National Institute for Health and Care Excellence

Draft for consultation

Safeguarding adults in care homes

[B] Barriers and facilitators to identifying abuse and neglect

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

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ISBN:

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Barriers and facilitators to identifying abuse and neglect

This evidence review supports recommendations 1.1.1, 1.1.2, 1.1.5, 1.1.6, 1.1.7, 1.1.9, 1.1.12, 1.1.13, 1.1.17, 1.2.1, 1.2.2, 1.2.4, 1.2.7, 1.3.4, 1.3.5, 1.3.7, 1.3.8, 1.3.9, 1.3.10, 1.3.13, 1.12.8.

Review question

This evidence report contains information on 2 qualitative reviews designed to identify barriers and facilitators to identifying abuse and neglect. The committee anticipated that relevant studies would have an overlapping focus on abuse and neglect. For this reason, they agreed it would be appropriate for the reviews to be analysed and reported together in a single evidence report.

This evidence report contains information on 2 reviews relating to barriers and facilitators to the identification of abuse and neglect.

- What are the barriers and facilitators to identifying abuse in care homes?
- What are the barriers and facilitators to identifying neglect in care homes?

Introduction

It is known that numerous factors contribute to variations in the extent to which abuse and neglect is identified. This includes care home providers' differing cultures with regard the expected level of transparency in relation to matters of abuse and neglect; staff being reluctant to identify potential abuse or neglect because of the fear of repercussions; and residents' inability to understand or communicate that abuse or neglect is occurring.

Research by Manthorpe and Martineau (2017) has highlighted the particular challenges of addressing abuse and neglect in care home settings, owing both to the fact that the system is largely set up to deal with individual cases of abuse or neglect rather 'whole home' (or organisational) abuse, and to uncertainties about '*thresholds*' for action. Echoing the latter point, research by Fyson and Patterson (2019) found that care home staff did not have a shared understanding of what constituted either abuse or neglect.

Care homes are required to meet the Care Quality Commission's CQC's Fundamental Standards of Care, which include both the safety of residents and the need to safeguard against abuse. However, there remains reticence and uncertainty in recognising and reporting both abuse and neglect that occurs in care homes, which can create a barrier to identifying abuse. This is important because identifying abuse and neglect is a necessary first step in both safeguarding individuals and in preventing further abuse or neglect.

Summary of the protocols

Please see Table 1 and Table 2 for a summary of the Population, Intervention, Comparison and Outcome (PICO) characteristics of these reviews.

Table 1: Summary of the protocol (PICO table) – What are the barriers and facilitators to identifying abuse in care homes?

Population	• Adults (aged over 18 years) accessing care and support in care homes (whether as residents, in respite or on a daily basis). • Family, friends and advocates of adults accessing care and support in care homes. • People working in care homes.

	• Providers of services in care homes.
Intervention	Views and experiences of the barriers and facilitators to identifying abuse in care homes from the point of view of practitioners, families and people living in or using care homes. This review will use the definition of abuse from the Care Act 2014, as set out in the guideline scope: • physical abuse • domestic violence • sexual abuse • psychological abuse • financial or material abuse • modern slavery (such as forced labour) • discriminatory abuse • organisational abuse.
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): • The ability or readiness of people living, working in or visiting care homes to discuss concerns that abuse may be occurring. • The ability or readiness of people experiencing or witnessing abuse to recognise and acknowledge when it occurs. This may be affected by fears over job security, reputation or the security of a care home placement and may vary between people from different cultural backgrounds. • A lack of clarity about the distinction between poor practice and abuse or safeguarding concerns. • The ability or readiness of external agencies to take risks or reports of abuse seriously. • The effects of changing policies and procedures on people's confidence in identifying abuse.

Table 2: Summary of the protocol (PICO table) – What are the barriers and facilitators to identifying neglect in care homes?

Population	• Adults (aged over 18 years) accessing care and support in care homes (whether as residents, in respite or on a daily basis). • Family, friends and advocates of adults accessing care and support in care homes. • People working in care homes. • Providers of services in care homes.
Intervention	Views and experiences of the barriers and facilitators to identifying neglect in care homes from the point of view of practitioners, families and people living in or using care homes. This review will use the definition of abuse from the Care Act 2014, as set out in the guideline scope: • physical neglect • domestic violence • sexual neglect

	• psychological neglect • financial or material neglect • modern slavery (such as forced labour) • discriminatory neglect • organisational neglect.
Comparison	Not relevant in a qualitative review.
Outcomes	Themes will be identified from the literature. The committee agreed the following potential themes although they are aware that data may not be located for all of them and that other themes may be identified: • The ability or readiness of people living, working in or visiting care homes to discuss concerns that neglect may be occurring. • The ability or readiness of people experiencing or witnessing neglect to recognise and acknowledge when it occurs. This may be affected by fears over job security, reputation or the security of a care home placement and may vary between people from different cultural backgrounds. • A lack of clarity about the distinction between poor practice and neglect or safeguarding concerns. • The ability or readiness of external agencies to take risks or reports of neglect seriously. • The effects of changing policies and procedures on people's confidence in identifying neglect.

For further details see the review protocols 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 with the aim of:

- Establishing which factors help or hinder in the identification of abuse or neglect in care homes.
- Establishing which factors help or hinder in alerting people to the possibility that abuse or neglect might be occurring in the care home context.

A systematic review of the literature was conducted using a combined search. Eleven studies were included in this review (Ash 2013, Brooker 2011, Calcraft 2007, Cooper 2013, Furness 2006, Jones 2014, Marsland 2007, Marsland 2015, Moore 2016, Moore 2017, Moore 2018). The date of publication ranged from 2004 to 2018. All included studies were conducted in the UK and provided data in relation to barriers and facilitators to the identification of abuse or neglect. Ash 2013 and Jones 2014 were based in part on research carried out in Wales, whilst Marsland 2015 included data from Scotland. Data collection methods included interviews and focus groups (or a combination of both).

Study populations included social workers; people living with dementia; family members; professionals with experience of investigating abuse and neglect; and care home staff, managers, and owners. Whilst reference was sometimes made to individuals with specific needs (as specified in the protocol subgroup analysis section, for example, people with a

learning disability) data specifically relating to these subgroups were not reported in detail or separately.

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

- The ability or readiness of people living, working in or visiting care homes to discuss concerns that abuse or neglect may be occurring.
- The ability or readiness of people experiencing or witnessing abuse or neglect to recognise and acknowledge when it occurs. This may be affected by fears over job security, reputation or the security of a care home placement and may vary between people from different cultural backgrounds.
- A lack of clarity about the distinction between poor practice and abuse or neglect or safeguarding concerns.
- The ability or readiness of external agencies to take risks or reports of abuse or neglect seriously.
- The effects of changing policies and procedures on people's confidence in identifying abuse or neglect.

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 green, sub-themes in light blue and further 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 identifying abuse/neglect

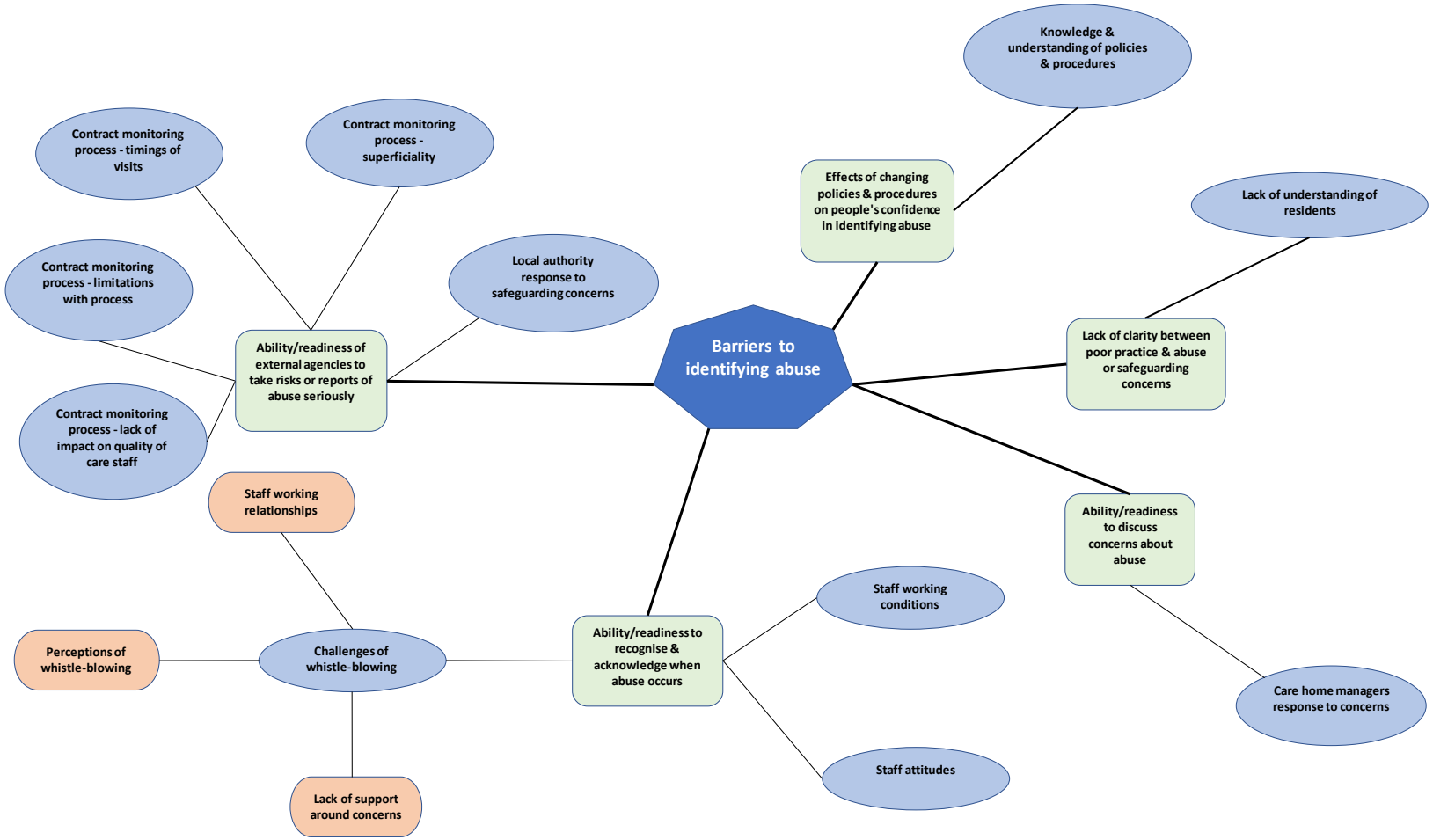
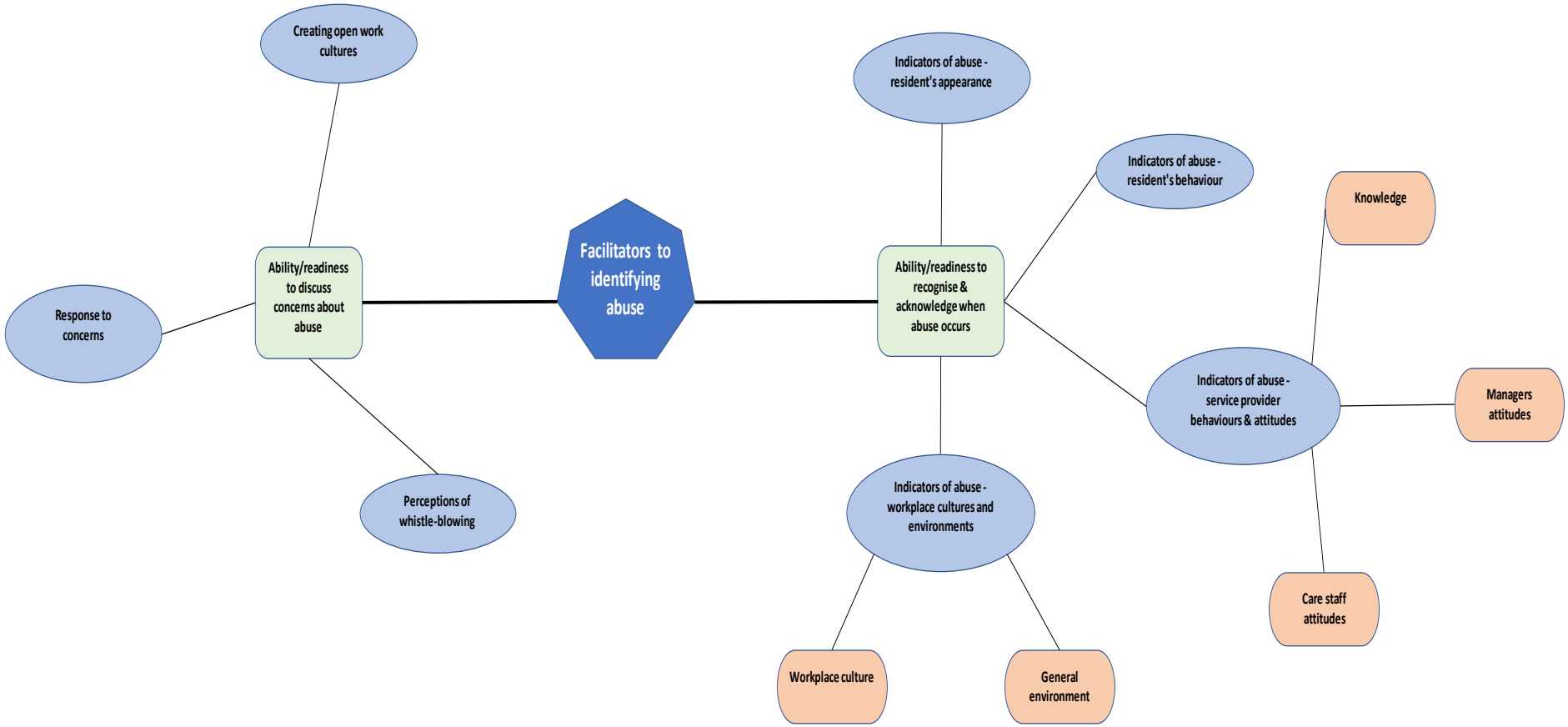


Figure 2: Theme map – facilitators to identifying abuse/neglect



1 Excluded studies

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

4 Summary of studies included in the evidence review

5 A summary of the studies that were included in this review are presented in Table 3.

6 **Table 3: Summary of included studies**

Study and aim of the study	Participants	Methods	Themes
Ash 2013 **Study design:** one-to-one structured interviews **Aim of the study:** To explore factors that influenced social workers' implementation of policy to protect elders from abuse. **Wales**	Social workers: N=9 (including 1 team manager) working with older people and 4 middle and senior managers in adult services.	**Data collection** • One-to-one semi-structured interviews.	**Barriers** • Ability or readiness of external agencies to take risks or reports of abuse seriously: ○ Local authority response to safeguarding concerns.

Brooker 2011
 	
Study design: in-depth interviews; focus groups
 	
Aim of the study: To explore the views of individuals with significant cognitive impairment living in care homes.
 	
England
	Family carers of people who had experienced abuse in a care home; family carers of people living in a care home who had not experienced abuse; persons living with dementia (not living in a care home); professionals with experience of investigating abuse, and professionals with experience of whistle-blowing. Total sample size: N=36.	**Data collection**
		
		• 13 in-depth interviews (one-to-one or via telephone, lasting approximately 45 to 75 minutes) and 5 focus groups (lasting approximately 90 minutes) facilitated by 2 researchers at the university or other appropriate venue.
		
		• Interviews were audio-recorded.
			Facilitators
			• Ability or readiness to recognise and acknowledge when abuse occurs:
			  ○ Indicators of abuse - resident's appearance.
			  ○ Indicators of abuse - service provider behaviours and attitudes - care staff.
			  ○ Indicators of abuse - workplace cultures and environments - general environment.

Calcraft 2007
 	
Study design: focus groups; semi-structured interviews
 	
Aim of the study: To explore how whistle-blowing can contribute to protecting adults with learning disabilities
	Social care workers, trainers, managers, adult protection co-ordinators, and social care inspectors (Interviews conducted with 15 individuals (n=8 social care workers; n=1 trainer; n=6 managers).	**Data collection**
		
		• 6 focus groups, plus semi-structured, individual interviews.
		
		• All focus groups and interviews
			Barriers
			• Ability or readiness to recognise and acknowledge when abuse occurs:
			  ○ Challenges of whistle-blowing - perceptions of whistle-blowing.
			  ○ Challenges of whistle-blowing -

Study and aim of the study	Participants	Methods	Themes
from abuse in social care settings. **England**		were tape recorded.	staff working relationships. ○ Challenges of whistle-blowing - lack of support. • Lack of clarity between poor practice and abuse, and safeguarding concerns: ○ Lack of understanding of residents.
Cooper 2013 **Study design:** focus groups **Aim of the study:** To explore through focus groups care workers' views regarding common abusive and neglectful situations that arise in care homes in order to develop the first measure for anonymous reporting of abuse and neglect in care homes. **England**	Care assistants, care workers, mental health nurses, social workers and senior care workers: N=36.	**Data collection** • 4 focus groups lasting 60 to 90 minutes. • Interviews were digitally recorded.	**Barriers** • Ability or readiness to recognise and acknowledge when abuse occurs: ○ Staff working conditions. ○ Staff attitudes.
Furness 2006 **Study design:** interviews **Aim of the study:** To explore the views of care home staff regarding their understanding of abuse. **England**	Residents (n=19) and care home owners (n=19) or managers of care homes for older people (n=19).	**Data collection** • Interviews carried out by same independent interviewer. • Interviews were tape recorded.	**Barriers** • Effects of changing policies & procedures on people's confidence in identifying abuse: ○ Knowledge and understanding of policies and procedures. **Facilitators** • Ability or readiness to discuss concerns about abuse: ○ response to concerns.
Jones 2014 **Study design:** semi-structured interviews; focus groups **Aim of the study:** To explore perceptions of whistle-blowing,	Registered nurses (n=7) and care assistants (n=10).	**Data collection** • Individual, semi-structured interviews (lasting 35 to 65 minutes) and focus groups (lasting 43 to 67	**Barriers** • Ability or readiness to recognise and acknowledge when abuse occurs: ○ Challenges of whistle-blowing -

Study and aim of the study	Participants	Methods	Themes
and the strategies and processes used by employees to raise concerns about standards of care for older people. **Wales**		minutes) conducted in participants work settings, away from areas of direct clinical care. • Interviews were audio taped.	perceptions of whistle-blowing. ○ Challenges of whistle-blowing - staff working relationships. **Facilitators** • Ability or readiness to discuss concerns about abuse: ○ Challenges of whistle-blowing - perceptions of whistle-blowing. ○ Challenges of whistle-blowing - Creating open work cultures. ○ Challenges of whistle-blowing - Response to concerns.
Marsland 2007 **Study design:** semi-structured interviews **Aim of the study:** To identify early indicators of abuse in people with learning disabilities to help improve awareness and prevent further abuse. **UK**	Social care practitioners (n=17) and family members (n=3).	**Data collection** • 21 semi-structured interviews. • 2 written files held by practitioners which documented concerns about abuse in care settings were accessed. • Interviews were not recorded and transcribed, but full written notes were taken.	**Facilitators** • Ability or readiness to recognise and acknowledge when abuse occurs: ○ Indicators of abuse - resident's behaviour. ○ Indicators of abuse: service provider behaviours and attitudes – Managers. ○ Indicators of abuse: service provider behaviours and attitudes - Care staff. ○ Indicators of abuse: workplace cultures and environments - workplace cultures. ○ Indicators of abuse: workplace cultures and environments - general environment.
Marsland 2015 **Study design:** semi-structured interviews	Health or social care practitioners (including reviewing officers, care managers, social workers, community	**Data collection** • 8 semi-structured, face-to-face or	**Facilitators** • Ability or readiness to recognise and acknowledge when abuse occurs:

Study and aim of the study	Participants	Methods	Themes
Aim of the study: To identify early indicators of concern to contribute to the prevention of abuse and neglect of older people living in residential and nursing homes. **England and Scotland**	nurses and clinical care managers) external to the residential services concerned: N=8 interviews.	telephone interviews. • Interviews were not audio recorded, but detailed notes were taken.	○ Indicators of abuse - resident's behaviour. ○ Indicators of abuse: service provider behaviours and attitudes – Managers. ○ Indicators of abuse: service provider behaviours and attitudes – knowledge. ○ Indicators of abuse: workplace cultures and environments - general environment. • Ability or readiness to discuss concerns about abuse: ○ Response to concerns.
Moore 2016 **Study design:** semi-structured interviews **Aim of the study:** To explore the perspectives and experiences of people working in care homes relating to the occurrence of abuse. **England**	N=36 personnel in 12 care homes for older people (N=12 proprietors, N=12 managers, N=12 care staff)	**Data collection** • 36 semi-structured interviews conducted using open-ended questions.	**Barriers** • Ability or readiness to discuss concerns about abuse: ○ response to concerns. • Ability or readiness of external agencies to take risks or reports of abuse seriously: ○ Local authority response to safeguarding concerns.
Moore 2017 **Study design:** semi-structured interviews **Aim of the study:** To explore the personal values held by individual staff regarding the prevention of abuse in private sector care homes for older people. **England**	See Moore (2016).	**Data collection** See Moore (2016) • Interviews were digitally recorded.	**Barriers** • Ability or readiness to recognise and acknowledge when abuse occurs: ○ staff attitudes.

Study and aim of the study	Participants	Methods	Themes
Moore 2018 **Study design:** semi-structured interviews **Aim of the study:** To explore the perceptions of care and nursing home managers' in relation to the role of contract monitoring in the prevention of abuse. **England**	N=16 care and nursing home managers (registered residential home managers: n=8; registered nursing home managers: n=8).	**Data collection** • 16 semi-structured, face-to-face interviews, including open-ended questions (lasting between 1 and 2.5 hours). • Interviews were digitally recorded.	**Barriers** • Ability or readiness of external agencies to take risks or reports of abuse seriously: o Superficiality of contract monitoring process. o Timing of contract monitoring site visits. o Limitations with contract monitoring process. o Lack of impact of contract monitoring on quality of care staff.

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 outcomes 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 critical appraisal skills programme (CASP) checklist for qualitative studies, is presented according to the main themes:

Barriers

- The ability or readiness to recognise and acknowledge when abuse occurs:
  - Challenges of whistleblowing – perceptions of whistleblowing; staff working relationships; lack of support around concerns. Overall methodological concerns were considered to be moderate for these sub-themes, and the overall confidence in these sub-themes was judged to be moderate.
  - Staff working conditions. Overall methodological concerns were also considered to be moderate, and the overall confidence in this sub-theme was also judged to be moderate.
  - Staff attitudes. Overall methodological concerns were also considered to be moderate, and the overall confidence in this sub-theme was also judged to be moderate.
- The ability or readiness to discuss concerns about abuse:
  - Care home managers' response to concerns. Overall methodological concerns were considered to be minor, and the overall confidence in this sub-theme was judged to be moderate.
- A lack of clarity between poor practice and abuse and safeguarding concerns:
  - Lack of understanding of residents. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
- The ability or readiness of external agencies to take risks or reports of abuse seriously:
  - Local authority response to safeguarding concerns. Overall methodological concerns were considered to be minor, and the overall confidence in this sub-theme was judged to be very low.

- Contract monitoring process – superficiality; timings of visits; limitations with process; lack of impact on quality of care staff. Overall methodological concerns were considered to be moderate for these sub-themes, and the overall confidence in these sub-themes was judged to be moderate.

- The effects of changing policies and procedures on people's confidence in identifying abuse:
  - Knowledge and understanding of policies and procedures. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low:

Facilitators

- The ability or readiness to recognise and acknowledge when abuse occurs:
  - Indicators of abuse – resident's appearance; resident's behaviour; service provider behaviours and attitudes (Managers); service provider behaviours and attitudes (Care staff); service provider behaviours and attitudes (knowledge); workplace cultures and environments (workplace cultures and general environment). Overall methodological concerns for all sub-themes were considered to be minor, and the overall confidence in all sub-themes was judged to be moderate.
- The ability or readiness to discuss concerns about abuse:
  - Creating open work cultures. Overall methodological concerns were considered to be moderate, and the overall confidence in this sub-theme was judged to be very low.
  - Response to concerns. Overall methodological concerns were also considered to be moderate for this sub-theme. The overall confidence in this sub-theme was also judged to be very low.

Findings from the studies are summarised in GRADE-CERQual tables. 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

This review was not intended to provide evidence on the effectiveness of competing courses of action and economic analysis is not generally relevant in this context.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

This review focused on the barriers and facilitators to the identification of abuse and neglect in care homes. To address this issue the reviews were 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 were found in the literature and the list was not exhaustive so additional themes may have been identified:

- The ability or readiness of people living, working in or visiting care homes to discuss concerns that abuse or neglect may be occurring.

- The ability or readiness of people experiencing or witnessing abuse or neglect to recognise and acknowledge when it occurs. This may be affected by fears over job security, reputation or the security of a care home placement and may vary between people from different cultural backgrounds.
- A lack of clarity about the distinction between poor practice and abuse or neglect or safeguarding concerns.
- The ability or readiness of external agencies to take risks or reports of abuse or neglect seriously.
- The effects of changing policies and procedures on people's confidence in identifying abuse or neglect.

The evidence review provided data relating to all 5 themes set out in the protocol and the committee were able to make a number of recommendations in relation to these.

The quality of the evidence

Reported sub-themes for barriers to identifying abuse included: challenges of whistle-blowing, staff working conditions and staff attitudes, views regarding the response from care home managers and local authorities to safeguarding concerns, lack of clarity between poor practice and abuse or safeguarding concerns, a lack of understanding of residents, knowledge and understanding of policies and procedures, and the contract monitoring process (including superficiality, timings of visits, limitations with the process, and lack of impact on the quality of care staff). Reported sub-themes for facilitators to identifying abuse included: creating open work cultures, response to concerns, perceptions of whistleblowing, and indicators of abuse (including residents' appearance and behaviours, service provider behaviours and attitudes, and workplace cultures and environments). However, despite addressing these sub-themes, some of the studies were limited in terms of the level of detail reported.

The evidence was assessed using GRADE-CERQual methodology and the overall confidence in the findings ranged from moderate to very low. As a result, the recommendations were made partly based on the review findings but supplemented with the committee's own expertise and the requirements of the Care Act 2014. The review findings were generally downgraded because of methodological limitations of the included studies, including, for example, unclear participant selection processes, the provision of only limited information regarding data analysis methods, and a failure to discuss findings in the context of the wider evidence base. The evidence was also downgraded because of the relevance of the findings because not all of the studies were exclusively relevant to care homes. However, the committee recognised that some themes identified in the studies still applied to care home settings and they agreed the data from other settings could be extrapolated to inform the recommendations.

The committee recognised the limitations of the evidence, 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

Policy and procedure

Care homes

Safeguarding policy and procedure

Recommendations based on evidence relating to governance, policies and procedures

The committee agreed to make a number of recommendations addressing the legislation under which care homes operate. Whilst the evidence did not highlight this issue specifically, the committee agreed that compliance with statutory policies is fundamental to effective safeguarding practice in care homes and that many of the barriers highlighted in the evidence can be mitigated against by ensuring that up-to-date safeguarding policies and procedures are in place and that these are adhered to across the care home. The committee therefore drafted recommendations which specifically identified the relevant legislation and guidance, such as the Care Act, 2014, with which care homes must be compliant. The committee also recognised the role of Safeguarding Adults Boards and the importance of local safeguarding arrangements in ensuring that care home policies and procedures are fit for purpose and up-to-date and agreed to include reference to these in their recommendations.

Based on their own experience and expertise, the committee were keen to emphasise that safeguarding policies and procedures should outline what arrangements are in place and the steps that should be taken when a safeguarding concern arises. The recommendations therefore reflect the need for care home providers to ensure that their safeguarding policy and procedure is clearly written and accessible so that it is easy to find and all residents, staff, visitors and service providers can read it when they need to. The recommendations were also designed to ensure that care home safeguarding policy and procedure should clearly explain how to respond to safeguarding concerns and how to report suspected abuse or neglect. Care homes should also have a process in place for recording and sharing information (in line with current data protection laws) about safeguarding concerns, and this was reflected in the recommendations. Having clear arrangements in place to ensure a process for recording and sharing information both within the home and with external organisations should ensure that everyone knows how to respond appropriately to a concern at different stages of the process, including who to inform and how to record concerns and relevant information. Greater clarity about how to proceed when a safeguarding concern arises should in turn ensure greater consistency within and across organisations and result in positive outcomes for the resident at risk.

Without clear arrangements in place, there is a possibility that individuals and health and social care organisations may not be aware of their obligations to prevent harm or what to do if a safeguarding concern arises. This could result in care home staff feeling anxious and not knowing who to inform, which in turn could result in relevant individuals and organisations not being informed and care home residents remaining at risk of harm. Providing clear and transparent arrangements is likely to alleviate anxiety and lack of clarity, providing staff with advice and where to seek support. However, the committee were aware that arrangements will only be effective if there is a good understanding of the existence and utility of such arrangements.

Based on their experience and expertise, the committee considered that, overall, the anticipated benefits of having clear arrangements in place are likely to outweigh the potential harms; setting out how to respond to a safeguarding concern appropriately and who to inform when concerns arise should ensure compliance with good practice standards and requirements, which in turn should ensure the safety and protection of care home residents and the health and well-being of staff.

Whistleblowing policy and procedure

Recommendations based on evidence relating to reporting

Evidence in relation to reporting safeguarding concerns via care home managers prompted the committee to make a number of recommendations on reporting in general. The overall

confidence in the evidence on whistleblowing (including perceptions of whistleblowing and staff working relationships within care homes) was considered to be of moderate and suggested that safeguarding reports can often 'get stuck' with a manager as a result of their inability or reluctance to respond to the concerns raised. Based on their own expertise and experience, the committee agreed that this was an issue within care home settings but noted that it resulted from a relatively common misconception that safeguarding concerns could only be reported to care home managers. As a result of the moderate strength evidence and the committees own expertise, the committee made a recommendation for care homes to have a whistleblowing policy and procedure in place, and to make sure that staff are aware of these. The committee were aware from the evidence presented in relation to whistleblowing (including staff working relationships and lack of support around concerns) that staff may feel anxious about whistleblowing. Based on the evidence and their own knowledge and experience which reflected the barriers reported in the evidence, the committee made a further recommendation to highlight that care home providers should consider using an external whistleblowing service through which safeguarding issues can be raised, and staff should be made aware of how to contact the service. Based on their experience, the committee believed that staff may feel more confident in reporting concerns to external services because this is likely to avoid potential feelings of anxiety or fear of repercussions that may be associated with reporting concerns to care home managers or other colleagues. They did however recognise that where it is not already done in practice, using an external service may have resource implications and it is for this reason they suggest such a service could be commissioned through mutual arrangements with other homes or providers.

Based on their experience and expertise, the committee recognised that there are legal, employment and social barriers associated with care home staff reporting abuse, which may present challenges to staff in reporting safeguarding concerns and result in harms because concerns are not reported. The committee also recognised that there may be care home settings in which the correct arrangements are not currently in place to enable staff to take appropriate action when a safeguarding concern arises, but by having a clear policy and procedure in place about the steps to take once a safeguarding concern has been disclosed and who should be involved in the process, should in turn ensure that the safeguarding process escalates in a timely way and directly benefits care home residents by preventing further harm.

On balance, the committee considered that the anticipated benefits achieved through ensuring that care homes have a whistleblowing policy and procedure in place are likely to outweigh the potential harms; providing details on the appropriate lines of communication and where staff can seek advice and support should increase staff confidence and encourage them to report their concerns through the appropriate channels.

Recommendations based on evidence relating to understanding the barriers to reporting

The overall confidence in the evidence presented to the committee was considered to be moderate and included a number of review findings relating to whistleblowing, including care home staff perceptions of whistleblowing and the impact that whistleblowing can have on care home staff and residents. Furthermore, moderate strength evidence relating to staff attitudes indicated that care home staff may not always positively value older people in their care, which can potentially lead to abuse or neglect. Based on their own knowledge and expertise, the committee were keen to emphasise that whistleblowing is one small part of wider safeguarding practice and should be seen as a last resort. After discussing in more detail the distinction between the two concepts, the committee agreed to use the evidence on whistleblowing, but also drawing on their own expertise, as a basis on which to make a number of recommendations relating to barriers to reporting. The committee felt that it was important to make 'be aware' recommendations designed to address the challenges that can be associated with whistleblowing. The recommendations highlight the need to be aware that

care home staff and care home residents and their families may be reluctant to report their concerns because of fear of personal repercussions.

As a result of their discussions, and based on the evidence, the committee were keen to highlight the need for care homes to have a whistleblowing policy and procedure in place that provides details on appropriate lines of communication and where staff can seek advice and support (including external agencies). Based on their own experience and expertise, the committee were also keen to emphasise that people who whistleblow (including care home residents) are legally protected from victimisation, and it is the responsibility of care homes and care home providers to ensure that victimisation does not occur as a result of whistleblowing.

The benefits achieved through raising awareness of some of the barriers to reporting concerns and providing a clear whistleblowing policy and procedure should improve people's understandings of the challenges faced by people who whistleblow (including care home residents). Providing support and advice to people considering reporting or disclosing a safeguarding concern should reassure them that they would not face negative repercussions for whistleblowing, which should in turn encourage them to report their concerns, which will in turn help change staff attitudes towards residents in their care and promote good practice.

The committee recognised the harms that could result from the views of care home managers and negative responses to concerns. For example, staff may be left feeling anxious and unsupported which may lead to future under-reporting of concerns and ultimately leaving care home residents at risk of harm. The recommendation for care home providers to consider using external agencies to promote the whistleblowing process is likely to avoid such harms because staff disclosing the concern would remain anonymous which should in turn alleviate long-term effects of whistleblowing on team dynamics and quality of care.

Overall, the committee considered that the anticipated benefits achieved through raising awareness of whistleblowing policy and procedure (for example, improved confidence to report concerns and changing negative attitudes towards care home residents) are likely to outweigh the potential harms resulting from the fear of repercussions of whistleblowing (for example, under-reporting of concerns).

Local authority and other public sector commissioners

Recommendations based on evidence relating to relationships with local authorities

The evidence presented to the committee included data relating to perceptions of local authority involvement in safeguarding work, which was sometimes reported to be based on a 'presumption of guilt'. The quality and strength of the evidence was, however, deemed to be very low. Based on their own knowledge and experience, the committee did, however, agree that negative views of local authority involvement are relatively common in care home settings and they recognised the challenges faced by care homes and other health and social care organisations in complying with collaboration and they were aware that failure to collaborate effectively may have a negative impact and hinder safeguarding work. Situations where there seems to be a 'presumption of guilt' may discourage the reporting of safeguarding concerns or encourage safeguarding concerns to be dealt with by the care homes without the involvement of other agencies, ultimately leaving the person at risk, and possibly other care home residents, at risk of harm. As a result of their discussions, and based mainly on their own experience and expertise, the committee made recommendations designed to ensure that local authority and other public sector commissioners' work with care homes to promote best safeguarding practice, including sharing recent lessons learnt about working with commissioners, care home management and other lessons from Safeguarding Adults Reviews.

Based on their experience and expertise, the committee considered that, overall, the anticipated benefits from ensuring that local authority and other public sector commissioners work with care homes to promote best practice are likely to outweigh the potential harms; greater collaboration between care homes and commissioners is likely to increase good working relationships and promote reflective practice, which should in turn ensure best safeguarding practice.

Induction and training in care homes

Induction and mandatory training

Recommendations based on evidence relating to support for care home staff

Support provided to care home staff to understand the concept of safeguarding was a recurring issue during committee discussions about this review. This was prompted by evidence relating to staff attitudes and knowledge and understanding of policies and procedures, which suggested that there is often a lack of shared understanding about what constitutes abuse or neglect. The committee agreed it was important that this was addressed both at the recruitment/induction stage and as part of mandatory training.

The committee recognised from the evidence presented that differences may arise as a result of uncertainty around what constitutes a safeguarding concern and whose judgement on a safeguarding concern should take precedence.

Ensuring that a clear and understandable safeguarding policy and procedure is in place in a care home and that these are covered during inductions for all staff (including contract and temporary staff) and as part of mandatory training, should ensure that all staff understand the principles of safeguarding and procedures relating to it such as, how to report concerns (and to whom), and how to escalate concerns when appropriate.

The overall confidence in the evidence relating to knowledge and understanding of policies and procedures was considered to be very low, and the committee therefore also drew on their own expertise. The committee were aware that training can sometimes provide staff with only a basic understanding of safeguarding policies and procedures and that such training may not be sufficiently adequate to enable them to fulfil their safeguarding responsibilities. The committee were therefore keen to make a recommendation for training to proportionately match the safeguarding responsibilities of different staff members from different organisations. This was reflected in their recommendation designed to ensure that when multi-agency mandatory training is conducted, Safeguarding Adults Boards should match the level of training to the safeguarding responsibilities of each person (for example, staff with more responsibilities receive more comprehensive training).

Based on their expertise and experience, the committee agreed that the anticipated benefits of these recommendations are likely to outweigh the potential harms. The benefits of providing staff with training on safeguarding will include promoting awareness and understanding among staff of what constitutes a safeguarding concern and highlighting the alternative routes for reporting concerns. All of which should improve confidence and encourage staff to identify and report concerns, which will in turn benefit the health and safety of care home residents. The potential harms resulting from not promoting the principles of safeguarding procedures and ensuring that measures are in place to support staff, include potential negative feelings such as isolation and anxiety in staff.

What mandatory training should cover

Recommendations based on evidence relating to support for care home staff

The committee agreed to make a recommendation regarding the provision of support to staff who raise concerns. This resulted from evidence that was considered to be moderate strength and related to challenges to whistleblowing and lack of support, which suggested

that care home staff often feel isolated and, in some cases, feel vulnerable or threatened after sharing their concerns with others. Based on their own expertise and experience, the committee were aware that the reporting of safeguarding concerns is a very sensitive subject and may be particularly difficult when staff are reporting concerns about another member of staff. Lack of support makes the reporting process challenging for staff and may reduce the likelihood that individuals raise concerns but staff still need to be aware of their duties under the Public Interest Disclosure Act 1998, and the committee were keen to emphasise that this should be covered by mandatory training. Based on their own knowledge and expertise, the committee made recommendations designed to ensure that mandatory training provides staff with an understanding of the different ways concerns can be reported so that care home managers do not need to be involved (that is, how to raise safeguarding concerns internally and with local authorities and multi-agency reporting). This is because there may be circumstances where the care home manager is the alleged to have caused harm or where staff feel that care home managers' responses to their concerns were neither appropriate nor effective. The committee were therefore keen that mandatory training covers how to raise awareness on how to escalate concerns under these circumstances and this was reflected in their recommendation on how to escalate concerns if staff feel that the response taken was not appropriate or effective or if the concern relates to the actions of the care home manager.

Based on their expertise and experience, the committee agreed that the anticipated benefits of these recommendations are likely to outweigh the potential harms; providing staff with mandatory training to support them when raising a safeguarding concern and the alternative routes for reporting concerns should encourage staff to identify and report concerns, which should in turn help to alleviate potential negative feelings by staff such as isolation and anxiety.

Care home culture, learning and management

Line management and supervision

The overall confidence in the evidence relating to staff working conditions, staff attitudes, and care home managers' responses to concerns was considered to be moderate. The evidence indicated that lack of support from managers and colleagues in relation to safeguarding can lead to feelings of disempowerment and isolation, which can make it difficult for care home staff to challenge poor practice or to seek help. Based on the evidence, the committee agreed to make a recommendation highlighting the need to be aware that staff may be reluctant to challenge poor practice or raise concerns about potential abuse or neglect, particularly if they feel isolated or unsupported. They also made a recommendation designed to ensure that care home managers and supervisors promote reflective supervision to help staff understand how to identify and respond to potential abuse and neglect in care homes. Based on their own expertise and experience, the committee were aware that the reporting of safeguarding concerns is a very sensitive subject and may be particularly difficult when staff are reporting concerns about another member of staff. Lack of support makes the reporting process challenging for staff and may reduce the likelihood that individuals raise concerns. Providing support to staff and enhancing their understanding on how to identify and raise concerns about potential abuse and neglect should improve staff confidence and encourage staff to report their concerns. This in turn will benefit residents of care homes in terms of improving their health and wellbeing through good practice.

The moderate strength evidence also highlighted that staff may be reluctant to challenge poor practice if they feel that doing so may lead to personal repercussions such as dismissal, particularly in cases in which housing or work permits are linked to a specific role. This was reflected in the committee's recommendation to be aware of the potential for under-reporting as a result of such concerns.

On balance, the committee agreed that the anticipated benefits of these recommendations are likely to outweigh the potential harms; providing staff with appropriate supervision to promote the identification of abuse and neglect and providing support to staff should alleviate

potential feelings of isolation and fears over loss of their livelihoods, which in turn should encourage staff to identify and report concerns.

Recommendations based on evidence relating to seeking feedback

The committee were keen to emphasise in their recommendations the importance of actively involving people working in care homes in reviews of safeguarding processes and procedures and the benefits that would result from this involvement. This was in part prompted by data from the evidence in relation to creating open workplaces. However, because the overall confidence in the evidence was considered to be very low, the committee also drew on their own expertise and knowledge to make their recommendations. Seeking information from staff when they leave employment in a care home may encourage staff to be more open and direct when discussing care home culture, learning and management in relation to safeguarding, if the fear of reprisals and isolation from colleagues no longer exist because staff will no longer be working within that care home.

Overall, the committee considered that the anticipated benefits are likely to outweigh the potential harms, because feedback from staff may provide a more accurate reflection of the true nature of the care home environment which in turn should improve the likelihood of changes being made to implement good practice.

Care home culture

The committee emphasised the significance of a safeguarding culture as a facilitator to the identification of abuse or neglect. Whilst this was not an issue identified specifically through the evidence, the committee agreed, based on their own expertise and knowledge, that many of the problems identified in the findings could in part be addressed by promotion of a more positive safeguarding culture within care homes. The committee noted that care home providers (including trustees and company directors) and managers had a particularly important role to play in this regard, for example, by encouraging care home staff to share their concerns openly and in a timely fashion, and to ensure that support is readily available for people raising concerns, for example, through appointing ‘safeguarding champions’.

The committee recognised the benefits of encouraging an open culture through, for example, promoting open discussions about abuse and neglect and how it can be reported, and providing support for people raising concerns. Creating an open culture is likely to result in staff feeling more positive and confident in raising concerns. The committee also recognised that care home providers (including trustees and company directors) and managers can also play a role in instilling an open-door ethos and encouraging staff to share concerns. The committee therefore made recommendations to reflect this, which should help to instil positive approaches and provide support to staff raising concerns.

Based on their own experience and expertise, the committee agreed that, overall, the anticipated benefits of these recommendations are likely to outweigh the potential harms; promoting a culture in which safeguarding concerns can be openly shared and reported should ensure that care home staff receive support and encouragement to share concerns.

Recommendations based on the evidence relating to indicators of abuse and neglect

The evidence presented to the committee included some findings in relation to potential indicators of abuse and neglect. As a result of the moderate strength evidence, but also based on their own expertise, the committee agreed to make a recommendation relating to changes in the behaviour of care home residents.

Based on the evidence and their own expertise, the committee recognised that it may be difficult to identify certain types of abuse and to distinguish between abuse or neglect and poor care. Similarly, it may be difficult to determine whether signs and symptoms may result because of other reasons (for example, bruising may be because of an accident, or pressure ulcers may be unavoidable in residents who are terminally ill, it does not necessarily mean

that they are being physically abused or neglected). The committee were also aware that recognising abuse or neglect may involve some judgement on behalf of individuals and agencies, but if staff are encouraged to watch out for changes in residents' mood or behaviour, it is more likely that abuse or neglect are recognised and responded to using best practice approaches. Watching for changes in mood and behaviour of residents of care homes is particularly important where the residents may include people with, for example, dementia or learning disabilities and may have communication difficulties.

The committee recognised that the risk of abuse or neglect may be higher in care homes with high, ongoing staff turnover, and that such turnover may make it more difficult for staff to recognise when changes in the appearance or behaviour of a resident indicate that abuse or neglect may have occurred. They were therefore keen to include this issue in recommendations relating to indicators of organisational abuse or neglect (under the category 'staffing') and reflects that organisational abuse should be considered when there is a high dependency on agency staff. Based on their expertise and experience, the committee considered that the anticipated benefits of the recommendation are likely to outweigh the potential harms; increasing staff awareness of certain changes in behaviour that could potentially indicate that care home residents are being abused or neglected should improve the safety and well-being of care home residents.

Recommendations based on evidence relating to seeking feedback

The committee were keen to emphasise in their recommendations the importance of actively involving care home residents (and their families, friends and carers) and people working in care homes and the benefits that would result from this involvement. This was in part prompted by data from the evidence in relation to feedback from service users involved in safeguarding referrals. However, because the overall confidence in the evidence was considered to be very low, the committee also drew on their own expertise and knowledge to make their recommendations. As a result, the committee made recommendations emphasising the need for care home managers to ask for feedback about safeguarding from care home residents (and their families, friends and carers) and people working in care homes in terms of their experience of safeguarding concerns and how they were identified, reported, managed and resolved. The committee were also keen to emphasise the importance of care home managers responding to feedback and informing the person providing the feedback of any decisions or changes made in response to their feedback.

Seeking information from people actually receiving care may provide the most accurate insight into the quality of care in care homes and may in turn increase the likelihood of staff recognising whether abuse or neglect is occurring. However, the committee also recognised the difficulties associated with care home residents who may have communication difficulties, in which case speaking with care home residents' relatives or friends may be useful (although may not necessarily be accurate) or providing the person with appropriate strategies to provide feedback.

Similarly, seeking information from staff when they leave employment in a care home may encourage staff to be more open and direct if the fear of reprisals and isolation from colleagues no longer exist because staff will no longer be working within that care home.

Overall, the committee considered that the anticipated benefits are likely to outweigh the potential harms, because feedback from care home residents (their families, friends and carers) and staff may provide a more accurate reflection of the true nature of the care home environment which in turn should improve the likelihood of changes being made to implement good practice.

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. However, the

committee considered that the recommendations would require little new resource and that better identification of abuse and neglect would lead to improved outcomes and quality of life for adults in care homes. Therefore, they reasoned that adherence to the recommendations was likely to be cost effective.

Reflecting the nature of the review, many of the recommendations do not overtly reflect a choice between competing courses of action to which considerations of cost-effectiveness are usually deployed. For example, the committee made a number of 'be aware' recommendations to address some of the barriers to reporting safeguarding concerns. The committee recognised that time and training resource is required for staff to familarise themselves with guidance, policies and the legislation but considered these to be largely essential for staff responsible for safeguarding adults in care homes to perform their core duties. Therefore, these 'be aware' recommendations do not introduce any significant additional resource burden to the care home sector over current good practice and they also largely reflect the legislation under which the care home sector operates.

Other factors the committee took into account

The committee were mindful of the legislation and statutory guidance for safeguarding adults in care homes. Legislation, particularly with regards to obligations arising from the Care Act 2014, reflects what should already be happening in care homes and the committee used this to underpin and support the recommendations they made, and justify the strength of their recommendations. The committee were also keen to flag the relevance of the Public Interest Disclosure Act. The committee also noted the relevance of guidance from regulatory bodies such as the CQC, for example in relation to a recommendation on promoting the duty of candour amongst care home staff.

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 care home residents include a wide variety of people with individual needs (including, for example, people with dementia or learning difficulties) and they were therefore aware of the need to eliminate discriminations and consider people's protected characteristics when making the recommendations. The committee were also 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). They also noted 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.

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Appendices

Appendix A – Review protocols

Review protocol for review question B: What are the barriers and facilitators to identifying abuse in care homes?

Table 3: Review protocol for question B: What are the barriers and facilitators to identifying abuse in care homes?

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	CRD42019129876
1.	Review title	Barriers and facilitators to identifying abuse
2.	Review question	What are the barriers and facilitators to identifying abuse in care homes?
3.	Objective	• To establish which factors help or hinder in the identification of abuse in care homes. • To establish which factors help or hinder in alerting people to the possibility that abuse might be occurring in the care home context.
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 • CINAHL • PsycINFO • ASSIA • IBSS • Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts.

ID	Field (based on PRISMA-P)	Content
		Searches will be restricted by: • date limit - 2000 onwards (see rationale under Section 10) • English language • human studies • qualitative studies filter. Other searches: Additional searching may be undertaken if needed (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	Abuse of adults in care homes.
6.	Population	Inclusion: • Adults accessing care and support in care homes (whether as residents, in respite or on a daily basis). • Family, friends and advocates of adults accessing care and support in care homes. • People working in care homes. • Providers of services in care homes. Exclusion: The scope of the guideline is safeguarding adults in care homes. Therefore, people under 18 years of age who accessing support in care homes are excluded.
7.	Intervention/Exposure/Test	Views and experiences of the barriers and facilitators to identifying abuse in care homes from the point of view of practitioners, families and people living in or using care homes. This review will use the definition of abuse from the Care Act 2014, as set out in the guideline scope:

ID	Field (based on PRISMA-P)	Content
		• Physical abuse. • Domestic violence. • Sexual abuse. • Psychological abuse. • Financial or material abuse. • Modern slavery (such as forced labour). • Discriminatory abuse. • Organisational abuse.
8.	Comparator/Reference standard/Confounding factors	Not relevant in a qualitative review.
9.	Types of study to be included	Published full-text papers only • Qualitative studies (for example, studies that use interviews, focus groups, or observations). • Studies using a mixed methods design (only the qualitative data will be extracted and risk of bias assessed using the relevant checklist). • Surveys using open ended questions and a qualitative analysis of responses including, Personal Social Services Survey of Adult Carers, Health and Digital Behaviours Survey 2017 (Teva Pharmaceutical Industries), and Think Local Act Personal (TLAP) Care Act 2014 survey. Exclusions: • Purely quantitative studies (including surveys reporting only quantitative data). • Surveys using mainly closed questions or which quantify open ended answers for analysis. • Conference abstracts will not be considered.
10.	Other exclusion criteria	Only studies conducted in the UK will be included. Studies conducted in care homes. Exclusion criteria:

ID	Field (based on PRISMA-P)	Content
		• Conference abstracts. • Articles published before 2000. • Papers that do not include methodological details will be excluded as they do not provided sufficient information to evaluate risk of bias/quality of study. • Non-English language articles.
11.	Context	No previous guidelines will be updated by this review.
12.	Primary outcomes (critical outcomes)	Themes will be identified from the literature. The committee agreed the following potential themes although they are aware that data may not be located for all of them and that other themes may be identified: • The ability or readiness of people living, working in or visiting care homes to discuss concerns that abuse may be occurring. • The ability or readiness of people experiencing or witnessing abuse to recognise and acknowledge when it occurs. This may be affected by fears over job security, reputation or the security of a care home placement and may vary between people from different cultural backgrounds. • A lack of clarity about the distinction between poor practice and abuse or safeguarding concerns. • The ability or readiness of external agencies to take risks or reports of abuse seriously. • The effects of changing policies and procedures on people's confidence in identifying abuse.
13.	Secondary outcomes (important outcomes)	Not relevant.
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.
16.	Strategy for data synthesis	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.
17.	Analysis of sub-groups	Where data are available, they will be presented separately for the following groups:

<table>
<tr><th>ID</th><th>Field (based on PRISMA-P)</th><th>Content</th></tr>
<tr><td></td><td></td><td>• People with and without a dementia diagnosis.
• Different age groups (younger adults and older old).
• People with learning disabilities.
• People with a ‘high functioning’ autistic spectrum condition.
• Lesbian, gay, bi-sexual and transgender people.
• People with severe physical disabilities.
• People living in or using different types of care home (for example, with and without nursing care).
• Care home residents and non-residents.</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>
<tr><td>19.</td><td>Language</td><td>English</td></tr>
<tr><td>20.</td><td>Country</td><td>England</td></tr>
<tr><td>21.</td><td>Anticipated or actual start date</td><td>February 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></table></td></tr>
</table>

<table>
<tr><th>ID</th><th>Field (based on PRISMA-P)</th><th>Content</th></tr>
<tr><td></td><td></td><td>
<table>
<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>
<tr><td>Data analysis</td><td>Yes</td><td>Yes</td></tr>
</table>
</td></tr>
<tr><td>24.</td><td>Named contact</td><td>5a. Named contact
National Guidelines Alliance

5b Named contact e-mail
SafeguardingAdults@nice.org.uk

5c Organisational affiliation of the review
National Institute for Health and Care Excellence (NICE) and the National Guideline Alliance</td></tr>
<tr><td>25.</td><td>Review team members</td><td>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].</td></tr>
<tr><td>26.</td><td>Funding sources/sponsor</td><td>This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.</td></tr>
<tr><td>27.</td><td>Conflicts of interest</td><td>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.</td></tr>
</table>

ID	Field (based on PRISMA-P)	Content
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	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019129876
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. [Add in any additional agree dissemination plans.]
32.	Keywords	Abuse of adults/ elder abuse/ care homes/ safeguarding/identification of abuse in adults/ views and experiences.
33.	Details of existing review of same topic by same authors	
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

1 *CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; DARE: Database of Abstracts of Reviews of Effects; FIM:*
2 *Functional Independence Measure; GAS: Goal Attainment Scale; GRADE: Grading of Recommendations Assessment, Development and Evaluation; GMFCS, gross motor*

function classification system; HTA: Health Technology Assessment; ICF: International Classification of Functioning, Disability and Health; MID: minimally important difference NGA: National Guideline Alliance; NHS: National health service; NICE: National Institute for Health and Care Excellence; RCT: randomised controlled trial; RoB: risk of bias; SD: standard deviation

Review protocol for review question B: What are the barriers and facilitators to identifying neglect in care homes?

Table 4: Review protocol for question B: What are the barriers and facilitators to identifying neglect in care homes?

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	CRD42019129887
1.	Review title	Barriers and facilitators to identifying neglect.
2.	Review question	What are the barriers and facilitators to identifying neglect in care homes?
3.	Objective	• To establish which factors help or hinder in the identification of neglect (including self-neglect) in care homes. • To establish which factors help or hinder in alerting people to the possibility that neglect (including self-neglect) might be occurring in the care home context. This review will use the definition of neglect from the Care Act 2014, as set out in the guideline scope which includes neglect and acts of omission, including self-neglect and organisational neglect.
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 • CINAHL • PsycINFO • ASSIA • IBSS

ID	Field (based on PRISMA-P)	Content
		• Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts. Searches will be restricted by: • date limit - 2000 onwards (see rationale under Section 10) • English language • human studies • qualitative studies filter. Other searches: Additional searching may be undertaken if needed (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	Neglect of adults in care homes (including self-neglect).
6.	Population	Inclusion: • Adults accessing care and support in care homes (whether as residents, in respite or on a daily basis). • Family, friends and advocates of adults accessing care and support in care homes. • People working in care homes. • Providers of services in care homes. 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.

ID	Field (based on PRISMA-P)	Content
7.	Intervention/Exposure/Test	Views and experiences of the barriers and facilitators to identifying neglect in care homes from the point of view of practitioners, families and people living in or using care homes. This review will use the definition of neglect from the Care Act 2014, as set out in the guideline scope: • Physical neglect. • Domestic violence. • Sexual neglect. • Psychological neglect. • Financial or material neglect. • Modern slavery (such as forced labour). • Discriminatory neglect. • Organisational neglect.
8.	Comparator/Reference standard/Confounding factors	Not relevant in a qualitative review.
9.	Types of study to be included	Published full-text papers only • Qualitative studies (for example, studies that use interviews, focus groups, or observations). • Studies using a mixed methods design (only the qualitative data will be extracted and risk of bias assessed using the relevant checklist). • Surveys using open ended questions and a qualitative analysis of responses including, Personal Social Services Survey of Adult Carers, Health and Digital Behaviours Survey 2017 (Teva Pharmaceutical Industries), and Think Local Act Personal (TLAP) Care Act 2014 survey. Exclusions: • Purely quantitative studies (including surveys reporting only quantitative data). • Surveys using mainly closed questions or which quantify open ended answers for analysis.

ID	Field (based on PRISMA-P)	Content
		• Conference abstracts will not be considered.
10.	Other exclusion criteria	Only studies conducted in the UK will be included. Studies conducted in care homes. Exclusion criteria: • Conference abstracts. • Articles published before 2000. • Papers that do not include methodological details will be excluded because they do not provide sufficient information to evaluate risk of bias/quality of study. • Non-English language articles.
11.	Context	No previous guidelines will be updated by this review.
12.	Primary outcomes (critical outcomes)	Themes will be identified from the literature. The committee agreed the following potential themes although they are aware that data may not be located for all of them and that other themes may be identified: • The ability or readiness of people living, working in or visiting care homes to discuss concerns that neglect may be occurring. • The ability or readiness of people experiencing or witnessing neglect to recognise and acknowledge when it occurs. This may be affected by fears over job security, reputation or the security of a care home placement and may vary between people from different cultural backgrounds. • A lack of clarity about the distinction between poor practice and neglect or safeguarding concerns. • The ability or readiness of external agencies to take risks or reports of neglect seriously. • The effects of changing policies and procedures on people's confidence in identifying neglect.
13.	Secondary outcomes (important outcomes)	Not relevant.
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.

ID	Field (based on PRISMA-P)	Content
16.	Strategy for data synthesis	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.
17.	Analysis of sub-groups	Where data are available, they will be presented separately for the following groups: • People with and without a dementia diagnosis. • Different age groups (younger adults and older old). • People with learning disabilities. • People with a 'high functioning' autistic spectrum condition. • Lesbian, gay, bi-sexual and transgender people. • People with severe physical disabilities. • People living in or using different types of care home (for example, with and without nursing care). • Care home residents and non-residents .
18.	Type and method of review	☐ Intervention ☐ Diagnostic ☐ Prognostic ☒ Qualitative ☐ Epidemiologic ☐ Service Delivery ☐ Other (please specify)
18.	Language	English
20.	Country	England
21.	Anticipated or actual start date	February 2019
22.	Anticipated completion date	October 2020

<table>
<tr><th>ID</th><th>Field (based on PRISMA-P)</th><th>Content</th></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>
<tr><td>Data analysis</td><td>Yes</td><td>Yes</td></tr>
</table>
</td></tr>
<tr><td>24.</td><td>Named contact</td><td>5a. Named contact
National Guidelines Alliance

5b Named contact e-mail
SafeguardingAdults@nice.org.uk

5e Organisational affiliation of the review
National Institute for Health and Care Excellence (NICE) and the National Guideline Alliance.</td></tr>
<tr><td>25.</td><td>Review team members</td><td>From the National Guideline Alliance:
Jennifer Francis [Technical lead]
Ted Barker [Technical analyst]
Ifigeneia Mavranezouli [Health economist]
Elise Hasler [Information scientist].</td></tr>
<tr><td>26.</td><td>Funding sources/sponsor</td><td>This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.</td></tr>
<tr><td>27.</td><td>Conflicts of interest</td><td>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</td></tr>
</table>

ID	Field (based on PRISMA-P)	Content
		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	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019129887
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. [Add in any additional agree dissemination plans.]
32.	Keywords	Abuse of adults/ elder abuse/ care homes/ safeguarding/identification of abuse in adults/ views and experiences.
33.	Details of existing review of same topic by same authors	
34.	Current review status	☐ Ongoing ☒ Completed but not published ☐ Completed and published

ID	Field (based on PRISMA-P)	Content
		☐ Completed, published and being updated ☐ Discontinued
35.	Additional information	[Provide any other information the review team feel is relevant to the registration of the review.]
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; FIM: Functional Independence Measure; GAS: Goal Attainment Scale; GRADE: Grading of Recommendations Assessment, Development and Evaluation; GMFCS, gross motor function classification system; HTA: Health Technology Assessment; ICF: International Classification of Functioning, Disability and Health; MID: minimally important difference

Appendix B – Literature search strategies

Literature search strategies for review questions B:

A combined search was conducted for the following 2 review questions:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

Database(s): Medline & Embase (Multifile)
Last searched on **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	Physical Abuse/ use ppez
2	physical abuse/ use emczd
3	Restraint, Physical/ use ppez
4	*Violence/ use ppez
5	*violence/ use emczd
6	emotional abuse/ use emczd
7	Sex Offenses/ use ppez
8	Rape/ use ppez
9	sexual abuse/ use emczd
10	rape/ use emczd
11	neglect/ use emczd
12	Domestic Violence/ use ppez
13	domestic violence/ use emczd
14	Spouse Abuse/ use ppez
15	Intimate Partner Violence/ use ppez
16	partner violence/ use emczd
17	exp Human Rights Abuses/ use ppez
18	exp human rights abuse/ use emczd
19	self neglect/ use emczd
20	abuse/ use emczd
21	patient abuse/ use emczd
22	((physical$ or emotional$ or sexual$ or psychological$ or financial$ or organi?tional$ or institutional$ or discriminat$ or depriv$) adj abus$).ti,ab.
23	(domestic$ adj violen$).ti,ab.
24	(modern$ adj3 slave$).ti,ab.
25	(neglect or self-neglect or self neglect).ti,ab.
26	or/1-25
27	(*Aged/ or *"Aged, 80 and Over"/ or *Aging/ or *Geriatrics/) use ppez
28	(*Health Services for the Aged/ or *Homes for the Aged/) use ppez
29	(exp *aged/ or *aging/ or *geriatrics/) use emczd
30	exp *elderly care/ use emczd
31	exp *Dementia/ use ppez
32	exp *dementia/ use emczd
33	(dementia$ or alzheimer$).ti,ab.
34	*Vulnerable Populations/ use ppez
35	*vulnerable population/ use emczd
36	(vulnerable adj (adult$ or people$ or person$ or population$)).ti,ab.
37	*Disabled Persons/ use ppez
38	*disabled person/ use emczd
39	(disabl$ adj (adult$ or people$ or person$ or population$)).ti,ab.
40	*Intellectual Disability/ use ppez
41	*intellectual impairment/ use emczd
42	(intellectual adj (disabl$ or impair$)).ti,ab.
43	(*Cognition Disorders/ or *Cognitive Dysfunction/) use ppez
44	(*cognitive defect/ or *mild cognitive impairment/) use emczd
45	(cogniti$ adj (disorder$ or dysfunction$ or defect$ or impair$)).ti,ab.

#	Searches
46	*mental capacity/
47	((mental or cogniti$ or decision$ or reduce$) adj capacity).ti,ab.
48	(*Mentally Ill Persons/ or *Mental Health Services/ or *Hospitals, Psychiatric/) use ppez
49	(*mental patient/ or *mental health service/ or *mental hospital/) use emczd
50	((mental health or mental-health) adj (service* or setting* or facility*)).ti,ab.
51	*Mentally Disabled Persons/ use ppez
52	*mentally disabled person/ use emczd
53	((mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$) adj (adult$ or people$ or person$ or population$)).ti,ab.
54	*Learning Disorders/ use ppez
55	*learning disorder/ use emczd
56	(learning adj (disabl$ or impair$ or disorder$)).ti,ab.
57	or/27-56
58	Elder Abuse/ use ppez
59	(elder abuse/ or elderly abuse/) use emczd
60	((elder$ 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$)).mp.
61	((elder$ 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$)).ti,ab.
62	58 or 59 or 60 or 61
63	*Long-Term Care/ use ppez
64	*long term care/ use emczd
65	((long term$ or long-term$) adj care).ti,ab.
66	Respite Care/ use ppez
67	respite care/ use emczd
68	(respite$ adj care).ti,ab.
69	institutional practice/ use ppez
70	institutional care/ use emczd
71	exp Nursing Homes/ use ppez
72	residential facilities/ use ppez
73	homes for the aged/ use ppez
74	Group Homes/ use ppez
75	(nursing adj home$1).tw.
76	(care adj home$1).tw.
77	((elderly or old age) adj2 home$1).tw.
78	((nursing or residential) adj (home$1 or facilit$)).tw.
79	(home$1 for the aged or home$1 for the elderly or home$1 for older adult$).tw.
80	residential aged care.tw.
81	("frail elderly" adj2 (facilit$ or home or homes)).tw.
82	(residential adj (care or facilit$ or setting$)).tw.
83	((long-term or long term) adj2 (facility or facilities)).tw.
84	or/63-83
85	Qualitative Research/ use ppez
86	Qualitative Research/ use emczd
87	Nursing Methodology Research/ use ppez
88	nursing methodology research/ use emczd
89	Interviews as Topic/ use ppez
90	Interview/ use ppez
91	Interview, Psychological/ use ppez
92	exp interview/ use emczd
93	Narration/ use ppez
94	narrative/ use emczd
95	"Surveys and Questionnaires"/ use ppez
96	questionnaire/ use emczd
97	qualitative analysis/ use emczd
98	(qualitative or theme$ or thematic or ethnograph$ or hermeneutic$ or heuristic$ or semiotic$ or humanistic or existential or experiential or paradigm$ or narrative$ or questionnaire$).mp.
99	((discourse$ or discurs$ or conversation$ or content) adj analys?s).mp.
100	((lived or life or personal) adj experience$).mp.
101	(focus adj group$).mp.
102	(grounded adj (theor$ or study or studies or research or analys?s)).mp.
103	action research.mp.
104	(field adj (study or studies or research)).tw.
105	descriptive study.mp.
106	85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105
107	26 and 57 and 106
108	26 and 84 and 106
109	62 and 106
110	(safeguard$ or safe$ guard$).mp.
111	26 and 106 and 110

#	Searches
112	((barrier$ or facilitat$) adj3 (identif$ or manag$ or screen$ or detect$ or diagnos$ or prevent$ or report$ or intervention$ or respond$ or address$ or implement$)).tw.
113	26 and 57 and 112
114	26 and 84 and 112
115	62 and 112
116	(older adj (adult$ or people$)).ti,ab.
117	((mental health or mental-health) adj problem$).ti,ab.
118	116 or 117
119	26 and 118 and 106
120	26 and 118 and 112
121	107 or 108 or 109 or 111 or 113 or 114 or 115 or 119 or 120
122	limit 121 to english language
123	limit 122 to yr="2000 -Current" General exclusions filter applied.

Database(s): Cochrane Library
Last searched on **Cochrane Database of Systematic Reviews**, Issue 12 of 12, Dec 2019, **Cochrane Central Register of Controlled Trials**, Issue 12 of 12, Dec 2019
Date of last search: 4th December 2019

#	Searches
#1	MeSH descriptor: [Physical Abuse] this term only
#2	MeSH descriptor: [Restraint, Physical] this term only
#3	MeSH descriptor: [Violence] this term only
#4	MeSH descriptor: [Sex Offenses] this term only
#5	MeSH descriptor: [Rape] this term only
#6	MeSH descriptor: [Domestic Violence] this term only
#7	MeSH descriptor: [Spouse Abuse] this term only
#8	MeSH descriptor: [Intimate Partner Violence] this term only
#9	MeSH descriptor: [Human Rights Abuses] explode all trees
#10	(((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv*) NEAR/1 abuse*)):ti,ab,kw
#11	((domestic* NEXT violen*)):ti,ab,kw
#12	((modern* NEAR/3 slave*)):ti,ab,kw
#13	((neglect or self-neglect or self neglect)):ti,ab,kw
#14	{OR #1-#13}
#15	MeSH descriptor: [Aged] explode all trees
#16	MeSH descriptor: [Aged, 80 and over] this term only
#17	MeSH descriptor: [Aged] explode all trees
#18	MeSH descriptor: [Geriatrics] this term only
#19	MeSH descriptor: [Health Services for the Aged] this term only
#20	MeSH descriptor: [Homes for the Aged] this term only
#21	MeSH descriptor: [Dementia] explode all trees
#22	((dementia* or alzheimer*)):ti,ab,kw
#23	MeSH descriptor: [Vulnerable Populations] this term only
#24	((vulnerable NEXT (adult* or people* or person* or population*))):ti,ab,kw
#25	MeSH descriptor: [Disabled Persons] this term only
#26	((disabl* NEXT (adult* or people* or person* or population*))):ti,ab,kw
#27	MeSH descriptor: [Intellectual Disability] this term only
#28	((intellectual NEXT (disabl* or impair*))):ti,ab,kw
#29	MeSH descriptor: [Cognition Disorders] this term only
#30	MeSH descriptor: [Cognitive Dysfunction] this term only
#31	((cogniti* NEXT (disorder* or dysfunction* or defect* or impair*))):ti,ab,kw
#32	(((mental or cogniti* or decision* or reduce*) NEXT capacity)):ti,ab,kw
#33	MeSH descriptor: [Mentally Ill Persons] this term only
#34	MeSH descriptor: [Mental Health Services] this term only
#35	MeSH descriptor: [Hospitals, Psychiatric] this term only
#36	(((mental health or mental-health) NEXT (service* or setting* or facility*))):ti,ab,kw
#37	MeSH descriptor: [Mentally Disabled Persons] this term only
#38	(((mentally-ill or mentally ill or mentally-disabl* or mentally disabl*) NEXT (adult* or people* or person* or population*))):ti,ab,kw
#39	MeSH descriptor: [Learning Disorders] this term only
#40	((learning NEXT (disabl* or impair* or disorder*))):ti,ab,kw
#41	#15 or #16 or #17 or #18 or #19 or #20 or #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 or #36 or #37 or #38 or #39 or #40
#42	MeSH descriptor: [Long-Term Care] this term only
#43	(((long term* or long-term*) adj care)):ti,ab,kw
#44	MeSH descriptor: [Respite Care] this term only
#45	((respite* NEXT care)):ti,ab,kw
#46	MeSH descriptor: [Institutional Practice] this term only
#47	MeSH descriptor: [Nursing Homes] explode all trees

#	Searches
#48	MeSH descriptor: [Residential Facilities] explode all trees
#49	MeSH descriptor: [Group Homes] this term only
#50	((nursing NEXT home*)):ti,ab,kw
#51	((care NEXT home*)):ti,ab,kw
#52	(((elderly or old age) NEAR/2 home*)):ti,ab,kw
#53	(((nursing or residential) NEXT (home* or facilit*))):ti,ab,kw
#54	((home* for the aged or home* for the elderly or home* for older adult*)):ti,ab,kw
#55	(residential aged care):ti,ab,kw
#56	(("frail elderly" NEAR/2 (facilit* or home or homes))):ti,ab,kw
#57	((residential NEXT (care or facilit* or setting*))):ti,ab,kw
#58	(((long-term or long term) NEAR/2 (facility or facilities))):ti,ab,kw
#59	#42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58
#60	MeSH descriptor: [Elder Abuse] this term only
#61	(((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR/3 (abus* or mistreat* or neglect* or self-neglect*))):ti,ab,kw
#62	#60 or #61
#63	MeSH descriptor: [Qualitative Research] this term only
#64	MeSH descriptor: [Nursing Methodology Research] this term only
#65	MeSH descriptor: [Interviews as Topic] this term only
#66	MeSH descriptor: [Interview] this term only
#67	MeSH descriptor: [Interview, Psychological] this term only
#68	MeSH descriptor: [Narration] this term only
#69	MeSH descriptor: [Surveys and Questionnaires] this term only
#70	((qualitative or theme* or thematic or ethnograph* or hermeneutic* or heuristic* or semiotic* or humanistic or existential or experiential or paradigm* or narrative* or questionnaire*)):ti,ab,kw
#71	(((discourse* or discurs* or conversation* or content) NEXT (analysis or analyses))):ti,ab,kw
#72	(((lived or life or personal) NEXT experience*)):ti,ab,kw
#73	((focus NEXT group*)):ti,ab,kw
#74	((grounded NEXT (theor* or study or studies or research or analysis or analyses))):ti,ab,kw
#75	(action research):ti,ab,kw
#76	((field NEXT (study or studies or research))):ti,ab,kw
#77	(descriptive study):ti,ab,kw
#78	#63 or #64 or #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77
#79	#14 AND #41 AND #78
#80	#14 AND #59 AND #78
#81	#62 AND #78
#82	((safeguard* or safe* guard*)):ti,ab,kw
#83	#14 AND #78 AND #82
#84	(((barrier* or facilitat*) NEAR/3 (identif* or manag* or screen* or detect* or diagnos* or prevent* or report* or intervention* or respond* or address* or implement*))):ti,ab,kw
#85	#14 AND #41 AND #84
#86	#14 AND #59 AND #84
#87	#62 AND #84
#88	((older NEXT (adult* or people*))):ti,ab,kw
#89	(((mental health or mental-health) NEXT problem*)):ti,ab,kw
#90	#88 OR #89
#91	#14 AND #78 AND #90
#92	#14 AND #84 AND #90
#93	#79 OR #80 OR #81 OR #83 OR #85 OR #86 OR #87 OR #91 OR #92 Publication Year from 2000 to current

Database(s): Cinahl Plus

Date of last search: 4th December 2019

#	Searches
S65	S64 Limiters - Publication Year: 2000-2019; English Language; Clinical Queries: Qualitative - High Sensitivity
S64	S17 OR S63
S63	S14 AND S62
S62	S39 OR S57 OR S58 OR S59 OR S60 OR S61
S61	TI ((barrier* or facilitat*) N3 (identif* or manag* or screen* or detect* or diagnos* or prevent* or report* or intervention* or respond* or address* or implement*)) OR AB ((barrier* or facilitat*) N3 (identif* or manag* or screen* or detect* or diagnos* or prevent* or report* or intervention* or respond* or address* or implement*))
S60	TI ((mental health or mental-health) N1 problem*) OR AB ((mental health or mental-health) N1 problem*)
S59	TI (older N1 (adult* or people*)) OR AB (older N1 (adult* or people*))
S58	TI (safeguard* or safe* guard*) OR AB (safeguard* or safe* guard*)
S57	S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56
S56	TI ((long-term or long term) N2 (facility or facilities)) OR AB ((long-term or long term) N2 (facility or facilities))
S55	TI (residential N1 (care or facilit* or setting*)) OR AB (residential N1 (care or facilit* or setting*))
S54	TI ("frail elderly" N2 (facilit* or home or homes)) OR AB ("frail elderly" N2 (facilit* or home or homes))
S53	TI residential aged care OR AB residential aged care

#	Searches
S52	TI (home* for the aged or home* for the elderly or home* for older adult*) OR AB (home* for the aged or home* for the elderly or home* for older adult*)
S51	TI ((nursing or residential) N1 (home* or facilit*)) OR AB ((nursing or residential) N1 (home* or facilit*))
S50	TI ((elderly or old age) N2 home*) OR AB ((elderly or old age) N2 home*)
S49	TI (care N1 home*) OR AB (care N1 home*)
S48	TI (nursing N1 home*) OR AB (nursing N1 home*)
S47	(MH "Housing for the Elderly")
S46	(MH "Residential Facilities")
S45	(MH "Nursing Homes+")
S44	(MM "Institutionalization")
S43	TI (respite* N1 care) OR AB (respite* N1 care)
S42	(MH "Respite Care")
S41	TI ((long term* or long-term*) N1 care) OR AB ((long term* or long-term*) N1 care)
S40	(MM "Long Term Care")
S39	S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38
S38	TI (learning N1 (disabl* or impair* or disorder*)) OR AB (learning N1 (disabl* or impair* or disorder*))
S37	(MM "Learning Disorders")
S36	TI ((mental health or mental-health) N1 (service* or setting* or facility*)) OR AB ((mental health or mental-health) N1 (service* or setting* or facility*))
S35	(MM "Hospitals, Psychiatric")
S34	(MM "Mental Health Services")
S33	TI ((mentally-ill or mentally ill or mentally-disabl* or mentally disabl*) N1 (adult* or people* or person* or population*)) OR AB ((mentally-ill or mentally ill or mentally-disabl* or mentally disabl*) N1 (adult* or people* or person* or population*))
S32	(MM "Mentally Disabled Persons")
S31	TI ((mental or cogniti* or decision* or reduce*) N1 capacity) OR AB ((mental or cogniti* or decision* or reduce*) N1 capacity)
S30	TI (cogniti* N1 (disorder* or dysfunction* or defect* or impair*)) OR AB (cogniti* N1 (disorder* or dysfunction* or defect* or impair*))
S29	(MM "Cognition Disorders")
S28	TI (intellectual N1 (disabl* or impair*)) OR AB (intellectual N1 (disabl* or impair*))
S27	(MM "Intellectual Disability")
S26	TI (disabl* N1 (adult* or people* or person* or population*)) OR AB (disabl* N1 (adult* or people* or person* or population*))
S25	(MM "Mentally Disabled Persons")
S24	TI (vulnerable N1 (adult* or people* or person* or population*)) OR AB (vulnerable N1 (adult* or people* or person* or population*))
S23	(MM "Special Populations")
S22	TI (dementia* or alzheimer*) OR AB (dementia* or alzheimer*)
S21	(MM "Dementia") OR (MM "Alzheimer's Disease")
S20	(MM "Geriatrics")
S19	(MM "Aging")
S18	(MM "Aged") OR (MM "Aged, 80 and Over") OR (MM "Health Services for the Aged") OR (MM "Housing for the Elderly") OR (MM "Aged, Hospitalized") OR (MM "Gerontologic Nursing") OR (MM "Gerontologic Care")
S17	S15 OR S16
S16	TI ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*)) OR AB ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*))
S15	(MH "Elder Abuse")
S14	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13
S13	TI (neglect or self-neglect or self neglect) OR AB (neglect or self-neglect or self neglect)
S12	TI (modern* N3 slave*) OR AB (modern* N3 slave*)
S11	TI (domestic* N1 violen*) OR AB (domestic* N1 violen*)
S10	TI ((physical* or emotional* or sexual* or psychological* or financial* or organi?tional* or institutional* or discriminat* or depriv*) N1 abus*) OR AB ((physical* or emotional* or sexual* or psychological* or financial* or organi?tional* or institutional* or discriminat* or depriv*) N1 abus*)
S9	(MH "Patient Abuse")
S8	(MH "Human Trafficking")
S7	(MH "Intimate Partner Violence")
S6	(MH "Domestic Violence")
S5	(MH "Neglect (Omaha)") OR (MH "Self Neglect")
S4	(MH "Rape")
S3	(MH "Sexual Abuse")
S2	(MH "Restraint, Physical")
S1	(MM "Violence")

Database(s): Social Policy and Practice, **PsycINFO** 1806 to Dec Week 1 2019
Date of last search: 4th December 2019

#	Searches
1	qualitative research.mp.
2	qualitative analysis.mp.
3	(qualitative or theme$ or thematic or ethnograph$ or hermeneutic$ or heuristic$ or semiotic$ or humanistic or existential or experiential or paradigm$ or interview$ or narrative$ or questionnaire$).mp.
4	((discourse$ or discurs$ or conversation$ or content) adj analys?s).mp.
5	((lived or life or personal) adj experience$).mp.
6	(focus adj group$).mp.
7	(grounded adj (theor$ or study or studies or research or analys?s)).mp.
8	action research.mp.
9	(field adj (study or studies or research)).tw.
10	descriptive study.mp.
11	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10
12	((physical$ or emotional$ or sexual$ or psychological$ or financial$ or organi?tional$ or institutional$ or discriminat$ or depriv$) adj abus$).mp.
13	(neglect or self-neglect or self neglect).mp.
14	((domestic$ or partner$) adj violen$).mp.
15	(modern$ adj3 slave$).mp.
16	12 or 13 or 14 or 15
17	((elder$ 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$)).mp.
18	((elder$ 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$)).ti,ab.
19	17 or 18
20	(dementia$ or alzheimer$).mp.
21	((vulnerable or disabl$ or mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$) adj (adult$ or people$ or person$ or population$)).mp.
22	(intellectual adj (disabl$ or impair$)).mp.
23	(cogniti$ adj (disorder$ or dysfunction$ or defect$ or impair$)).mp.
24	((mental or cogniti$ or decision$ or reduce$) adj capacity).mp.
25	(learning adj (disabl$ or impair$ or disorder$)).mp.
26	((long term$ or long-term$) adj care).mp.
27	(respite$ adj care).mp.
28	(nursing adj home$1).mp.
29	(care adj home$1).mp.
30	((elderly or old age) adj2 home$1).mp.
31	((nursing or residential) adj (home$1 or facilit$)).mp.
32	(home$1 for the aged or home$1 for the elderly or home$1 for older adult$).mp.
33	residential aged care.mp.
34	("frail elderly" adj2 (facilit$ or home or homes)).mp.
35	(residential adj (care or facilit$ or setting$)).mp.
36	((long-term or long term) adj2 (facility or facilities)).mp.
37	((mental health or mental-health) adj (service$ or setting$ or facility$)).mp.
38	20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37
39	(safeguard$ or safe$ guard$).mp.
40	11 and 16 and 38
41	11 and 19
42	11 and 16 and 39
43	((barrier$ or facilitat$) adj3 (identif$ or manag$ or screen$ or detect$ or diagnos$ or prevent$ or report$ or intervention$ or respond$ or address$ or implement$)).tw.
44	16 and 38 and 43
45	19 and 43
46	40 or 41 or 42 or 44 or 45
47	(older adj (adult$ or people$)).mp.
48	((mental health or mental-health) adj problem$).mp.
49	47 or 48
50	11 and 16 and 49
51	16 and 43 and 49
52	46 or 50 or 51
53	limit 52 to (english language and yr="2000 -Current")

Databases ASSIA, IBSS, Social Science Database, Social Services Abstracts and Sociological Abstracts were also searched
Date of last search: 4th December 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$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder$ 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.

#	Searches
58	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj3 (abus$ or mistreat$ or neglect$ or self-neglect$)).tw.
59	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
60	(adult$ adj3 (safeguard$ or safe-guard$ or safe guard$ or protection$)).mp.
61	((vulnerable$ adult$ or vulnerable people$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj3 protect$).mp.
62	((abuse$ or neglect$ or self-neglect$ or violen$ or safeguard$) adj5 (dementia$ or alzheimer$ or learning disab$ or learning impair$ or learning disorder$ or intellectual disab$ or intellectual impair$ or mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$ or disabl$ adult$ or disabl$ people$ or disabl$ person$ or disabl$ population$)).tw.
63	(family adj violence$).tw,kw.
64	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63
65	(elderly or old age or aged or older adult$ or frail or vulnerabl$ or mental health or mental-health or residential or institution$ or respite$ or long term$ or long-term$ or nursing home$1 or care home$1 or home care$).m_titl.
66	(abuse$ or restrain$ or violen$ or rape or neglect$ or selfneglect$ or self-neglect$ or slave$ or safeguard$ or safe-guard$ or mistreat$ or protect$ or harm$).m_titl.
67	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 euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
108	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
109	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
110	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
111	Quality of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
112	Quality of Life/ and ec.fs.
113	Quality of Life/ and (health adj3 status).tw.
114	(quality of life or qol).tw. and Cost-Benefit Analysis/ use ppez
115	(quality of life or qol).tw. and cost benefit analysis/ use emczd
116	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.

#	Searches
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
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*)))

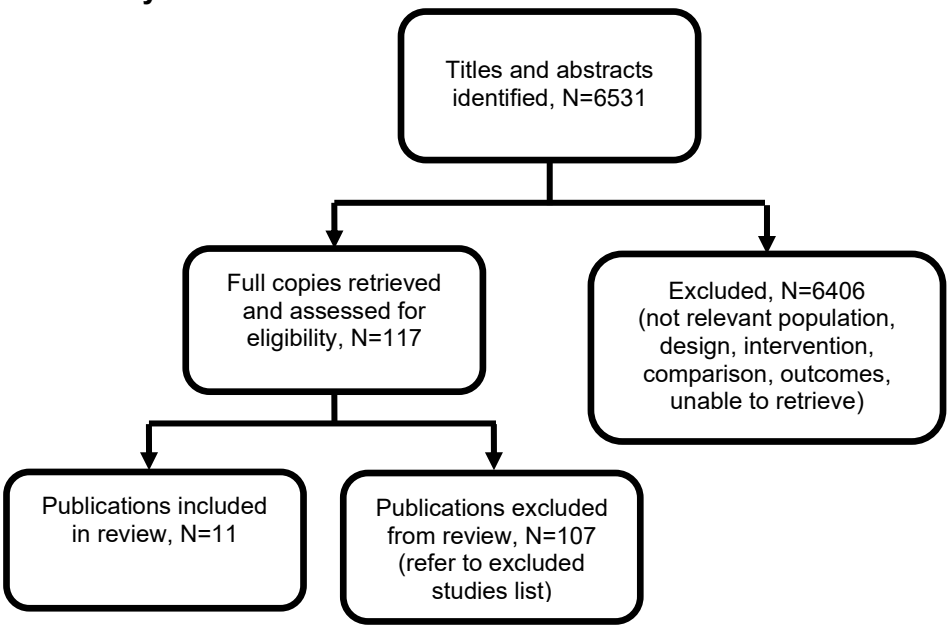
Line	Search
41	(((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) NEAR3 protect*))
42	(((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* 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 questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

Figure 2: Study selection flow chart



Appendix D – Evidence tables

Evidence tables for review questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

Table 5: Evidence tables

Study details	Participants	Methods	Findings	Limitations
Full citation: Ash, A., A cognitive mask? Camouflaging dilemmas in street-level policy implementation to safeguard older people from abuse, British Journal of Social Work, 43, 99-115, 2013. **Ref id:** 979548. **Aim of the study:** To explore factors that influenced social workers' implementation of policy to protect elders from abuse. **Country/ies where study carried out:** Wales. **Study dates:** Not reported. **Source of funding:**	**Sample size** • social worker and team manager working with older people: n=9 • middle and senior managers in adult services: n=4. **Characteristics** Not reported. **Inclusion criteria** Social services departments in Wales. **Exclusion criteria** Not reported.	**Setting** Care homes in Wales. **Sample selection** Not reported. **Data collection** One-to-one semi-structured interviews were conducted with social workers and team mangers working with older people, and middle and senior managers in adult services. Focus groups with community care teams were also conducted. **Data analysis** Data were coded initially from the research questions and conceptual framework, and then developed during data analysis. Coded data were reduced repeatedly using a constant comparative approach (Glaser & Strauss 1967)	The author reported data about the following themes and sub-themes: **Barriers** • Ability or readiness of external agencies to take risks or reports of abuse seriously: ○ Local authority response to safeguarding concerns: lack of reporting of safeguarding concerns or agencies challenging one another about the quality and effectiveness of services provided. No relevant quotes presented .	**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 author used focus groups and individual interviews. **Was the recruitment strategy appropriate to the study aims?** Unclear. The author did not provide a clear explanation as to why participants were selected or how they were recruited. **Data collected in a way that addressed the research issue?** Yes. Although the author did not discuss saturation of data.

Study details	Participants	Methods	Findings	Limitations
UK Economic and Social Research Council.		through 4 data reduction rounds done in succession. The process aimed to gain corroboration (Rossman & Wilson 1985), or evidence of convergence or divergence in the data (triangulation). Themes were identified and appraised using grounded theory (Glaser & Strauss 1967).		**Relationship between researcher and participants adequately considered?** No. The author 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 account?** Yes. Ethical approval was obtained from the University's research ethics committee and a guarantee of confidentiality and anonymity of sources of data was provided. **Was the data analysis sufficiently rigorous?** Yes. Although contradictory data were not discussed. **Is there a clear statement of findings?** Yes. In relation to the credibility of the findings, the authors used triangulation to develop and confirm (or disconfirm) the analytic themes. **Value of research:** The author provided adequate discussion of the findings and the challenges to

Study details	Participants	Methods	Findings	Limitations
				safeguarding older people from abuse. The author also discusses the implications of the findings for practice. **Overall methodological concerns:** Moderate.
Full citation: Brooker, D., How can I tell you what's going on here? The Development of PIECE-dem: An observational framework focussing on the perspective of residents with advanced dementia living in care homes, 2011. **Ref id:** 853105. **Aim of the study:** To explore the views of individuals with significant cognitive impairment living in care homes. **Country/ies where study carried out:** England. **Study dates:** January to April 2010. **Source of funding:** Department of Health Policy Research Programme and Comic Relief.	**Sample size** • Focus group 1: n=4 • Focus group 2: n=4 • Focus group 3: n=3 • Focus group 4: n=4 • Focus group 5: n=8 • Interview 1: n=7 • Interview 2: n=6 **Characteristics** <u>Types of participants</u> • Family carers of people who had experienced abuse in a care home. • Professionals with experience of investigating abuse. • Members of family of people living in a care home who had not experienced abuse. • Persons living with dementia (not living in a care home). • Professionals with experience of whistle-blowing/investigating abuse. **Inclusion criteria**	**Setting** The settings of interest were care homes. **Sample selection** Sampling for the research was purposive. Participants were identified through the University of Worcester websites, students registered on dementia studies programmes, the Alzheimer's Society, care-homes networks and through Safeguarding Adults contacts. **Data collection** Thirteen in-depth interviews (one-to-one or telephone) and 5 focus groups facilitated by 2 researchers, were conducted at the university, or other venues appropriate to the participants. Focus groups lasted around 90 minutes and interviews around 45 to 75 minutes. Interviews were audio-recorded, where appropriate, and detailed notes were taken.	The author reported data about the following themes and sub-themes: **Facilitators** • Ability or readiness to recognise and acknowledge when abuse occurs: ○ Indicators of abuse: resident's appearance (for example, poor physical care, over distress, anxiety and withdrawn behaviours). "I think facial injuries are more likely to be indicative, I don't think they're an indication of physical neglect on the part of the carer, but it is neglect because they are evidently walking around unstable and unsupervised and banging into things."	**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 author used focus groups and individual interviews. **Was the recruitment strategy appropriate to the study aims?** Yes. Sample selection was clearly reported. **Data collected in a way that addressed the research issue?** Yes. Although the author did not discuss saturation of data. **Relationship between researcher and participants adequately considered?** Yes. The authors described their roles in the thematic analysis.

Study details	Participants	Methods	Findings	Limitations
	Individuals who had substantial experience or expertise relating to indicators of abuse, neglect and loss of dignity: • people living with dementia • family carers (who have not experienced abuse) • family members whose loved ones have been abused • care practitioners with experience of working in abusive situations in the past • professionals with experience of investigating allegations of abuse. **Exclusion criteria** Not reported.	**Data analysis** Data were transcribed and anonymised. Line-by-line thematic analysis was undertaken by 3 researchers to identify key themes and sub-themes. Analysis was inductive, identified from interview and focus group data, and from the literature and researchers' prior knowledge and practice.	[Quote: Brooker 2011, p.41] ○ Indicators of abuse: resident's behaviour – behaviour of care home residents may be a sign of abuse or neglect. "When a resident is sitting in the chair and staff are walking by, you can tell that some residents can be very wary of certain staff and someone that's been chatting quite freely will suddenly shut up when a certain member of staff comes by – you can see a change in that resident, you can sense that they are uneasy in that environment. [Quote: Brooker 2011, p.43] ○ Indicators of abuse: service provider behaviours and attitudes - Care staff (for example, impoverished care environment, including depersonalisation, ignoring residents, control by staff and	**Ethical issues taken into consideration?** Yes. The authors obtained ethical approval from the North Staffordshire Research Ethics Committee. Participants provided informed consent. **Was the data analysis sufficiently rigorous?** Yes. Perspective on both negative and protective signs of abuse, neglect and loss of dignity were sought. **Is there a clear statement of findings?** Yes. In relation to the credibility of the findings, 3 researchers conducted data analysis. **Value of research:** The authors did not discuss transferability of the findings to other populations. They provided adequate discussion of the findings from the broader research aims. They also discussed the implications of their findings for practice and future research. **Overall methodological concerns:** Minor.

Study details	Participants	Methods	Findings	Limitations
			over disrespect). No relevant quotes presented. ○ Indicators of abuse: workplace cultures and environments - general environment (for example, uncared for environment, impersonal environment, restrictive environment). No relevant quotes presented.	**Other information:** The authors used the findings from the interviews/focus groups and literature search to develop a tool to measure quality of life in long term care settings.
Full citation: Calcraft, R., Blowing the whistle on abuse of adults with learning disabilities, JOURNAL OF ADULT PROTECTION, 9, 15-29, 2007 **Ref id:** 977360. **Aim of the study:** To explore how whistle-blowing can contribute to protecting adults with learning disabilities from abuse in social care settings. **Country/ies where study carried out:** England.	**Sample size** Not reported (Interviews conducted with 15 individuals (n=8 social care workers; n=1 trainer; n=6 managers). **Characteristics** Not reported. **Inclusion criteria** Adult protection co-ordinators. Social care inspectors and trainers; social care staff who had raised concerns in the workplace; managers responsible for implementing whistle-blowing policies and procedures.	**Setting** All participants worked in day and residential care settings across the statutory, voluntary and private sectors. **Sample selection** For focus groups, access to social care inspectors and trainers was gained through senior managers; adult protection co-ordinators were recruited through regional adult protection networks. For individual interviews, some respondents were recruited via personal contact, but most were recruited by	The author reported data about the following themes and sub-themes: **Barriers** • Ability or readiness to recognise and acknowledge when abuse occurs: ○ Challenges of whistle-blowing - perceptions of whistle-blowing: lack of knowledge of whistle-blowing policy; negative views of whistleblowing and associated stigma. “This person [the	**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 author used focus groups and individual interviews to explore whistleblowing policies and practice. **Was the recruitment strategy appropriate to the study aims?** Yes. The author provided some explanation as to why

Study details	Participants	Methods	Findings	Limitations
Study dates: Not reported. **Source of funding:** Baily Thomas Charitable Fund.	**Exclusion criteria** Not reported.	negotiating access via employers. **Data collection** Six focus groups, plus individual semi-structured interviews carried out with adult protection co-ordinators, social care inspectors and trainers and social care staff. All focus groups were tape-recorded. All interviews were tape-recorded (with participant's consent). **Data analysis** All focus groups were transcribed in full. All interviews were transcribed in full, with the exception of 2 interviews, where notes were taken instead at the request of the participants.	whistle-blower] experienced some pretty nasty sort of these counter-insinuations, pretty destructive sort of things. […] If it's a culture where you believe that people are going to play dirty then I guess that's a pretty major barrier to speaking out" (manager). [Quote: Calcraft 2007, p.25] ○ Challenges of whistle-blowing - staff working relationships: impact on whistle-blower and their colleagues; can have a negative impact on care provided because of team dynamics. "The incident that I was involved with [alleged abuser], the police got involved but didn't contact me outside of work, they came to the unit and asked to speak to me. And all the staff knew that [alleged abuser] had been suspended so they come to the unit	participants were selected and how they were recruited. **Data collected in a way that addressed the research issue?** Yes. Although the author did not discuss saturation of data. **Relationship between researcher and participants adequately considered?** No. The author 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?** Yes. The author provided some detail on participant consent and obtaining permission on staff recruitment. **Was the data analysis sufficiently rigorous?** Unclear. Insufficient details were provided on data analysis process. **Is there a clear statement of findings?** Yes. Although there was no discussion on the credibility of the findings. **Value of research:** The author provides

Study details	Participants	Methods	Findings	Limitations
			asking to speak to me. […] So then I found it hard, there was only a few of my peers who'd actually want to be on shift with me, the rest of them didn't want to go anywhere near me on shift or anything because they didn't trust me, because they didn't know what was going on." [Quote: Calcraft 2007, p.22] ○ Challenges of whistle-blowing - lack of support: support needed from earliest stages to provide whistle-blowers with guidance or advice before reporting concerns. "It was very hard. And like I say there was no support, there was nobody I could talk to about it and so I was just like just left to deal with it really… My family gave me the support really because I was told I wasn't allowed to discuss it with anybody at work."	recommendations on implementing whistle-blowing policy and elements of good whistle-blowing policy. **Overall methodological concerns:** Moderate. **Other information:** Linked to Calcraft (2005). Most whistle-blowing incidents involved services for adults with learning disabilities, but one incident occurred in a children's home and one in a home for older people.

Study details	Participants	Methods	Findings	Limitations
			[Quote: Calcraft 2007, p.19] • Lack of clarity between poor practice and abuse, and safeguarding concerns: ○ Lack of understanding of residents: distinction between poor practice and abuse may not be clear and staff may lack knowledge of what constitutes abuse. "There needs to be a lot more education about how to work with these people, what's acceptable and what isn't. And when you're going somewhere and all the staff are kind of acting in a certain way, as the new person it's so difficult to challenge that." [Quote: Calcraft 2007, p.23]	
Full citation: Cooper, C., Dow, B., Hay, S., Livingston, D., Livingston, G., Care workers' abusive behavior to residents in care homes: a qualitative study of	**Sample size:** N=36 Care assistant: n=8 Care worker: n=18 Mental health nurse: n=2 Social worker: n=1 Senior worker:* n=7	**Setting** Four care homes for older people in inner and outer London: • Local authority residential care home for	The authors reported data about the following themes and sub-themes: **Barriers**	**Limitations (assessed using the CASP checklist for qualitative studies)**

Study details	Participants	Methods	Findings	Limitations
types of abuse, barriers, and facilitators to good care and development of an instrument for reporting of abuse anonymously, International Psychogeriatrics, 25, 733-41, 2013 **Ref id:** 722091. **Aim of the study:** To explore through focus groups care workers' views regarding common abusive and neglectful situations that arise in care homes in order to develop the first measure for anonymous reporting of abuse and neglect in care homes. **Country/ies where study carried out:** England. **Study dates:** Not reported. **Source of funding:** Not reported.	**Characteristics** Age (years) - mean (± SD; range) 44.5 (11.9; 23 to 67) Gender (female) - n (%) 26 (72). Ethnicity - n (%) Filipino: 11 (31) Black British: 9 (25) White: 8 (22) Chinese: 2 (6) Asian: 1 (3) Mixed or others: 5 (14) Working full time - n (%) 33 (91.7) Mean hours worked per week (± SD; range) 34.8 (2.8; 21 to 40) Years working in care - n (%) <1 year: 1 (3) 1 to 5 years: 11 (31) >5 years: 18 (50) Did not respond: 6 (17) **Inclusion criteria** • Care workers (including private, voluntary, or local authority; nursing or residential; dementia specialist or not)	older people with dementia. • Charity run residential care home providing personal and dementia care. • Private nursing home for people in need of general and dementia nursing. • Private residential care home for older people specialising in dementia care. **Sample selection** Purposive sampling to include care workers from a range of settings. Care home managers were approached to participate in the study and care workers providing direct care to people with dementia were invited to participate. **Data collection** Four focus groups, lasting 60 to 90 minutes and including 6 to 13 participants were facilitated by 2 to 3 researchers. After each focus group, the research team revised the instrument using participants' feedback, and presented the revised version to the next focus group.	• Ability or readiness to recognise and acknowledge when abuse occurs: ○ Staff working conditions: disempowerment of care workers and difficulties in challenging poor practice or to ask for help. “Most of the time, the carers, they do not have the voice . . . they are scared for their livelihood. Especially as most of the care workers are from foreign countries, they are sending money to their families back home, and they know if their managers will not permit their work permits then they cannot continue feeding their families…the short staffing, the low salaries, and the equipment, it’s existing." [Quote: Cooper 2013, p.738] ○ Staff attitudes: lack of acknowledgement by professionals	**Clear statement of aims and appropriate methodology?** Yes. **Was the research design appropriate to address the study aims?** Yes. The authors justify using focus groups to elicit care workers' views. **Was the recruitment strategy appropriate to the study aims?** Yes. **Data collected in a way that addressed the research issue?** Yes. Data saturation was discussed. **Relationship between researcher and participants adequately considered?** Yes. The authors discussed with participants that they would have to disclose where anyone was being seriously harmed or was at high risk of serious harm. **Ethical issues taken into account?** Yes. Ethical approval was obtained from the North West London Research Ethics Committee and participants provided informed consent.

Study details	Participants	Methods	Findings	Limitations
	with different levels of experience; • Care workers (including care assistants and nursing staff) providing direct (hands-on) care to people with dementia. **Exclusion criteria:** Not reported.	**Data analysis** Discussions were recorded digitally and transcribed verbatim. Data were analysed using a 'theoretical' thematic framework approach. Two researchers independently read the transcripts and identified initial themes and categories, which were then compared and mapped using a hierarchy of themes and categories. The map was then used to code transcripts using NVivo 9. During coding, themes and categories were altered and developed to reflect the content of the transcripts. Data collection continued until the research team agreed that data saturation had been achieved. Participants were contacted individually for comments or recommendations on further changes to the data.	assessing older people's needs prior to becoming a resident at a care home and when resident. "I've heard [carers] threat[en] to send them to hospital, I'll send you to your room, . . . because they don't want to go to their room . . . [or threatened to send them] to another care home". [Quote: Cooper 2013, p. 737]	**Was the data analysis sufficiently rigorous?** Yes. The authors explicitly stated that data analysis was driven by the researcher's theoretical or analytic interest in the area. However, contradictory data were not discussed. **Is there a clear statement of findings?** Yes. In relation to the credibility of the findings, more than one researcher analysed the data, and respondent validation was carried out. **Value of research:** The authors acknowledged that their findings may not be transferable to all UK care homes. The authors provided adequate discussion of the findings. They also discuss the implications of their findings in relation to future anonymous reporting of concerns and the need for future research. **Overall methodological concerns:** Minor. **Other information:** Senior workers included senior care

Study details	Participants	Methods	Findings	Limitations
				workers, team leaders, and activity managers.
Full citation: Furness, S., Recognising and addressing elder abuse in care homes: views from residents and managers, JOURNAL OF ADULT PROTECTION, 8, 33-49, 2006 **Ref id:** 977763. **Aim of the study:** To explore the views of care home staff regarding their understanding of abuse. **Country/ies where study carried out:** England (north). **Study dates:** 2004. **Source of funding:** Not reported.	**Sample size** • care homes: N=19 • residents: n=19 • care home owners or managers: n=19. **Characteristics** Not reported. **Inclusion criteria** Registered care homes for older people. **Exclusion criteria** • specialist care homes • small care homes with less than 4 people.	**Setting** Privately owned care homes for older people. **Sample selection** An initial letter was sent to 47 care homes listed as registered within the geographical area. **Data collection** Care home owners or managers were interviewed and asked to identify residents who would also be willing to participate in the study. All interviews were carried out by the same independent interviewer and were tape recorded. **Data analysis** Interviews were transcribed, but no further details were provided.	The author reported data about the following themes and sub-themes: **Barriers** • Effects of changing policies & procedures on people's confidence in identifying abuse: ○ Knowledge and understanding of policies and procedures: adult protection policies only provided staff with a basic understanding of adult protection with some managers unable to explain the policy. "You've caught me on the hop there, without looking it up I'll admit I can't tell you", "well I've not had to use it so I don't know", "at the moment I don't think anybody's hardly read them. We've got them because we've got to have them." (Care home manager). [Quote: Furness 2006, p.41] **Facilitators**	**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?** No. The author did not provide justification in the use of their study methods. **Was the recruitment strategy appropriate to the study aims?** Yes. Details on sample selection and recruitment were reported. **Data collected in a way that addressed the research issue?** Yes. Although the author did not discuss saturation of data. **Relationship between researcher and participants adequately considered?** No. The author did not discuss their own role in the formulation of the research questions. Although, prior to the study commencing, advice was

Study details	Participants	Methods	Findings	Limitations
			• Ability or readiness to discuss concerns about abuse: ○ Response to concerns: knowledge of managers in terms of who to contact for advice and support to investigate allegations of abuse. No relevant quotes presented.	sought from the local adult protection co-ordinator to agree a course of action to be taken if the interviewer suspected or was informed about abuse. **Ethical issues taken into consideration?** Yes. Verbal and written consent were obtained from participants. **Was the data analysis sufficiently rigorous?** Unclear. Insufficient details were provided on the data analysis process. **Is there a clear statement of findings?** Yes. Although there was no discussion on the credibility of the findings. **Value of research:** The author provides a framework to aid decision-making and briefly discusses recommendations relating to dealing with allegations of abuse. **Overall methodological concerns:** Moderate.
Full citation: Jones, A., Kelly, D., Whistle-blowing and workplace culture in older peoples' care: qualitative insights from the	**Sample size** • registered nurses: n=7 • care assistants: n=10. **Characteristics**	**Setting** Nursing/residential homes (ranging from 35 to 90 beds) in Wales.	The authors reported data about the following themes and sub-themes: **Barriers**	**Limitations (assessed using the CASP checklist for qualitative studies)**

Study details	Participants	Methods	Findings	Limitations
healthcare and social care workforce, Sociology of health & illness, 36, 986-1002, 2014. **Ref id:** 944866. **Aim of the study:** To explore perceptions of whistle-blowing, and the strategies and processes used by employees to raise concerns about standards of care for older people. **Country/ies where study carried out:** Wales. **Study dates:** 2012. **Source of funding:** Older People's Commissioner for Wales.	Not reported. **Inclusion criteria** Employees or people associated with elderly care in Wales. **Exclusion criteria** Individuals involved in an ongoing whistle-blowing case.	**Sample selection** Not reported. **Data collection** Individual, semi-structured interviews (lasting between 35 and 65 minutes) and focus groups (lasting between 43 and 67 minutes) were conducted with participants in settings away from areas of direct clinical care. Four telephone interviews were carried out. Each interview was audio-taped and transcribed in full. **Data analysis** Thematic analysis of interview transcripts, taking an inductive approach. Themes generated by the participant's responses were read repeatedly to enable an understanding of the participant's views and to enable comparison with the researchers own perceptions and the existing literature. Peer review of the data analysis was undertaken at all stages.	• Ability or readiness to recognise and acknowledge when abuse occurs: ○ Challenges of whistle-blowing - perceptions of whistle-blowing: mainly viewed negatively by care home staff because of the problems associated with whistle-blowing and potential repercussions. "I think it's kind of a negative effect, isn't it, with the wording of it. I think, perhaps, raising concern for individuals or something along those lines would be better … I think with a lot of the carers, they feel as if they're, sort of, um, for want of a better word, grassing on their colleagues or, um, say, a family member or something if there's an issue with a service user."[Quote: Jones 2014, p.992] ○ Challenges of whistle-blowing -	**Clear statement of aims and appropriate methodology:** Yes. **Was the research design appropriate to address the study aims?** Yes. The authors discussed following a topic guide drawn from findings in the literature, and used interviews and focus groups. **Was the recruitment strategy appropriate to the study aims?** Unclear. The authors did not clearly state the recruitment process. **Data collected in a way that addressed the research issue?** Yes. Although saturation of data was not discussed. **Relationship between researcher and participants adequately considered?** No. The authors did not discuss the potential influences of the researchers. **Ethical issues taken into consideration?** Yes. Ethical approval was obtained from Cardiff University and the NHS. Written informed

Study details	Participants	Methods	Findings	Limitations
			staff working relationships: workplace behaviours and norms developed and became habits over time and this impacted on the likelihood of individuals whistle-blowing. No relevant quotes presented. **Facilitators** ○ Ability or readiness to discuss concerns about abuse: ○ ○ Challenges of whistle-blowing - creating open work cultures: staff should be encouraged to discuss concerns. "So I think, from my point of view, the very first few months were about showing and supporting them in the office that this is the way I do things … I made a mistake which meant we had a missed call ... so I copied [name withheld] into the e-mail that reported myself. It was much better for her to see	consent was obtained from the participants. **Was the data analysis sufficiently rigorous?** Yes. It was clear how themes were identified and how these were compared to the researchers own perceptions and the existing literature. However, contradictory data were discussed. **Is there a clear statement of findings?** Yes. In relation to the credibility of the findings, peer review of the data analysis was undertaken at all stages by the research team. **Value of research:** The authors discussed transferability of the findings to other situations to avoid further failures of foresight. The authors provided adequate discussion of the findings, and the challenges experienced by employees in raising concerns over the care of older people. **Overall methodological concerns:** Moderate.

Study details	Participants	Methods	Findings	Limitations
			what I'd done and if people say, 'Oh, well, actually, she put her hand up, so maybe it won't be so bad if I make a mistake, I can tell the manager about my mistake and she won't you know, she's not going to be cross with me." (Manager) [Quote: Jones 2014, p.993] ○ Challenges of whistle-blowing - response to concerns: awareness and understanding of who to contact for advice and support to investigate allegations of abuse. "It depends on how bad or severe the treatment is. When I saw that programme where residents were being pinned to the ground by carers or hit, then it just makes me sick, I would just go to everyone, the manager, police, MP and make sure they did something." (Care assistant)	

Study details	Participants	Methods	Findings	Limitations
			[Quote: Jones 2014, p.993)	
Full citation: Marsland, D., Abuse in care? The identification of early indicators of the abuse of people with learning disabilities in residential settings, JOURNAL OF ADULT PROTECTION, 9, 6-20, 2007. **Ref id:** 978418. **Aim of the study:** To identify early indicators of abuse in people with learning disabilities to help improve awareness and prevent further abuse. **Country/ies where study carried out:** UK. **Study dates:** 2001 to 2002. **Source of funding:** Not reported.	**Sample size** • practitioners: n=17 • family members: n=3. **Characteristics** Not reported. **Inclusion criteria** • Individuals who had been in regular contact with people with learning disabilities prior to and up to abuse. • Abuse was proven or considered highly probable according to criteria adapted from Brown & Turk (1992)*. • Settings where support was provided by paid staff. **Exclusion criteria** Abuse within the family home.	**Setting** Residential and nursing homes. **Sample selection** Professionals (for example, community nurses, clinical psychologists and care co-ordinators) were contacted through community learning disability teams, social services departments and voluntary sector agencies. Families were contacted by researchers or by a national support agency (Voice UK), that is, they were not randomly selected. **Data collection** Twenty one semi-structured interviews were conducted between 2001 and 2002 with practitioners and families. Two written files held by practitioners, which documented concerns about abuse in care settings were accessed during 2002. Interviews were not recorded and transcribed, but full written notes were taken. **Data analysis**	The author reported data about the following themes and sub-themes: **Facilitators** • Ability or readiness to recognise and acknowledge when abuse occurs: ○ Indicators of abuse - resident's behaviour: importance of being aware of the behaviours in people with learning difficulties to draw attention to their vulnerability to abuse or neglect, or abuse of others. No relevant quotes presented. ○ Indicators of abuse - service provider behaviours and attitudes – Managers: important to have skilled, competent and confident managers to improve awareness and prevent abuse. "… 'the manager(s) either can't or don't	**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 justify the methods they used. **Was the recruitment strategy appropriate to the study aims?** Yes. Sample selection, and the recruitment process, were clearly reported. **Data collected in a way that addressed the research issue?** Yes. Although saturation of data was not discussed. **Relationship between researcher and participants adequately considered?** Yes. The authors discussed the emotional impact the interviews could have on some participants, and the

Study details	Participants	Methods	Findings	Limitations
		Seventeen interviews were analysed using inductive analysis (Holloway 1997) to identify key categories and sub-categories. Two researchers and one independent researcher did the analysis. Emergent categories were reviewed by 4 participants to check the clarity of wording and that the content reflected their input.	want to make decisions or to take responsibility for things'; 'the manager(s) of the home and/or organisation do not support members of staff who complain or act as whistle-blowers'." [Quote: Marsland 2007, p.13] ○ Indicators of abuse-service provider behaviours and attitudes - Care staff: important in maintaining resident safety; important to include staff development, training and supervision to promote skills, knowledge and understanding. No relevant quotes presented. ○ Indicators of abuse - workplace cultures and environments - workplace cultures: important to ensure that commissioned care is delivered to avoid failure to deliver or follow agreed care plans	responsibilities placed upon the researchers. **Ethical issues taken into account?** Yes. Ethical approval was obtained from the Local Research Ethics Committee. Written consent was obtained from all participants. **Was the data analysis sufficiently rigorous?** Unclear. The authors did not record interview data but did explain their reasons for not doing so. It was unclear why only 14 of 17 interviews with practitioners were analysed. Contradictory data in terms of positive and negative behaviours were discussed. **Is there a clear statement of findings:** Yes. In relation to the credibility of the findings, participants checked the accuracy of the written notes, and data were analysed by more than one researcher. **Value of research:** The authors stated that the research was relevant to services in the UK and it was therefore unclear to what extent the findings could be transferred

Study details	Participants	Methods	Findings	Limitations
			which may result in unacceptable or unsafe levels of care. No relevant quotes presented. ○ Indicators of abuse-workplace cultures and environments - general environment: basic needs must be met and safe, healthy environments provided to care home residents. No relevant quotes presented.	to other cultures and settings. The authors provided adequate discussion of the findings. They also discuss the implications of their findings for policy and practice. **Overall methodological concerns:** Minor. **Other information:** Criteria suggesting that abuse is proven or highly probable - where one or more of the following applied - • Staff were disciplined or dismissed. • Particular agency or bank staff were not used again. • Staff resigned. • Residents were moved from the service or contracts withdrawn. • A perpetrator who was a resident was removed from the service, or offered interventions regarding abusive behaviours. • The abuse was reported or disclosed by a reliable witness (for example, staff, family, other residents). • The perpetrator confessed and was believed.

Study details	Participants	Methods	Findings	Limitations
				• A verbal disclosure of abuse was made and was considered reliable, but there was no further evidence. • There was a successful court conviction. • There was a court case but insufficient evidence to make a conviction. (Adapted from Brown & Turk 1992). Also included were supported housing units and within residents own homes where staff provided support, and one home for children with learning disabilities.
Full citation: Marsland, D., Oakes, P., White, C., Abuse in care? A research project to identify early indicators of concern in residential and nursing homes for older people, JOURNAL OF ADULT PROTECTION, 17, 111-125, 2015. **Ref id:** 981018. **Aim of the study:** To identify early indicators of concern to contribute to the prevention of abuse and neglect of older people living	**Sample size** interviews: N=8. **Characteristics** Health or social care practitioners (including reviewing officers, care managers, social workers, community nurses and clinical care managers) external to the residential services concerned. **Inclusion criteria** • Practitioners who had visited staffed services in which older people had been abused or	**Setting** Residential or nursing homes in England and Scotland. **Sample selection** Health and social care agencies and teams in the participating areas (such as adult social work teams, district nursing teams) were contacted and invited to participate. **Data collection** Eight semi-structured, face-to-face or telephone interviews were conducted in health or social care	The authors reported data about the following themes and sub-themes: **Facilitators** • Ability or readiness to recognise and acknowledge when abuse occurs: ○ Indicators of abuse - resident's behaviour: staff awareness of signs that cause concern, including residents behaving differently and changes in resident's appearance. No	**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 justify the methods they used. **Was the recruitment strategy appropriate to the study aims?** Yes. Sample selection, and the

Study details	Participants	Methods	Findings	Limitations
in residential and nursing homes. **Country/ies where study carried out:** England and Scotland. **Study dates:** September 2010 to September 2012. **Source of funding:** Financial support from the local authorities, health bodies, and the Scottish Government.	neglected within the previous 2 years. • The abuse had taken place within the geographic areas in which the research was conducted. • It had been 'proven' or was 'highly probable' that abuse had occurred (according to criteria adapted from Brown & Turk 1992). **Exclusion criteria** Interviews were excluded where the case discussed did not meet the relatively strict criteria for proven/highly probable abuse.	practitioners. Interviews were not audio recorded, but detailed notes were taken and typed in full following the interview. Participants checked the accuracy of the written notes. **Data analysis** Interview data were analysed by 2 researchers using thematic analysis to identify individual early indicators of concern and key themes within the data. Data were managed using NVivo. Initially, inductive analysis of the data was planned, but similarities identified with previous research conducted in services for people with learning disabilities, resulted in the use of themes derived from the earlier research in the analysis of the new data. Data analysis was checked by a third researcher.	relevant quotes presented. ○ Indicators of abuse - service provider behaviours and attitudes – Managers: early indicators of concern relating to poor management and leadership help identify risks to older people when care services lack effective and decisive leadership and effective actions not taken in response to serious risks. No relevant quotes presented. ○ Indicators of abuse - service provider behaviours and attitudes – knowledge: importance of staff having an understanding of, and insight into, the needs of older people, people with dementia and people whose behaviour may challenge staff, and responding appropriately to situations.	recruitment process, were clearly reported. **Data collected in a way that addressed the research issue?** Yes. Although saturation of data was not discussed. **Relationship between researcher and participants adequately considered?** Yes. The authors discussed the emotional impact the interviews could have on some participants, and provided participants supportive information. **Ethical issues taken into account?** Yes. Ethical approval was obtained from the University of hull, the Social Care Research Ethics Committee, participating local authorities and primary care trusts. Written informed consent was obtained from the participants. **Was the data analysis sufficiently rigorous?:** Yes. The authors discussed their reasons for changing the intended analysis process. However, contradictory data were not discussed.

Study details	Participants	Methods	Findings	Limitations
			"Medication seemed to be used as a first option – isolate him, then medicate him when he became agitated." [Quote: Marsland 2015, p.117] ○ Indicators of abuse - workplace cultures and environments - general environment: awareness of concerns relating to services in which residents do not receive adequate support or medical attention when needed. No relevant quotes presented. • Ability or readiness to discuss concerns about abuse: ○ Response to concerns: awareness of early indicators that suggest services may resist involvement from external people through, for example, defensive behaviours and failure to report concerns to external agencies. No	**Is there a clear statement of findings:** Yes. In relation to the credibility of the findings, participants checked the accuracy of the written notes, and data were analysed by more than one researcher and checked by a third researcher. **Value of research:** The authors discussed similarities of the findings to research in services for people with learning disabilities. The authors provided adequate discussion of the findings. They also discuss the implications of their findings for policy and practice and identify areas where future research is needed. **Overall methodological concerns:** Minor. **Other information:** Linked to University of Hull (2012). "Abuse was considered proven or highly probable if it led to an investigation and significant action being taken, or there was strong supporting evidence. Examples of relevant actions and evidence include: • Forensic evidence.

Study details	Participants	Methods	Findings	Limitations
			relevant quotes presented.	• Staff were disciplined or dismissed. • Particular agency or bank staff members were not used again. • Staff resigned. • Service user(s) were moved from the service or contracts withdrawn. • A perpetrator who was a service user was removed from the service or offered interventions regarding abusive behaviours. • The abuse was reported/disclosed by a reliable witness. • The perpetrator confessed and was believed. • A verbal disclosure of abuse was made and considered reliable, but there was no further evidence. • There was a successful court conviction. • There was a court case but insufficient evidence to secure a conviction" (p.115).
Full citation: Moore, S., See no evil, hear no evil, speak no evil? Underreporting of abuse in care homes, JOURNAL OF ADULT	**Sample size** N=36 personnel in 12 care homes for older people (N=12 proprietors, N=12 managers, N=12 care staff)	**Setting** Private sector care homes located within 4 local authority areas.	The author reported data about the following themes and sub-themes: **Barriers**	**Limitations (assessed using the CASP checklist for qualitative studies)**

Study details	Participants	Methods	Findings	Limitations
PROTECTION, 18, 303-317, 2016. **Ref id:** 981157. **Aim of the study:** To explore the perspectives and experiences of people working in care homes relating to the occurrence of abuse. **Country/ies where study carried out:** England. **Study dates:** December 2011 to July 2013. **Source of funding:** Dudley Metropolitan Borough Council.	**Characteristics** Not reported. **Inclusion criteria** People working in care homes. **Exclusion criteria** Not reported.	**Sample selection** The sample of care homes was selected because of geographical accessibility to the researcher. A letter was sent to each care home within the allocated geographical area, and 12 care homes were randomly selected from those care homes that expressed an interest in participating in the research. **Data collection** Thirty-six semi-structured interviews were conducted using open-ended questions. **Data analysis** Not reported.	• Ability or readiness to discuss concerns about abuse: ○ Care home managers response to concerns: lack of internal or external reporting of abuse to appropriate agencies; care home owners may discourage reporting of abuse to authorities. "My manager knows that any and all abuse must be reported, but I do know that this is not always the case, I've told her and told her, but she has said that what occurred wasn't abuse, but the powers that be said it definitely was […] but what can you do, I run a business here, and even half-decent managers are hard to come by." [Quote: Moore 2016, p.309] • Ability or readiness of external agencies to take risks or reports of abuse seriously: ○ Local authority response to	**Clear statement of aims and appropriate methodology?** Yes. **Was the research design appropriate to address the study aims?** Yes. The author justifies the methods used and the limitations of these methods. **Was the recruitment strategy appropriate to the study aims?** Yes. Sample selection and the recruitment process were clearly reported. **Data collected in a way that addressed the research issue?** Yes. Although the author did not discuss saturation of data. **Relationship between researcher and participants adequately considered?** Yes. The author discussed their role in the formulation of the research questions, and acknowledged the potential consequences for participants as a result of participating in the research. **Ethical issues taken into consideration?** Yes. Written

Study details	Participants	Methods	Findings	Limitations
			safeguarding concerns: negative safeguarding responses from local authorities, including a strong tendency to presume guilt before it was proven, which may deter people from reporting abuse. “It’s a destructive not proactive process [the safeguarding response from authorities] it’s counter-productive because the process is so geared to being guilty before you can prove your innocence it invites non-disclosure [of abuse]" (Care home owner). [Quote: Moore 2016, p.309]	consent was sought from participants. **Was the data analysis sufficiently rigorous?** No. The analytical process was not explicitly stated. **Is there a clear statement of findings?** Yes. Although the author did not specify what steps, if any, were undertaken to check the credibility of the findings. **Value of research:** The authors did not discuss the transferability of the findings to other populations. The authors provided adequate discussion of the findings. They also discuss the implications of their findings for policy and practice. **Overall methodological concerns:** Moderate. **Other information:** Linked to Moore (2017). A self-completion questionnaire was also administered, but is not discussed here because it used quantitative data analysis.
Full citation: Moore, S., What's in a word? The importance of the	**Sample size** See Moore (2016).	**Setting** See Moore (2016).	The author reported data about the following themes and sub-themes:	**Limitations (assessed using the CASP checklist for qualitative studies)**

Study details	Participants	Methods	Findings	Limitations
concept of "values" in the prevention of abuse of older people in care homes, The Journal of Adult Protection, 19, 130-145, 2017. **Ref id:** 981160. **Aim of the study:** To explore the personal values held by individual staff regarding the prevention of abuse in private sector care homes for older people. **Country/ies where study carried out:** England **Study dates:** December 2011 to July 2013. **Source of funding:** Not reported.	**Characteristics** Not reported. **Inclusion criteria** People working in care homes. **Exclusion criteria** Not reported.	**Sample selection** See Moore (2016). **Data collection** See Moore (2016). Interview responses were digitally recorded and later transcribed. **Data analysis** The theoretical underpinning for the data analysis was constructivist grounded theory (Charmaz 2006, 2009). Interview transcripts were coded, compared, and categorised (Strauss & Corbin 1998) based on similarities and conceptual re-occurrences.	**Barriers** • Ability or readiness to recognise and acknowledge when abuse occurs ○ staff attitudes: recognition that people working in care homes do not always positively value older people in their care, which may lead to wilful neglect or abuse. "You find a lot of care staff, and some nurses unfortunately, don't look upon older people as having the same value or worth in society as the rest of us who are much younger. As a result, they are not treated as they should be and are more likely to be abused in my experience" (Care home manager). [Quote: Moore 2017, p. 137]	**Clear statement of aims and appropriate methodology?** See Moore (2016). **Was the research design appropriate to address the study aims?** See Moore (2016). **Was the recruitment strategy appropriate to the study aims?** See Moore (2016). **Data collected in a way that addressed the research issue?** See Moore (2016). **Relationship between researcher and participants adequately considered?** See Moore (2016). **Ethical issues taken into consideration?** See Moore (2016). **Was the data analysis sufficiently rigorous?** Yes. The analytical process was described and the use of predefined methods from the literature was mentioned.

Study details	Participants	Methods	Findings	Limitations
				However, contradictory data were not discussed. **Is there a clear statement of findings?** See Moore (2016). **Value of research:** See Moore (2016). **Overall methodological concerns:** Low. **Other information** Linked to Moore (2016).
Full citation: Moore, S., Through a glass darkly: exploring commissioning and contract monitoring and its role in detecting abuse in care and nursing homes for older people, The Journal of Adult Protection, 20, 110-127, 2018 **Ref id:** 854469 **Aim of the study:** To explore the perceptions of care and nursing home managers' in relation to the role of contract monitoring in the prevention of abuse. **Country/ies where study carried out:** UK	**Sample size** Care and nursing home managers: N=16 (registered residential home managers: n=8; registered nursing home managers: n=8). **Characteristics** Not reported. **Inclusion criteria** • Homes registered with the Care Quality Commission (CQC) (rated as "requires improvement" or "good") to care for older people and older people with dementia.	**Setting** Four residential and four nursing homes in two Metropolitan Borough Council areas in the West Midlands. **Sample selection** All care and nursing homes registered with the CQC in two Metropolitan Borough Council areas in the West Midlands. Homes were contacted with an explanation of the nature and purpose of the research, and were invited to participate. The care managers to be interviewed were randomly selected. **Data collection**	The author reported data about the following themes and sub-themes: **Barriers** • Ability or readiness of external agencies to take risks or reports of abuse seriously: ○ Superficiality of contract monitoring process: care home staff behave differently when those responsible for monitoring contracts present in the care home. "We have to supply monthly figures to the local authority….meaningl ess […] contract monitoring is superficial if you ask	**Limitations** **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 author used semi-structured, face-to-face interviews, which included open ended questions, to encourage participants to express their views and experiences regarding current contract monitoring methodologies and their effectiveness or otherwise, and how this may

Study details	Participants	Methods	Findings	Limitations
Study dates: June to August 2017. **Source of funding:** Not reported.	• Care managers in post for a minimum of 2 years. **Exclusion criteria** Not reported.	Sixteen semi-structured, face-to-face interviews were conducted by the author and included open ended questions. Prior to interviews, participants were asked to provide an overview of the nature and frequency of the contract monitoring they received from each local authority. Interviews lasted for between 1 and 2.5 hours and were digitally recorded with respondents' consent. **Data analysis** Data were analysed by the author using the thematic form of narrative analysis. A second, independent reviewer also scrutinised the interview transcripts, coding the raw data using the same thematic method. The 2 sets of coding were compared and themes derived from the data.	me, these numbers don't tell anyone much at all about the quality of care or whether people may be being abused." [Quote: Moore 2018, p.116] "Well this authority doesn't do routine visits any more as you probably know. They concentrate on the homes where they know there are problems. The trouble is there are plenty of homes with problems, where care is bad and people are abused that they don't know about. That's the trouble with it [the local authority's monitoring method] it's too superficial and only works if you know all the homes where abuse is happening and they don't know that because they can't see into homes and the paper records and the numbers we send in to them [the local authority] won't	impact on the occurrence of abuse. **Was the recruitment strategy appropriate to the study aims?** Yes. The author provided some explanation as to why participants were selected and how they were recruited. **Data collected in a way that addressed the research issue?** Yes. Although the author did not discuss saturation of data. **Relationship between researcher and participants adequately considered?** No. The author 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?** Yes. The author provided some detail on participant consent. **Was the data analysis sufficiently rigorous?** Yes. The analytical process was described and references made to previous use of methods in the literature.

Study details	Participants	Methods	Findings	Limitations
			reveal abuse." [Quote: Moore 2018, p.117] ○ Timings of contract monitoring site visits: timing of visits by external personnel unable to penetrate the barrier of the closed door behind which personal care usually given to residents; visits only conducted during 'office hours when there is little chance of the true nature of the care home environment being observed. "I don't think contract monitoring or inspection even, can stop abuse. After all most of it, what we have seen on the telly, has been in residents' bedrooms. Or at night time sometimes, when there's only usually a few staff and no managers as such. And in any case managers can collude with abuse you know. Bu no one records abuse in the daily notes do	However, contradictory data were not discussed. **Is there a clear statement of findings?** Yes. The author mentions the random selection of care managers from eligible homes to ensure, as far as possible, that respondents possessed the insights and experience of contract monitoring processes likely to lend credibility to the data. **Value of research:** The author provides discusses the study findings in relation to existing research based literature and discusses the role of monitoring of contracts by local authority commissioners and their counterparts in the NHS to deter, detect and possibly remedy abusive practices and actions. **Overall methodological concerns:** Moderate. **Other information** Two principle processes to conduct contract monitoring

Study details	Participants	Methods	Findings	Limitations
			they, well not if they've done it!" [Quote: Moore 2018, p.117] "There shouldn't be warning of the contract monitoring visits! That just gives homes the time to clean up, put things in place and make sure more staff are around [...] what the person monitoring the contract sees is not what goes on at any other time behind closed doors and at night time and weekends.... Don't forget, the quality improvement team people are only here during office hours and we all know when they are going to arrive and when they are going to leave [...]." [Quote: Moore 2018, p.117] ○ Limitations with contract monitoring process: contract monitoring staff do not always have the necessary experience and/or	of homes for older people were employed: **Local Authority A**: one annual on-site visit to each care and nursing home undertaken (usually) by one contract monitoring officer; monthly return submitted containing information exclusively numerical information apart from one indicator asking about type(s) of training delivered to staff in previous month. If issues relating to contract requirements arose (such as safeguarding concerns), additional on-site visits from commissioning personnel may occur, but these were reported to be infrequent. **Local Authority B**: discontinued routine monitoring of all care homes involving site visits, but providers needed to submit periodic returns, quantifying occurrences of residents having falls and the numbers of deaths. In the event of problems, a "care home improvement team" would engage with the home, including site visits, to provide guidance and instruction to overcome issues. The "improvement

Study details	Participants	Methods	Findings	Limitations
			knowledge to enable them to have any chance of monitoring contracts effectively. People actually receiving care are in a position to provide the most accurate comments on quality of care, but there may be communication difficulties, and opinions and observations of relative and friends of relatives may not be reliable. "One of two I've got some respect for, or had in the past, because they had worked in nursing homes or hospitals, so they knew what they were talking about, but they I suppose inevitably moved onward and upwards and this lot we've got now, well most are nice enough people, but they don't have a clue what working in a home is all about and what needs to be looked at to see if people [residents] are ok and being	team" included contract monitoring staff of local authority working with other personnel dictated by the nature of the perceived problems.

Study details	Participants	Methods	Findings	Limitations
			looked after." [Quote: Moore 2018, p.118] "If I'm honest I think they should talk to residents and their families to find out if everyone is happy here. They check all of the records we keep, well a sample of them, and take it that the care must be good as a result, but really they should know that written records like that don't really tell if the residents are happy and safe [...] but I don't believe they understand what the job of looking after people is all about, so talk to the residents I say, and the families." [Quote: Moore 2018, p.119] ○ Lack of impact of contract monitoring on quality of care staff: contract monitoring processes do not fundamentally improve the quality of care if the staff do	

Study details	Participants	Methods	Findings	Limitations
			not value positively the people in their care; as a result, efforts to improve quality and ensure that abuse does not occur, through, for example, training, policies and procedures, and comprehensive care plans, will be futile. "The problem with these so called quality teams is that they create a lot of resentment in the staff, some of who already don't care much for the people they are supposed to look after, so I don't think they can work too well. The staff have NVQs [National Vocational Qualifications] nearly all of them do but then someone from outside comes in and starts telling them what to do. This creates the resentment y'know and when the quality people have gone that staff just do the things they were doing before anyway	

Study details	Participants	Methods	Findings	Limitations
			because the staff don't always care about these people. If I had my way I would get rid of most of these staff and get some that really do care […]." [Quote: Moore 2018, p.119] "The quality team from the local authority is just a temporary fix at best. If the staff don't actually value the old folks they look after they are not going to treat them well and will abuse them. I've seen it! It's a constant battle to get care staff to do what they are supposed to do. The problem lies beyond training, policies and procedures, and quality teams, it lies within the staff that you recruit. Quality teams can just make matters worse because staff are upset, their routines are upset." [Quote: Moore 2018, p.220]	

Study details	Participants	Methods	Findings	Limitations

NHS: National Health Service.

Appendix E – Forest plots

Forest plots for review questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

No meta-analysis was conducted for these 2 review questions and so there are no forest plots.

Appendix F – GRADE-CERQual tables

GRADE-CERQual tables for questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

Overarching theme B1: barriers to identifying abuse

Table 6: Evidence summary (GRADE-CERQual) Theme B1.1: Ability or readiness to recognise and acknowledge when abuse occurs

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B1.1.1 - Challenges of whistle-blowing - perceptions of whistle-blowing						
2 studies • Calcraft 2007 Interviews conducted with 8 social care workers; 1 trainer; and 6 managers to explore how whistle-blowing can contribute to protecting adults with learning disabilities from abuse in social care settings. • Jones 2014 7 registered nurses and 10 care assistants to explore perceptions of whistle-blowing, and the strategies and processes used by employees to raise	Data from 2 studies suggest that 1 of the barriers to recognition of abuse in care homes is attitudes among staff to whistleblowing. Whistleblowing was mainly viewed negatively by care staff who saw it as 'telling tales' and were afraid of the repercussions of speaking out. For example "This person [the whistle-blower] experienced some pretty nasty sort of these counter-insinuations, pretty destructive sort of things. […] If it's a culture where you believe that people are going to play dirty then I guess that's a pretty major barrier to	Moderate concerns [1]	Minor concerns [2]	Moderate concerns [3]	Minor concerns [4]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
concerns about standards of care for older people.	speaking out" (manager). [Quote: Calcraft 2007, p.25] "I think it's kind of a negative effect, isn't it, with the wording of it. I think, perhaps, raising concern for individuals or something along those lines would be better … I think with a lot of the carers, they feel as if they're, sort of, um, for want of a better word, grassing on their colleagues or, um, say, a family member or something if there's an issue with a service user."[Quote: Jones 2014, p.992]					
Sub-theme B1.1.2 - Challenges of whistle-blowing - staff working relationships						
2 studies • Calcraft 2007 Interviews conducted with 8 social care workers; 1 trainer; and 6 managers to explore how whistle-blowing can contribute to protecting adults with learning disabilities from abuse in social care settings. • Jones 2014	Data from 2 studies indicate that staff working relationships can be a barrier to the identification of abuse or neglect. Whistle-blowing incidents were reported to have a significant and long-lasting impact on team dynamics, which in turn were thought to negatively impact upon the quality of care. For example, "The incident that I	Moderate concerns [1]	Minor concerns [2]	Moderate concerns [3]	Minor concerns [4]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
7 registered nurses and 10 care assistants to explore perceptions of whistle-blowing, and the strategies and processes used by employees to raise concerns about standards of care for older people.	was involved with [alleged abuser], the police got involved but didn't contact me outside of work, they came to the unit and asked to speak to me. And all the staff knew that [alleged abuser] had been suspended so they come to the unit asking to speak to me. […] So then I found it hard, there was only a few of my peers who'd actually want to be on shift with me, the rest of them didn't want to go anywhere near me on shift or anything because they didn't trust me, because they didn't know what was going on." [Quote: Calcraft 2007, p.22]					
Sub-theme B1.1.3 - Challenges of whistle-blowing - lack of support around concerns						
1 study • Calcraft 2007 Interviews conducted with 8 social care workers; 1 trainer; and 6 managers to explore how whistle-blowing can contribute to protecting adults with learning disabilities from abuse in social care settings.	Data from 1 study reported that a lack of support made the whistle-blowing process challenging for staff and reduced the likelihood that individuals would raise concerns again, particularly if they were not satisfied with the original response. For example, "It was very hard. And like I say there was no support, there was nobody I	Moderate concerns [1]	Minor concerns [2]	Moderate concerns [3]	Minor concerns [4]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	could talk to about it and so I was just like just left to deal with it really… My family gave me the support really because I was told I wasn't allowed to discuss it with anybody at work." [Quote: Calcraft 2007, p.19]					
Sub-theme B1.1.4 - Staff working conditions						
1 study • Cooper 2013 Focus groups conducted with 8 care assistants, 18 care workers, 2 mental health nurses, one social worker and seven 'senior workers'. Senior workers included senior care workers, team leaders, and activity managers. The aim of the study was to explore care workers' views regarding common abusive and neglectful situations that arise in care homes in order to develop the first measure for anonymous reporting of abuse and neglect in care homes.	Data from 1 study indicate that the disempowerment of care workers as well as the relative isolation of those who had come to work in the UK made it difficult for staff to challenge poor practice or to ask for help. For example, "Most of the time, the carers, they do not have the voice . . . they are scared for their livelihood. Especially as most of the care workers are from foreign countries, they are sending money to their families back home, and they know if their managers will not permit their work permits then they cannot continue feeding their families…the short staffing, the low salaries, and the equipment, it's existing." [Quote: Cooper 2013, p.738]	Moderate concerns [1]	No or very minor concerns [2]	Minor concerns [5]	Moderate concerns [6]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B1.1.5 - Staff attitudes						
2 studies • Cooper 2013 Focus groups conducted with 8 care assistants, 18 care workers, 2 mental health nurses, one social worker and seven 'senior workers'. Senior workers included senior care workers, team leaders, and activity managers. The aim of the study was to explore care workers' views regarding common abusive and neglectful situations that arise in care homes in order to develop the first measure for anonymous reporting of abuse and neglect in care homes. • Moore 2017 Interviews with 12 care home owners, 12 managers, 12 care staff to explore the perspectives and experiences of people working in care homes relating to the occurrence of abuse (Moore 2016).	Data from 2 studies indicate that care workers sometimes make threats to coerce residents to accept care or restrain them. For example, "I've heard [carers] threat[en] to send them to hospital, I'll send you to your room, . . . because they don't want to go to their room . . . [or threatened to send them] to another care home". [Quote: Cooper 2013, p. 737] In addition, care home managers, owners and staff recognised that not everyone working in care homes positively valued older people in their care and this often led to wilful neglect, and sometimes both active and passive psychological and physical abuse. For example, "You find a lot of care staff, and some nurses unfortunately, don't look upon older people as having the same value or worth in society as the rest of us who are much younger. As a result, they are not treated as they should be and are more	Moderate concerns [1]	Minor concerns [2]	Minor concerns [5]	Moderate concerns [7]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	likely to be abused in my experience" (Care home manager). [Quote: Moore 2017, p. 137]					

[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 the evidence; findings included data from nursing/residential home settings alongside other care settings (for example, hospitals, domiciliary care organisations), but some data were considered indirectly relevant to care homes.*
[4] *Evidence was supported by 2 studies offering moderately rich data.*
[5] *Minor concerns with the evidence because the data presented, although relevant to care homes, may not be transferable to other settings and cultures.*
[6] *Moderate concerns about the adequacy of data; 1 study supported the review's findings (offering moderately rich data).*
[7] *Moderate concerns about the adequacy of data; 2 studies offered moderately rich data.*

Table 7: Evidence summary (GRADE-CERQual) Theme B1.2: Ability or readiness to discuss concerns about abuse

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B1.2.1 – Care home managers response to concerns						
1 study • Moore 2016 Interviews with 12 care home owners, 12 managers, 12 care staff to explore the perspectives and experiences of people working in care homes relating to the occurrence of abuse.	Data from 1 study indicate that the views of care home managers in relation to abuse and neglect can lead to under-reporting. For example, "My manager knows that any and all abuse must be reported, but I do know that this is not always the case, I've told her and told her, but she has said that what occurred wasn't abuse, but the powers that be said it definitely was […] but what can you do, I run a business here, and even half-decent managers are hard to come by." [Quote: Moore 2016, p.309]	Minor concerns [1]	No or very minor concerns [2]	Minor concerns [3]	Moderate concerns [4]	MODERATE

[1] *Minor concerns about methodological limitations of the evidence contributing 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] *Minor concerns with the evidence because the data presented, although relevant to care homes, may not be transferable to other settings, as acknowledged by the authors.*
[4] *Moderate concerns about the adequacy of data; 1 study supported the review's findings (offering moderately rich data).*

Table 8: Evidence summary (GRADE-CERQual) Theme B1.3: Ability or readiness of external agencies to take risks or reports of abuse seriously

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B1.3.1: Local authority response to safeguarding concerns						
2 studies • Ash 2013 Interviews and focus groups with 13 older people's social workers and team managers and community care teams to explore factors that influenced social workers' implementation of policy to protect elders from abuse. • Moore 2016 Interviews with 12 care home owners, 12 managers, 12 care staff to explore the perspectives and experiences of people working in care homes relating to the occurrence of abuse.	Data from 2 studies report that the involvement of local authorities in safeguarding processes was sometimes viewed negatively, particularly when there seems to be a 'presumption of guilt'. This reportedly discouraged the reporting of concerns. For example, "It's a destructive not proactive process [the safeguarding response from authorities] it's counter-productive because the process is so geared to being guilty before you can prove your innocence it invites non-disclosure [of abuse]" (Care home owner). [Quote: Moore 2016, p.309]	Minor concerns[1]	Moderate concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW
Sub-theme B1.3.2: Contract monitoring process - superficiality						
1 study • Moore 2018 16 semi-structured, face-to-face interviews (including open ended questions) with 8	Data from 1 study suggest that participants perceived contract monitoring processes to be superficial and recognised how care staff would behave differently	Moderate concerns[5]	No or very minor concerns[6]	Minor concerns[7]	Moderate concerns[8]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
registered residential home managers and 8 registered nursing home managers to explore the perceptions of care and nursing home managers' in relation to the role of contract monitoring in the prevention of abuse.	when those responsible for monitoring contracts were present in the care home. For example, "We have to supply monthly figures to the local authority….meaningless […] contract monitoring is superficial if you ask me, these numbers don't tell anyone much at all about the quality of care or whether people may be being abused." [Quote: Moore 2018, p.116] "Well this authority doesn't do routine visits any more as you probably know. They concentrate on the homes where they know there are problems. The trouble is there are plenty of homes with problems, where care is bad and people are abused that they don't know about. That's the trouble with it [the local authority's monitoring method] it's too superficial and only works if you know all the homes where abuse is happening and they don't know that because they can't see into homes and the paper records and the numbers we send in to them [the local authority] won't reveal abuse." [Quote: Moore 2018, p.117]					

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B1.3.3: Contract monitoring process - timings of visits						
1 study • Moore 2018 16 semi-structured, face-to-face interviews (including open ended questions) with 8 registered residential home managers and 8 registered nursing home managers to explore the perceptions of care and nursing home managers' in relation to the role of contract monitoring in the prevention of abuse.	Data from 1 study suggest that participants recognised that the site visits made by external personnel were unable to penetrate the barrier of the closed door behind which personal care was usually provided to residents, and also that such visits were only conducted during 'office hours' when there was little chance of the true nature of the care home environment being observed. For example, “I don't think contract monitoring or inspection even, can stop abuse. After all most of it, what we have seen on the telly, has been in residents' bedrooms. Or at night time sometimes, when there's only usually a few staff and no managers as such. And in any case managers can collude with abuse you know. Bu no one records abuse in the daily notes do they, well not if they've done it!" [Quote: Moore 2018, p.117] "There shouldn't be warning of the contract monitoring visits! That just gives homes the time to clean up, put	Moderate concerns[5]	No or very minor concerns[6]	Minor concerns[7]	Moderate concerns[8]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	things in place and make sure more staff are around [...] what the person monitoring the contract sees is not what goes on at any other time behind closed doors and at night time and weekends.... Don't forget, the quality improvement team people are only here during office hours and we all know when they are going to arrive and when they are going to leave [...].” [Quote: Moore 2018, p.117]					
Sub-theme B1.3.4: Contract monitoring process - limitations with process						
1 study • Moore 2018 16 semi-structured, face-to-face interviews (including open ended questions) with 8 registered residential home managers and 8 registered nursing home managers to explore the perceptions of care and nursing home managers' in relation to the role of contract monitoring in the prevention of abuse.	Data from 1 study identified lack of experience/knowledge of contract monitoring staff to enable them to have any chance of monitoring contracts effectively. Data also identified the lack of communication with care home residents to explore their views/experiences as part of the contract monitoring process. For example, "One of two I've got some respect for, or had in the past, because they had worked in nursing homes or hospitals, so they knew what they were talking about, but they I suppose inevitably moved onward and upwards and this lot we've got now, well most	Moderate concerns[5]	No or very minor concerns[6]	Minor concerns[7]	Moderate concerns[8]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	are nice enough people, but they don't have a clue what working in a home is all about and what needs to be looked at to see if people [residents] are ok and being looked after." [Quote: Moore 2018, p.118] "If I'm honest I think they should talk to residents and their families to find out if everyone is happy here. They check all of the records we keep, well a sample of them, and take it that the care must be good as a result, but really they should know that written records like that don't really tell if the residents are happy and safe [...] but I don't believe they understand what the job of looking after people is all about, so talk to the residents I say, and the families." [Quote: Moore 2018, p.119]					
Sub-theme B1.3.5: Contract monitoring process - lack of impact on quality of care staff						
1 study • Moore 2018 16 semi-structured, face-to-face interviews (including open ended questions) with 8 registered residential home managers and 8	Data from 1 study indicate that participants recognised that the contract monitoring process could not fundamentally improve the quality of care to ensure the absence of abuse if the staff of the home did not value	Moderate concerns[5]	No or very minor concerns[6]	Minor concerns[7]	Moderate concerns[8]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
registered nursing home managers to explore the perceptions of care and nursing home managers' in relation to the role of contract monitoring in the prevention of abuse.	positively the people in their care. For example, "The problem with these so called quality teams is that they create a lot of resentment in the staff, some of who already don't care much for the people they are supposed to look after, so I don't think they can work too well. The staff have NVQs [National Vocational Qualifications] nearly all of them do but then someone from outside comes in and starts telling them what to do. This creates the resentment y'know and when the quality people have gone that staff just do the things they were doing before anyway because the staff don't always care about these people. If I had my way I would get rid of most of these staff and get some that really do care […]." [Quote: Moore 2018, p.119] "The quality team from the local authority is just a temporary fix at best. If the staff don't actually value the old folks they look after they are not going to treat them well and will abuse them. I've seen it! It's a constant battle to get care staff to do what					

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	they are supposed to do. The problem lies beyond training, policies and procedures, and quality teams, it lies within the staff that you recruit. Quality teams can just make matters worse because staff are upset, their routines are upset." [Quote: Moore 2018, p.220]					

[1] *Minor and moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.*
[2] *Moderate concerns regarding how the limited data from Ash (2013) fit the findings.*
[3] *Moderate concerns about the relevance of the evidence; data from Ash (2013) included interviews with professionals from adult services but not exclusively care homes. However, some data were considered indirectly relevant to care homes.*
[4] *Moderate concerns about the adequacy of data (1 study that offered moderately rich data, 1 study offered thin data directly relating to care homes).*
[5] *Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.*
[6] *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).*
[7] *Minor concerns with the findings being relevant to care settings as they may not be transferable to other organisational cultures.*
[8] *Moderate concerns about the adequacy of data (1 study that offered moderately rich data directly relevant to care homes).*

Table 9: Evidence summary (GRADE-CERQual): Theme B1.4. Lack of clarity between poor practice and abuse, and safeguarding concerns

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B1.4.1: Lack of understanding of residents						
1 study • Calcraft 2007 Interviews conducted with 8 social care workers; 1 trainer; and 6 managers to explore how whistle-blowing can contribute to protecting adults with learning disabilities from abuse in social care settings.	Data from 1 study reported that a lack of knowledge regarding what constitutes abuse was a significant barrier to its identification, particularly in cases in which a new member of staff joined a team where poor practice was ingrained. Some respondents suggested that a lack of training in safeguarding was the cause of this. For example, “"There needs to be a lot more education about how to work with these people, what’s acceptable and what isn’t. And when you’re going somewhere and all the staff are kind of acting in a certain way, as the new person it’s so difficult to challenge that.” [Quote: Calcraft 2007, p.23]	Moderate concerns[1]	No or very 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 the evidence; data from nursing/residential home settings alongside other care settings (that is not exclusively in care homes). However, some data were considered indirectly relevant to care homes*
[4] *Moderate concerns about the adequacy of data (1 study that offered moderately rich data not directly related to care homes).*

Table 10: Evidence summary (GRADE-CERQual): Theme B1.5: Effects of changing policies and procedures on people's confidence in identifying abuse

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B1.5.1 – Knowledge and understanding of policies and procedures						
1 study • Furness 2006 Interviews with 19 care home residents and 19 care home owners or managers to explore the views of care home staff regarding their understanding of abuse.	Data from 1 study suggest that training for care home staff provided them with only a basic understanding of adult protection policies and procedures and that even managers were sometimes unable to explain the content of these. For example, "You've caught me on the hop there, without looking it up I'll admit I can't tell you", "well I've not had to use it so I don't know", "at the moment I don't think anybody's hardly read them. We've got them because we've got to have them." (Care home manager). [Quote: Furness 2006, p.41]	Moderate concerns[1]	Moderate concerns[2]	Minor concerns[3]	Serious concerns[4]	VERY LOW

[1] *Moderate concerns about the methodological limitations of the evidence as per CASP qualitative checklist.*
[2] *Moderate concerns because it was unclear how the limited data fit the study findings.*
[3] *Minor concerns because although the data were applicable to care home settings they may not be transferable to other settings.*
[4] *Serious concerns about the adequacy of the data (1 study that offered thin data).*

Overarching theme B2: Facilitators to identifying abuse

Table 11: Evidence summary (GRADE-CERQual) Theme B2.1: Ability or readiness to recognise and acknowledge when abuse occurs

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B2.1.1: Indicators of abuse: resident's appearance						
1 study • Brooker 2011 Focus groups with the families of people who had lived in care homes, professionals with experience of investigating abuse, and people with dementia (not living in a care home) to explore the views of individuals with significant cognitive impairment living in care homes.	Data from 1 study flagged the physical appearance of residents as an important indicator of both abuse and neglect. This included personal grooming levels (and changes in their appearance since moving into the care home), and expressions of individuality. Some participants noted that physical indicators might not always arise from direct abuse but also from acts of omission associated with poor care. For example; "I think facial injuries are more likely to be indicative, I don't think they're an indication of physical neglect on the part of the carer, but it is neglect because they are evidently walking around unstable and unsupervised and banging into things." [Quote: Brooker 2011, p.41]	Minor concerns[1]	No or very minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	MODERATE
Sub-theme B2.1.2: Indicators of abuse - resident's behaviour						

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
3 studies • Brooker 2011 Focus groups with the families of people who had lived in care homes, professionals with experience of investigating abuse, and people with dementia (not living in a care home) to explore the views of individuals with significant cognitive impairment living in care homes. • Marsland 2007 Interviews with 17 practitioners (for example, community nurses, clinical psychologists, and care co-ordinators) to identify early indicators of abuse in people with learning disabilities to help improve awareness and prevent further abuse. • Marsland 2015 Interviews with 8 health or social care practitioners (including reviewing officers, care managers, social workers, community nurses and clinical care managers) external to the residential services	Data from 3 studies indicate that the behaviour of care home residents may be a sign of abuse or neglect. In people with learning disabilities the emotional changes that a person might display, for example, becoming weepy or anxious, or engaging in self-harm were reported to be especially important. Expressions of fear and references by the person to their safety, particularly if these occur in the presence of a specific individual were also emphasised as a key cause for concern. For example; “When a resident is sitting in the chair and staff are walking by, you can tell that some residents can be very wary of certain staff and someone that’s been chatting quite freely will suddenly shut up when a certain member of staff comes by – you can see a change in that resident, you can sense that they are uneasy in that environment. [Quote: Brooker 2011, p.43]	Minor concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[5]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
concerned to identify early indicators of concern to contribute to the prevention of abuse and neglect of older people living in residential and nursing homes.						
Sub-theme B2.1.3: Indicators of abuse: service provider behaviours and attitudes - Managers						
2 studies • Marsland 2007 Interviews with 17 practitioners (for example, community nurses, clinical psychologists, and care co-ordinators) to identify early indicators of abuse in people with learning disabilities to help improve awareness and prevent further abuse. • Marsland 2015 Interviews with 8 health or social care practitioners (including reviewing officers, care managers, social workers, community nurses and clinical care managers) external to the residential services concerned to identify early indicators of concern to contribute to the prevention of abuse and neglect of older	Data from 2 studies suggest that turnover of managers and leadership styles could be an early indicator of concern. Lack of oversight over the long-term and managers inability or reluctance to take responsibility were seen as key issues. For example: "… 'the manager(s) either can't or don't want to make decisions or to take responsibility for things'; 'the manager(s) of the home and/or organisation do not support members of staff who complain or act as whistle-blowers'." [Quote: Marsland 2007, p.13]	Minor concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[5]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
people living in residential and nursing homes.						
Sub-theme B2.1.4: Indicators of abuse: service provider behaviours and attitudes - Care staff						
2 studies • Brooker 2011 Focus groups with the families of people who had lived in care homes, professionals with experience of investigating abuse, and people with dementia (not living in a care home) to explore the views of individuals with significant cognitive impairment living in care homes. • Marsland 2007 Interviews with 17 practitioners (for example, community nurses, clinical psychologists, and care co-ordinators) to identify early indicators of abuse in people with learning disabilities to help improve awareness and prevent further abuse.	Data from 2 studies report on the importance of understanding the behaviour of care home staff as a potential indicator of concern. Interactions between staff and residents, for example when responding to a resident in distress, were seen as particularly important.	Minor concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[6]	MODERATE
Sub-theme B2.1.5: Indicators of abuse: service provider behaviours and attitudes – knowledge						

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
1 study • Marsland 2015 Interviews with 8 health or social care practitioners (including reviewing officers, care managers, social workers, community nurses and clinical care managers) external to the residential services concerned to identify early indicators of concern to contribute to the prevention of abuse and neglect of older people living in residential and nursing homes.	Data from 1 study suggest that staff knowledge is an important indicator of concern. Participants reportedly emphasised the importance of staff having an understanding of, and insight into, the needs care home residents, and being able to respond appropriately, particularly in cases where the resident displayed challenging behaviour. For example, “Medication seemed to be used as a first option – isolate him, then medicate him when he became agitated.” [Quote: Marsland 2015, p.117]	Minor concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[6]	MODERATE
Sub-theme B2.1.6: Indicators of abuse: workplace cultures and environments - workplace cultures						
1 study • Marsland 2007 Interviews with 17 practitioners (for example, community nurses, clinical psychologists, and care co-ordinators) to identify early indicators of abuse in people with learning disabilities to help improve awareness and prevent further abuse.	Data from 1 study suggest that service design and placement planning and compliance with commissioning requirements should be understood as indicators of concern. Participants reported that refusal to provide care as agreed or an inability to do so may have repercussions for the safety of residents.	Minor concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[6]	MODERATE
Sub-theme B2.1.7: Indicators of abuse: workplace cultures and environments - general environment						

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
3 studies • Brooker 2011 Focus groups with the families of people who had lived in care homes, professionals with experience of investigating abuse, and people with dementia (not living in a care home) to explore the views of individuals with significant cognitive impairment living in care homes. • Marsland 2007 Interviews with 17 practitioners (for example, community nurses, clinical psychologists, and care co-ordinators) to identify early indicators of abuse in people with learning disabilities to help improve awareness and prevent further abuse. • Marsland 2015 Interviews with 8 health or social care practitioners (including reviewing officers, care managers, social workers, community nurses and clinical care managers) external to the residential services concerned to identify early indicators of	Data from 3 studies report that participants highlighted the importance of the care home environment as an indicator of concern. This included tangible indicators such as visual appearance of the care home as well as less obvious signs such as consideration and support for autonomy and independence; and individualised and stimulating environments.	Minor concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[5]	MODERATE

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
concern to contribute to the prevention of abuse and neglect of older people living in residential and nursing homes.						

[1] *Minor concerns about the 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 the data; the study included a range of participants not exclusively in care home settings, including professionals, family members, and persons living with dementia. However, some data were considered indirectly relevant to care homes.*
[4] *Moderate concerns about the adequacy of the data (1 study offering moderately rich data).*
[5] *Moderate concerns about the adequacy of the data (1 study offered few quotes and 1 study did not provide quotes, however, the indicators identified by the participants were discussed in detail).*
[6] *Moderate concerns about the adequacy of the data (1 study that offered moderately rich data; 1 study that did not provide quotes, but indicators identified by participants were discussed in detail).*
[7] *Moderate concerns about the adequacy (1 study offered few quotes, however, the indicators identified by the participants were discussed in detail).*

Table 12: Evidence summary (GRADE-CERQual) Theme B2.2: Ability or readiness to discuss concerns about abuse

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme B2.2.1: Creating open work cultures						
1 study • Jones 2014 7 registered nurses and 10 care assistants to explore perceptions of whistle-blowing, and the strategies and processes used by employees to raise concerns about standards of care for older people.	Data from 1 study suggest that creating a more 'open' working environment was seen as an important means of encouraging staff to raise concerns. For example, "So I think, from my point of view, the very first few months were about showing and supporting them in the office that this is the way I do things … I made a mistake which meant we had a missed call ... so I copied [name withheld] into the e-mail that reported myself. It was much better for her to see what I'd done and if people say, 'Oh, well, actually, she put her hand up, so maybe it won't be so bad if I make a mistake, I can tell the manager about my mistake and she won't you know, she's not going to be cross with me." (Manager) [Quote: Jones 2014, p.993]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[4]	VERY LOW
Sub-theme B2.2.2: Response to concerns						
3 studies • Furness 2006 Interviews with 19 care home residents and 19 care home owners or	Data from 3 studies provide data that indicate that care home managers and staff thought that responses to concerns should be proportionate to the apparent	Moderate concerns[5]	Moderate concerns[6]	Moderate concerns[3]	Moderate concerns[7]	VERY LOW

Study information	Description of review finding	CERQual Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
managers to explore the views of care home staff regarding their understanding of abuse. • Jones 2014 7 registered nurses and 10 care assistants to explore perceptions of whistle-blowing, and the strategies and processes used by employees to raise concerns about standards of care for older people. • Marsland 2015 Interviews with 8 health or social care practitioners (including reviewing officers, care managers, social workers, community nurses and clinical care managers) external to the residential services concerned to identify early indicators of concern to contribute to the prevention of abuse and neglect of older people living in residential and nursing homes.	severity of the incident. For example, “It depends on how bad or severe the treatment is. When I saw that programme where residents were being pinned to the ground by carers or hit, then it just makes me sick, I would just go to everyone, the manager, police, MP and make sure they did something.” (Care assistant) [Quote: Jones 2014, p.993)					

[1] Moderate concerns about the 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 the data; the study included a range of participants not exclusively in care home settings. However, some of the data was considered indirectly relevant to care homes
[4] Moderate concerns about the adequacy of the data (1 study offering moderately rich data).
[5] Moderate concerns about the methodological limitations of the evidence (2 studies with moderate concerns and 1 study with minor concerns) as per CASP qualitative checklist.

[6] *Moderate concerns regarding how the limited data fit the findings for Furness 2006; data were limited for Marsland 2015, but indicators identified by participants were presented in detail.*
[7] *Moderate concerns about the adequacy of the data (3 studies in total; 1 study offered thin data; 1 study offered few quotes, however, the indicators identified by the participants were discussed in detail; 1 study offered moderately rich data).*

MP: Member of Parliament

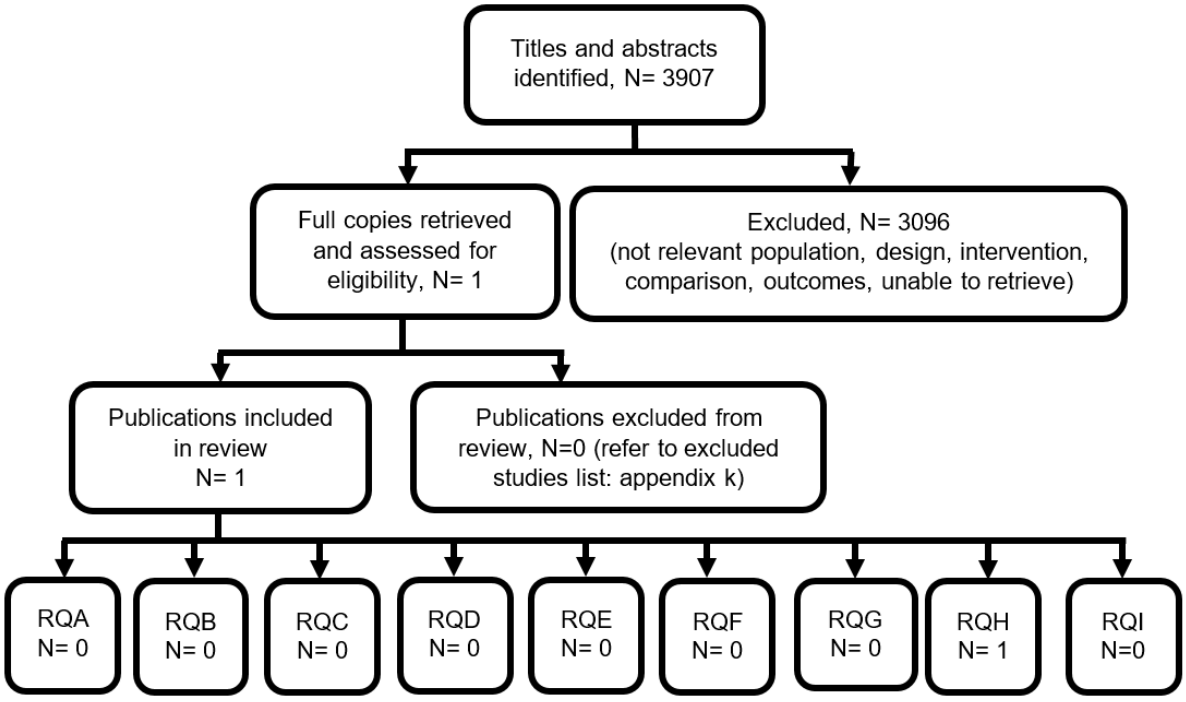
Appendix G – Economic evidence study selection

Economic evidence study selection for review questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

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 evidence review.

Figure 3: Study selection flow chart



Appendix H – Economic evidence tables

Economic evidence tables for review questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

No evidence was identified which was applicable to these 2 review questions.

Appendix I – Economic evidence profiles

Economic evidence profiles for review questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

No evidence was identified which was applicable to these 2 review questions.

Appendix J – Economic analysis

Economic evidence analysis for review questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

No economic analysis was conducted for these 2 review questions.

Appendix K – Excluded studies

Excluded studies for review questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

Table 13: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Safeguarding adults under the Care Act 2014: understanding good practice, 288, 2017	Study design does not meet protocol eligibility criteria - book review.
Anka, A., Sorensen, P., Brandon, M., Bailey, S., Social work intervention with adults who self-neglect in England: responding to the Care Act 2014, The Journal of Adult Protection, 19, 67-77, 2017	Study setting does not meet protocol eligibility criteria - not care homes or congregate settings.
Association of Directors Of Adult Social, Services, Carers and safeguarding adults: working together to improve outcomes, 30p., 2011	Study design does not meet protocol eligibility criteria - policy document for carers in general, not specifically care homes.
Baumbusch, J., Puurveen, G., Phinney, A., Beaton, M. D., Leblanc, M. E., Family members' experiences and management of resident-to-resident abuse in long-term residential care, Journal of Elder Abuse & Neglect, 30, 385-401, 2018	Study setting does not meet protocol eligibility criteria - conducted in Canada.
Beaulieu, M., Leclerc, N., Ethical and psychosocial issues raised by the practice in cases of mistreatment of older adults, Journal of Gerontological Social Work, 46, 161-186, 2006	Study design and setting do not meet protocol eligibility criteria - not a systematic literature review; conducted in Canada.
Begley, E., O'Brien, M., Anand, J., C., Campbell, K., Taylor, B., Older people's views of support services in response to elder abuse in communities across Ireland, Quality in Ageing and Older Adults, 13, 48-59, 2012	Study setting does not meet protocol eligibility criteria - not care homes (participants living in own homes or sheltered accommodation).
Blamires, K., Forrester-Jones, R., Murphy, G., An Investigation into the use of the Deprivation of Liberty Safeguards with People with Intellectual Disabilities, Journal of Applied Research in Intellectual Disabilities, 30, 714-726, 2017	Study does not meet protocol eligibility criteria.
Bozinovski, S., D., Older self-neglecters: Interpersonal problems and the maintenance of self-continuity, Journal of Elder Abuse & Neglect, 12, 37-56, 2000	Study setting does not meet protocol eligibility criteria - conducted in the US; not care homes.
Braaten, K. L., Malmedal, W., Preventing physical abuse of nursing home residents- as seen from the nursing staff's perspective, Nursing OpenNurs, 4, 274-281, 2017	Study setting does not meet protocol eligibility criteria - conducted in Norway.

Study	Reason for exclusion
Braye, S., Orr, D., Preston-Shoot, M., Self-neglect policy and practice: research messages for practitioners, 28, 2015	Study does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Braye, Suzy., Orr, D., Preston-Shoot, M., Self-neglect policy and practice: building an evidence base for adult social care, 222, 2014	Study does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Braye, S., Orr, D., Preston-Shoot, M., Serious case review findings on the challenges of self-neglect: indicators for good practice, The Journal of Adult Protection, 17, 75-87, 2015	Study setting does not meet protocol eligibility criteria - focus not on abuse/neglect in care homes or congregate settings.
Braye, S., Orr, D., Preston-Shoot, M., The governance of adult safeguarding: findings from research, The Journal of Adult Protection, 14, 55-72, 2012	Study outcomes do not meet protocol eligibility criteria; not care homes.
Braye, S., Orr, D., Preston-Shoot, M., Learning lessons about self-neglect? An analysis of serious case reviews, Journal of Adult Protection, 17, 3-18, 2015	Study setting does not meet protocol eligibility criteria - focus not on abuse/neglect in care homes or congregate settings.
Braye, S., Orr, D., Preston-Shoot, M., Conceptualising and responding to self-neglect: the challenges for adult safeguarding, The Journal of Adult Protection, 13, 182-193, 2011	Study does not meet protocol eligibility criteria; focus not on care homes or congregate settings.
Briggs, M., Cooper, A., . Making Safeguarding Personal: Progress of English local authorities, JOURNAL OF ADULT PROTECTION, 20, 59-68, 2018	Study does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Britainthinks, Struggling to cope with later life: qualitative research on growing older in challenging circumstances, 62, 2017	Study setting does not meet protocol eligibility criteria - not care homes.
Butler, L., Manthorpe, J., Putting people at the centre: facilitating Making Safeguarding Personal approaches in the context of the Care Act 2014, JOURNAL OF ADULT PROTECTION, 18, 204-213, 2016	Study setting does not meet protocol eligibility criteria - unclear whether care homes or congregate settings.
Calcraft, R., Blowing the whistle on abuse, Working with Older People: Community Care Policy & Practice, 9, 18-21, 2005	Study does not provide sufficient outcome data (see Calcraft, 2007).
Campbell, M., Review of Adult Protection Reports Resulting in ' No Further Action' Decisions, Journal of Policy & Practice in Intellectual Disabilities, 10, 215-221, 2013	Study design and setting do not meet protocol eligibility criteria - not qualitative; unclear whether care homes or congregate settings.
Cooper, A., Making Safeguarding Personal temperature check 2016, 49, 2016	Study does not meet protocol eligibility criteria - focus not on care homes or congregate settings; care home evidence not relevant outcomes.
Cooper, A., Cocker, C., Briggs, M., Making safeguarding personal and social work practice with older adults: Findings from local-authority survey data in England, British Journal of Social Work, 48, 1014-1032, 2018	Study setting does not meet protocol eligibility criteria - focus is not on care homes or congregate settings.
Cooper, C., Selwood, A., Livingston, G., Knowledge, detection, and reporting of abuse by health and social care professionals: A	Study does not meet protocol eligibility criteria - most of the evidence was quantitative, does not

Study	Reason for exclusion
systematic review, American Journal of Geriatric Psychiatry, 17, 826-838, 2009	include studies conducted int the UK, or not care homes or congregate setting.
Cornish, S., Preston-Shoot, M., Governance in adult safeguarding in Scotland since the implementation of the Adult Support and Protection (Scotland) Act 2007, The Journal of Adult Protection, 15, 223-236, 2013	Study setting and outcomes do not meet protocol eligibility criteria - not focused on care homes/congregate settings; overview of policy documents and procedures.
Davies, M. L., Gilhooly, M. L. M., Gilhooly, K. J., Harries, P. A., Cairns, D., Factors influencing decision-making by social care and health sector professionals in cases of elder financial abuse, European Journal of Ageing, 10, 313-323, 2013	Study outcomes do not meet protocol eligibility criteria - quantitative data.
Davies, M., Harries, P., Cairns, D., Stanley, D., Gilhooly, M., Gilhooly, K., Notley, E., Gilbert, A., Penhale, B., Hennessy, C., Factors used in the detection of elder financial abuse: A judgement and decision-making study of social workers and their managers, International Social Work, 54, 404-420, 2011	Study setting does not meet protocol eligibility criteria - focus not on care homes.
Day, M. R., Mulcahy, H., Leahy-Warren, P., Self-neglect: Views and experiences of health and social care professionals, Age and Ageing, 46 (Supplement 3), iii13, 2017	Study design does not meet protocol eligibility criteria - conference abstract.
Day, M. R., McCarthy, G., Leahy-Warren, P., Professional social workers' views on self-neglect: An exploratory study, British Journal of Social Work, 42, 725-743, 2012	Study setting does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Doyle, S., The impact of power differentials on the care experiences of older people, Journal of Elder Abuse & Neglect, 26, 319-32, 2014	Study setting does not meet protocol eligibility criteria - conducted in Australia.
Duxbury, J., Pulsford, D., Hadi, M., Sykes, S., Staff and relatives' perspectives on the aggressive behaviour of older people with dementia in residential care: a qualitative study, Journal of Psychiatric & Mental Health Nursing, 20, 792-800, 2013	Study does not meet protocol eligibility criteria - not safeguarding against abuse; exploration on reasons for aggression.
Eriksson, C., Saveman, B. I., Nurses' experiences of abusive/non-abusive caring for demented patients in acute care settings, Scandinavian Journal of Caring Sciences, 16, 79-85, 2002	Study setting does not meet protocol eligibility criteria - conducted in Sweden.
Fanneran, T. B., Kingston, P., Bradley, E., A national survey of adult safeguarding in NHS mental health services in England and Wales, Journal of Mental Health, 22, 402-411, 2013	Study does not meet eligibility criteria.
Fennell, K., Call of duty: an exploration of the factors influencing NHS professionals to report adult protection concerns, JOURNAL OF ADULT PROTECTION, 18, 161-171, 2016	Study does not meet protocol eligibility criteria.
Ferrah, N., Murphy, B. J., Ibrahim, J. E., Bugeja, L. C., Winbolt, M., LoGiudice, D., Flicker, L., Ranson, D. L., Resident-to-resident physical	Systematic review - 1 included UK study checked for relevance.

Study	Reason for exclusion
aggression leading to injury in nursing homes: a systematic review, Age & AgeingAge Ageing, 44, 356-64, 2015	
Fletcher, L. B., Payne, B. K., Elder abuse in nursing homes: prevention and resolution strategies and barriers, Journal of Criminal Justice, 33, 119-125, 2005	Study setting does not meet protocol eligibility criteria - conducted in the US.
Fyson, Rachel, Kitson, Deborah, Outcomes following adult safeguarding alerts: a critical analysis of key factors, The Journal of Adult Protection, 14, 93-103, 2012	Study does not meet protocol eligibility criteria.
Gilhooly, M., Decision-making in detecting and preventing financial abuse of older adults: a study of managers and professionals in health, social care, and banking, 8, 2011	Study does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Gilhooly, M. L. M., Cairns, D., Davies, M., Harries, P., Gilhooly, K. J., Notley, E., Framing the detection of financial elder abuse as bystander intervention: decision cues, pathways to detection and barriers to action, The Journal of Adult Protection, 15, 54-68, 2013	Study setting does not meet protocol eligibility criteria - not care homes or congregate settings.
Goldblatt, H., Band-Winterstein, T., Alon, S., Social Workers' Reflections on the Therapeutic Encounter With Elder Abuse and Neglect, Journal of Interpersonal Violence, 33, 3102-3124, 2018	Study setting does not meet protocol eligibility criteria - conducted in Israel.
Gough, M., An evaluation of adult safeguarding outcomes' focused recording in the context of Making Safeguarding Personal, The Journal of Adult Protection, 18, 240-248, 2016	Study does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Graham, K., Stevens, M., Norrie, C., Manthorpe, J., Moriarty, J., Hussein, S., Models of safeguarding in England: Identifying important models and variables influencing the operation of adult safeguarding, Journal of Social Work, 17, 255-276, 2017	Study does not meet protocol eligibility criteria - focus and qualitative outcomes not on care homes or congregate settings.
Harbottle, C., Safeguarding Adults: some experiences from safeguarding managers who are at the forefront of the safeguarding plan (case conference), The Journal of Adult Protection, 9, 30-36, 2007	Study setting and outcomes do not meet protocol eligibility criteria - case conference procedures; focus not on care setting or congregate settings.
Hopkinson, P. J., Killick, M., Batish, A., Simmons, L., "Why didn't we do this before?" the development of Making Safeguarding Personal in the London borough of Sutton, The Journal of Adult Protection, 17, 181-194, 2015	Study setting does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Isaksson, U., Astrom, S., Graneheim, U. H., Violence in nursing homes: perceptions of female caregivers, Journal of clinical nursing, 17, 1660-6, 2008	Study setting does not meet protocol eligibility criteria - conducted in Sweden.

Study	Reason for exclusion
Jeary, J., Sexual abuse of elderly people: would we rather not know the details?, Journal of Adult Protection, 6, 2, 21-30, 2004	Study setting does not meet protocol eligibility criteria – does not focus on barriers and facilitators to identification.
Joubert, L., Posenelli, S., Responding to a "Window of opportunity": The detection and management of aged abuse in an acute and subacute healthcare setting, Social Work in Health Care, 48, 702-714, 2009	Study setting does not meet protocol eligibility criteria - conducted in Australia.
Killick, C., Taylor, B. J., Professional decision-making on elder abuse: systematic narrative review, Journal of Elder Abuse & Neglect, 21, 211-238, 2009	Systematic review including studies from various countries and focus not on care homes or congregate settings.
Killick, C., Taylor, B. J., Begley, E., Carter Anand, J., O'Brien, M., Older people's conceptualization of abuse: a systematic review, Journal of Elder Abuse & Neglect, 27, 100-120, 2015	Systematic review including 1 UK study - reference checked.
Lafferty, A., Treacy, M. P., Fealy, G., The support experiences of older people who have been abused in Ireland, The Journal of Adult Protection, 15, 290-300, 2013	Study setting does not meet protocol eligibility criteria - not care home.
Lauder, W., Anderson, I., Barclay, A., Housing and self-neglect: The responses of health, social care and environmental health agencies, Journal of Interprofessional Care, 19, 317-325, 2005	Study setting does not meet protocol eligibility criteria - not care homes.
Lauder, W., Ludwick, R., Zeller, R., Winchell, J., Factors influencing nurses' judgements about self-neglect cases, Journal of Psychiatric and Mental Health Nursing, 13, 279-287, 2006	Study setting and outcomes do not meet protocol eligibility criteria - conducted in the US.
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	Study does not meet protocol eligibility criteria for RQ 1.2.
Lonbay, S. P., Arnstein, B. 'These are vulnerable people who don't have a voice': Exploring constructions of vulnerability and ageing in the context of safeguarding older people, British Journal of Social Work, 48, 1033-1051, 2018	Study setting does not meet protocol eligibility criteria - focus not on care homes.
Lonbay, S. P., Brandon, T., Renegotiating power in adult safeguarding: the role of advocacy, The Journal of Adult Protection, 19, 78-91, 2017	Study setting does not meet protocol eligibility criteria - not clear whether relates to care home or congregate settings.
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 does not meet protocol eligibility criteria for RQ 1.2.
Manthorpe, J., Cornes, M., Moriarty, J., Rapaport, J., Iliffe, S., Wilcock, J., Clough, R., Bright, L., An inspector calls: adult protection in the context of the NSFOP review...National Service Framework for Older People, JOURNAL OF ADULT PROTECTION, 9, 4-14, 2007	Study does not meet protocol eligibility criteria - relevant to RQ 3.4, study publication pre-2008.

Study	Reason for exclusion
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	Study setting does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Manthorpe, J., The abuse, neglect and mistreatment of older people with dementia in care homes and hospitals in England: The potential for secondary data analysis: Innovative practice, Dementia (14713012), 14, 273-279, 2015	Study does not meet protocol eligibility criteria - overview of secondary sources of data on abuse of older people with dementia; not qualitative evidence.
Manthorpe, J., Stevens, M., Adult safeguarding policy and law: a thematic chronology relevant to care homes and hospitals, Social Policy and Society, 14, 203-216, 2015	Study outcomes do not meet protocol eligibility criteria - not qualitative evidence; overview of policies/legislation.
Manthorpe, J., Stevens, M., Hussein, S., Heath, H., Lievesley, N., Social Care Workforce Research Unit, King's College London, The abuse, neglect and mistreatment of older people in care homes and hospitals in England, 2011	Study does not meet protocol eligibility criteria.
Manthorpe, J., Stevens, M., Martineau, S., Norrie, C., Safeguarding practice in England where access to an adult at risk is obstructed by a third party: findings from a survey, The Journal of Adult Protection, 19, 323-332, 2017	Study setting does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Matthews, S. A. O, Reynolds, J., Bruising in older adults: what do social workers need to know?, JOURNAL OF ADULT PROTECTION, 17, 351-359, 2015	Study does not meet protocol eligibility criteria - not specifically barriers and facilitators to identifying neglect/abuse in care homes or safeguarding in care homes/congregate settings.
McCreadie, C., Tinker, A., Biggs, S., Manthorpe, J., O'Keeffe, M., Doyle, M., Hills, A., Erens, B., First Steps: The UK National Prevalence Study of the Mistreatment and Abuse of Older People, The Journal of Adult Protection, 8, 4-11, 2006	Study setting does not meet protocol eligibility criteria - not care homes or congregate settings.
Moore, S., Through a glass darkly: Exploring commissioning and contract monitoring and its role in detecting abuse in care and nursing homes for older people, JOURNAL OF ADULT PROTECTION, 20, 110-127, 2018	Study does not meet protocol eligibility criteria.
Mowlam, A., UK study of abuse and neglect of older people: qualitative findings, 90p., bibliog., 2007	Study setting does not meet protocol eligibility criteria - focus not on care homes or congregate settings.
Mysyuk, Y., Westendorp, R. G. J., Lindenberg, J., How older persons explain why they became victims of abuse, Age and Ageing, 45, 695-702, 2016	Study setting does not meet protocol eligibility criteria - conducted in The Netherlands.
Needham, K, Preston-Shoot, M, Dr Adi Cooper Editor: Bridget, Penhale, The importance of small steps: making safeguarding personal in North Somerset, The Journal of Adult Protection, 17, 166-172, 2015	Study setting does not meet protocol eligibility criteria - not clear that focus is on care homes/congregate settings.

Study	Reason for exclusion
Norrie, C., Cartwright, C., Rayat, P., Grey, M., Manthorpe, J., Developing an adult safeguarding outcome measure in England, The Journal of Adult Protection, 17, 275-286, 2015	Study design does not meet protocol eligibility criteria - survey development and feasibility.
Norrie, C., Manthorpe, J., Cartwright, C., Rayat, P., The feasibility of introducing an adult safeguarding measure for inclusion in the Adult Social Care Outcomes Framework (ASCOF): findings from a pilot study, BMC Health Services Research, 16, 1-13, 2016	Study design does not meet protocol eligibility criteria - survey development and feasibility.
Northway, R., Bennett, D., Melsome, M., Flood, S., Howarth, J., Jones, R., Keeping Safe and Providing Support: A Participatory Survey About Abuse and People With Intellectual Disabilities, Journal of Policy & Practice in Intellectual Disabilities, 10, 236-244, 2013	Study does not meet protocol eligibility criteria - not focused on care homes or congregate settings.
Northway, R., Davies, R., Mansell, I., 'Policies don't protect people, it's how they are implemented', Social Policy & Administration, 41, 2007	Study setting does not meet protocol eligibility criteria - challenges experienced by social workers; not focusing on care homes/congregate settings.
O'Donnell, D., Treacy, M. P., Fealy, G., Lyons, I., Lafferty, A., The case management approach to protecting older people from abuse and mistreatment: Lessons from the Irish experience, British Journal of Social Work, 45, 1451-1468, 2015	Study does not meet protocol eligibility criteria - experiences of social workers; not focused on care homes/congregate settings.
Parley, F., Could planning for safety be a realistic alternative to risk management for those deemed vulnerable?, JOURNAL OF ADULT PROTECTION, 13, 6-18, 2011	Study does not meet protocol eligibility criteria.
Penhale, B., Partnership and regulation in adult protection: the effectiveness of multi-agency working and the regulatory framework in adult protection, 155p., 2006	Study does not meet protocol eligibility criteria - not specifically care homes/congregate settings (other than acute hospitals); published pre-2008.
Perkins, N., Penhale, B., Reid, D., Pinkney, L., Hussein, S., Manthorpe, J., Partnership means protection? Perceptions of the effectiveness of multi-agency working and the regulatory framework within adult protection in England and Wales, JOURNAL OF ADULT PROTECTION, 9, 9-23, 2007	Study does not meet protocol eligibility criteria - study relates to RQ 3.4, but publication data pre-2008.
Phelan, A., McCarthy, S., McKee, J., Safeguarding staff's experience of cases of financial abuse, British Journal of Social Work, 48, 924-942, 2018	Study setting does not meet protocol eligibility criteria - focus not care homes/congregate settings.
Pinkney, L., Penhale, B., Manthorpe, J., Perkins, N., Reid, D., Hussein, S., 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	Study does not meet protocol eligibility criteria - multi-agency working from social workers perspectives; not focused on care homes or congregate settings (other than acute hospitals).
Preshaw, D. H., Brazil, K., McLaughlin, D., Frolic, A., Ethical issues experienced by	Literature review including studies from various countries, focus not specifically safeguarding

Study	Reason for exclusion
healthcare workers in nursing homes: Literature review, Nursing Ethics, 23, 490-506, 2016	against abuse or neglect - 3 UK studies checked for relevance.
Preston-Shoot, M., Cornish, S., Paternalism or proportionality?, JOURNAL OF ADULT PROTECTION, 16, 2014	Study setting does not meet protocol eligibility criteria - focus not care homes or congregate settings.
Ramsey-Klawsnick, H., Teaster, P. B., Mendiondo, M., Researching clinical practice, part II: findings from the study of sexual abuse in care facilities, Victimization of the Elderly & Disabled, 11, 17-24, 2008	Study setting does not meet protocol eligibility criteria - conducted in the US.
Ramsey-Klawsnik, H., Teaster, P., Mendiondo, M. S., Study of sexual abuse in care facilities, Victimization of the Elderly & Disabled, 10, 49-63, 2007	Study does not meet protocol eligibility criteria - comment/description on research; conducted in the US.
Reader, T. W., Gillespie, A., Patient neglect in healthcare institutions: a systematic review and conceptual model, BMC health services research, 13, 156, 2013	Systematic review including studies from various countries - UK studies checked for relevance.
Redley, M., Jennings, S., Holland, A., Clare, I., Making adult safeguarding personal, JOURNAL OF ADULT PROTECTION, 17, 2015	Study outcomes do not meet protocol eligibility criteria - not focused on qualitative evidence from care homes or congregate settings.
Rees, P., Manthorpe, J., Managers' and staff experiences of adult protection allegations in mental health and learning disability residential services: a qualitative study, BRITISH JOURNAL OF SOCIAL WORK, 40, 513-529, 2010	Study does not meet protocol eligibility criteria.
Reid, D., Penhale, B., Manthorpe, J., Perkins, N., Pinkney, L., Hussein, S., Form and function: views from members of adult protection committees in England and Wales, JOURNAL OF ADULT PROTECTION, 11, 20-29, 2009	Study does not meet protocol eligibility criteria - multi-agency working, but not specifically focused on care homes or congregate settings.
Rippstein, L., If walls could talk: the lived experience of witnessing verbal abuse toward residents in long-term care facilities, Southern Online Journal of Nursing Research, 8, 2p-2p, 2008	Study setting does not meet protocol eligibility criteria - not a systematic review; conducted in the US.
Rodgers, M. A., Grisso, J. A., Crits-Christoph, P., Rhodes, K. V., No Quick Fixes, Violence Against Women, 23, 287-308, 2017	Study setting does not meet protocol eligibility criteria - conducted in the US.
Rosen, T., Lachs, M. S., Bharucha, A. J., Stevens, S. M., Teresi, J. A., Nebres, F., Pillemer, K., Resident-to-resident aggression in long-term care facilities: Insights from focus groups of nursing home residents and staff, Journal of the American Geriatrics Society, 56, 1398-1408, 2008	Study setting does not meet protocol eligibility criteria - conducted in the US.
Rosen, T., Lachs, M. S., Teresi, J., Eimicke, J., Van Haitsma, K., Pillemer, K., Staff-reported strategies for prevention and management of resident-to-resident elder mistreatment in long-	Study setting does not meet protocol eligibility criteria - conducted in the US.

Study	Reason for exclusion
term care facilities, Journal of Elder Abuse & Neglect, 28, 1-13, 2016	
Rushton, A., Beaumont, K., Mayes, D., Service and client outcomes of cases reported under a joint vulnerable adults policy, JOURNAL OF ADULT PROTECTION, 2, 5-17, 2000	Study does not meet protocol eligibility criteria - qualitative outcomes not focused on care homes or congregate settings, publication date pre-2008.
Samsi, K., Manthorpe, J., Chandaria, K., Risks of financial abuse of older people with dementia: findings from a survey of UK voluntary sector dementia community services staff, The Journal of Adult Protection, 16, 180-192, 2014	Study setting does not meet protocol eligibility criteria - focus not care homes.
Sandmoe, A., Kirkevold, M., Identifying and handling abused older clients in community care: The perspectives of nurse managers, International Journal of Older People Nursing, 8, 83-92, 2013	Study setting does not meet protocol eligibility criteria - conducted in Norway.
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, 22-34, 2012	Study does not meet protocol eligibility criteria.
Sin, C. H., Hedges, A., Cook, C., Mguni, N., Comber, N., Adult protection and effective action in tackling violence and hostility against disabled people: some tensions and challenges, JOURNAL OF ADULT PROTECTION, 13, 63-74, 2011	Study setting does not meet protocol eligibility criteria - focus not care homes or congregate settings.
Snellgrove, S., Beck, C., Green, A., McSweeney, J. C., Putting Residents First: Strategies Developed by CNAs to Prevent and Manage Resident-to-Resident Violence in Nursing Homes, The Gerontologist, 55, S99-S107, 2015	Study setting does not meet protocol eligibility criteria - conducted in the US.
Social Care Institute For, Excellence, Braye, S., Self-neglect and adult safeguarding: findings from research, 90p., bibliog., 2011	Study setting does not meet protocol eligibility criteria - not care homes or congregate settings.
Stark, S., Elder abuse: screening, intervention, and prevention, Nursing, 42, 24-29; quiz 29-2930, 2012	Study design does not meet protocol eligibility criteria - not qualitative; unclear whether care homes or congregate settings.
Stevens, E. L., How does leadership contribute to safeguarding vulnerable adults within healthcare organisations? A review of the literature, The Journal of Adult Protection, 17, 258-272, 2015	Study does not meet protocol eligibility criteria - not a systematic review; unclear whether relating to care homes or congregate settings.
Stevens, M., Woolham, J., Manthorpe, J., Aspinall, F., Hussein, S., Baxter, K., Samsi, K., Ismail, M., Implementing safeguarding and personalisation in social work: Findings from practice, Journal of Social Work, 18, 3-22, 2018	Study setting does not meet protocol eligibility criteria - not care homes/congregate settings.
Stolee, P., Hiller, L. M., Etkin, M., McLeod, J., "Flying by the seat of our pants": Current processes to share best practices to deal with	Study setting does not meet protocol eligibility criteria - conducted in Canada.

Study	Reason for exclusion
elder abuse, Journal of Elder Abuse & Neglect, 24, 179-194, 2012	
Strand, M., Benzein, E., Saveman, B. I., Violence in the care of adult persons with intellectual disabilities, Journal of clinical nursing, 13, 506-14, 2004	Study setting does not meet protocol eligibility criteria - conducted in Sweden.
University of Hull Centre for Applied Research, Evaluation,, Identifying and applying early indicators of concern in care services for people with learning disabilities and older people: the abuse in care project, 2013	Study does not meet protocol eligibility criteria.
University of Hull Centre for Applied Research, Evaluation,, Early indicators of concern in residential and nursing homes for older people, 45p., 2012	Study does not meet protocol eligibility criteria.
Wallcraft, J., Involvement of service users in adult safeguarding, The Journal of Adult Protection, 14, 142-150, 2012	Study design and outcomes do not meet eligibility criteria - not a systematic review; focus group outcomes not focused on care homes/congregate settings.
Warin, R., Safeguarding adults in Cornwall, The Journal of Adult Protection, 12, 39-42, 2010	Study outcomes do not meet protocol eligibility criteria - overview of safeguarding and not clear whether focus on care homes or congregate settings.
Whitelock, A., Safeguarding in mental health: towards a rights-based approach, The Journal of Adult Protection, 11, 30-42, 2009	Study does not meet protocol eligibility criteria.
Wilson, G., Dilemmas and ethics: Social work practice in the detection and management of abused older women and men, Journal of Elder Abuse & Neglect, 14, 79-94, 2002	Study outcomes do not meet protocol eligibility criteria - residential care as an outcome for abuse in the community.

Economic studies

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

No economic evidence was identified for these 2 review questions.

Appendix L – Research recommendations

Research recommendations for review questions B:

- **What are the barriers and facilitators to identifying abuse in care homes?**
- **What are the barriers and facilitators to identifying neglect in care homes?**

No research recommendations were made for these 2 review questions.