms include sex in a relationship characterised by inequality (for example, staff and service user), rape, voyeurism.</p> <p>Other possible general indicators of sexual harm include genital bleeding, pain or itching, having infections or unexplained genital discharge or sexually transmitted diseases, using bad language, not wanting to be touched, behaving in a sexually inappropriate way and changes in appearance, bruising (particularly to the thighs, buttocks and upper arms and marks on the neck), torn, stained or bloody underclothing, unusual difficulty in walking or sitting, foreign bodies in genital or rectal openings, pregnancy in a woman who is unable to consent to sexual intercourse, incontinence not related to any medical diagnosis, self-harming, poor concentration, withdrawal, sleep disturbance, excessive fear/apprehension of or withdrawal from, relationships, fear of receiving help with personal care, reluctance to be alone with a particular person.</p>	
Sub-theme C2.4: Psychological		
<p>N=6</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 	<p>Indicators of lower level psychological harms include single incidents of rude/inappropriate verbal behaviour, withholding of information to disempower.</p> <p>Indicators of significant psychological harms include denying choices or opinions, frequent verbal outbursts.</p> <p>Indicators of very significant psychological harms include humiliation or emotional blackmail.</p> <p>Indicators of critical psychological harms include denial of basic human rights, vicious personalised verbal attacks.</p> <p>Other possible general indicators of psychological harm include people being withdrawn or too eager to do anything they are asked or change in the psychological state of a person, showing compulsive behaviour, not being able to do things they used to do, not being able to concentrate or focus, an air of silence when a particular person is present, insomnia, low self-esteem, uncooperative and aggressive behaviour, a</p>	<p>LOW</p> <p>17% (0-50)</p>

Guidance information	Summary of data	AGREE-II overall rating (median and range)
<ul style="list-style-type: none"> • SCIE, 2015 	change of appetite, weight loss/gain, signs of distress, tearfulness, anger, apparent false claims by someone involved with the person to attract unnecessary treatment.	
Sub-theme C2.5: Financial		
<p>N=6</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015 	<p>Indicators of lower level financial harms include money not being recorded safely/properly; adult not routinely involved in decisions about how their money is spent.</p> <p>Indicators of significant financial harms include adult's money kept in joint bank account with unclear arrangements/denied access.</p> <p>Indicators of very significant financial harms include misuse of adult's property or possessions.</p> <p>Indicators of critical financial harms include fraud or theft.</p> <p>Other possible general indicators of financial harm include a person having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills and not having normal home comforts, buying things they don't need or investing in things they don't understand, having few or no personal belongings, missing personal possessions, unexplained withdrawal of funds from accounts, power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity, the person allocated to manage financial affairs is evasive or uncooperative, the family or others show unusual interest in the assets of the person, a lack of clear financial accounts held by a care home or service.</p>	<p>LOW</p> <p>17% (0-50)</p>
Sub-theme C2.6: Neglect (including self-neglect)		
<p>N=6</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 	<p>Indicators of lower level neglect include isolated missed home visit, one meal/drink assistance missed with no harm.</p> <p>Indicators of significant neglect include recurrent missed home visits, hospital discharge without adequate planning but no harm.</p>	<p>LOW</p> <p>17% (0-50)</p>

Guidance information	Summary of data	AGREE-II overall rating (median and range)
<ul style="list-style-type: none"> • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015 	<p>Indicators of very significant neglect include ongoing lack of care leading to harm (for example, pressure wounds).</p> <p>Indicators of critical neglect include a failure to arrange access to life saving services or to intervene in dangerous situations.</p> <p>Other possible general indicators of neglect/self-neglect include dirty or inappropriate or inadequate clothes, being very hungry/thirsty (or malnutrition or unexplained weight loss), untidy, poor environment – dirty or unhygienic, poor physical condition and/or personal hygiene, pressure sores or ulcers, untreated injuries and medical problems, inability or unwillingness to take medication or treat illness or injury, inconsistent or reluctant contact with medical and social care organisations, accumulation of untaken medication, uncharacteristic failure to engage in social interaction, inability to avoid self-harm, inability or unwillingness to manage personal affairs, hoarding.</p>	
Sub-theme C2.7: Discrimination		
<p>N=5</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015 	<p>Indicators of lower level discrimination include incidents of teasing motivated by prejudiced attitudes; isolated short term incident of care planning that does not address an adult's specific diversity associated need.</p> <p>Indicators of significant discrimination include inequitable access to services because diversity issue or recurring failure to meet specific support needs relating to diversity.</p> <p>Indicators of very significant discrimination include denial of civil liberties, humiliation or threats relating to diversity.</p> <p>Indicators of critical discrimination include hate crime resulting in injury or fear for life.</p> <p>Other possible general indicators of discrimination include a person being made to dress differently from how they wish, the person appears withdrawn and isolated, expressions of anger or frustration or fear or anxiety, the support on offer does not take account of the person's individual needs in terms of a protected characteristic.</p>	<p>LOW</p> <p>17% (0-50)</p>

Guidance information	Summary of data	AGREE-II overall rating (median and range)
Sub-theme C2.8: Institutional		
<p>N=5</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015 	<p>Indicators of lower level institutional harms include a lack of opportunities to engage in leisure and social activities, involvement in running of service, care planning not person centred.</p> <p>Indicators of significant institutional harms include rigid routines, dignity being undermined.</p> <p>Indicators of very significant institutional harms include bad practice not reported, unsafe/unhygienic living environments.</p> <p>Indicators of critical institutional harms include misuse of position of power, over-medication/inappropriate restraint.</p> <p>Other possible general indicators of institutional harm include person not having personal clothing or possessions and communal use of personal items, the person is often admitted to hospital, there are instances of staff having treated them badly or in a way that causes harm, poor staff morale, high staff turnover or inadequate staffing levels, lack of clear lines of accountability and consistency of management, lack of flexibility and choice for people using the service, people being hungry or dehydrated, poor standards of care, lack of adequate procedures, poor record-keeping and missing documents, absence of visitors, few social or recreational and educational activities, public discussion of personal matters, unnecessary exposure during bathing or using the toilet, absence of individual care plans.</p>	<p>LOW</p> <p>17% (0-50)</p>
Sub-theme C2.9: Professional		
<p>N=1</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services-North East, 2011 	<p>Indicators of lower level professional harms include the groups of service users living together are incompatible, outmoded care practices not causing significant harm, denying access to services like advocacy.</p> <p>Indicators of significant professional harms include failure to whistle blow when appropriate, failure to refer disclosure of abuse.</p>	<p>LOW</p> <p>17% (17)</p>

Guidance information	Summary of data	AGREE-II overall rating (median and range)
	Indicators of very significant professional harms include punitive response to challenging behaviours from service users, failure to support user access to care.	
	Indicators of critical professional harms include entering sexual relationship with a patient/client.	
Sub-theme C2.10: Thresholds		
N=1 • Association of Directors of Adult Social Services-North East, 2011	Indicators of lower level harms could be addressed via internal processes (for example, disciplinary or care management). Indicators of significant or very significant harms should trigger a referral to safeguarding. Indicators of critical harms should be addressed as a potential criminal matter.	LOW 17% (17)

1

2 **Table 7: Summary of data table: Theme C3. Information Gathering**

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=4 • Association of Directors of Adult Social Services, Local Government Association, 2019 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019	Do not interview a person, attempt to contact the alleged abuser or investigate the situation yourself but establish the basic facts while avoiding asking the same questions more than once. Take steps (for example encourage the person not to wash or bathe because this could disturb evidence) to preserve any physical evidence if a crime may have been committed and preserve evidence through recording. Write down carefully what a person at risk tells you, using their own words. Ask the person at risk what they want you to do but tell them that you have a responsibility to report your concerns and tell them who you will tell, why and when.	LOW 25% (0-33)

1

Guidance information	Summary of data	AGREE-II overall rating (median and range)
<ul style="list-style-type: none"> Department of Health, Social Services and Public Safety, 2009 Skills for Care, 2017 		

2 **Table 8: Summary of data table: Theme C4. Principles of recognition**

Guidance information	Summary of data	AGREE-II overall rating (median and range)
<p>N=2</p> <ul style="list-style-type: none"> Association of Directors of Adult Social Services, Local Government Association, 2019 Royal College of Nursing, 2018 	<p>Recognition should take into account whether a concern affects children or any other adults at risk, if there have been repeat allegations, if there is a possibility of a criminal offence and if there is a current or past relationship of trust.</p> <p>Recognition should be supported by practice tools (for example, power and control/wheel, DASHRIC [stalking and honour based violence risk checklist], clutter rating index) or eligibility thresholds for services (for example, social care outcomes or continuing healthcare decision support tool descriptors) and research findings.</p> <p>After a risk is recognised and preliminary information is gathered, decide how it will be reported as either a safeguarding enquiry under the S42 duty if the three criteria are met (need for care and support, experiencing or at risk of abuse or neglect and as a result of their needs is unable to protect themselves), or an 'other' safeguarding enquiry using the local authority's powers but not under the S42 duty or as not requiring any further action under safeguarding processes but still remaining reported as a concern.</p>	<p>LOW</p> <p>33% (33)</p>

1 **Table 9: Summary of data table: Theme C5. Confidentiality**

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=2 <ul style="list-style-type: none"> Department of Health, Social Services and Public Safety, 2009 Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 	<p>If you suspect abuse you should explain that you must tell your line manager or designated officer and then inform them immediately.</p> <p>If you suspect abuse you should not promise to keep secrets or make promises you cannot keep.</p>	<p>LOW</p> <p>16.5% (0-33)</p>

2

3 **Table 10: Summary of data table: Theme C6. Contents of report**

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=2 <ul style="list-style-type: none"> Skills for Care, 2017 Social Care Wales, 2019 	<p>Reporting should include the name and details of person at risk, your name, contact details and where you work, nature of suspected abuse/neglect, what raised suspicions, dates/places/times you suspect abuse may have occurred, whether you feel there is an imminent danger to anyone, whether you feel a crime may have been committed.</p> <p>Records and reports must be accurate, detailed, objective, timed, dated and signed, and comply with relevant procedures and legal requirements.</p>	<p>LOW</p> <p>17% (17-33)</p>

1 **Table 11: Summary of data table: Theme C7. Reporting procedure**

Guidance information	Summary of data	AGREE-II overall rating (median and range)
<p>N=5</p> <ul style="list-style-type: none"> • Association of Directors of Adult Social Services, Local Government Association, 2019 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Department of Health, Social Services and Public Safety, 2009 • Royal College of Nursing, 2018 • Social Care Wales, 2019 	<p>Where harm or abuse may have taken place or where there is risk of harm, immediate action must be taken and relevant procedures followed.</p> <p>If you suspect abuse you should ensure no one is in immediate danger.</p> <p>Encourage and support the person at risk to report the matter to police if a crime is suspected and not an emergency situation.</p> <p>Contribute to monitoring and evaluation of internal safeguarding procedures to ensure effectiveness and promote improvement.</p> <p>When reporting consider the full breadth of parties that may need to be informed or consulted depending on the context including the local authority, appropriate voluntary organisations, the police, organisation commissioning care, the Office of the Public Guardian/DWP, helplines or internet support, GPs or other healthcare professionals, the CQC or other regulators.</p>	<p>33% (0-33)</p>

2 ADASS: Association of Directors of Adult Social Services; CQC: Care Quality Commission; DHSS: Department of Health, Social Services and Public Safety; DWP: Department for Work and Pensions;
3 GP: General Practitioner; LGA: Local Government Association; Met: Metropolitan; NHS: National Health Service; RCN: Royal College of Nursing; SCIE: Social Care Institute for Excellence

4

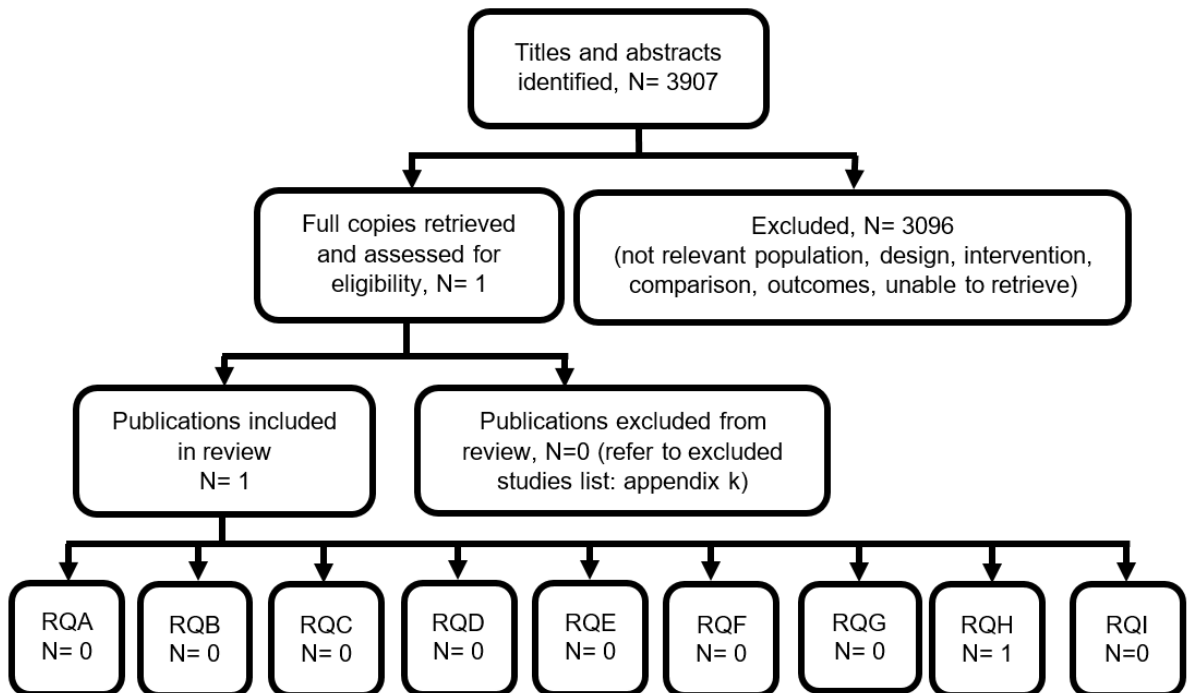
5

1 Appendix G – Economic evidence study selection

2 Economic evidence study selection for review question C: What tools and ways 3 of working support effective or accurate recognition and reporting of 4 safeguarding concerns in care homes?

5 A global economic literature search was undertaken for safeguarding adults in care homes.
6 This covered all 16 review questions, which were reported in 9 evidence reports in this
7 guideline. As shown in Figure 4 below, no economic evidence was identified which was
8 applicable to this evidence review.

Figure 2: Economic study selection flowchart



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10

1 **Appendix H – Economic evidence tables**

2 **Economic evidence tables for review question C: What tools and ways of working** 3 **support effective or accurate recognition and reporting of safeguarding** 4 **concerns in care homes?**

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

6

1 **Appendix I – Economic evidence profiles**

2 **Economic evidence profiles for review question C: What tools and ways of**
3 **working support effective or accurate recognition and reporting of**
4 **safeguarding concerns in care homes?**

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

6

1 **Appendix J – Economic analysis**

2 **Economic evidence analysis for review question C: What tools and ways of**
3 **working support effective or accurate recognition and reporting of**
4 **safeguarding concerns in care homes?**

5 No economic analysis was conducted for this review question.

6

1 Appendix K – Excluded studies

2 Excluded studies for review question C: What tools and ways of working support 3 effective or accurate recognition and reporting of safeguarding concerns in 4 care homes?

5 Table 12: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Abrams, R. C., Reid, M. C., Lien, C., Pavlou, M., Rosen, A., Needell, N., Eimicke, J., Teresi, J., The Abrams geriatric self-neglect scale: introduction, validation and psychometric properties, <i>International Journal of Geriatric Psychiatry</i> , 33, e73-e84, 2018	Not guidance (validation of a self-neglect scale); not in the context of care homes/congregate settings (community-dwelling older people).
Almeida, I., Bauto, R. V., Gama, A. R., Ramalho, A., Costa, J., Fernandes, M. B., Guarda, R., Quintas, J., Saavedra, R., Assessment guideline for elder domestic violence (AGED), <i>Annals of Medicine</i> , 51 (Supplement 1), S189-S190, 2019	Study design does not meet eligibility criteria - conference abstract.
Association of Directors of Adult Social Services, Out-of-area safeguarding adults arrangements: guidance for inter-authority safeguarding adults enquiry and protection arrangements, 22, 2016	Guidance relating to responding to safeguarding concerns, but local level advice (that is, not published for national or regional implementation).
Association of Directors of Adult Social Services, Local Government, Association, Making Safeguarding Personal: for Safeguarding Adults Boards, 30, 2017	Resource to support Safeguarding Adults Boards and partners in developing and promoting Making safeguarding Personal; no relevant outcomes in relation to recognition or reporting of safeguarding concerns.
Association of Directors of Social Services, Safeguarding adults: a national framework of standards for good practice in adult protection work, 60p., 2005	National framework comprising best practice examples for safeguarding adults; published pre-2008.
Association of Directors of Social Services, ADSS position statement: safeguarding adults, 4p., 2007	Not guidance - position statement on safeguarding adults, discusses legislation and serious case review guidance; published pre-2008.
Barnett, D., The straightforward guide to safeguarding adults: from getting the basics right to applying the Care Act and criminal investigations, 312, 2019	Study design does not meet protocol eligibility criteria – book.
Care Quality Commission, Relationships and sexuality in adult social care services: guidance for CQC inspection staff and registered adult social care providers, 13, 2019	Guidance on sexuality and relationships, not recognition and reporting of safeguarding concerns; no relevant outcomes.
Care Services Improvement Partnership Valuing People Support Team, Safeguarding adults with learning disabilities: information for partnership boards, 37p., 2007	Not guidance (information pack discussing approaches to safeguarding adults with learning disabilities); published pre-2008.
Care Services Improvement Partnership Valuing People Support Team, Safeguarding adults with learning disabilities: keeping people safe: easy read summary, 12p., 2007	Not guidance (easy read summary on safeguarding adults with learning disabilities); published pre-2008.

Study	Reason for exclusion
Commission for Social Care, Inspection, Association of Directors of Adult Social Services, Association of Chief Police Officers, Safeguarding adults protocol and guidance, 24p., 2007	Protocol describing roles and process for safeguarding adults; published pre-2008.
Daly, J. M., Butcher, H. K., Evidence-Based Practice Guideline: Elder Abuse Prevention, Journal of gerontological nursing, 44, 21-30, 2018	Study outcomes do not meet protocol eligibility criteria - no relevant outcomes reported.
Dauenhauer, J., Heffernan, K., Caccamise, P. L., Granata, A., Calamia, L., Siebert-Konopko, T., Mason, A., Preliminary Outcomes from a Community-Based Elder Abuse Risk and Evaluation Tool, Journal of Applied Gerontology, 38, 1445-1471, 2019	Study population and outcomes do not meet protocol eligibility criteria - community-dwelling population; frequency data and reduction in risk of abuse level.
Gahan, L., Gaffy, E., Dow, B., Brijnath, B., Advancing methodologies to increase end-user engagement with complex interventions: The case of co-designing the Australian elder abuse screening instrument (AuSI), Journal of Elder Abuse & Neglect, 31, 325-339, 2019	Study does not meet protocol eligibility criteria - research to develop a screening tool.
Galpin, D., Morrison, L., National competence framework for safeguarding adults, 51p., bibliog., 2010	National competence framework for safeguarding adults, including examples of serious case reviews; no relevant outcomes in relation to recognition and reporting of safeguarding concerns.
Great Britain Crown Prosecution Service, Guidance on prosecuting crimes against older people, 40p., 2008	Guidance on prosecuting crimes against older people; no relevant outcomes relating to recognition and reporting of safeguarding concerns.
Great Britain Department of Health, Care and support statutory guidance: issued under the Care Act 2014, 506, 2014	Statutory guidance, cannot be assessed using AGREE II.
Great Britain Department of Health, Safeguarding adults: the role of health service practitioners, 62p., 2011	Guidance on the role of health service practitioners in safeguarding adults across different settings, including multi-agency procedures; no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Great Britain Department of Health, Safeguarding adults: the role of health service managers and their boards, 32p., 2011	Guidance on safeguarding adults in the NHS in terms of local implementation; no relevant outcomes in relation to recognition and reporting of safeguarding concerns.
Great Britain Department of Health, Safeguarding adults: the role of NHS commissioners, 35p., 2011	Guidance on safeguarding adults in the NHS in terms of local implementation; no relevant outcomes in relation to recognition and reporting of safeguarding concerns.
Local Government Association, Association of Directors of Adult Social Services, Making decisions on the duty to carry out Safeguarding Adults enquiries: suggested framework to support practice, reporting and recording, 31, 2019	Duplicate to study already included.

Study	Reason for exclusion
Local Government, Association, Guidance for providers on developing internal audit adult safeguarding policies and procedures, 12, 2014	Guidance based on sections of statutory guidance to local authorities, providing statements of requirement (not regional/national); no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Local Government, Association; Association of Directors of Social, Services, Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services, 21p., 2013	Advice and guidance on recent changes in safeguarding adults documentation, and what has been learned - local level advice (that is, not regional/national).
Romeo, Lyn, Safeguarding Adults Protocol: pressure ulcers and the interface with a Safeguarding Enquiry, 28, 2018	Guidance for prevention of pressure ulcers as a result of neglect and discussion on safeguarding concern assessment guidance, but no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Royal College of General, Practitioners, Safeguarding Adults at Risk of Harm Toolkit, 2017	Toolkit for GPs on safeguarding adults in general practice; not in the context of care homes/congregate care settings.
Scotland Scottish Government, Working with children and adults who may be at risk of self-harm: practice guidance on information sharing, protection and confidentiality, 12p., 2012	Guidance on information sharing, protection and confidentiality; not recognition and reporting of safeguarding concerns.
Scottish Independent Advocacy, Alliance, Elder abuse advocacy guidelines: a companion to the code of practice for independent advocacy, 30p., 2008	Roles and responsibilities of advocates for older people experiencing abuse; no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Skills For, Care, A guide to adult safeguarding for social care service providers, 16, 2018	Guide to adult safeguarding in general and local level advice (that is, not regional/national); no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Social Care Institute For, Excellence, Adult safeguarding: sharing information, 2015	Guide on information sharing to prevent abuse and neglect/joint working - local level advice (that is, not regional/national); no relevant outcomes in relation to recognition and reporting safeguarding concerns.
Social Care Institute For, Excellence, Safeguarding adults: sharing information, 32, 2019	Guide on information sharing to prevent abuse and neglect/joint working - local level advice (that is, not regional/national); no relevant outcomes in relation to recognition and reporting safeguarding concerns.
Social Care Institute For, Excellence, Gorczyńska, T., Thompson D., Practice guidance on the involvement of Independent Mental Capacity Advocates (IMCAs) in safeguarding adults, 2009	Guidance on the role and responsibilities of IMCAs; no relevant outcomes in relation to not support and recognition of safeguarding concerns.
Social Care Institute For, Excellence, Pan London Adult Safeguarding Editorial, Board, Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse, 105p., 2011	SCIE (2011) replaced by Stanforth (2015) – updated version replacing Stanforth (2015) has been included – see ADASS (2019).
Stanforth, L., London multi-agency adult safeguarding policy and procedures, 140, 2015	Updated version replacing Stanforth (2015) has been included - see ADASS (2019).

1 Economic studies

2 No economic evidence was identified for this review.

3

1 **Appendix L – Research recommendations**

2 **Research recommendations for review question C: What tools and ways of**
3 **working support effective or accurate recognition and reporting of**
4 **safeguarding concerns in care homes?**

5 No research recommendations were made for this review question.

1 Appendix M – AGREE II quality assessment

2 AGREE II table for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

4 Table 13: AGREE II quality assessment of included guidelines

Guidance Reference	Domains						Overall score
	Scope and purpose, %	Stakeholder involvement, %	Rigour of development, %	Clarity of presentation, %	Applicability, %	Editorial independence, %	
Association of Directors of Adult Social Services, Local Government Association, 2019	43%	57%	0%	5%	11%	7%	33%
Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019	76%	48%	0%	10%	0%	7%	33%
Association of Directors of Adult Social Services-North East, 2011	29%	0%	0%	38%	21%	7%	17%
Department of Health, Social Services and Public Safety, 2009	29%	14%	0%	0%	0%	7%	0%
Royal College of Nursing, 2018	57%	57%	0%	19%	18%	7%	33%
Social Care Institute for Excellence, 2018	81%	86%	0%	10%	0%	7%	33%
Skills for Care, 2017	57%	0%	0%	19%	0%	7%	17%
Social Care Wales, 2019	76%	29%	0%	19%	11%	7%	33%
Volunteer Now, 2010	29%	62%	0%	19%	25%	7%	50%
Social Care Institute for Excellence, 2015	5%	0%	0%	19%	0%	7%	0%

5