National Institute for Health and Care Excellence

Draft for consultation

Safeguarding adults in care homes

[G] Multi-agency working at the operational level in the context of safeguarding

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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ISBN:

Contents

Barriers and facilitators to effective multi agency working

This evidence review supports recommendations 1.7.8, 1.11.1, 1.11.3.

Review question

What are the barriers and facilitators to effective multi-agency working at the individual operational level?

Introduction

The challenges of multi-agency working at strategic level (as explored in review F) are played out at operational level in the interactions between individual workers in front line practice. Although distinct questions arise at the strategic and the practice levels, they are clearly related. Strategies have to be implemented by practitioners and learning from the outcomes (positive and negative) of practice should influence the LSAB as it monitors and develops its multi-agency policy. However, multi-agency working at the operational level is largely concerned with how practitioners can work together to respond to specific safeguarding concerns.

Both interagency and interprofessional practice have come under scrutiny during Safeguarding Adult Reviews, and the need for more effective multiagency working has been highlighted. This leads to questions about the availability and suitability of interprofessional training; the amount of time and other resources that practitioners from different agencies are able to devote to safeguarding cases; clarity around roles and responsibilities of each person and agency involved in each safeguarding situation; and support for front-line workers and care home managers when safeguarding cases arise, including clear pathways for escalation of complex cases. At present, there multi-agency working is managed in a variety of ways across adult health and social care in different localities. Reviewing the available evidence will assist in the development of effective guidance and other resources for practitioners.

Summary of the protocol

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

Table 1: Summary of the protocol (PICO table)

Population	• People working in care homes • People working with care homes (including advocacy organisations) • People visiting care homes • Adults (aged over 18 years) accessing care and support in care homes (and their friends and families).
Intervention/exposure/test	• Multi-agency working in the context of safeguarding adults in care homes.
Comparison	Not relevant in a qualitative review.
Outcomes	Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes will necessarily be found in the literature and that additional themes may be identified):

	• Barriers and facilitators to effective joint working between care home providers and others such as social workers leading safeguarding investigations or Safeguarding Adults Boards. • The ability or readiness of agencies (including care homes and adult social care and health agencies), to combine their skills and expertise to meet the individual or group of individuals' needs within the care home context. • Local practices and strategic planning which contribute to effective multi agency working in the context of preventing, managing and responding to safeguarding concerns in care homes. • Skills related to leadership and effective teamwork which in turn contribute to effective multi agency working between care homes and others including adult social care and local health services such as GPs and dentists. • Specific barriers to effective multiagency working, either real or perceived, including: o Lack of focus on safeguarding in some organisations and among some professional groups. o Conflicting discourses on safeguarding. o Different or misguided interpretation about the purpose of safeguarding. o Poor communication with people affected by the safeguarding concern. o Power differences between professionals and others involved in safeguarding.

For further details see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods for this review question are described in the review protocol in appendix A and the methods document.

Evidence

Included studies

This was a qualitative review, the objectives of which were to explore which factors promote effective multi-agency working at the individual operational level and which factors hinder effective multi-agency working at the individual operational level.

One study was included in this review (Simic 2012). The study was conducted in the UK and provided data in relation to barriers and facilitators to effective multiagency working at the operational level. Data collection methods included telephone survey, and follow-up focus groups related to issues raised in the telephone survey.

The study population included staff providing domiciliary care, care homes only, and care homes with nursing. There were 2 focus groups (n=8 to 10 per group): a care homes group and a domiciliary care group.

The following concepts were identified through analysis of the included study:

- The ability or readiness of agencies (including care homes and adult social care and health agencies) to combine skills and expertise to meet the individual or group of individuals' needs within the care home context.

- Local practices and strategic planning which contribute to effective multi-agency working in the context of preventing, managing and responding to safeguarding concerns in care homes.
- Skills related to leadership and effective teamwork, which in turn contribute to effective multi-agency working between care homes and others including adult social care and local health services such as GPs and dentists.
- Specific barriers to effective multi-agency working, either real or perceived, including:
  - Conflicting discourses on safeguarding.
  - Poor communication with people affected by the safeguarding concern.
  - Power differences between professionals and others involved in safeguarding.

As shown in the theme maps (Figure 1 and

Figure 2), these concepts have been explored in a number of central themes and sub-themes. Overarching themes are shown below in dark blue, central themes in light blue, and sub-themes in brown.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Figure 1: Theme map – Barriers to effective multi-agency working at the individual operational level

Figure 2: Theme map - Facilitators effective multi-agency working at the individual operational level

Excluded studies

Studies not included in this review with reasons for their exclusions are provided in appendix K.

Summary of studies included in the evidence review

A summary of the study that was included in this review is presented in Table 2.

Table 2: Summary of included studies

Study and aim of the study	Participants	Methods	Themes
Simic 2012 **Study design:** Survey questionnaires and focus groups **Aim of the study**: to evaluate key organisational processes in managing "safeguarding" in relation to the independent sector, the local authority delivery arm for care. **England**	• Sample: domiciliary care n=26, care homes only n=69, care home with nursing n=22 • 2 focus groups (n=8 to 10 per group); care homes group and domiciliary care group.	• Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Survey questionnaire covering 4 domains: information, advice and support, training, and experience of investigations. • Follow-up focus groups (n=2) of local authority	**Barriers** • Ability or readiness of agencies to combine skills and expertise to meet the individual or group of individuals' needs within the care home context: ○ working with others ○ joint management. • Conflicting discourses on safeguarding: ○ semantics. • Poor communication with people affected by the safeguarding concern:

Study and aim of the study	Participants	Methods	Themes
		staff and independent sector domiciliary and residential providers.	○ selective communication. • Skills related to leadership and effective teamwork which in turn contribute to effective multi agency working: ○ establishing ground rules for inquiry or inquisition. • Power differences between professionals and others involved in safeguarding: ○ establishing ground rules for inquiry or inquisition ○ process which is very much perceived to be about secrets and the misuse of power associated with mishandling information and processes. **Facilitators** • Ability or readiness of agencies to combine skills and expertise: ○ shared framework ○ partnership working (including ongoing, effective, joint management). • Local practices and strategic planning which contribute to effective multi-agency working: ○ urgent review of protocols and principles around secret pre-meetings ○ protocols and guidelines to be developed and disseminated ○ efficient and transparent approach to meetings. • Poor communication with people affected by safeguarding:

Study and aim of the study	Participants	Methods	Themes
			○ timely and useful management information. • Skills related to leadership and effective teamwork: ○ training.

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

Quality assessment of themes included in the evidence review

A summary of the strength of evidence (overall confidence), assessed using GRADE-CERQual, and quality of the evidence (overall methodological concerns), assessed using the CASP checklist for qualitative studies, is presented according to the main themes:

Barriers

- The ability or readiness of agencies to combine their skills and expertise to meet the individual or group of individuals' needs within the care home context:
  - Working with others. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
  - Joint management. Overall methodological concerns for this sub-theme were also considered to be moderate. The overall confidence in this sub-theme was also judged to be very low.
- Skills related to leadership and effective teamwork which contribute to effective multi-agency working:
  - Establishing ground rules for inquiry or inquisition. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
- Conflicting discourses on safeguarding:
  - Semantics. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
- Poor communication with people affected by the safeguarding concern:
  - Selective communication. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
- Power differences between professionals and others involved in safeguarding:
  - Establishing ground rules for inquiry or inquisition. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
  - Mishandling of information and processes. Overall methodological concerns for this sub-theme were also considered to be moderate. The overall confidence in this sub-theme was also judged to be very low.

Facilitators

- Skills related to leadership and effective teamwork which contribute to effective multi-agency working:
  - Training. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
- Poor communication with people affected by safeguarding:

- Timely information. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.

- Local practices and strategic planning which contribute to effective multi-agency working:
  - Review protocols. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
  - Develop protocols. Overall methodological concerns for this sub-theme were also considered to be moderate. The overall confidence in this sub-theme was also judged to be very low.
  - Efficient and transparent approach to meetings. Overall methodological concerns for this sub-theme were also considered to be moderate. The overall confidence in this sub-theme was also judged to be very low.
- Ability or readiness of agencies to combine skills and expertise to meet individual or groups of individuals needs within the care home context:
  - Partnership working. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
  - Shared framework. Overall methodological concerns for this sub-theme were also considered to be moderate. The overall confidence in this sub-theme was also judged to be very low.

Evidence is summarised in GRADE-CERQual tables for the qualitative study. See the evidence profiles in appendix F for details.

Economic evidence

Included studies

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

Economic model

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

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

This review focused on the barriers and facilitators to effective multi-agency working at the individual operational level. To address this issue the review was designed to include qualitative data and as a result the committee could not specify in advance the data that would be located. Instead, they identified the following main themes to guide the review. However, not all the themes may be found in the literature and the list was not exhaustive so additional themes may have been identified:

- Barriers and facilitators to effective joint working between care home providers and others such as social workers leading safeguarding investigations or Safeguarding Adults Boards.
- The ability or readiness of agencies (including care homes and adult social care and health agencies) to combine their skills and expertise to meet the individual or group of individuals' needs within the care home context.

- Local practices and strategic planning which contribute to effective multi-agency working in the context of preventing, managing and responding to safeguarding concerns in care homes.
- Skills related to leadership and effective teamwork, which in turn contribute to effective multi-agency working between care homes and others including adult social care and local health services such as GPs and dentists.
- Specific barriers to effective multiagency working, either real or perceived, including:
  - Lack of focus on safeguarding in some organisations and among some professional groups.
  - Conflicting discourses on safeguarding.
  - Different or misguided interpretation about the purpose of safeguarding.
  - Poor communication with people affected by the safeguarding concern.
  - Power differences between professionals and others involved in safeguarding.

The evidence review provided data relating to the following themes set out in the protocol and the committee were able to make a number of recommendations in relation to these:

- The ability or readiness of agencies (including care homes and adult social care and health agencies) to combine their skills and expertise to meet the individual or group of individuals' needs within the care home context.
- Local practices and strategic planning which contribute to effective multi-agency working in the context of preventing, managing and responding to safeguarding concerns in care homes.
- Skills related to leadership and effective teamwork, which in turn contribute to effective multi-agency working between care homes and others including adult social care and local health services such as GPs and dentists.
- Specific barriers to effective multiagency working, either real or perceived, including:
  - Conflicting discourses on safeguarding.
  - Poor communication with people affected by the safeguarding concern.
  - Power differences between professionals and others involved in safeguarding.

The evidence review did not identify any evidence relating to the lack of focus on safeguarding in some organisations and among some professional groups, or different or misguided interpretation about the purpose of safeguarding.

The quality of the evidence

Evidence was available from 1 qualitative study which explored the experiences of independent sector providers from 1 local authority in relation to safeguarding investigations in the previous year. However, despite addressing the themes, the included study was limited in terms of the level of detail reported.

The evidence was assessed using GRADE-CERQual methodology and the overall confidence in the review findings was found to be very low. As a result, the recommendations were made partly based on these statements, but supplemented with the committee's own expertise, the requirements of the Care Act 2014, and also with reference to related NICE guidelines. The review findings were generally downgraded because of methodological limitations, including, for example, providing limited detail on participant selection and analytical methods. The evidence was also downgraded because of the relevance of the findings because the study reported data together for both care home and domiciliary care participants, and the findings were therefore not exclusive to care homes. However, the committee recognised that some themes identified in the study still applied to care home settings and they agreed the data from other settings could be extrapolated to inform the recommendations.

In addition, the committee noted that the included study was conducted before the implementation of the Care Act 2014 and statutory guidance, which introduced a clear legal framework for how local authorities, providers and others should protect adults at risk of abuse or neglect. The committee therefore expressed concerns about the relevance of the evidence because certain findings may remain an issue while others may have been addressed by the implementation of the Care Act 2014.

The evidence was also downgraded because of the adequacy of data; the themes were supported by only 1 study which offered generally thin data.

The committee recognised the limitations of the evidence overall, including the use of indirect evidence from other care settings which required extrapolation to a care home setting, and this prevented the committee from reaching firm conclusions. However, the committee felt strongly about the issues identified from the evidence and they therefore drew on their own experiences and expertise to make recommendations to ensure that health and social care professionals and organisations meet the standards set by the Care Act 2014 and other statutory requirements to provide best practice; ultimately protecting care home residents from harm and ensuring they receive the best quality care.

Benefits and harms

Responding to reports of abuse or neglect

Local authorities

Recommendations based on evidence based relating to mishandling of information and processes

The evidence review suggested that safeguarding processes can be perceived negatively by care home providers and staff, with concerns being expressed regarding ‘secret’ meetings and the perceived power imbalance between care homes and local authorities. Although the strength of the evidence was considered to be very low quality, the committee agreed that such perceptions and other miscommunication are not uncommon and felt that this provided additional support for other recommendations in the guideline relating to organisational abuse, addressed by evidence review C: Tools to support recognition and reporting of safeguarding concerns. The committee also agreed that it was important to emphasise that as well being a sign of poor care, a safeguarding referral could also be a sign of the care homes high level of awareness of safeguarding issues and their willingness to do something about it. As a result the committee drafted a recommendation for local authorities on this issue which the committee felt would go some way to addressing providers concerns regarding a ‘presumption of guilt’.

Based on their own expertise and experience, the committee recognised disadvantages in terms of the stereotypes that may exist where safeguarding is perceived to be purely about the responsibility of care homes or just about the independent sector rather than a shared challenge involving other organisations. There may also be unhelpful interpretations whereby the reporting of incidents is perceived as a measure of poor practice rather than as a positive interpretation where there is a commitment to tackling poor care. Negative perceptions may in turn result in care homes and providers becoming more defensive and less likely to cooperate with other organisations. The committee recognised that it is more likely that poor providers/services will not report incidents to try to hide poor practice and therefore reporting of incidents should be encouraged and this may in turn improve collaborative working rather than organisations working against one another.

Overall, the committee agreed that the potential benefits far outweigh the disadvantages of such approaches, ensuring that the focus is on safeguarding and not on blame which should in turn ensure that good practice is encouraged and maintained.

Meetings during a safeguarding enquiry

Recommendations based on evidence relating to establishing ground rules for enquiry or inquisition

The evidence presented to the committee highlighted problems in the conduct and management of safeguarding meetings often resulting in perceptions of unfair processes. The committee agreed that this issue has largely been addressed by the implementation of the Care Act 2014, although some concerns remain. Overall confidence in the evidence was considered to be very low, and the committee therefore also drew on their own expertise to discuss how safeguarding enquiries should be conducted both in terms of who should be involved and how information should be shared.

The committee discussed the limited evidence which suggested that secret pre-meetings were perceived to be taking place within the context of safeguarding enquiries which excluded care providers. Based on their own experience and knowledge, the committee acknowledged that there may sometimes be a reason for excluding individuals from meetings (for example, care home residents may not wish the alleged abuser to be present, or the need to maintain confidentiality around third party information), but the reasons for exclusion should be made explicit and exclusions should only be made if this is in line with the safeguarding policy. Where people have to be excluded from meetings, the committee agreed they should still be informed of the outcomes in order that action can be taken to reduce the risk to other care home residents. Providing reasons for excluding an individual or organisation from any meetings may also provide benefits by helping to alleviate any tension between different individuals or organisations and reduce any perceived bias or judgment.

The committee agreed that safeguarding meetings are opportunities for different organisations to, for example, share information, discuss the needs of the adult at risk and how they can be kept safe, as well as the outcomes they would like to achieve. They are also opportunities for decisions to be made in terms of what follow-up action is needed with regard to the person or organisation responsible for the alleged abuse or neglect. In order to achieve a successful response and outcomes to a safeguarding concern, the committee agreed (based on their own knowledge and expertise) that all relevant organisations and individuals need to be aware of any decisions agreed upon and any part they have in contributing to successfully carrying out relevant actions. For example, if care providers are excluded from meetings then they may not realise what action is needed in terms of dealing with the alleged abuser and keeping care home users safe. As a result of their discussions and to ensure that all relevant organisations and individuals are kept informed of the outcomes of safeguarding meetings, the committee agreed to make a recommendation reflecting the need for minutes of all safeguarding meetings to be taken and made available to everybody involved in the safeguarding enquiry (including people excluded from the meeting) so far as this is consistent with the Safeguarding Adults Board's information sharing policy.

Based on their own expertise, the committee also agreed that having clear processes in place is likely to improve efficiency and consistency across different organisations, reducing variation in safeguarding processes. Benefits might also include improvements in co-operation across different organisations and instilling a sense of ownership in terms of who is responsible for each action, which in turn is likely to improve compliance with agreed approaches. It is also likely to enable everyone involved in a safeguarding enquiry meeting to function as a cohesive group and to remain within the limits of the legal powers afforded them.

Benefits are also likely to include reductions in the risk of the correct level of information and detail not being available or shared with other organisations. The harms resulting from lack of shared information would include, for example, the outcomes identified by the person at risk not being achieved because enquiries are based on inaccurate or incomplete documented evidence.

On balance, the committee agreed that the potential benefits far outweigh the disadvantages of such approaches; promoting a clear understanding of the purpose of safeguarding meetings and keeping all relevant parties informed of the outcomes of meetings (particularly in the event that they are excluded from a meeting) should ensure that everyone is aware what is expected of them and any actions they may need to undertake.

Evidence not used to make recommendations

The committee agreed not to make recommendations in relation to the evidence presented on the following themes:

Selective communications

Evidence highlighted that care home providers felt excluded at key points throughout the safeguarding enquiry. The committee agreed that this issue had previously been addressed by recommendations based on this evidence review and evidence review F: Barriers and facilitators to effective strategic partnership working.

Semantics

Findings from the evidence review indicated that 1 of the main challenges for people implementing safeguarding procedures relates to ambiguities in language, definitions around safeguarding, what processes are in place and what resources are available. The committee agreed that this issue had been addressed by recommendations made on the basis of evidence review F: Barriers and facilitators to effective strategic partnership working.

Working with others/partnership working and joint management

The committee discussed the evidence of care home providers feeling prejudged and targeted within the context of safeguarding as compared with other local agencies. The committee agreed that this provided additional support to recommendations made on the basis of evidence review F: Barriers and facilitators to effective strategic partnership working.

Review and develop protocols

Findings from the evidence review highlighted an urgent need for a review of protocols and principles around the conduct of pre-meetings, and for the development and dissemination of protocols and guidelines to ensure good practice in decision-making panels. The committee agreed that this issue had already been addressed by recommendations based on this evidence review and evidence review F: Barriers and facilitators to effective strategic partnership working.

Efficient and transparent approach to meetings, timely information and a shared framework

The evidence presented to the committee indicated that chairs of safeguarding meetings should be competent and motivated to ensure that processes are open, inclusive, fair and sensitive and follow a standardised process or framework. There was also a need for timely and useful management information throughout the whole safeguarding process (for example, taking minutes of meetings and circulating them across all relevant organisations). The committee agreed that this issue had already been addressed by recommendations based on evidence review F: Barriers and facilitators to effective strategic partnership working.

Cost-effectiveness and resource use

This was a qualitative review and therefore it was not possible for the committee to formally address the cost-effectiveness of recommendations arising from the evidence. Instead the

committee made a qualitative assessment of the likely cost effectiveness and resource implications of their recommendations.

The committee considered that many of the recommendations stemming from this evidence would have little or no resource implication. So, for example, explaining to stakeholders why it may sometimes be necessary to exclude them from a safeguarding meeting, taking minutes of safeguarding meetings and making them available to stakeholders and making health and social care agencies aware that the reporting of safeguarding concerns may stem from a provider's openness and awareness of the safeguarding policy, as well as being possible indicators of poor care were all considered to have a negligible cost. The committee considered that their recommendations would promote the well-being of care home residents by improving collaborative working and that they would, therefore, represent a cost-effective use of the relatively small amount of staff time needed for implementation.

Other factors the committee took into account

The committee noted that the included evidence pre-dated the implementation of the Care Act 2014. They agreed that some of the findings were no longer relevant to current practice and should not be used as a basis for making recommendations. Where this issue was identified the committee referred to the Care Act 2014 and statutory guidance as a basis for making recommendations which accurately reflected the current legislative and practice context.

Given the limitations of the evidence, the committee drew on their own experience and expertise to make social value judgements about what health and social care professionals and organisations should provide to ensure the safety of care home residents, which then informed the recommendations.

When making the recommendations, the committee also aimed to respect individual needs and basic human rights, at the same time aiming to provide the most benefit for the greatest number of people. The committee were aware that safeguarding adults involves a wide range of individuals and organisations (including the care homes and care home providers, individual health and social care practitioners who work with care home residents, and also local authorities and commissioners). The committee were also aware of the need to consider the inequalities that exist between different agencies to ensure fairness and least impact on resources. For example, different care homes will have varying levels of staffing and finances.

References

Simic 2012

Simic.P., ‘‘Everybody’s Business’’ – engaging the independent sector. An action research project in Lancashire, The Journal of Adult Protection, 14(1), 22-34, 2012

Appendices

Appendix A – Review protocols

Review protocol for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

Table 3: Review protocol for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	CRD42019160541
1.	Review title	Multi-agency working at the operational level in the context of safeguarding.
2.	Review question	What are the barriers and facilitators to effective multi-agency working at the individual operational level?
3.	Objective	• To explore which factors (that is, facilitators) promote effective multi-agency working at the individual operational level. • To explore which factors (that is, barriers) hinder effective multi-agency working at the individual operational level. • Effective work between care home providers and social workers leading safeguarding investigation. • Effective work between residential care providers and Local Safeguarding Adults Boards. • Effective communication (including reporting, investigations and learning from past cases) within residential care provider organisations (that is, head office and frontline staff).
4.	Searches	The following databases will be searched: • Cochrane Database of Systematic Reviews (CDSR) • Cochrane Central Register of Controlled Trials (CENTRAL) • MEDLINE & Medline in Process • Embase

ID	Field (based on PRISMA-P)	Content
		• CINAHL • PsycINFO • ASSIA • IBSS • Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts. Searches will be restricted by: • date limit: 2008 onwards (see rationale under Section 10) • English language • human studies • qualitative studies filter. Other searches: • Additional searching may be undertaken if required (for example, reference or citation searching). With the agreement of the guideline committee the searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies for MEDLINE database will be published in the final review.
5.	Condition or domain being studied	Barriers and facilitators to multi-agency working at the individual, operational level of care homes in the context of safeguarding adults.
6.	Population	Inclusion: • People working in care homes. • People working with care homes (including advocacy organisations).

ID	Field (based on PRISMA-P)	Content
		• People visiting care homes. • Adults accessing care and support in care homes (and their friends and families). Exclusion: The scope of the guideline is safeguarding adults in care homes. Therefore, people under 18 years of age who are accessing support in care homes are excluded.
7.	Intervention/Exposure/Test	Multi-agency working in the context of safeguarding adults in care homes.
8.	Comparator/Reference standard/Confounding factors	Not applicable in a qualitative review.
9.	Types of study to be included	• Systematic reviews of qualitative studies. • Studies reporting semi-structured and structured interviews, focus groups, observations. • Surveys using open ended questions and a qualitative analysis of responses including, including Carers UK Survey, Health and Digital Behaviours Survey 2017 (Teva Pharmaceutical Industries), and Think Local Act Personal (TLAP) Care Act 2014 survey. Also, surveys conducted by Action on Elder Abuse and Age UK. Exclusions: Purely quantitative studies (including surveys reporting only quantitative data).
10.	Other exclusion criteria	Inclusion: • Published full text papers. • Studies conducted in the UK. • Studies conducted in congregate care settings. Exclusion criteria: • Conference abstracts. • Articles published before 2008. • Papers that do not include methodological details because they do not provide sufficient information to evaluate risk of bias/quality of study. Examples include editorials and opinion pieces. • Non-English language articles.

ID	Field (based on PRISMA-P)	Content
		• Studies conducted in acute hospital settings.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	Themes will be identified from the literature. The committee identified the following potential themes (however, not all of these themes may be found in the literature, and additional themes may be identified): • Barriers and facilitators to effective joint working between care home providers and others such as social workers leading safeguarding investigations or Safeguarding Adults Boards. • The ability or readiness of agencies (including care homes and adult social care and health agencies), to combine their skills and expertise to meet the individual or group of individuals' needs within the care home context. • Local practices and strategic planning which contribute to effective multi agency working in the context of preventing, managing and responding to safeguarding concerns in care homes. • Skills related to leadership and effective teamwork which in turn contribute to effective multi agency working between care homes and others including adult social care and local health services such as GPs and dentists. • Specific barriers to effective multiagency working, either real or perceived, including: ○ Lack of focus on safeguarding in some organisations and among some professional groups. ○ Conflicting discourses on safeguarding. ○ Different or misguided interpretation about the purpose of safeguarding. ○ Poor communication with people affected by the safeguarding concern. ○ Power differences between professionals and others involved in safeguarding.
13.	Secondary outcomes (important outcomes)	Not applicable.
14.	Data extraction (selection and coding)	For details please see section 4.5 of Developing NICE guidelines: the manual 2014.
15.	Risk of bias (quality) assessment	The methodological quality of each study will be assessed using a preferred checklist. For full details please see section 6.2 of Developing NICE guidelines: the manual.

<table>
<tr><th>ID</th><th>Field (based on PRISMA-P)</th><th>Content</th></tr>
<tr><td>16.</td><td>Strategy for data synthesis</td><td>Synthesis and grading of relevant themes identified in the studies will be conducted by the systematic reviewer. GRADE CERQual will be used to record the overall quality of findings from the thematic analysis. For a full description of methods see supplementary material A.</td></tr>
<tr><td>17.</td><td>Analysis of sub-groups</td><td>As this is a qualitative review sub-group analysis is not possible. However, if data allow, the review will include information regarding differences in views held between certain groups or in certain settings wherever possible (that is, if information in relation to these are reported by the included studies).</td></tr>
<tr><td>18.</td><td>Type and method of review</td><td>☐ Intervention
☐ Diagnostic
☐ Prognostic
☒ Qualitative
☐ Epidemiologic
☐ Service Delivery
☐ Other (please specify)</td></tr>
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<tr><td>21.</td><td>Anticipated or actual start date</td><td>July 2019</td></tr>
<tr><td>22.</td><td>Anticipated completion date</td><td>October 2020</td></tr>
<tr><td>23.</td><td>Stage of review at time of submission</td><td>
<table>
<tr><th>Review stage</th><th>Started</th><th>Completed</th></tr>
<tr><td>Preliminary searches</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Piloting of the study selection process</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Formal screening of search results against eligibility criteria</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Data extraction</td><td>Yes</td><td>Yes</td></tr>
<tr><td>Risk of bias (quality) assessment</td><td>Yes</td><td>Yes</td></tr>
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ID	Field (based on PRISMA-P)	Content
		Data analysis | Yes | Yes
24.	Named contact	**5a. Named contact** National Guideline Alliance **5b Named contact e-mail** SafeguardingAdults@nice.org.uk **5c Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) the National Guideline Alliance
25.	Review team members	From the National Guideline Alliance: • Jennifer Francis [Technical lead] • Ted Barker [Technical analyst] • Fiona Whiter [Technical analyst] • Ifigeneia Mavranezouli [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 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/documents.
29.	Other registration details	

ID	Field (based on PRISMA-P)	Content
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019160541
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Safeguarding in care homes/ safeguarding adults/ strategic partnership working/ communication and information sharing.
33.	Details of existing review of same topic by same authors	Not applicable.
34.	Current review status	☐ Ongoing ☒ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35.	Additional information	
36.	Details of final publication	www.nice.org.uk

CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; DARE: Database of Abstracts of Reviews of Effects; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; NHS: National health service; NICE: National Institute for Health and Care Excellence; TLAP: Think Local Act Personal

Appendix B – Literature search strategies

Literature search strategies for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

Database(s): Medline & Embase (Multifile)
Last searched on **Embase Classic+Embase** 1947 to 2019 July 01, **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to June 27, 2019
Date of last search: 3rd July 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	Elder Abuse/ use ppez
2	(elder abuse/ or elderly abuse/) use emczd
3	((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$)).mp.
4	((elder$ 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$)).tw.
5	((vulnerable$ adult$ or vulnerable people$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj3 (safeguard$ or protect$)).mp.
6	((abuse$ 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$)).tw.
7	((adult adj safeguard$) or (safeguard$ adj adult$) or (adult adj protection$) or (protect$ adj adult$)).mp.
8	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8
10	(multiagenc$ or multi-agenc$ or multi$ agenc$ or multisector$ or multi-sector$ or multi$ sector$ or multiprofession$ or multi-profession$ or multi$ profession$ or multidisciplin$ or multi-disciplin$ or multi$ disciplin$ or interagenc$ or inter-agenc$ or inter$ agenc$ or intersector$ or inter-sector$ or inter$ sector$ or interprofession$ or inter-profession$ or inter$ profession$ or interdisciplin$ or inter-disciplin$ or inter$ disciplin$).mp.
11	((local authorit$ or care home$ or nursing home$ or safeguard$ board$ or respite care or residential home$ or residential facility$) adj5 (partner$ or collaborat$)).mp.
12	((partnership$ or collaborat$) adj working$).mp.
13	(joint adj (health$ or strateg$)).mp.
14	(common adj definition$).mp.
15	(information adj sharing).mp.
16	(lesson$ adj learn$).mp.
17	(best adj practice$).mp.
18	(communicat$ adj3 (multi$ or inter$)).mp.
19	(direct adj communication).mp.
20	(engag$ adj5 (safeguard$ or protect$ or stakeholder$ or self-neglect$)).mp.
21	(organi$ adj5 (adult safeguard$ or adult protect$)).mp.
22	((operational or speciali$) adj2 team$).mp.
23	governance.mp.
24	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
25	9 and 24
26	limit 25 to english language
27	limit 26 to yr="2008 -Current" General exclusions filter

Database(s): Cinahl Plus
Date of last search: 3rd July 2019

#	Searches
S23	S7 AND S22 Limiters - Publication Year: 2008-2019; English Language
S22	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	governance
S20	((operational or speciali*) N2 team*)
S19	(organi* N5 (adult safeguard* or adult protect*))
S18	(engag* N5 (safeguard* or protect* or stakeholder* or self-neglect*))
S17	direct communication
S16	(communicat* N3 (multi* or inter*))
S15	best practice*
S14	lesson* learn*
S13	information sharing
S12	common definition*

#	Searches
S11	(joint N1 (health* or strateg*))
S10	((partnership* or collaborat*) N1 working*)
S9	((local authorit* or care home* or nursing home* or safeguard* board* or respite care or residential home* or residential facility*) N5 (partner* or collaborat*))
S8	(multiagenc* or multi-agenc* or multi* agenc* or multisector* or multi-sector* or multi* sector* or multiprofession* or multi-profession* or multi* profession* or multidisciplin* or multi-disciplin* or multi* disciplin* or interagenc* or inter-agenc* or inter* agenc* or intersector* or inter-sector* or inter* sector* or interprofession* or inter-profession* or inter* profession* or interdisciplin* or inter-disciplin* or inter* disciplin*)
S7	S1 OR S2 OR S3 OR S4 OR S5 OR S6
S6	(adult* social* care* or adult* protective* service* or elder* protective* service*)
S5	((adult N1 safeguard*) or (safeguard* N1 adult*) or (adult N1 protection*) or (protect* N1 adult*))
S4	((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*))
S3	((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 (safeguard* or protect*))
S2	((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*))
S1	(MH "Elder Abuse")

Database(s): Social Policy and Practice, PsycINFO 1806 to June Week 4 2019
Date of last search: 3rd July 2019

#	Searches
1	((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$)).mp.
2	((elder$ 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$)).tw.
3	((vulnerable$ adult$ or vulnerable people$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj3 (safeguard$ or protect$)).mp.
4	((abuse$ 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$)).tw.
5	((adult adj safeguard$) or (safeguard$ adj adult$) or (adult adj protection$) or (protect$ adj adult$)).mp.
6	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
7	1 or 2 or 3 or 4 or 5 or 6
8	(multiagenc$ or multi-agenc$ or multi$ agenc$ or multisector$ or multi-sector$ or multi$ sector$ or multiprofession$ or multi-profession$ or multi$ profession$ or multidisciplin$ or multi-disciplin$ or multi$ disciplin$ or interagenc$ or inter-agenc$ or inter$ agenc$ or intersector$ or inter-sector$ or inter$ sector$ or interprofession$ or inter-profession$ or inter$ profession$ or interdisciplin$ or inter-disciplin$ or inter$ disciplin$).mp.
9	((local authorit$ or care home$ or nursing home$ or safeguard$ board$ or respite care or residential home$ or residential facility$) adj5 (partner$ or collaborat$)).mp.
10	((partnership$ or collaborat$) adj working$).mp.
11	(joint adj (health$ or strateg$)).mp.
12	(common adj definition$).mp.
13	(information adj sharing).mp.
14	(lesson$ adj learn$).mp.
15	(best adj practice$).mp.
16	(communicat$ adj3 (multi$ or inter$)).mp.
17	(direct adj communication).mp.
18	(engag$ adj5 (safeguard$ or protect$ or stakeholder$ or self-neglect$)).mp.
19	(organi$ adj5 (adult safeguard$ or adult protect$)).mp.
20	((operational or speciali$) adj2 team$).mp.
21	governance.mp.
22	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
23	7 and 22
24	limit 23 to yr="2008 -Current"

Databases ASSIA, IBSS, Social Science Database Social Services Abstracts and Sociological Abstracts were also searched
Date of last search: 3rd July 2019

Economics Search

Database(s): Medline & Embase (Multifile)
Embase Classic+Embase 1947 to 2019 December 03, **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to December 03, 2019
Date of last search: 4th 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$)).tw.
26	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25
27	Physical Abuse/ use ppez
28	physical abuse/ use emczd
29	Restraint, Physical/ use ppez
30	*Violence/ use ppez
31	*violence/ use emczd
32	emotional abuse/ use emczd
33	Sex Offenses/ use ppez
34	Rape/ use ppez
35	sexual abuse/ use emczd
36	rape/ use emczd
37	neglect/ use emczd
38	Domestic Violence/ use ppez
39	domestic violence/ use emczd
40	Spouse Abuse/ use ppez
41	Intimate Partner Violence/ use ppez
42	partner violence/ use emczd
43	exp Human Rights Abuses/ use ppez
44	exp human rights abuse/ use emczd
45	self neglect/ use emczd
46	abuse/ use emczd
47	patient abuse/ use emczd
48	((physical$ 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

#	Searches
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$ popula-tion$)).tw.
63	(family adj violence$).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	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	(multiattibute* 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 eu-roqol*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

#	Searches
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
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

Database(s): CRD: NHS Economic Evaluation Database (NHS EED), HTA Database
Date of last search: 4th December 2019

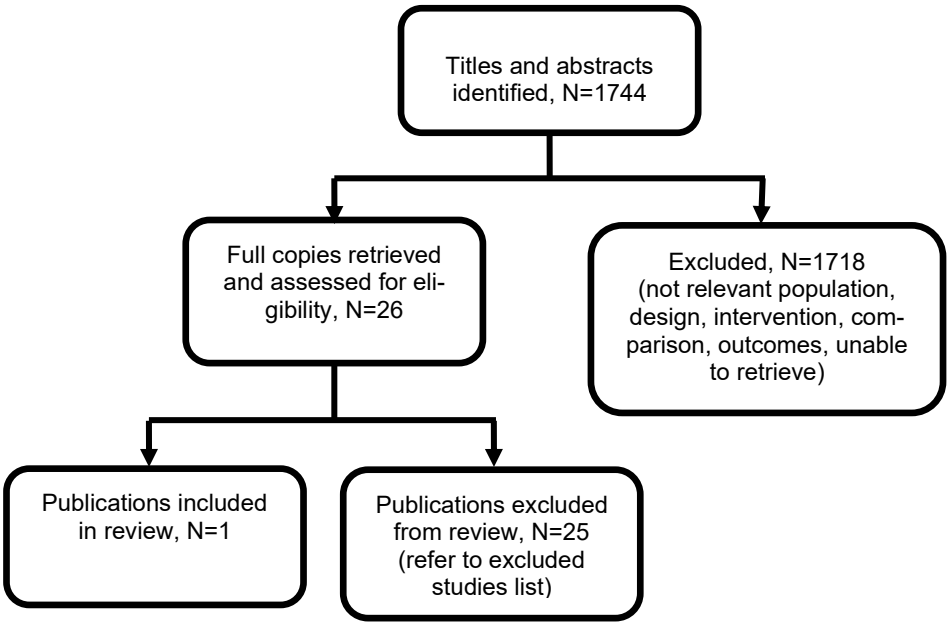
Line	Search
1	MeSH DESCRIPTOR Long-Term Care EXPLODE ALL TREES
2	(((((long term* or long-term*) NEAR1 care)))
3	MeSH DESCRIPTOR Respite care EXPLODE ALL TREES
4	((respite* NEAR1 care))
5	MeSH DESCRIPTOR institutional practice EXPLODE ALL TREES
6	MeSH DESCRIPTOR Nursing Homes EXPLODE ALL TREES
7	MeSH 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

Line	Search
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*))
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

Appendix C – Evidence study selection

Study selection for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

Figure 2: Study selection flow chart



Appendix D – Evidence tables

Evidence tables for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

Table 4: Evidence tables for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

Study details	Participants	Methods	Findings	Limitations
Full citation Simic P, Newton S, Wareing D, Campbell B, Hill M. ‘‘Everybody’s Business’’ – engaging the independent sector. An action research project in Lancashire. Journal of Adult Protection, 14(1), 22-34, 2012 **Ref ID** 1005218 **Aim of the study:** To evaluate key organisational processes in managing ‘‘safeguarding’’ in relation to the independent sector, the local authority delivery arm for care. **Country/ies where study carried out** England (Lancashire)	**Sample size:** Sample: domiciliary care n=26, care homes only n=69, care home with nursing n=22 2 focus groups (n=8 to 10 per group); care homes group and domiciliary care group **Characteristics** Not reported. **Inclusion criteria** Not reported. **Exclusion criteria** Not reported.	**Setting** Provider sector. **Sample selection** The focus groups were conducted with providers who had experience of investigations in the previous year. **Data collection:** Brief literature review; telephone survey of all providers; and focus groups (with a subset of independent sector providers who had experience of investigations and with council assessment staff). This fed-back into the reference group and a review of local practice and procedures through the Safeguarding Board and ‘‘Learning Together’’, workshops, leading to a public	The authors reported data about the following themes and sub-themes: **Barriers** The ability or readiness of agencies (including care homes and adult social care and health agencies), to combine their skills and expertise to meet the individual or group of individuals’ needs within the care home context: • Working with others: partnership working – providers do not want abuse to happen either. “Everybody’s business or nobody’s baby.” "This should be a partnership’’. ‘‘We don’t want it [abuse] to happen either’’. ‘‘You can’t say stuff to social workers.’’ There is the perception that an informal ‘‘blacklist’’ can be applied if you ‘‘get on the wrong side’’ of a care	Limitations (assessed using the CASP checklist for qualitative studies) **Clear statement of aims and appropriate methodology?** Yes. **Was the research design appropriate to address the study aims?** Yes. The authors used individual providers (telephone survey) or focus group interviews to explore inter-agency working relationships. **Was the recruitment strategy appropriate to the study aims?** Unclear. Although the authors provided some explanation as to how and why participants were selected. **Data collected in a way that addressed the research issue?** Yes. Reflec-

Study details	Participants	Methods	Findings	Limitations
Study dates Not reported. **Source of funding** Not reported.		joint statement and joint protocols around investigation. **Data analysis** The information was fedback into the reference group and a review of local practice and procedures through the Safeguarding Board and ‘‘Learning Together’’, workshops, leading to a public joint statement and joint protocols around investigation (Simic et al., 2010; Wareing, 2010).	manager/social worker. ‘‘Bad news travels fast’’ and a provider’s reputation could be damaged without you even knowing about it because of clandestine channels of informal information that is not subject to scrutiny or balance. [Simic 2012, p.30] • Joint management: ongoing, effective, joint management through the Safeguarding Board and evidence-based approaches (such as the safeguarding research project) to aim for effective safeguarding of service users and of making best use of resources. “For CQC, the number of alerts is taken as measure of problem within a service.’’ One service provider representative reported that they had a letter from CQC raising questions about the number of safeguarding alerts involving their agency. ‘‘This is the wrong way round. A good service deals openly with safeguarding. Good services are more open, deal with bad practice properly and are likely to report more.	tive practice loop: brief literature review, followed by a phone survey of all providers and focus groups. This was fed back to a reference group and a review of local practice and procedures. **Relationship between researcher and participants adequately considered?** No. The authors did not discuss their own role in the formulation of the research questions or how they responded to events during the study. **Ethical issues taken into consideration?** No. The authors did not provide details related to this. **Was the data analysis sufficiently rigorous?** Unclear. Insufficient details were provided on data analysis process. **Is there a clear statement of findings?** Yes. **Value of research:** The authors used the survey findings to guide the focus group topics and discussed the study findings and produced recommendations related to

Study details	Participants	Methods	Findings	Limitations
			Poor services will hide them.'' [Simic 2012, p.30] Conflicting discourses on safeguarding: • Semantics: one of the main challenges facing those who have to implement procedures is managing in the real world the ambiguities in language that are anything but mere semantics "safeguarding" or "protection from abuse". ''Stuff that would have been more to do with complaints are now safeguarding.'' [Simic 2012 p.29] ''You can't refer piss-poor commissioning into Safeguarding'' remarked one irked domiciliary care manager." [Simic 2012, p.29] ''There's also insufficient awareness of the legal framework of employment law'' 1 manager raised as an issue for discussion. ''For example, I was told 'You must suspend your member of staff'. I tried to explain employment law and the possibility of a tribunal but it was not possible to	the management of investigations. **Overall methodological concerns:** Moderate

Study details	Participants	Methods	Findings	Limitations
			discuss options'' (for example, removal/managed risk)." [Simic, 2012, p.29] Poor communication with people affected by the safeguarding concern: • Selective communication: providers feeling they were excluded at key points throughout the safeguarding process was the predominant view, for example, minutes of meetings not shared. No relevant quotes presented. Skills related to leadership and effective teamwork: • Establishing ground rules for inquiry or inquisition How key meetings and processes were managed was seen as essential to what type of process was, in reality, being established. ''The Chair is very important. The meetings can be very different according to who is chairing and how they do it'', said 1 participant. Chairs, it was said, can help maintain fair ''due process'' under pressure, which can get lost if managed poorly. A manager with very recent	

Study details	Participants	Methods	Findings	Limitations
			experience of an investigation said, ‘‘It all went pear-shaped [. . .]. It was like the Spanish Inquisition.’’ [Simic 2012, p.27] ‘‘We were expected to organise it all. We were doing all the running. They [social services] kept cancelling.’’ [Simic 2012, p.28] Power differences between professionals and others involved in safeguarding: • Establishing ground rules for inquiry or inquisition: pre-meetings with the local authority as part of the safeguarding meetings that exclude providers but include other stakeholders. ‘‘You could have cut the atmosphere with a knife’’. ‘‘I felt like I was on trial and had already been judged’’. ‘‘The blame heaped on the company was Dreadful.’’ ‘‘We had a problem between two residents (both with dementia) which became a safeguarding issue [. . .]. The police turned up and said ‘are you having a laugh?’ Social services were very nasty about it’ (said to a ‘‘hear, hear’’ chorus	

Study details	Participants	Methods	Findings	Limitations
			around the group)." [Simic 2012, p.27 to 28] • Mishandling of information and processes - process which is perceived to be very much about secrets and the misuse of power associated with mishandling information and processes. "For CQC, the number of alerts is taken as measure of problem within a service.'' One service provider representative reported that they had a letter from CQC raising questions about the number of safeguarding alerts involving their agency. 'This is the wrong way round. A good service deals openly with safeguarding. Good services are more open, deal with bad practice properly and are likely to report more. Poor services will hide them.'' However, the apparent punitive response from CQC would cause providers to become defensive, was the key message from the group discussions." [Simic 2012, p.30] **Facilitators**	

Study details	Participants	Methods	Findings	Limitations
			The ability or readiness of agencies (including care homes and adult social care and health agencies), to combine their skills and expertise to meet the individual or group of individuals' needs within the care home context: • Shared framework: need for a shared framework of explicit principles to guide safeguarding. "…fair and objective due process"; "CQC and Commissioners need to look carefully at how they treat bad statistics on safeguarding." [Simic 2012, p.31] • Partnership working: clear joint statement to affirm the shared intent to deliver safe care and support; ongoing, effective, joint management through the Safeguarding Board and evidence-based approaches. "engagement as a partner"; "them listening to us"; "protocol for shared practice/review"; "advice about whether something is safeguarding or not'' (''phone a friend'' option)"; "respect." [Simic 2012, p.31]	

Study details	Participants	Methods	Findings	Limitations
			Local practices and strategic planning which contribute to effective multi-agency working: • Urgent review of the protocols and principles around secret pre-meetings. "audit what's going on… badly needed…"; ‘‘The focus should not be on blame (which it currently is); it should be on safeguarding." [Simic 2012, p.31] • Protocols and guidelines to be developed and disseminated to ensure good practice in decision-making panels. "protocol for shared practice/review"; "fair and objective due process"; "consistency." [Simic 2012 p.31] • Efficient and transparent approach to meetings. “formal meetings with common, explicit format.” [Simic 2012, p.31] Poor communication with people affected by safeguarding: • Timely and useful management information. "timeliness in the whole process"; "them listening to us"; "formal meetings with common, explicit format." [Simic 2012, p.31]	

Study details	Participants	Methods	Findings	Limitations
			Skills related to leadership and effective teamwork which contribute to effective multi-agency working between care homes and others: • Training: ongoing training for staff and registered managers. More joint learning events and joint training urgently required and on a rolling basis. For example, “joint training.” [Simic 2012, p.31]	

Appendix E – Forest plots

Forest plots for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

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

Appendix F – GRADE-CERQual tables

GRADE-CERQual tables for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

Overarching theme G1: Barriers to effective multi-agency working

Table 5: Evidence summary (GRADE-CERQual) Theme G1.1 Skills related to leadership and effective teamwork which contribute to effective multi-agency working

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G1.1.1 Establishing ground rules for inquiry or inquisition						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study suggest that safeguarding alerts and investigations operate within a cultural framework that is not always explicit. How key meetings and processes were managed was seen as essential to what type of process was, in reality, being established. For example, ''The Chair is very important. The meetings can be very different according to who is chairing and how they do it'', said 1 participant. Chairs, it was said, can help maintain fair ''due process'' under pressure, which can get lost if managed poorly. A manager with very recent experience of an investigation said, ''It all went pear-shaped [. . .]. It was like the Spanish Inquisition.'' [Simic 2012, p.27] ''We were expected to organise it all. We were doing all the running. They [social services] kept cancelling.'' [Simic 2012, p.28]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).

3 Moderate concerns about the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).
4 Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered data with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).

Table 6: Evidence summary (GRADE-CERQual) Theme G1.2 Power differences between professionals and others involved in safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G1.2.1 Establishing ground rules for inquiry or inquisition						
Simic, 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study suggest that the fact that there were secret ''professional'' pre-meetings within the local authority as part of the safeguarding meetings process that included other stakeholders but excluded providers was a great source of concern but also acted as a signifier, indicating that the provider role was, *ab initio*, set apart from others' roles. Opaque and inscrutable, the role and legitimacy of such meetings were subject to question. One example was given of when the formal safeguarding meeting was starting, immediately following a private (''secret'') pre-meeting (excluding the provider). For example: ''You could have cut the atmosphere with a knife''. ''I felt like I was on trial and had already been judged''. ''The blame heaped on the company was Dreadful.'' ''We had a problem between two residents (both with dementia) which became a safeguarding issue [. . .]. The police turned up and said 'are you having a laugh?' Social services were very nasty about it' (said to a ''hear, hear'' chorus around the group).'' [Simic 2012, p.27 to 28]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW
Sub-theme G1.2.2 Mishandling of information and processes						

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study suggest a process which "is perceived to be very much about secrets and the misuse of power associated with mishandling information and processes." [Simic, 2012, pp.30] For example: "'For CQC, the number of alerts is taken as measure of problem within a service.'' One service provider representative reported that they had a letter from CQC raising questions about the number of safeguarding alerts involving their agency. 'This is the wrong way round. A good service deals openly with safeguarding. Good services are more open, deal with bad practice properly and are likely to report more. Poor services will hide them.'' However, the apparent punitive response from CQC would cause providers to become defensive, was the key message from the group discussions." [Simic 2012, p.30]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).
4 Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered data with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).

Table 7: Evidence summary (GRADE-CERQual) Theme G1.3 Poor communication with people affected by safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G1.3.1 Selective communication						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study suggest that providers feel excluded at key points throughout the safeguarding process. Not seeing draft minutes and not being able to comment or correct inaccuracies were seen as breaches of natural justice. Provider "exclusion" from the whole process became the most relevant issue for participants. [Simic 2012, p.30] [No quotes in the paper]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Serious concerns[4]	VERY LOW

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).
4 Serious concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered poor data (that is, no quotes) with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).

Table 8: Evidence summary (GRADE-CERQual) Theme G1.4 Conflicting discourses on safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G1.4.1 Semantics						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study suggest that 1 of the main challenges facing those who have to implement procedures is managing the ambiguities in language, which are anything but 'mere semantics'. The way that there is demarcation from other related terms such as ''protection'' or ''abuse'' will help define what ''safeguarding'' is or is not in practice and what processes are set in place and resources accessed. Conceptual demarcation was a key issue for the managers in the focus groups. It was felt strongly that the lines between genuine alerts and other ''problems in living'' were consistently very blurred. For example, ''Stuff that would have been more to do with complaints are now safeguarding.'' [Simic 2012 p.29] ''You can't refer piss-poor commissioning into Safeguarding'' remarked one irked domiciliary care manager." [Simic 2012, p.29] ''There's also insufficient awareness of the legal framework of employment law'' 1 manager raised as an issue for discussion. ''For example, I was told 'You must suspend your member of staff'. I tried to explain employment law and the possibility of a tribunal but it was not possible to discuss options'' (for example, removal/managed risk)." [Simic, 2012, p.29]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).

4 Moderate concerns about the adequacy of data only 1 study supported the review's findings; 1 study that offered data with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).

Table 9: Evidence summary (GRADE-CERQual) Theme G1.5 Ability or readiness of agencies to combine skills and expertise to meet individual or groups of individuals needs within the care home context

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G1.5.1 Working with others						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study suggest that providers are pre-judged, group members unanimously felt. Often they do not know what information informed judgements and are anxious of a whispering culture that is structurally biased against providers and the private sector, in particular. For example, "Everybody's business or nobody's baby." "This should be a partnership''. ''We don't want it [abuse] to happen either''. ''You can't say stuff to social workers.'' There is the perception that an informal ''blacklist'' can be applied if you ''get on the wrong side'' of a care manager/social worker. ''Bad news travels fast'' and a provider's reputation could be damaged without you even knowing about it because of clandestine channels of informal information that is not subject to scrutiny or balance. [Simic 2012, p.30]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW
Sub-theme G1.5.2 Joint management						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent	Data from 1 study suggest that 1 of the main challenges is an unjust quasi-judicial approach. For example, "For CQC, the number of alerts is taken as measure of problem within a service.'' One service provider representative reported that they had a letter from CQC raising questions about the number of safeguarding alerts involving their agency. ''This is	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
sector domiciliary and residential providers.	the wrong way round. A good service deals openly with safeguarding. Good services are more open, deal with bad practice properly and are likely to report more. Poor services will hide them.'' [Simic 2012, p.30]					

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).
4 Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered data with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).

Overarching theme G2: Facilitators to effective multi-agency working

Table 10: Evidence summary (GRADE-CERQual) Theme 2.1 Skills related to leadership and effective teamwork which contribute to effective multi-agency working

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G2.1.1 Training						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study indicate the following good practice pointer: more joint learning events and joint training urgently required and on a rolling basis For example, "joint training." [Simic 2012, p.31]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

1Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns about the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).
4 Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered data with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).

Table 11: Evidence summary (GRADE-CERQual) Theme 2.2. Poor communication with people affected by safeguarding

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G2.2.1 Timely information						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study indicate the following good practice pointer: Timely and useful management information For example, "timeliness in the whole process"; "them listening to us"; "formal meetings with common, explicit format." [Simic 2012, p.31]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).
3 Moderate concerns the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).
4 Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered data with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).

Table 12: Evidence summary (GRADE-CERQual) Theme G2.3. Local practices and strategic planning which contribute to effective multi-agency working

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G2.3.1 Review protocols						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study indicate the following good practice pointer: An urgent review of the protocols and principles around secret pre-meetings. For example, "audit what's going on… badly needed…"; ‘‘The focus should not be on blame (which it currently is); it should be on safeguarding." [Simic 2012, p.31]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW
Sub-theme G2.3.2 Develop protocols						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study indicate the following good practice pointer: Protocols and guidelines to be developed and disseminated to ensure good practice in decision-making panels. For example, "protocol for shared practice/review"; "fair and objective due process"; "consistency." [Simic 2012 p.31]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW
Sub-theme G2.3.3 Efficient and transparent approach to meetings						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent	Data from 1 study indicate the following good practice pointer: Chairs of Safeguarding meetings need to be competent and be motivated to ensure that processes are open, inclusive, fair, and sensitive and follow a standard process. Meetings must have common, agreed, explicit processes (for example, concerning who is invited to meetings, management of open/closed	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
sector domiciliary and residential providers.	sessions, minute-taking and drafts circulated before finalised). For example, "formal meetings with common, explicit format." [Simic 2012, p.31]					

[1] *Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.*
[2] *No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).*
[3] *Moderate concerns about the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).*
[4] *Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered data with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).*

Table 13: Evidence summary (GRADE-CERQual) Theme G2.4 Ability or readiness of agencies to combine skills and expertise to meet individual or groups of individuals needs within the care home context

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme G2.4.1 Partnership working						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study indicate the importance of a clear joint statement to affirm the shared intent to deliver safe care and support. Ongoing, effective, joint management through the Safeguarding Board and evidence-based approaches (such as the Safeguarding research project) to aim for effective Safeguarding of service users and of making best use of resources. Clearer synergy with other policies. For example, "engagement as a partner"; "them listening to us"; "protocol for shared practice/review"; "advice	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	about whether something is safeguarding or not'' (''phone a friend'' option)"; "respect." [Simic 2012, p.31]					
Sub-theme: G2.4.2 Shared framework						
Simic 2012 • Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. • Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study indicate the importance of a shared framework of explicit principles guiding safeguarding. For example, "…fair and objective due process"; "CQC and Commissioners need to look carefully at how they treat bad statistics on safeguarding." [Simic 2012, p.31]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW

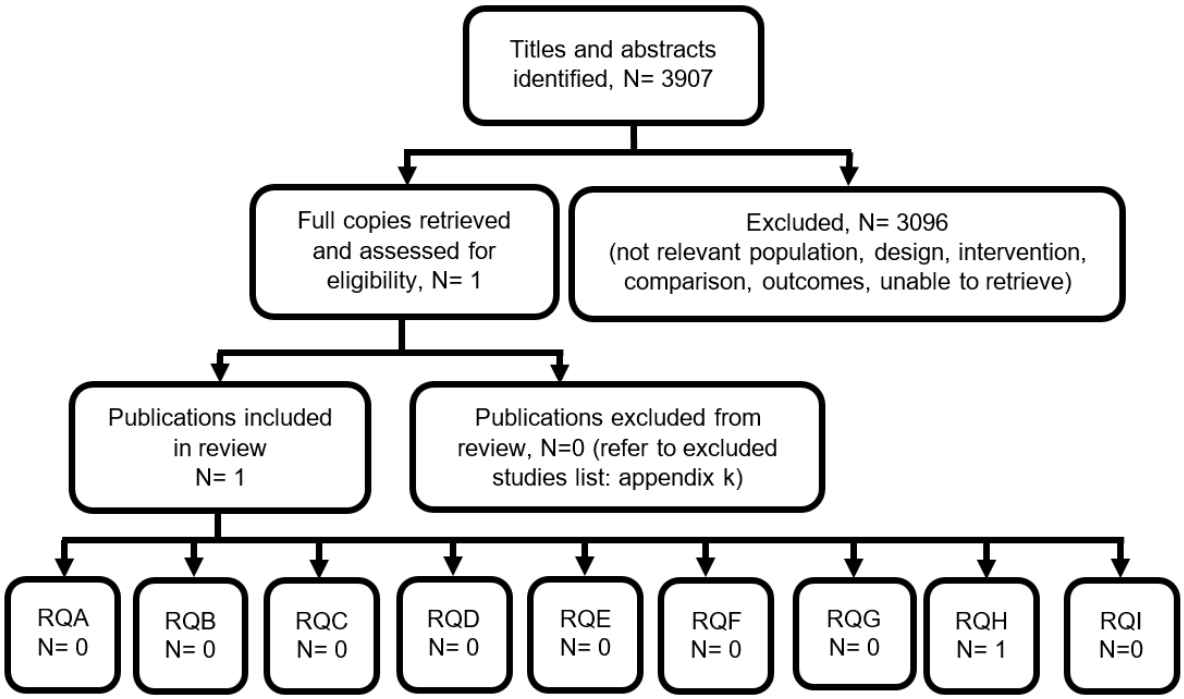
[1] *Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.*
[2] *No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).*
[3] *Moderate concerns about the relevance of data (data not exclusively related to care homes. 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes and therefore not directly relevant).*
[4] *Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered data with moderate concerns regarding methodological limitations but limited to feedback from focus groups in relation to 1 particular area of safeguarding).*

Appendix G – Economic evidence study selection

Economic evidence study selection for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

A global economic literature search was undertaken for safeguarding adults in care homes. This covered all 16 review questions, which were reported in 9 evidence reports in this guideline. As shown in Figure 3 below, no economic evidence was identified which was applicable to this review evidence review.

Figure 3: Economic study selection flowchart



Appendix H – Economic evidence tables

Economic evidence tables for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

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

Appendix I – Economic evidence profiles

Economic evidence profiles for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

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

Appendix J – Economic analysis

Economic evidence analysis for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded studies for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

Table 14: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Cameron, A., Lart, R., Bostock, L., Coomber, C., Factors that promote and hinder joint and integrated working between health and social care services: a review of research literature, Health & social care in the community, 22, 225-233, 2014	No data on phenomenon of interest.
Care Quality Commission., Safeguarding adults: roles and responsibilities in health and care services, 4, 2014	No data on phenomenon of interest.
Cass, E., Safeguarding: commissioning care homes, The Journal of Adult Protection, 14, 244-247, 2012	No data on phenomenon of interest.
Commission for Social Care Inspectorate, Safeguarding adults: a study of the effectiveness of arrangements to safeguard adults from abuse, 2008	Population does not meet the protocol eligibility criteria and no data on phenomenon of interest.
Ford, M., First ever inter-professional guidance on adult safeguarding, Nursing Times, 114, 109-109, 2018	Study design - not reporting research.
Graham, K., Models of safeguarding in England: Identifying important models and variables influencing the operation of adult safeguarding, Journal of Social Work, 17, 255-276, 2017	No data on phenomenon of interest.
Henwood, M., Multi-agency working and adult protection, Community Care, 24.01.08, 32-33, 2008	Study design - no qualitative data.
Hussein, S., Working together in adult safeguarding: findings from a survey of local authorities in England and Wales, Research Policy and Planning, 27, 163-176, 2009	Study design - no qualitative data.
Joseph, S., Inter-agency adult support and protection practice: a realistic evaluation with police, health and social care professionals, Journal of Integrated Care, 27, 50-63, 2019	No data on phenomenon of interest.
Lawrence, V., Banerjee, S., Improving care in care homes: a qualitative evaluation of the Croydon care home support team, Aging & mental health, 14, 416-24, 2010	No data on phenomenon of interest.
Mccreadie, C., Ambiguity and cooperation in the implementation of adult protection policy, Social Policy and Administration, 42, 248-266, 2008	No data on phenomenon of interest.
Manthorpe, J., Martineau, S., Engaging with the new system of safeguarding adults reviews concerning care homes for older people, British Journal of Social Work, 47, 2086-2099, 2017	Study design - review of cases.
Manthorpe, J., Managing relations in adult protection: a qualitative study of the views of social	No data on phenomenon of interest (not organisational level).

Study	Reason for exclusion
services managers in England and Wales, Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community, 24, 363-376, 2010	
Manthorpe, J., Samsi, K., Rapaport, J., Responding to the financial abuse of people with dementia: a qualitative study of safeguarding experiences in England, International Psychogeriatrics, 24, 1454-64, 2012	No data on phenomenon of interest (not organisational level).
Manthorpe, J., Recording Skills in Safeguarding Adults: best practice and evidence requirements, Journal of Interprofessional CareJ Interprof Care, 25, 386-387, 2011	No data on phenomenon of interest.
Montgomery, L., McKee, J., Adult safeguarding in Northern Ireland: prevention, protection, partnership, The Journal of Adult Protection, 19, 199-208, 2017	Study design - no qualitative data.
Pinkney. L., Voices from the frontline: social work practitioners' perceptions of multi-agency working in adult protection in England and Wales, Journal of Adult Protection, 10, 12-24, 2008	No data on phenomenon of interest (not organisational level).
Reid. D., Form and function: views from members of adult protection committees in England and Wales, JOURNAL OF ADULT PROTECTION, 11, 20-29, 2009	Setting does not meet protocol eligibility criteria (not organisational level).
Rowan. J., Multi-agency working and implications for care managers, Journal of Integrated Care, 24, 56-66, 2016	Paper not obtainable.
Skills for Care, Outcome statement 10: multi-agency working, 7p., 2010	Study design - no qualitative data
Smith, L., Collaborative practice to support adults with complex needs: ESSS Outline, 2018	Study design - not a systematic review.
Social Care Institute for Excellence, Safeguarding adults: sharing information, 32, 2019	Study design - case reviews.
Stevens, E., Safeguarding vulnerable adults: exploring the challenges to best practice across multi-agency settings, JOURNAL OF ADULT PROTECTION, 15, 85-95, 2013	Study design - not qualitative data.
Warin, R., Safeguarding adults in Cornwall, JOURNAL OF ADULT PROTECTION, 12, 39-42, 2010	No data on phenomenon of interest (not organisational level).
Williams, C., Local Government, Association, Safeguarding adults: learning from peer challenges, 2013	Study design – not reporting research.

Economic studies

No economic evidence was identified for this review.

Appendix L – Research recommendations

Research recommendations for review question G: What are the barriers and facilitators to effective multi-agency working at the individual operational level?

No research recommendations were made for this review question.