National Institute for Health and Care Excellence

FINAL

Safeguarding adults in care homes

[D] Responding to and managing safeguarding concerns

NICE guideline NG189

Evidence reviews

February 2021

Final

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

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Review questions

This evidence report contains information on 2 reviews relating to approaches to responding to and managing safeguarding concerns.

- What approaches are effective in responding to and managing a safeguarding concern?
- What is the acceptability of approaches for responding to and managing safeguarding concerns?

Introduction

The Care Act 2014 places a statutory duty on local authorities to safeguard adults at risk of, or experiencing abuse and neglect and requires all agencies to cooperate to protect adults at risk. Responsibilities specific to regulated settings such as registered care homes are set out in the Care Act 2014 Statutory Guidance, paragraphs 14.68 – 14.82 and further clarified in Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Section2, Regulation 13. However, despite the extensive statutory safeguarding framework for care homes, there is no government guidance on 'what works' to safeguard care home residents. This has led to wide variation in safeguarding practice around responding to and managing safeguarding concerns. In response to this, LGA/ADASS guidance (2019) has suggested that a common approach to decision-making would help to address 'inconsistencies, ambiguities and disconnect across local authorities' and empower practitioners to make consistent decisions about responses.

Existing legislation and guidance recognises that person-centred approaches, known as Making Safeguarding Personal, lead to more effective safeguarding interventions. This means working with the person and their representative, providing the necessary support to enable choice and control and identifying outcomes that are meaningful to them. The effectiveness of safeguarding intervention is now measured by the extent to which outcomes desired by the adult at risk are achieved. However, national data relating to this measure suggests that the principle of Making Safeguarding Personal has not yet been fully realised. In 2018-19 such outcomes were only recorded for 63% of safeguarding enquiries, and there was a slight reduction in the number of outcomes achieved compared to the previous year.

The aim of this review was to identify approaches that are effective in responding to and managing safeguarding concerns in care homes and the acceptability of such approaches. This is important in order to improve outcomes for care home residents, and to enable a common approach which can be applied consistently in all services and all geographical locations.

Summary of the protocol

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

Table 1: Summary of the protocol (PICO table)

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

	support in care homes. • People working in care homes. • Providers of services in care homes. • Practitioners in local authorities and local health organisations. • Members of Safeguarding Adults Boards.
Intervention	Structured approaches designed to manage and respond to safeguarding concerns (both quantitative and qualitative parts of the review). The review will focus on both the initial response to the safeguarding concern and any subsequent investigation that takes place (excluding criminal investigations). **Quantitative part of the review** Intervention 1 • Working with the individual (for example, through advocacy or a structured emotional support programme). Intervention 2 • Care home policy and procedures for responding to and managing safeguarding concerns. Intervention 3 • Local authority and multi-agency policies and procedures for responding to and managing safeguarding alerts (for example, commissioning a health partner to conduct an investigation).
Comparison	**Quantitative part of the review (not relevant for the qualitative part of the review)** Comparison 1 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 1 compared against each other. Comparison 2 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 2 compared against each other. Comparison 3 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 3 compared against each other.
Outcomes	**Quantitative outcomes:** **Critical** • Anxiety or depression. • Healthcare contacts (for example, accident and emergency, hospital admissions) related to suspected safeguarding concerns. • Reports of proven safeguarding cases. • Response times (from the point a safeguarding concern is raised to the first response). **Important**

	• Perceived safety, using a validated, subjective measure. • Social care related quality of life, for example, measured using ASCOT for care homes. • Satisfaction with the intervention (of those affected by the safeguarding concern), using a validated satisfaction tool. **Qualitative themes:** • Satisfaction with the intervention. • Perceived appropriateness of responses to and management of safeguarding concerns. • Perceived acceptability of responses to and management of safeguarding concerns. • Barriers and facilitators to responding to and managing safeguarding concerns. • Satisfaction of people involved in safeguarding concerns, including carers. • Participation in responses to and management of safeguarding concerns.

ASCOT: Adult Social Care Outcomes Toolkit

For further details see the review protocol in appendix A.

Protocol deviation

Although the protocol stated that studies from Europe, Australia and Canada would be considered if fewer than 10 qualitative papers from the UK were included, the guideline committee agreed that they did not wish to consider evidence from outside the UK for this review question, despite only 5 studies being included. The committee took this view on the basis that the management of and response to safeguarding concerns is intrinsically linked with legislation and practice in the UK and evidence from outside this framework would not provide a sound basis on which to make recommendations for practice in the UK.

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 review was designed as a mixed-methods review using data from both qualitative and quantitative studies. For the quantitative part of the review, we looked for systematic reviews, randomised controlled trials (RCTs) and observational studies with a comparative component (for example, cohort studies). For the qualitative part of the review, we looked for systematic reviews of qualitative studies and studies that collected and analysed data using qualitative methods (including focus groups, interviews, thematic analysis, framework analysis and content analysis). Surveys restricted to reporting descriptive data that were analysed quantitatively were excluded. We did not identify any studies that provided suitable quantitative data and the review became in practice a purely qualitative review.

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

Quantitative component of the review

No studies were identified which fulfilled the protocol for this component of the review.

Qualitative component of the review

Five studies were included in this review and publication dates ranged between 2009 and 2017 (Blamires 2017, Fyson and Kitson 2012, Parley 2016, Simic 2012, Whitelock 2009). The included studies are summarised in Table 2.

As per the amended protocol only UK evidence was included in the review. Three of the studies were conducted in England (Blamires 2017, Fyson and Kitson 2012 and Simic 2012), however 2 studies (Parley 2011 and Whitelock 2009) did not explicitly state where, within the UK, the study was conducted. Data were mainly collected using semi-structured interviews and focus groups.

One study (Whitelock 2009) explored the experiences of abuse in the context of people with direct experience of mental distress. The remaining 4 studies were based on the views of professionals with experience of safeguarding investigations.

Study populations included care home managers, but also social workers and staff from Adult Social Care and Health teams (for example, psychologists, nurses). Service users included individuals with, for example, intellectual disabilities, dementia or mental health problems; data specifically relating to these subgroup populations were not always reported separately. One study (Blamires 2017) was conducted exclusively in care homes, while the remaining 4 studies were not exclusive to care homes, rather they were conducted across various settings, such as hospitals and service users' own homes. Simic (2012) presented findings as aggregated data, that is, reported the experiences from both care home and domiciliary care staff together.

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

- Satisfaction with the intervention.
- Perceived appropriateness of responses to and management of safeguarding concerns.
- Perceived acceptability of responses to and management of safeguarding concerns.
- Barriers and facilitators to responding to and managing safeguarding concerns.

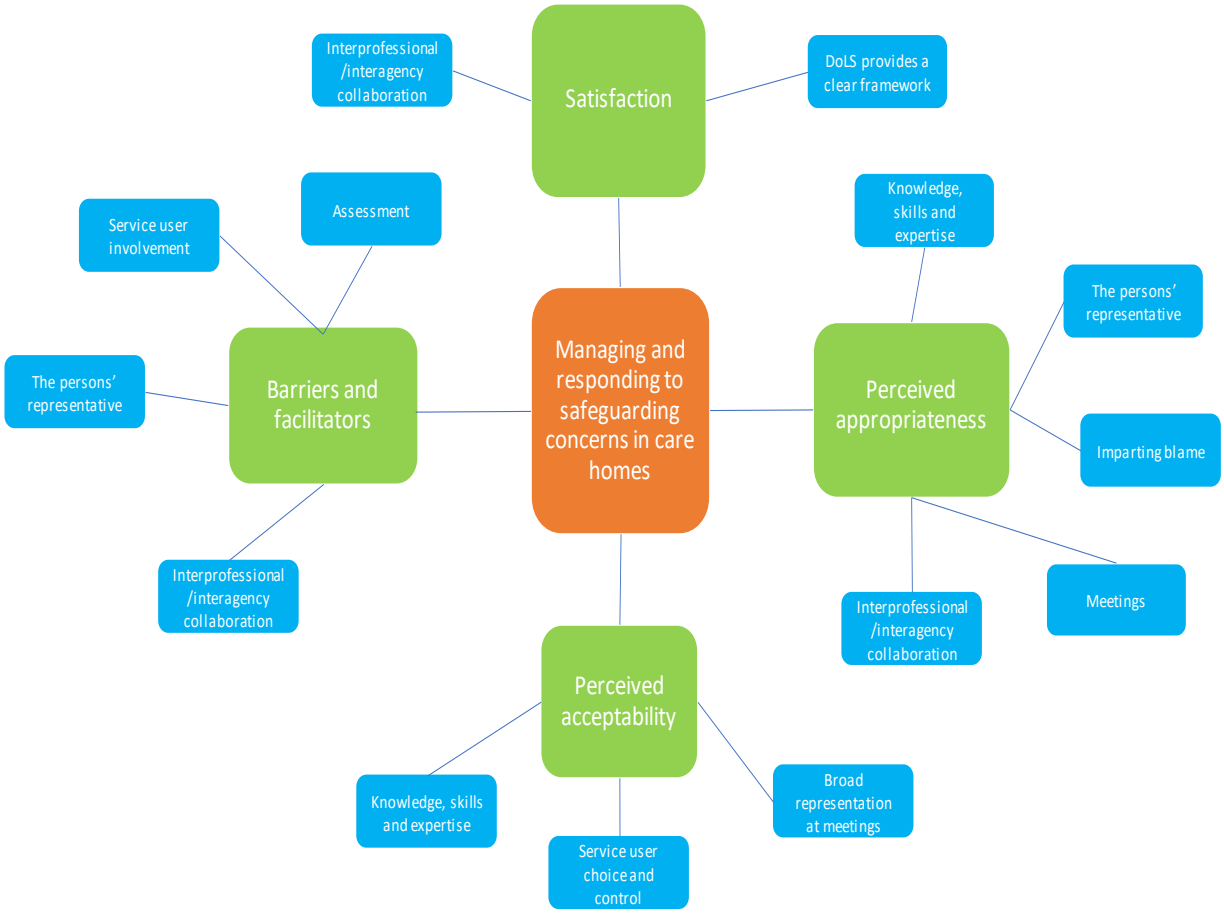
The included studies did not provide data for the following concepts:

- Satisfaction of people involved in safeguarding concerns, including carers.
- Participation in responses to and management of safeguarding concerns.

As shown in the theme map (

Figure 1), the concepts identified in the included evidence have been explored in a number of central themes and subthemes. The overarching theme is shown below in orange, central themes in green, sub-themes in light blue.

Figure 1: Theme map for qualitative component



Excluded studies

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

Summary of studies included in the evidence review

Summaries of the qualitative studies that were included in this review are presented in Table 2.

Table 2: Summary of included studies

Study and aim of the study	Participants	Methods	Themes
Blamires 2017 **Study design:** semi-structured interviews **Aim of the study:** To develop a richer understanding of the way in which the DoLS are being implemented for people with disabilities. **England**	Health and social care staff involved in DoLS cases: N=12. Participants included care managers (social workers, psychologists, nurses), and care home managers working with people with intellectual disabilities. Participants were based in London, the south-east of England and the north of England.	• Data collected via semi-structured interviews. • Data analysis conducted using grounded theory techniques (with double coding and analysis for a sample as well as participant feedback).	• Satisfaction with the intervention: ○ DoLS provide a clear framework. • Perceived appropriateness of responses to and management of safeguarding concerns: ○ knowledge, skills and expertise ○ the person's representative ○ interprofessional/ interagency collaboration. • Barriers and facilitators to responding to and managing safeguarding concerns: ○ assessment ○ the person's representative ○ interprofessional/ interagency collaboration.
Fyson and Kitson 2012 **Study design:** open-ended questions relating to cases **Aim of the study:** To explore the outcomes for alleged victims following safeguarding alerts, particularly in relation to the factors that affect whether or not an investigation is able to secure a 'definitive' outcome. **England**	Cases of alleged abuse resulting in a safeguarding assessment: N=42 (around half of which occurred in care homes). **Characteristics of cases:** Age of vulnerable adult: 20 to 99 years Gender (Male/Female/NR) – number: 19/22/1 Identified vulnerability of alleged victim: Dementia (n=16); Learning Disability (n=18); Mental health (n=4); Other (n=4). Nature of the alleged abuse: Financial (n= 8); Physical	• Data collected from 12 Adult Social Care and Health teams from 1 local authority in England. • Respondents were asked to complete a short pro forma detailing the 5 most recent safeguarding assessments undertaken by their team. • Because of the response rate the authors were not able to produce a detailed quantitative analysis although some indicative data was reported and complemented by detailed qualitative data.	• Satisfaction with intervention: ○ interprofessional/ interagency collaboration. • Perceived acceptability of responses to and management of safeguarding concerns: ○ knowledge, skills and expertise ○ broad representation at meetings. • Barriers and facilitators to responding to and managing safeguarding concerns: ○ interprofessional/ interagency collaboration ○ service user involvement.

Study and aim of the study	Participants	Methods	Themes
	(n=15); Sexual (n=3); Emotional/Psychological (n=1); Neglect (n=9); Medical (n=1); Multiple (n=5).		
Parley 2016 **Study design:** interviews **Aim of the study:** To explore care staff interpretations of the terms vulnerability and abuse within learning disability services. **UK**	Care staff working in services for people with learning disabilities in the statutory and independent care sectors: N=20.	• Data collected through interviews (no further details reported). • Data analysed thematically.	• Perceived acceptability of responses to and management of safeguarding concerns: o knowledge, skills and expertise.
Simic 2012 **Study design:** focus groups **Aim of the study** To "… evaluate key organisational processes in managing ''safeguarding'' in relation to the independent sector, the local authority delivery arm for care." **England**	Local authority staff in (independent sector domiciliary and residential providers) who had experience of safeguarding investigations in the previous year: N=10.	• Data reported in the study were collected via focus groups. • Data analysis methods not reported.	• Perceived appropriateness of responses to and management of safeguarding concerns: o meetings o imparting blame. • Barriers and facilitators to responding to and managing safeguarding concerns: o interprofessional/ interagency collaboration o service user involvement.
Whitelock 2009 **Study design:** survey and focus groups **Aim of the study:** To outline "… the extent of abuse and victimisation experienced by people with mental health problems … and	Individuals with experience of mental distress: N=94. Sample drawn from 2 Mind network groups (including a network group specific to people from a black and minority ethnic group), as well as participants recruited at local Mind associations.	• Data collected through 2 focus groups and a survey. • Data analysis methods not reported.	• Perceived acceptability of responses to and management of safeguarding concerns: o service user choice and control. • Barriers and facilitators to responding to and managing safeguarding concerns: o the person's representative.

Study and aim of the study	Participants	Methods	Themes
the consequent implications for a new, rights-based approach to adult safeguarding." **UK**			

DoLS: Deprivation of Liberty Safeguards

See the full evidence tables in appendix D. No quantitative 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, assessed using GRADE-CERQual, is presented according to the main theme:

Managing and responding to safeguarding concerns in care homes

- Satisfaction:
  - Interprofessional/interagency collaboration. The overall confidence in this sub-theme was judged to be very low.
  - DoLS provides a clear framework for responding to and managing safeguarding concerns. The overall confidence in this sub-theme was judged to be moderate.
- Perceived appropriateness:
  - Knowledge, skills and expertise. The overall confidence in this sub-theme was judged to be moderate.
  - The person's representative. The overall confidence in this sub-theme was also judged to be moderate.
  - Interprofessional/interagency collaboration. The overall confidence in this sub-theme was also judged to be moderate.
  - Inappropriate or unofficial meetings leading to mistrust. The overall confidence in this sub-theme was judged to be very low.
  - Imparting blame. The overall confidence in this sub-theme was also judged to be very low.
- Perceived acceptability of responses to and management of safeguarding concerns:
  - Knowledge, skills and expertise. The overall confidence in this sub-theme was judged to be low.
  - Broad representation at meetings. The overall confidence in this sub-theme was judged to be very low.
  - Service user choice and control. The overall confidence in this sub-theme was also judged to be very low.
- Barriers and facilitators to responding to and managing safeguarding concerns:
  - Assessment. The overall confidence in this sub-theme was judged to be moderate.
  - The importance of the person's representative. The overall confidence in this sub-theme was judged to be very low.
  - Interprofessional/inter-agency collaboration. The overall confidence in this sub-theme was judged to be low.
  - Service user involvement. The overall confidence in this sub-theme was judged to be very low.

Evidence from the qualitative studies is summarised in GRADE-CERQual tables. See the evidence profiles in appendix F.

Economic evidence

Included studies

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

Economic model

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

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

For the quantitative component of the review, anxiety or depression, healthcare contacts, reports of proven safeguarding cases, and response times were considered to be critical outcomes. Perceived safety, social care related quality of life, and satisfaction with the intervention were identified as important outcomes.

For the qualitative component of the review, the committee could not specify in advance the data that would be located. Instead they identified the following main themes to guide the review. However, not all the themes may be found in the literature and the list was not exhaustive so additional themes may have been identified:

- Satisfaction with the intervention.
- Perceived appropriateness of responses to and management of safeguarding concerns.
- Perceived acceptability of responses to and management of safeguarding concerns.
- Barriers and facilitators to responding to and managing safeguarding concerns.
- Satisfaction of people involved in safeguarding concerns, including carers.
- Participation in responses to and management of safeguarding concerns.

The qualitative component of the review provided data relating to the following 4 themes:

- Satisfaction with the intervention.
- Perceived appropriateness of responses to and management of safeguarding concerns.
- Perceived acceptability of responses to and management of safeguarding concerns.
- Barriers and facilitators to responding to and managing safeguarding concerns.

The quality of the evidence

No studies were identified that met the inclusion criteria for quantitative studies outlined in the review protocol.

Five studies were included in the qualitative component of the review. However, the evidence was limited in relation to the level of detail reported. Reported sub-themes included: assessment; service user involvement; service user choice and control; the persons' representative; deprivation of liberty safeguards (DoLS) provide a clear framework; knowledge, skills and expertise; imparting blame; meetings and broad representation at meetings; and interprofessional and interagency collaboration. No evidence was identified about people's satisfaction after involvement in safeguarding concerns or participation in responses to and management of safeguarding concerns. The committee therefore drew on their own expertise

and experience when discussing issues relevant to these themes and making recommendations.

The overall confidence in the evidence ranged from moderate to very low when assessed using GRADE-CERQual methodology. Confidence in the findings was generally downgraded because of methodological limitations, including, for example, providing limited detail on participant selection processes or data analysis methods. The findings were also downgraded on the basis of relevance as 1 study (Simic 2012) reported data for both care home and domiciliary care participants together, and the remaining studies were not exclusively relevant to care homes. However, the committee recognised that the themes identified in the study still applied to care home settings and they agreed the data from other settings could be extrapolated to inform the recommendations.

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

The committee acknowledged that, with the exception of 1 study (Whitelock 2009), which explored the experiences of abuse in the context of people with direct experience of mental distress, the remaining studies were based on the views and experiences of professionals who had experience of safeguarding investigations. In terms of population subgroups specified in the protocol, it was not possible to report findings separately as the studies did not provide this level of detail.

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

Synthesis of quantitative and qualitative data

Because this was a mixed-methods review, the committee would have expected to synthesise the quantitative and qualitative data during their discussion of the evidence, making judgements about the extent to which the combined findings could be used as a basis for recommendations. However, as no quantitative data were located, the committee relied on the body of qualitative data to inform discussions and make recommendations.

Benefits and harms

Policy and procedure

Care homes

Safeguarding policy and procedure

Recommendations based on data relating to deprivation of liberty safeguards provide a clear framework for responding to and managing safeguarding concerns

The committee acknowledged that the evidence (Blamires 2017) presented in relation to the process following a DoLS authorisation may not be relevant as DoLS are being superseded. However, the committee believed that it was a good opportunity to reflect on how safeguarding interacts with other legal requirements, not just the Care Act 2014. The overall confidence in the evidence was considered to be moderate, and the committee agreed that key messages from the evidence could be used to make recommendations highlighting the importance of having clear and transparent arrangements for identifying, responding to and

managing safeguarding concerns. The committee also drew on their own expertise and knowledge and were keen to emphasise that this should be the responsibility of the care home providers because they have a duty to ensure that care homes adhere to safeguarding processes and comply with legal requirements to ensure the safety of residents. Care home providers should also provide opportunities for the voice of the care home residents, and their families and carers to be heard by involving them in the design and review of safeguarding arrangements, and this was also reflected in the recommendations. Involving care home residents, their families and carers in designing and reviewing arrangements will ensure that the needs and preferences of care home residents are recognised and incorporated within the arrangements, which should in turn result in more effective responses to and management of concerns.

Having clear arrangements in place that outline what measures should be taken when a safeguarding concern arises should provide benefits by ensuring that everyone knows how to respond appropriately to a concern, who to inform and how to record it, and it is important that the procedures are fully consistent with statutory legislation. Greater clarity about how to proceed should in turn result in a positive outcome for the person at risk.

Based on their own knowledge and experience, the committee were aware of the disadvantages of not having clear arrangements in place and the harm that can result from this. For example, 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, or may result in staff feeling anxious and not knowing who to inform, with the right people not being informed. All of which are likely to result in the person at risk and other care home residents remaining at risk of harm. Such anxiety and lack of clarity should be alleviated through clear arrangements which outline where to seek support and advice. However, the committee were aware that clear arrangements will only be effective if there is a good understanding of their existence (that is, that the arrangements are accessible to everyone working in or visiting the care home) and their utility. The committee also agreed that it was important to state that these policies and procedures should align with those of the local Safeguarding Adults Boards and any local arrangements and agreed to include reference to these in their recommendations.

Overall, the committee considered that the anticipated benefits of clear arrangements that are accessible/visible to everyone working in or visiting the care home are likely to outweigh the potential harms. Without clear and transparent arrangements and a good understanding of the existence of such arrangements, care home staff, residents and visitors may not be clear on how to identify, respond to and manage safeguarding concerns. This in turn is likely to lead to harms in terms of negative effects on the health and wellbeing of care home staff and residents. Such harms could be avoided by providing an outline of good practice standards to be followed and ensuring the safety and protection of care home residents.

Recommendations based on data relating to interprofessional/ interagency collaboration

The committee acknowledged that evidence about interagency collaboration was conflicting and the overall confidence in the evidence was considered to be very low. The evidence indicated that joint working may be seen to provide a positive contribution to safeguarding assessments and was therefore highly valued. However, there were situations where either interprofessional collaboration had not been helpful or where failure to work together effectively had hindered safeguarding work. The committee acknowledged that the Care Act 2014 prompted new ways of working together, but to date, there is no research evidence to indicate that this has made a positive impact. As a result of the limited evidence, the committee also drew on their own expertise and experience to make recommendations to reflect the need to ensure that the safeguarding process is positive and protective.

The value placed on the skills and knowledge of professionals involved in safeguarding concerns was highlighted by the limited evidence presented to the committee. Collaborative working between health professionals and care homes was also paramount to secure a safe

environment for people for whom the safeguarding concerns have been raised. Based on the limited evidence, but drawing on their own knowledge and experience, the committee agreed to make recommendations stating that safeguarding is everybody's responsibility and therefore care home policy and procedure should be built on the principles of working collaboratively. The benefits of the recommendations include supporting collaborative working and the involvement of care home users and their families.

On the basis of the limited evidence, which was strengthened by discussions drawing on their own expertise, the committee recognised the challenges faced by care homes and other health and social care organisations in collaborative working. The committee were also aware that failure to collaborate effectively may have a negative or harmful impact and hinder safeguarding work.

The evidence also highlighted that there may be occasions where one health and social care organisation claims the right to preside over safeguarding enquiries, which, as highlighted by examples in the evidence, can lead to negative relationships and power conflicts. Each health and social care organisation has a responsibility and a role to play in safeguarding procedures, but these may be misunderstood within and across organisations if individuals and organisations do not understand what each other's roles and responsibilities are. Within a collaborative structure, if one health and social care organisation claims to preside over a safeguarding enquiry, other organisations may then relinquish their responsibilities or be excluded from the process of implementing procedures. Alternatively, health and social care organisations may not have the authority over others to ensure compliance with safeguarding procedures. Both situations, in turn, are likely to result in harms because of an oversight of abuse and/or neglect in care homes. Such conflicts and misunderstandings may be avoided through appointing the most appropriate person to lead the safeguarding enquiry at the start of the enquiry.

Overall, the committee considered that the anticipated benefits of emphasising that safeguarding is everyone's responsibility and care home policies should be based on the principles of working collaboratively are likely to outweigh the potential harms resulting from negative processes that hinder safeguarding work, including continued negative impact on care home residents' health and wellbeing due to continued harm.

Care home culture, learning and management

Multi-agency working and learning with other organisations

Recommendations based on data relating to interprofessional/ interagency collaboration

The committee further discussed the low quality evidence relating to interprofessional/ interagency collaboration, which suggested joint working makes a positive contribution to safeguarding assessments. The evidence suggested that the wide range of skills and knowledge of professionals involved in safeguarding increases competence and confidence in conducting the safeguarding process and ultimately results in positive outcomes for residents at risk. Based on the limited evidence but supplemented by their own expertise and knowledge, the committee therefore recommended that local health, social care and other organisations and practitioners working with care homes take a multi-agency approach to safeguarding, drawing on the wide range of skills and expertise to keep residents safe.

Overall, the committee considered that the anticipated benefits are likely to outweigh the potential harms; collaboration between care homes and health and social care organisations from a broad range of backgrounds and professionals with relevant skills and knowledge should ensure that positive contributions are made to the safeguarding process through the use of past knowledge and experience in managing different situations with skill, sensitivity and professionalism (that is, enabling effective work to be undertaken).

Working with the resident at risk during a safeguarding enquiry

Recommendations based on data relating to service user choice and control/ involvement

The evidence highlighted the importance of protecting people's rights to make decisions for themselves in the context of safeguarding concerns, even if others think they are at risk from abuse. Although the overall confidence in the evidence was considered to be very low, the committee agreed that this is a key theme and one that should be emphasised throughout the whole guideline. Using their own expertise and experience to strengthen the evidence they therefore recommended that the resident at risk be involved throughout the management of a safeguarding concern. The recommendation emphasises that, at the start of the safeguarding enquiry, the enquiry lead should ask the person at risk what they would like the enquiry to achieve, how they would like to be involved, and to have the opportunity to review and revise their desired outcomes throughout the process.

The limited evidence presented to the committee indicated that service user involvement in safeguarding processes may be compromised because of a failure by practitioners to see beyond the characteristics of service users, viewing their needs (for example, people with non-verbal communication) as a hindrance to the process, but failing to seek assistance from relevant practitioners, such as speech and language therapists, or by involving the resident's family or advocate. Based on the evidence and their own expertise, the committee acknowledged that in these circumstances people were not enabled to fully participate in the safeguarding process, and they agreed to make a recommendation to reflect the need to ensure people fully participate through making reasonable adjustments, for example, involving speech and language therapists. The committee recommended that reasonable adjustments should be made to enable people to fully participate in the safeguarding enquiry, in accordance with the Equality Act 2010. The committee also agreed that it is important that these processes are monitored to ensure that everyone involved in a safeguarding enquiry is compliant with Equality Act requirements and providing residents with appropriate support and care throughout the safeguarding enquiry. This was reflected in their recommendation designed to ensure that Safeguarding Adults Boards should ensure that local authorities have auditing processes in place to monitor how residents and their advocates are included in the safeguarding enquiry.

Based on the limited evidence and their own expertise, the committee agreed that safeguarding should focus on the personal outcomes that the person at risk would like to achieve. This should be an ongoing process to enable them to revise those outcomes and also provide information and feedback to individuals and health and social care organisations to enable them to measure how effective the safeguarding process has been and how outcomes can be improved. Engaging the person at risk and their family or an advocate if necessary, will enhance their involvement, choice and control which in turn should greatly benefit them in terms of improving their quality of life, well-being and safety.

Linked to these discussions, the committee agreed to draft a consensus based recommendation which emphasises that any actions taken should be guided by the wishes and feelings of the resident and should take into consideration issues of mental capacity and the principles of Making Safeguarding Personal.

The committee were also mindful of the fact that there may be safeguarding incidents in which the resident at risk may not want further action to be taken. They drafted a consensus based recommendation which acknowledged this but made clear that a referral must still be made if there is a perceived risk to other care home residents, even in cases where the resident does not want this to happen.

Overall, the committee agreed that the potential benefits should far outweigh the disadvantages, because clear procedures and effective communication with the person at risk is likely to result in improved safeguarding outcomes.

Working with advocates

Recommendations based on data relating to the role of advocates

The strength of the evidence presented to the committee was considered to be very low, but the data indicated that the involvement of advocates in the process of responding to safeguarding concerns was limited, and this had a negative impact on the contribution made by advocates to the safeguarding process. The committee made recommendations to reflect the need to involve the care home resident (or advocate if they have one) throughout the safeguarding process (unless their exclusion is justified, for example, because of data protection requirements), and for individuals and organisations to understand their obligations and also understand the role of representatives or advocates. These recommendations were prompted by the limited evidence and the committee's expertise and knowledge around the of considering the support needs of individuals at the centre of the safeguarding concern, including, for example, that they may have a legal right to appoint an informal or independent advocate if they wish to do so (in accordance with the Care Act 2014 or Mental Capacity Act 2005). This was reflected in their recommendations which also highlighted that care homes should tell residents how advocates can help them with safeguarding enquiries. They also made a recommendation to ensure that Safeguarding Adults Boards monitor whether care homes are telling residents about advocacy and the criteria for accessing this and the involvement of advocates in the management of safeguarding concerns. This should ensure that care homes are complying with requirements and providing residents at risk with the support and help they need to enhance their safety and well-being.

The limited evidence also highlighted the difficulties that can sometimes arise in relationships between staff involved with a safeguarding enquiry and the individual's representative. The committee noted that their own knowledge and experience, aligned with this, agreeing that some practitioners can sometimes misunderstand the role of an advocate and that this a lack of understanding about the role of advocates, and that this can result in a lack of acceptance. The committee agreed that it is important to be clear that the independent advocate is the only stakeholder involved who acts solely according to instruction from the resident. The committee therefore agreed to make a recommendation stating that all of those involved in safeguarding adults in care homes should be clear about this role of a formally appointed advocate.

The committee were also keen to emphasise the need for practitioners involved in managing safeguarding concerns to build effective working relationships with advocates and other people supporting the resident. Family members, advocates and other people supporting the care home resident can play an important role in protecting the rights of the residents by focussing on the best interests of the resident. Promoting positive relationships is likely to improve the effectiveness of safeguarding processes, by ensuring that the preferences of the resident are guide the decision making process, which in turn is likely to lead to improved outcomes for the resident.

On balance, the committee considered that the anticipated benefits in promoting the role which advocates, family members and others supporting the resident in the decision making process are likely to outweigh the potential harms. Highlighting the role of representatives or advocates and the importance of positive and effective relationships between everyone involved is likely to ensure that the rights of the person at risk are central and that the outcomes most relevant to them are achieved.

Meetings during a safeguarding enquiry

Recommendations based on data relating to inappropriate or unofficial meetings

The committee discussed evidence relating to care providers' perceptions that 'secret pre-meetings' sometimes take place within local authorities as part of the management of safeguarding concerns. The research findings suggested that care providers felt excluded from the process as a result, and could lead to resentment towards the local authority and its staff. The overall confidence in the evidence was considered to be very low and the committee therefore supplemented their discussions using their own knowledge and expertise. The committee agreed that, in fact, there may be occasions when it is inappropriate and sometimes unnecessary for individuals or health and social care organisations to be present at safeguarding meetings, for example, the provider is seriously implicated in the allegations of abuse or neglect. The committee therefore made recommendations to reflect that if the care home manager and the care home provider safeguarding lead are not at a safeguarding meeting, the chair must provide them with a reason for this and inform them of the outcome of the meeting. These issues were also addressed in evidence review G: Multi-agency working at the operational level in the context of safeguarding. Providing reasons for excluding an individual or organisation from any meetings is likely to provide benefits such as alleviating any tension between different individuals or organisations and reduce any perceived bias or judgment.

Safeguarding meetings are opportunities for different health and social care organisations to, for example, share information, discuss the needs of the adult at risk and how they can be kept safe. In addition, they are opportunities to discuss the outcomes the person at risk would like to achieve. Based on their own knowledge and experience, the committee recognised that some outcomes and wishes expressed by the person at risk may not be possible to achieve, in which case discussions should take place to find alternative ways to establish what the next best option might be. As a result of their discussions, the committee made recommendations to ensure that the chair of safeguarding meetings takes particular care in clearly explaining the outcome of the meeting to the resident at risk, if the outcome is not what they were expecting.

Based on their expertise and experience, the committee also agreed that safeguarding meetings provide opportunities to make decisions as to what follow-up action is needed with regard to the person or organisation responsible for the alleged abuse or neglect. In order to achieve successful responses and outcomes to a safeguarding concern, everyone involved in the safeguarding enquiry should be made aware of any decisions agreed upon and any part they have in contributing to this success. For example, if care home managers or safeguarding leads are excluded from meetings then they may not realise what action is needed in terms of dealing with the alleged abuser and keeping residents safe. The committee therefore made recommendations to ensure that minutes of meetings specify who should carry out each action, and when actions should be done by. In addition, the committee recommended that the chair of the safeguarding meeting should ensure that all agreed actions are completed and everyone involved in the enquiry is informed of this.

On balance, the committee agreed that the potential benefits far outweigh the disadvantages of such approaches; ensuring that everyone involved in a safeguarding enquiry (even if they are excluded from a safeguarding meeting) is aware of decisions agreed upon and any actions to be taken is likely to alleviate any tension between different individuals or organisations and reduce any perceived bias or judgment.

Evidence not used to make recommendations

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

Assessment

The committee agreed that the evidence presented in relation to the benefits and concerns associated with assessment and authorisation of DoLS applications was too specific to DoLS and therefore not relevant to current practice.

Knowledge, skills and expertise

The committee agreed that evidence relating to baseline skills and knowledge around safeguarding, and the need for ongoing training in order to enable effective safeguarding work had been addressed by recommendations made by evidence reviews H: The effectiveness and acceptability of safeguarding training and I: Embedding organisational learning about safeguarding.

Imparting blame

The evidence presented to the committee suggested that the process of managing safeguarding concerns can become 'quasi-judicial', with little clarity around the rules or whether they are being observed. The committee agreed that a blame culture is perpetuated within the safeguarding context and that lessons should be learned from the process rather than imparting blame, but they agreed that this had been addressed by other recommendations.

Broad representation at meetings

Evidence highlighted the benefits of large safeguarding meetings (that is the range of professionals present in the meeting) in terms of opportunities to discuss complex cases and result in definitive outcomes. The committee agreed that this is an important aspect of conducting comprehensive enquiries but they agreed that it had been addressed by other recommendations.

Cost-effectiveness and resource use

This review did not find comparative evidence and therefore a formal assessment of cost effectiveness of the recommendations arising from this review was not possible. Many of the recommendations arising from this review relate to having arrangements in place to respond to and manage safeguarding in care homes. Whilst there may be some costs associated with formulating such arrangements the committee considered they would not be significant and would not represent a departure from good current practice. The committee considered that these arrangements were likely to be cost effective given the beneficial impact of creating a safe environment for those in care homes.

Other factors the committee took into account

The committee were mindful of the Making Safeguarding Personal framework, which supports practice, recording and reporting in relation to safeguarding concerns in order to positively impact on outcomes for people and accountability for those outcomes. The committee noted the relevance of this framework in relation to recommendations which relate to the inclusion of the care home resident or their appointed representative (including family members) or advocates throughout the safeguarding process, ensuring they are listened to, and providing them with the opportunity to review and revise their desired outcomes.

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 reasonable adjustments (such as speech and language therapists and advocates) when making the recommendations. The committee were also aware that safeguarding adults involves a wider range of individuals and organisations (including the care homes and care home providers, individual health and social care practitioners who work with care home residents, and also local authorities and commissioners). The committee were also aware of the need to consider the inequalities that exist between different agencies to ensure fairness and least impact on resources. For example, different care homes will have varying levels of staffing and finances.

No quantitative evidence was identified for this review question. The committee therefore agreed to prioritise this area for future research. Aware that the Care Act 2014 places a statutory duty on local authorities to make safeguarding enquiries, or request that others (namely, care homes) do so, the committee wanted to try and ascertain which of these two approaches represents a more effective and cost-effective approach. This is so that in future, the decision about whether the local authority should conduct the enquiry or request that others do so is based on evidence about which option will have the most positive outcome and represent best value.

References

Quantitative component of the review

No studies were identified which fulfilled the protocol for this component of the review.

Qualitative component of the review

Blamires 2017

Blamires, K., Forrester-Jones. R. and 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(4), 714-726, 2017

Fyson 2012

Fyson, R. and Kitson, D., Outcomes following adult safeguarding alerts: a critical analysis of key factors. Journal of Adult Protection 14(2), 93-103, 2012

Parley 2011

Parley, F., Could planning for safety be a realistic alternative to risk management for those deemed vulnerable? Journal of Adult Protection 13(1), 6-18, 2011

Simic 2012

Simic, P., Newton, S., Wareing, D., 'Everybody's Business' - engaging the independent sector. An action research project in Lancashire. Journal of Adult Protection 14(1), 22-34, 2012

Whitelock 2009

Whitelock, A., Safeguarding in mental health: towards a rights-based approach. Journal of Adult Protection 11(4), 30-42, 2009

Appendices

Appendix A – Review protocols

Review protocol for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**
- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

Table 3: Review protocol

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	CRD42019160537
1.	Review title	Responding and managing safeguarding concerns in care homes.
2.	Review question	What approaches are effective in responding to and managing safeguarding concerns? What is the acceptability of approaches for responding to and managing safeguarding concerns?
3.	Objective	• To determine the effectiveness of different tools or ways of working for responding to and managing a safeguarding concern in care homes. • To understand people's views and lived experiences in relation to different methods for managing and responding to safeguarding concerns in care homes.
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

ID	Field (based on PRISMA-P)	Content
		• ASSIA • IBSS • Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts. Searches will be restricted by: • date – published from 2008 onwards (see rationale under Section 10) • English language • human studies. 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.
5.	Condition or domain being studied	Safeguarding responses 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. • Practitioners in local authorities and local health organisations. • Members of Safeguarding Adults Boards. Exclusion: The scope of the guideline is safeguarding adults in care homes. Therefore, people

ID	Field (based on PRISMA-P)	Content
		under 18 years of age who are accessing support in care homes are excluded.
7.	Eligibility criteria – intervention(s)/exposure(s)/prognostic factor(s)	For both the quantitative and qualitative components of the review; structured approaches designed to manage and respond to safeguarding concerns. The review will focus on both the initial response to the safeguarding concern and any subsequent investigation that takes place (excluding criminal investigations). Part a is an intervention review covering the following: Intervention 1 • Working with the individual (for example, through advocacy or a structured emotional support programme), Intervention 2 • Care home policy and procedures for responding to and managing safeguarding concerns. Intervention 3 • Local authority and multi-agency policies and procedures for responding to and managing safeguarding alerts (for example, commissioning a health partner to conduct an investigation). Studies of interventions which combine elements of 2 of the above or more will not be excluded.
8.	Eligibility criteria – comparator(s)/control or reference (gold) standard	Part a is an intervention review covering the following comparisons: Comparison 1 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 1 compared against each other. Comparison 2

ID	Field (based on PRISMA-P)	Content
		• Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 2 compared against each other. Comparison 3 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 3 compared against each other. Interclass comparisons will not be made because the different interventions are, in practice, not mutually exclusive. The guideline committee is therefore not seeking evidence about the relative effectiveness of 1 or other intervention. Instead they are seeking evidence about the relative effectiveness of different types of each intervention.

9.	Types of study to be included	Part a is an intervention review and the following study designs will be included:
		
		• Experimental studies (where the investigator assigned intervention or control) including:
		  ○ Randomised controlled trials.
		  ○ Non-randomised controlled trials (for example, case control, case series [uncontrolled longitudinal study]).
		  ○ Before and after study or interrupted time series.
		
		• Observational studies (where neither control nor intervention were assigned by the investigator) including:
		  ○ Prospective cohort studies.
		  ○ Retrospective cohort studies.
		  ○ Cross-sectional study.
		  ○ Review on associations.
		  ○ Before and after study or interrupted time series.

ID	Field (based on PRISMA-P)	Content
		• Systematic reviews of studies using the above designs. Part b is a qualitative review and the following study designs will be included: • Systematic reviews of qualitative studies. • Studies reporting semi-structured and structured interviews, focus groups, observations. • Surveys using open ended questions and a qualitative analysis of responses including, Carers UK Survey, Health and Digital Behaviours Survey 2017 (Teva Pharmaceutical Industries), and Think Local Act Personal (TLAP) Care Act 2014 survey, and surveys conducted by Action on Elder Abuse and Age UK. The following study designs will be excluded from 3.2b: • Purely quantitative studies (including surveys reporting only quantitative data).
10.	Other exclusion criteria	Inclusion: • Published full-text papers. • Only studies conducted in the UK will be included. If insufficient* UK based studies are available for any of the interventions then studies from the following high income (according to the World Bank) countries, will be considered: Europe, including the Republic of Ireland, Australia and Canada. • Studies conducted in care homes or congregate care settings. *For part a (quantitative component) this means at least 5 studies with a sample size of 50 or more. *For part b (qualitative component) this means a total of at least 10 studies providing rich data and which cover all the populations of interest. Exclusion: • Articles published before 2008. The GC relate the cut off year to the significant practice changes occurring when the Mental Capacity Act was implemented. • Studies conducted in acute hospital settings. • Papers that do not include methodological details will be excluded as they do not provide

ID	Field (based on PRISMA-P)	Content
		sufficient information to evaluate risk of bias/quality of study. • Conference abstracts • Non-English language articles.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	Part a is an intervention review using the following primary outcomes: **Critical outcomes** • Anxiety or depression (MID: statistically significant difference). • Healthcare contacts (for example, accident and emergency, hospital admissions) (MID: statistically significant difference) related to suspected safeguarding concerns. • Reports of proven safeguarding cases (MID: statistically significant difference). • Response times (from the point a safeguarding concern is raised to the first response) (MID: statistically significant difference). The interpretation of data on 'healthcare contacts' and 'reports of proven safeguarding cases' will be informed by the research objectives and scale direction reported by the individual studies. **Important outcomes** • Perceived safety, using a validated, subjective measure. • Social care related quality of life, for example, measured using ASCOT for care homes. • Satisfaction with the intervention (of those affected by the safeguarding concern), using a validated satisfaction tool. Part b is a qualitative review, from which themes will be identified from the literature. The committee identified the following potential themes (however, not all of these themes may be found in the literature, and additional themes may be identified): • Satisfaction with the intervention.

ID	Field (based on PRISMA-P)	Content
		• Perceived appropriateness of responses to and management of safeguarding concerns. • Perceived acceptability of responses to and management of safeguarding concerns. • Barriers and facilitators to responding to and managing safeguarding concerns. • Satisfaction of people involved in safeguarding concerns, including carers. • Participation in responses to and management of safeguarding concerns. Results of the qualitative evidence synthesis will be determined by thematic analysis and the use, if appropriate, of thematic maps. The quantitative and qualitative data will be presented together as the overall result of this mixed methods review. Where they allow, data will be grouped around the protocol interventions.
13.		Part a is an intervention review, using the following secondary outcomes: • Perceived safety, using a validated, subjective measure (MID: statistically significant difference). • Social care related quality of life, for example, measured using ASCOT for care homes (MID: statistically significant difference). • Satisfaction with the intervention (of those affected by the safeguarding concern), using a validated satisfaction tool (MID: statistically significant difference).
14.	Data extraction (selection and coding)	Screening on title and abstract and full text will be conducted by the systematic reviewer using the criteria outlined above. Because this question was prioritised for health economic analysis formal dual weeding (title and abstract) of 10% of items will be undertaken. Any discrepancies will be resolved through discussion between the first and second reviewers or by reference to a third person, for example topic advisor or senior systematic reviewer. The systematic reviewer will also carry out data extraction, which will be recorded on a standardised form (see Developing NICE guidelines: the manual 2019 section 6.4). NGA STAR software will be used for study sifting, data extraction, recording quality assessment using checklists and generating bibliographies/citations.

ID	Field (based on PRISMA-P)	Content
		Overall quality control will be done by the senior systematic reviewer.
15.	Risk of bias (quality assessment)	The methodological quality of each study will be assessed using a preferred checklist. For full details please see appendix H of Developing NICE guidelines: the manual 2019.
16.	Strategy for data synthesis	**Part a** If pairwise meta-analyses are undertaken, they will be done using Cochrane Review Manager (RevMan). GRADE will be used to assess the quality of evidence for each outcome. **Part b** The risk of bias across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) Confidence in the Evidence from Reviews of Qualitative Research' developed by the international GRADE working group https://www.cerqual.org Where data allow, the quantitative and qualitative evidence will be integrated for presentation to the committee. The aim will be to provide a synthesis of data about what works for responding to and managing safeguarding concerns and what is and is not acceptable about those approaches. The committee will complete the synthesis of these mixed data through their discussions of the evidence. Their interpretation of the relationship between the quantitative and qualitative data is described in the committee discussion of the evidence. For a full description of methods see supplementary material A.
17.	Analysis of sub-groups	**Part a** Subgroup analysis will be conducted wherever possible if the issue of heterogeneity appears relevant, for example in relation to: • Care setting for example, nursing home, residential care, learning disability service. • Different groups of service users for example, people with and without a dementia diagnosis, different age groups, people with severe physical disabilities. **Part b**

<table>
<tr><th>ID</th><th>Field (based on PRISMA-P)</th><th>Content</th></tr>
<tr><td></td><td></td><td>As this is a qualitative review sub group analysis is not possible however, the review will include information regarding differences in views held between certain groups or in certain settings wherever possible (that is, if information in relation to this are reported by the included studies themselves).</td></tr>
<tr><td>18.</td><td>Type and method of review</td><td>Mixed, quantitative (intervention) and qualitative.</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>March 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 this submission</td><td>
<table>
<tr><th>Review stage</th><th>Started</th><th>Completed</th></tr>
<tr><td>Preliminary searches</td><td>☑</td><td>☑</td></tr>
<tr><td>Piloting of the study selection process</td><td>☑</td><td>☑</td></tr>
<tr><td>Formal screening of search results against eligibility criteria</td><td>☑</td><td>☑</td></tr>
<tr><td>Data extraction</td><td>☑</td><td>☑</td></tr>
</table>
</td></tr>
</table>

ID	Field (based on PRISMA-P)	Content
		Risk of bias (quality) assessment ☑ ☑ Data analysis ☑ ☑
24.	Named contact	**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
25.	Review team members	From the National Guideline Alliance: • Jennifer Francis [Technical lead] • Ted Barker [Technical analyst] • Fiona Whiter [Technical analyst] • Ifigeneia Mavranezouli [Health economist] • Elise Hasler [Information scientist]
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development

ID	Field (based on PRISMA-P)	Content
		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 2019. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10107
29.	Other registration details	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019160537
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • Notifying registered stakeholders of publication. • Publicising the guideline through NICE's newsletter and alerts. • Issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Safeguarding in care homes, abuse and neglect in care homes.
33.	Details of existing review of same topic by same authors	Not applicable.
34.	Current review status	☐ Ongoing ☒ Completed but not published ☐ Completed and published ☐ Completed, published and being updated ☐ Discontinued
35.	Additional information	N/A
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 Effect; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HTA: Health Technology Assessment; 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

Appendix B – Literature search strategies

Literature search strategies for review questions D:

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

- **What approaches are effective in responding to and a managing safeguarding concern?**

- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

Database(s): Medline & Embase (Multifile)
Last searched on **Embase Classic+Embase** 1947 to 2019 November 27, **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to November 27, 2019
Date of last search: 3rd December 2019
Multifile database codes: emczd = Embase Classic+Embase; ppez= MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily

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

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

#	Searches
	tem$)).tw.
101	(report$ adj3 (abus$ or neglect$ or self-neglect$ or mistreat$ or safeguard$)).tw.
102	((mandat$ or compulsory or voluntary) adj3 report$).tw.
103	91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102
104	(Patient Advocacy/ or Consumer Advocacy/) use ppez
105	(patient advocacy/ or consumer advocacy/) use emczd
106	(advoca$ adj10 (abus$ or neglect$ or self-neglect$ or safeguard$)).tw.
107	(advoca$ adj5 (partnership$ or famil$ or relative$ or friend$ or volunteer$ or caregiver$ or nurs$ or social worker$ or staff$ or resident$)).tw.
108	(advoca$ adj (group$ or role$ or support$ or organi?ation$ or service$ or program$ or scheme$ or team$ or skill$)).tw.
109	(independen$ adj advoca$).tw.
110	ombudsm?n$.tw.
111	104 or 105 or 106 or 107 or 108 or 109 or 110
112	((case or care or consensus$ or family or group$ or protect$) adj conference$).tw.
113	((multiagenc$ or multi-agenc$ or multi agenc$ or multidisciplin$ or multi-discplin$ or multi disciplin$) adj2 conference$).tw.
114	(secondary data analys$ or secondary analys$).mp.
115	((respond$ or describ$ or manag$ or identif$ or report$ or document$ or prevent$ or evaluat$ or understand$ or recogni$ or awareness or action) adj4 incident$).tw.
116	((recog$ or respond$ or manag$) adj3 (abus$ or neglect$ or self-neglect$ or mistreat$ or safeguard$)).tw.
117	112 or 113 or 114 or 115 or 116
118	(recogni$ or report$ or respond$ or manag$ or advoca$ or supervision$ or threshold$ or documentation$ or investigat$ or inquiry or inquiries or policy or policies or procedure$ or process$ or anonym$ or confidential$).tw.
119	70 or 81 or 90 or 103 or 111 or 117
120	65 and 119
121	59 or 64
122	118 and 121
123	120 or 122
124	limit 123 to yr="2008 -Current"
125	limit 124 to english language. General exclusions filter applied.

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

#	Searches
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$)).ti,ab.
46	*mental capacity/
47	((mental or cogniti$ 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

#	Searches
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$).mp.
111	26 and 106 and 110
112	((barrier$ 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: 3rd December 2019

#	Searches
#1	MeSH descriptor: [Long-Term Care] this term only
#2	(((long term* or long-term*) NEXT care)):ti,ab,kw
#3	MeSH descriptor: [Respite Care] this term only
#4	((respite* NEXT care)):ti,ab,kw
#5	MeSH descriptor: [Institutional Practice] this term only
#6	MeSH descriptor: [Nursing Homes] explode all trees
#7	MeSH descriptor: [Group Homes] this term only
#8	MeSH descriptor: [Residential Facilities] explode all trees
#9	MeSH descriptor: [Homes for the Aged] this term only
#10	((nursing NEXT home*)):ti,ab,kw
#11	((care NEXT home*)):ti,ab,kw
#12	(((elderly or old age) NEAR/2 home*)):ti,ab,kw
#13	(((nursing or residential) NEXT (home* or facilit*))):ti,ab,kw
#14	((“home* for the aged” or “home* for the elderly” or “home* for older adult*”)):ti,ab,kw
#15	(residential aged care):ti,ab,kw
#16	(("frail elderly" NEAR/2 (facilit* or home or homes))):ti,ab,kw
#17	((residential NEXT (care or facilit* or institution* or setting* or service* or provider*))):ti,ab,kw
#18	(((long-term or long term) NEAR/2 (facility or facilities))):ti,ab,kw
#19	((mental health NEXT (facilit* or institution* or setting* or service*))):ti,ab,kw
#20	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
#21	MeSH descriptor: [Physical Abuse] this term only
#22	MeSH descriptor: [Restraint, Physical] this term only
#23	MeSH descriptor: [Violence] this term only
#24	MeSH descriptor: [Sex Offenses] this term only
#25	MeSH descriptor: [Rape] this term only
#26	MeSH descriptor: [Domestic Violence] this term only
#27	MeSH descriptor: [Spouse Abuse] this term only
#28	MeSH descriptor: [Intimate Partner Violence] this term only
#29	MeSH descriptor: [Human Rights Abuses] explode all trees
#30	(((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv*) NEAR/1 abus*)):ti,ab,kw

#	Searches
#31	((domestic* NEXT violen*)):ti,ab,kw
#32	((modern* NEAR/3 slave*)):ti,ab,kw
#33	((neglect or self-neglect or self neglect)):ti,ab,kw
#34	(((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) NEXT (injur* or trauma*))):ti,ab,kw
#35	((safeguard* or safe-guard* or safe guard*)):ti,ab,kw
#36	#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
#37	MeSH descriptor: [Elder Abuse] this term only
#38	(((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR/3 (abus* or mistreat* or neglect* or self-neglect*))):ti,ab,kw
#39	#37 OR #38
#40	(("adult* social* care*" or "adult* protective* service*" or "elder* protective* service*")):ti,ab,kw
#41	((adult$ NEAR/3 (safeguard$ or safe-guard$ or safe guard$ or protection$))):ti,ab,kw
#42	(((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) NEAR/3 protect*)):ti,ab,kw
#43	#40 OR #41 OR #42
#44	((((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR/5 (dementia* or alzheimer* or “learning dis-ab*” or “learning impair*” or “learning disorder*” or “intellectual disab*” or “intellectual impair*” or “mentally ill” or “mentally disabl*” or “disabl* adult*” or “disabl* people*” or “disabl* person*” or “disabl* population*”))):ti,ab,kw
#45	#20 AND #36
#46	#39 OR #43 OR #44 OR #45
#47	MeSH descriptor: [Confidentiality] this term only
#48	((anonym* NEAR/3 (study or studies or survey* or questionnaire* or interview* or form or report* or submit* or submission*))):ti,ab,kw
#49	((confidential* or anonymity)):ti,ab,kw
#50	MeSH descriptor: [Documentation] this term only
#51	MeSH descriptor: [Decision Support Systems, Clinical] this term only
#52	(((detect* or identif* or screen*) NEAR/2 (tool* or scale* or instrument* or benchmark*))):ti,ab,kw
#53	(((incident* or complaint*) NEXT (report* or track* or log or system))):ti,ab,kw
#54	((threshold* and (concern* or investigat* or prevent* or protect*))):ti,ab,kw
#55	((threshold* NEXT (tool* or framework* or guid* or score*))):ti,ab,kw
#56	((checklist* NEAR/5 risk*)):ti,ab,kw
#57	MeSH descriptor: [Organization and Administration] this term only
#58	(((clinical* or professional*) NEXT supervision*)):ti,ab,kw
#59	((supervision* NEAR/4 (staff* or work* or peer or training or education or handling or risk* or right*))):ti,ab,kw
#60	((supervision* and training)):ti,ab,kw
#61	((supervision* NEXT (program* or session*))):ti,ab,kw
#62	((teamcoach* or team-coach* or “team coach*” or teamlearn* or team-learn* or “team learn*”)):ti,ab,kw
#63	((team* NEAR/5 intervention*)):ti,ab,kw
#64	MeSH descriptor: [Organizational Policy] this term only
#65	MeSH descriptor: [Organizational Culture] this term only
#66	(((policy* or policies*) NEAR/2 procedure*)):ti,ab,kw
#67	MeSH descriptor: [Mandatory Reporting] this term only
#68	((report* NEXT (protocol* or procedur* or policy or policies or process* or guideline* or law* or requirement* or system*))):ti,ab,kw
#69	((report* NEAR/3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*))):ti,ab,kw
#70	(((mandat* or compulsory or voluntary) NEAR/3 report*)):ti,ab,kw
#71	MeSH descriptor: [Patient Advocacy] this term only
#72	MeSH descriptor: [Consumer Advocacy] this term only
#73	((advoca* NEAR/10 (abus* or neglect* or self-neglect* or safeguard*))):ti,ab,kw
#74	((advoca* NEAR/5 (partnership* or famil* or relative* or friend* or volunteer* or caregiver* or nurs* or social work-er* or staff* or resident*))):ti,ab,kw
#75	((advoca* NEXT (group* or role* or support* or organi?ation* or service* or program* or scheme* or team* or skill*))):ti,ab,kw
#76	((independen* NEXT advoca*)):ti,ab,kw
#77	(ombudsman* or ombudsmen*):ti,ab,kw
#78	(((case or care or consensus* or family or group* or protect*) NEXT conference*)):ti,ab,kw
#79	(((multiagenc* or multi-agenc* or “multi agenc*” or multidisciplin* or multi-discplin* or “multi disciplin*”) NEAR/2 conference*)):ti,ab,kw
#80	((“secondary data analys*” or “secondary analys*”)):ti,ab,kw
#81	(((respond* or describ* or manag* or identif* or report* or document* or prevent* or evaluat* or understand* or recogni* or awareness or action) NEAR/4 incident*)):ti,ab,kw
#82	(((recog* or respond* or manag*) NEAR/3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*))):ti,ab,kw
#83	#47 OR #48 OR #49 OR #50 OR #51 OR #52 OR #53 OR #54 OR #55 OR #56 #57 OR #58 OR #59 OR #60 OR #61 OR #62 OR #63 OR #64 OR #65 OR #66 OR #67 OR #68 OR #69 OR #70 OR #71 OR #72 OR #73 OR #74 OR #75 OR #76 OR #77 OR #78 OR #79 OR #80 OR #81 OR #82
#84	#46 AND #83 Publication Year from 2008 to current

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
#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

#	Searches
#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: 3rd December 2019

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

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

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

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
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*))

#	Searches
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 November Week 4 2019
Date of last search: 3rd December 2019

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

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

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.

#	Searches
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 interven-tion$ 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: 3rd December 2019 & 4th December 2019 respectively

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.

#	Searches
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$)).mp.
58	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj3 (abus$ or mistreat$ or neglect$ or self-neglect$)).tw.
59	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
60	(adult$ adj3 (safeguard$ or safe-guard$ or safe guard$ or protection$)).mp.
61	((vulnerable$ adult$ or vulnerable people$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj3 protect$).mp.
62	((abuse$ or neglect$ or self-neglect$ or violen$ or safeguard$) adj5 (dementia$ or alzheimer$ or learning disab$ or learning impair$ or learning disorder$ or intellectual disab$ or intellectual impair$ or mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$ or disabl$ adult$ or disabl$ people$ or disabl$ person$ or disabl$ popula-tion$)).tw.
63	(family adj violence$).tw,kw.
64	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63

#	Searches
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.
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.

#	Searches
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*)))
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 safeguard* or mistreat* or protect* or harm*)):TI
47	#20 AND #36
48	#20 AND #46

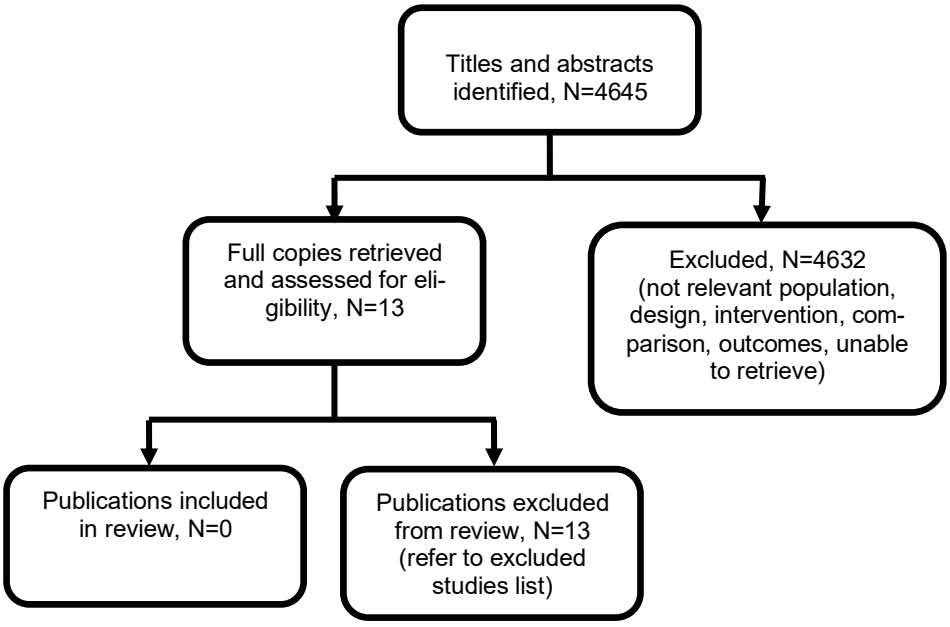
Line	Search
49	#36 AND #45
50	#44 OR #47 OR #48 OR #49
51	* IN NHSEED, HTA
52	#50 AND #51
53	((care-related quality of life)) IN NHSEED, HTA
54	(((((capability* or capability-based*) NEAR1 (measure* or index or instrument*)))) IN NHSEED, HTA
55	((social care outcome*)) IN NHSEED, HTA
56	((social care NEAR (utility or utilities))) IN NHSEED, HTA
57	#52 OR #53 OR #54 OR #55 OR #56

Appendix C – Evidence study selection

Study selection for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**
- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

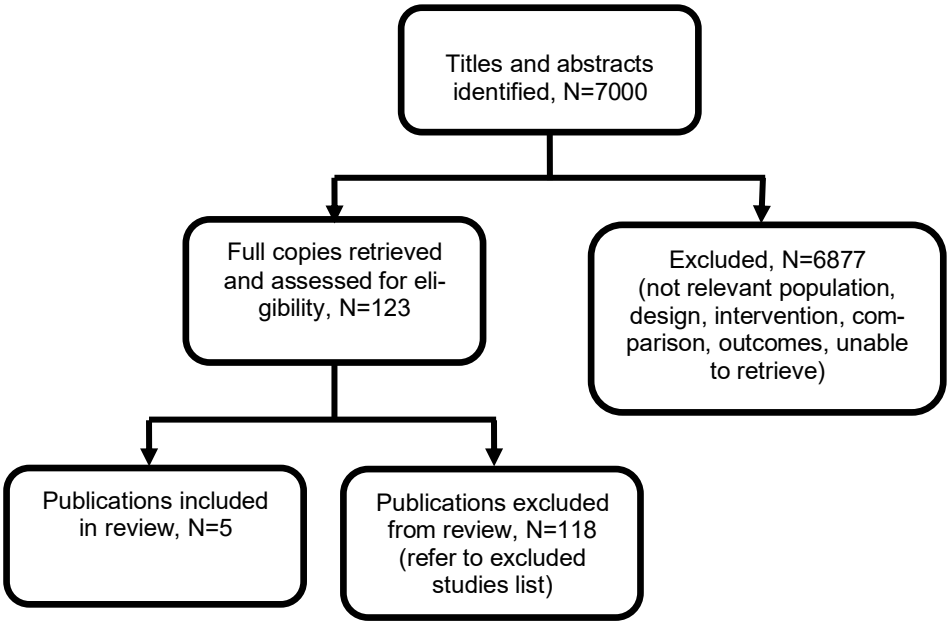
Figure 2: Study selection flow chart – quantitative component of review



Study selection for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**
- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

Figure 3: Study selection flow chart – qualitative component of review



Appendix D – Evidence tables

- **Evidence tables for review questions D: What approaches are effective in responding to and managing a safeguarding concern?**

- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

No evidence was identified which was applicable to this part of the review question.

Evidence tables for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**
- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

Table 4: Evidence tables for qualitative studies

Study details	Participants	Methods	Findings	Limitations
Full citation Blamires, K., Forrester-Jones, R., and 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(4), 714-726, 2017 **Ref Id** 979686 **Aim of the study** To develop a richer understanding of the way in which the deprivation of liberty safeguards (DoLS) were being implemented for people with intellectual disabilities. **Country/ies where study carried out** England.	**Sample size** N=12 **Characteristics** Sex (male/female) – number: 3/9 Age range (years): 36 to 60 Professionals: Care home manager (n=4); Social worker (n= 4); Support worker (n=1); Specialist practitioner - Nurse background (n=1); Psychologist (n=2) Professionals were involved in care planning, or providing direct support for the service user concerned, rather than being best interests assessors or DoLS leads. DoLS applications were made for absconding, physi-	**Setting** Geographical setting: 2 London boroughs, 1 county in south-east England and 1 county in the north of England. **Sample selection** Deprivation of liberty safeguards (DoLS) leads in 4 London boroughs and 2 counties in south-east England, and service provider organizations and advocacy groups across England and Wales, were approached to participate in the study. These 12 health and social care staff were involved in 6 DoLS cases, with 2 people involved in each case. **Data collection** A semi-structured interview	The authors reported data about the following themes and sub-themes: • Satisfaction with the intervention: ○ DoLS provide a clear framework in the safeguarding process (including valued professional input and resources), for example: "… with the DoL there might be safeguarding resources going her way . . ., because you are under that kind of framework and the local authority works really hard to ensure that you've got . . . good practice around it because it's very transparent." (Specialist practitioner, nursing background) (p. 722) • Perceived appropriateness of responses to and	**Limitations (assessed using the CASP checklist for qualitative studies)** **Was there a clear statement of the aims of the research?** Yes **Was a qualitative methodology appropriate?** Yes **Was the research design appropriate to address the aims of the research?** Yes. The authors used semi-structured interviews to explore the experiences of the participants in relation to the outcome of the DoLS assessment and their involvement in supporting or care planning for the individual for whom the DoLS application had been made. **Was the recruitment strategy appropriate to the aims**

Study details	Participants	Methods	Findings	Limitations
Study dates Not reported. **Source of funding** Not reported.	cal aggression, self-harm and disinhibited sexual behaviour. The deprivations proposed included limiting access to community facilities, 1 to 1 support and moving house. **Inclusion criteria** Care staff working with people with intellectual disabilities for whom DoLS applications had been made. **Exclusion criteria** Not reported.	schedule was used to interview research participants. Questions used in subsequent interviews were adapted to investigate emerging themes in accordance with the grounded theory approach. Interviewees were asked to talk about their personal experience with the outcome of the DoLS assessment and their involvement in supporting or care planning for the individual, rather than the procedure and process of the DoLS itself... Confidentiality was adhered to by using codes to anonymise the data during transcription. Audio recordings of transcriptions were eventually deleted. Transcripts were emailed to interviewees who had a month to request changes, but no changes were needed. **Data analysis** Data analysis were completed in accordance with the principles of grounded theory. For the first 3 interviews, intensive line-by-line coding was used to examine the transcripts in detail, the remaining interviews were ana-	management of safeguarding concerns: ○ Knowledge, skills and expertise: assessment and authorisation process in DoLS applications. ○ Knowledge, skills and expertise: assessors limited knowledge of intellectual disabilities. For example, “they don’t know learning disability, so I think they are quite agreeable 'oh yeah of course' . . . because they’re looking at it a little bit from the field that they come from. . .old people who have been through their whole life with choices and control and they’re in their 70s and 80s and comparing that with a young person’s life, . . . 'oh they go out, 2, 3 times a week, that’s ok, it might not be deprivation of liberty.' And you know if you’re 19 years old, and young and full of energy, they should have a normal life.” (Specialist practitioner, Local authority; nurse background). (p. 721] ○ The person’s representative: difficulties with representative	**of the research?** Yes. DoLS leads in 4 London boroughs and 2 counties in south-east England were contacted, as well as service provider organisations and advocacy groups across England and Wales, in order to identify potential participants. Sample selection was clearly reported. **Were the data collected in a way that addressed the research issue?** Yes. Semi-structured interviews were conducted with participants asking them to talk about their personal experiences with the outcomes of DoLS. Transcripts were emailed to participants who had a month to request changes. However, the authors did not discuss saturation of data. **Has the relationship between researcher and participants been adequately considered?** No - The authors did not discuss the potential influences of the researchers. **Have ethical issues been taken into consideration?** Yes. Ethical approval was obtained through the Social Care Research Ethics Com-

Study details	Participants	Methods	Findings	Limitations
		lysed through open coding to develop concepts. Links between the themes were made to develop a wider theory of how the DoLS process has been experienced. To ensure internal validity, a second researcher independently analysed and categorised a sample of interviews.	role because of a lack of knowledge regarding the nature and importance of the role of the person's representative. For example, "She thanked me but didn't ever get back to me about that so I've left it at that. I believe the assessors … did make contact with her [the person's relevant representative] …If anything I would perhaps say quite a mute partner to all of this." (Care home manager - managing authority, p. 721) ○ Inter-professional/ interagency collaboration: lack of clarity about The IMCA role. • Barriers and facilitators to responding to and managing safeguarding concerns: ○ Assessment: concerns about the DoLS application process. For example, "I got the impression that… they're very much keeping to the rules around the DoLS." (Care home manager- Managing authority, p. 721)	mittee (SCREC). Consent to the research was needed from the people for whom a DoLS application had been made (despite them not being involved in the research). If they lacked capacity to consent, advice from a consultee was obtained. Consent was also obtained from all those interviewed. **Was the data analysis sufficiently rigorous?** Yes. The authors provided a description of the grounded theory approach to data analysis. **Is there a clear statement of findings?** Yes. Validation of the findings was attempted through a second coder, although the authors did state that greater rigour in the coding process could have been achieved through the second researcher transcribing a greater proportion of interviews at an earlier stage in the research process. **Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** 1. This study contributes to the limited research on the application of DoLS for people with intellectual disabilities, and

Study details	Participants	Methods	Findings	Limitations
			However, some participants were concerned that this process could sometimes be too swift and risked failing to involve all relevant individuals. "As it was I felt . . . pretty confident that what this lady was being asked for was appropriate. But if I felt differently I would have not been able to raise those issues, so the speed was a downside there."' (Psychologist – local authority, p. 721) ○ The person's representative: difficulties in forming a positive relationship with the relevant person's representative. ○ Inter-professional/interagency collaboration: developing a good relationship with the relevant person's representative.	the experiences of paid care staff and professionals. 2. The authors stated that because of the small sample size, the findings are not transferable on a national level. Additionally, as participants were those for whom DoLS applications had been authorised, and only 1 of the DoLS applications was made outside a care home, the findings do not reflect the experiences of those working with people for whom DoLS applications are not successful or highlight experiences when DoLS applications are made within hospitals. **Overall methodological concerns:** Moderate **Other information:** The authors stated that it is important to note that this study was completed prior to the changes arising from the case P v Cheshire West and Chester Council judgement.
Full citation Fyson, R., and Kitson, D., Outcomes following adult safeguarding alerts: a critical analysis of key factors. Jour-	**Sample size** Alleged abuse cases which had resulted in safeguarding assessments: N=42 (number of cases occurring in care	**Setting** 12 separate teams in 1 English local authority. Teams worked with a variety of different service users,	The authors reported data about the following themes and sub-themes: • Satisfaction with the intervention:	**Limitations (assessed using the CASP checklist for qualitative studies)** **Was there a clear statement of the aims of the re-**

Study details	Participants	Methods	Findings	Limitations
nal of Adult Protection 14(2), 93-103, 2012 **Ref Id** 980275 **Aim of the study** To explore the outcomes for alleged victims following safeguarding alerts, particularly in relation to the factors that affect whether or not an investigation is able to secure a 'definitive' outcome. **Country/ies where study carried out** England. **Study dates** Not reported. **Source of funding** Not reported.	homes: n=22). **Characteristics** Age of vulnerable adult – range (years): 20 to 99 (1 not reported) Gender of vulnerable adult - Male/Female/NR (number): 19/22/1 Identified vulnerability of adult: Dementia (n=16); Learning Disability (n=18); Mental health (n=4); other (n=4). Nature of the alleged abuse: Financial (n=8); Physical (n=15); Sexual (n=3); Emotional/Psychological (n=1); Neglect (n=9); Medical (n=1); Multiple (n=5). Where the alleged abuse occurred: Care home (n=22); Victim's home (n=10); Supported living (n=1); Perpetrator's home (n=2); Day centre (n=1); Public place (n=3); Unknown (n=2); not stated (n=1). **Inclusion criteria** Five most recent safeguarding assessments undertaken within each adult social care	including older people, people with physical disabilities, people with mental health difficulties, people with learning disabilities and neurological disorders, and people with substance misuse problems. **Sample selection** The designated ‘‘safeguarding manager’’ from each Adult Social Care and Health team in 1 English local authority was approached to complete a short pro forma, providing details of the 5 most recent safeguarding assessments undertaken within their team. **Data collection** Pro-forma questions included the nature and circumstances of the alleged abuse; details of the alleged victim and alleged perpetrator; whether a case conference had been held; and what the conclusion of the investigation was. Open-ended questions explored those factors which respondents thought were barriers or facilitators to the safeguarding process. **Data analysis**	○ Interprofessional/interagency collaboration: skills and knowledge of other professionals from a broad range of backgrounds valued highly. For example, “Partnership working with health colleagues and management of the care home was paramount in securing a safe environment for the alleged victim.” (Respondent from adult social care and health team - designation unspecified). (p. 98) “Residential staff acted promptly and were cooperative in helping to put a protection plan into place.” (Respondent from adult social care and health team - designation unspecified). (p. 98). • Perceived acceptability of responses to and management of safeguarding concerns: ○ Knowledge, skills and expertise: positive attitudes towards other professionals, with skills and	**search?** Yes **Was a qualitative methodology appropriate?** Yes **Was the research design appropriate to address the aims of the research?** Yes. The authors used open-ended questions to enable participants to reflect on experiences and perceptions of the factors that helped or hindered the safeguarding process. **Was the recruitment strategy appropriate to the aims of the research?** Yes. The authors contacted a designated ‘‘safeguarding manager’’ from each Adult Social Care and Health team in 1 English local authority. Although it was unclear why only 1 local authority was contacted. **Were the data collected in a way that addressed the research issue?** Yes. However, only 4 out of the 12 teams provided details for 5 cases, which was the original objective of the research. **Has the relationship between researcher and par-**

Study details	Participants	Methods	Findings	Limitations
	and health team in 1 English local authority. **Exclusion criteria** Not reported.	Not reported.	knowledge of investigating officers enabling effective work to be undertaken. For example, "To me if it is in their care plan, em, and it's up to the multidisciplinary team to decide if that is to be done and I'll go along with that if it's been a decision for the right reasons things can be denied and I will follow that – if I disagree I will let that be known as well if I can but if it's nae [not] listened to or acted on that's fine as well."(Care staff working across the statutory and the independent care sectors - designation unspecified, p. 12) ○ Broad representation at meetings: Larger safeguarding plan meeting led to a definitive outcome. ○ Service user choice and control: safeguarding plan meetings could lack service user representation. • Barriers and facilitators to responding to and managing safeguarding con-	**ticipants been adequately considered?** No. The authors did not discuss the potential influences of the researchers. **Have ethical issues been taken into consideration?** Yes. Ethical clearance was obtained through University of Nottingham ethics procedures. No information was requested that could have exposed the identities of the alleged victims or alleged perpetrators. **Was the data analysis sufficiently rigorous?** Unclear - no information provided about the process used to analyse the data. **Is there a clear statement of findings?** Yes. Although the authors did not discuss the credibility of their findings and it was unclear whether data were analysed using more than 1 analyst. **Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** 1. Yes. This was the first study to contribute to the literature about the factors which influence the success or otherwise of adult safe-

Study details	Participants	Methods	Findings	Limitations
			cerns: ○ Interprofessional/interagency collaboration: existing safeguarding procedures supported effective safeguarding practice. ○ Interprofessional/interagency collaboration: Interprofessional collaboration was not always positive. ○ Service user involvement: cognitive deficits in service users can hinder safeguarding assessments.	guarding practice. 2. The findings are not transferable as the data were only based on 1 English local authority. **Overall methodological concerns**: Moderate
Full citation Parley, F., Could planning for safety be a realistic alternative to risk management for those deemed vulnerable? Journal of Adult Protection 13(1), 6-18, 2011 **Ref Id** 978704 **Aim of the study** To explore care staff interpretations of the terms vulnerability and abuse within learn-	**Sample size** Care staff working across the statutory and the independent care sectors: N=20. **Characteristics** Not reported. **Inclusion criteria** Not reported. **Exclusion criteria** Not reported.	**Setting** Learning disability services. **Sample selection** Purposive sampling was used, based on the theory that staff from nursing and social work backgrounds may have different perspectives as a result of their educational backgrounds. **Data collection**	The author reported data about the following themes and sub-themes: • Perceived acceptability of responses to and management of safeguarding concerns: ○ Knowledge, skills and expertise: opposition expressed within a multidisciplinary forum, which may be linked to knowledge and experience as well as confidence.	**Limitations (assessed using the CASP checklist for qualitative studies)** **Was there a clear statement of the aims of the research?** Yes **Was a qualitative methodology appropriate?** Yes **Was the research design appropriate to address the aims of the research?** Yes. The authors used semi-structured interviews to explore participant's interpreta-

Study details	Participants	Methods	Findings	Limitations
ing disability services. **Country/ies where study carried out** UK (Not reported clearly, but data may have been collected in Scotland). **Study dates** Not reported. **Source of funding** Not reported.		Semi-structured interviews were conducted and recorded with consent of the participants. **Data analysis** Data were transcribed and a matrix was developed as a framework to identify the best interviews for case study purposes and the most frequently recurring issues for thematic analysis. Similarities and differences between participants' views were identified.		tions of vulnerability and abuse within learning disability services. **Was the recruitment strategy appropriate to the aims of the research?** Unclear. Purposive sampling of staff from nursing and social work backgrounds was undertaken, but no further details were provided. **Were the data collected in a way that addressed the research issue?** Yes. Data were collected through semi-structured interviews. However, the authors did not discuss saturation of data. **Has the relationship between researcher and participants been adequately considered?** No. The authors did not discuss the potential influences of the researchers. **Have ethical issues been taken into consideration?** Unclear - ethical approval and anonymisation were not discussed. **Was the data analysis sufficiently rigorous?** Unclear. The authors did not provide sufficient information on se-

Study details	Participants	Methods	Findings	Limitations
				lection of case studies and thematic analysis. **Q9: Is there a clear statement of findings?** Yes. In relation to the credibility of the findings, the authors regularly discussed themes arising from the data. **Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear - despite discussion of findings and the implications for practice, it was unclear how representative the sample was as there was no demographic data, which makes it unclear how applicable it is to other parts of the UK. **Overall methodological concerns:** Serious
Full citation Simic, P., Newton, S., Wareing, D., 'Everybody's Business' - engaging the independent sector. An action research project in Lancashire. Journal of Adult Protection 14(1), 22-34, 2012 **Ref Id** 981745	**Sample size** Telephone survey - domiciliary care (n=26); care home only (n=69); care home with nursing (n=22). This data is not reported on, but survey sample details provided for context as the headings for the topic sheets for each focus group were based on the	**Setting** Lancashire County Council (provider sector). **Sample selection** The telephone survey was based on a 1/5 stratified random sample taken from the CQC Lancashire provider list for the Lancashire County	The authors reported data about the following themes and sub-themes: • Perceived appropriateness of responses to and management of safeguarding concerns: o Meetings: significant concern about secret pre-meetings within	**Limitations (assessed using the CASP checklist for qualitative studies)** **Was there a clear statement of the aims of the research?** Yes **Was a qualitative methodology appropriate?** Yes.

Study details	Participants	Methods	Findings	Limitations
Aim of the study To "… evaluate key organisational processes in managing ''safeguarding'' in relation to the independent sector, the local authority delivery arm for care." **Country/ies where study carried out** England. **Study dates** Not reported. **Source of funding** Not reported.	survey findings. 2 Focus groups - (n=8 to 10 per group); (care homes group and domiciliary care group). **Characteristics** All focus group participants were Registered Managers or equivalent. **Inclusion criteria** Not reported. **Exclusion criteria** Not reported.	Council (LCC) area for adults and older people. The focus groups were conducted with providers who had experience of investigations in the previous year. **Data collection** Research methods included a brief literature review, followed by a telephone survey of all providers and focus groups. This information fed back into the reference group and a review of local practice and procedures through the Safeguarding Board and 'Learning Together', workshops, leading to a public joint statement and joint protocols around investigation. The survey was developed through expert members of a multi-agency project reference group and looked at 4 key areas: information, advice and support, training and experience of investigations. The headings for the topic sheets for each focus group were based on the survey findings. Each focus group was facilitated by 2 researchers, with an observer and note-taker.	the local authority. ○ Meetings: significant lack of clarity around responsibility for safeguarding meetings. ○ Imparting blame: blame could be imparted on the worker and/or organisation. Social services not being supportive. For example, "We had a problem between 2 residents (both with dementia) which became a safeguarding issue [. . .]. The police turned up and said 'are you having a laugh? Social services were very nasty about it' (said to a ''hear, hear'' chorus around the group)." (Care home manager, p. 28) • Barriers and facilitators to responding to and managing safeguarding concerns: ○ Interprofessional/interagency collaboration: Provider perception of fault finding within a context of power relations within the system.	**Was the research design appropriate to address the aims of the research?** Yes. The authors used individual providers (telephone survey) or focus group interviews to explore inter-agency working relationships. **Was the recruitment strategy appropriate to the aims of the research?** Unclear. Sample selection and the recruitment strategy were not clearly reported. **Were the data collected in a way that addressed the research issue?** Yes. Reflective practice loop: brief literature review, followed by a phone survey of all providers and focus groups. This was fed back to a reference group and a review of local practice and procedures. **Has the relationship between researcher and participants been adequately considered?** No. The author did not discuss the potential influence they may have had on the research. **Have ethical issues been taken into consideration?** No. The author did not mention ethical approval.

Study details	Participants	Methods	Findings	Limitations
		Data analysis Not reported.	For example, the simple act of approaching the local authority would automatically result in it becoming a safeguarding case, creating a perception that there was a hidden agenda where maximising alerts and provider fault was to "assert and maintain a set of power relations." (Authors, p. 29) ○ Service user involvement: service user involvement and consent were questionable. It was suggested that the system as a whole was not capable of ensuring the involvement of service users. "The machine takes over." (Participant, p. 28)	**Was the data analysis sufficiently rigorous?** Unclear - not enough information provided. **Is there a clear statement of findings?** Yes. **Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** 1. This paper contributes to the research on the involvement of the independent sector in safeguarding. 2. Findings are not transferable as it is based in 1 local authority area. **Overall methodological concerns:** Moderate
Full citation Whitelock, A., Safeguarding in mental health: towards a rights-based approach. Journal of Adult Protection 11(4), 30-42, 2009 **Ref Id** 979302 **Aim of the study**	**Sample size** Survey: N=84 Focus group: N=10 (n=5 from each group). **Characteristics** Survey sample characteristics not reported. Author states that focus group sample was mixed with regards	**Setting** Two focus groups were conducted in urban areas that were unspecified. **Sample selection** 2,000 people with experience of mental distress using the Mind network (Mind Link), 180 local Mind associations	The author reported data about the following themes and sub-themes: • Perceived acceptability of responses to and management of safeguarding concerns: ○ Service user choice and control: protecting an individual's	**Limitations (assessed using the CASP checklist for qualitative studies)** **Was there a clear statement of the aims of the research?** Yes **Was a qualitative methodology appropriate?** Yes. **Was the research design appropriate to address the**

Study details	Participants	Methods	Findings	Limitations
The authors aimed to outline "… the extent of abuse and victimisation experienced by people with mental health problems, before setting out the methodology used in Mind's new research … and the consequent implications for a new, rights-based approach to adult safeguarding." (Author: p 31). **Country/ies where study carried out** UK. **Study dates** Not reported. **Source of funding** Department of Health.	to age, gender, ethnic background and mental health diagnosis but provides no detail. **Inclusion criteria** People with experience of mental distress. **Exclusion criteria** Not reported.	(voluntary organisations providing Services to people with mental distress), and 150 black and minority ethnic people with experience of mental distress (Diverse Minds). Focus group participants were recruited by staff at local Mind associations. **Data collection** Questionnaires using closed-ended questions supplemented by 2 concluding open-ended questions. Hypothetical vignettes were also used to explore some of the issues. Additionally, 1 focus group concentrated on issues of risk in the context of personalisation and direct payments, while the other explored what people want in regard to protection and being empowered to keep safe from abuse through an example of family abuse. Focus groups were purposely small, with 2 facilitators (CRB checked) and a designated quiet space for people who needed to use it if necessary. **Data analysis** Not reported.	right to choose and make decisions for themselves. For example, "It's the individual's choice at the end of the day, even if they have mental health problems." (Person with experience of mental distress, p. 34) • Barriers and facilitators to responding to and managing safeguarding concerns: ○ The person's representative: a right to an independent advocate for all victims of abuse.	**aims of the research?** Yes. The author stated that data were collected through questionnaires and focus groups. **Was the recruitment strategy appropriate to the aims of the research?** Unclear. The author stated that Mind used its networks as its sampling frame. Focus group participants recruited by staff at local Mind associations, therefore potential selection bias. **Were the data collected in a way that addressed the research issue?** Yes. Survey based on closed-ended questions supplemented by 2 closing open-ended questions to allow respondents to explain their responses more fully. Focus groups facilitated in-depth exploration using 2 hypothetical case studies to veer people away from discussing their own personal experiences if they did not wish to. However, this strategy might have restricted respondents in exploring issues that were more pertinent to them. The author did not discuss saturation of data.

Study details	Participants	Methods	Findings	Limitations
				Has the relationship between researcher and participants been adequately considered? No. The author did not discuss the potential influences of the researchers. **Have ethical issues been taken into consideration?** Yes. Mind anonymised all questionnaire responses and focus group feedback. Focus group participants were not expected or persuaded to talk about their own experiences but were supported if they wished to do so. **Was the data analysis sufficiently rigorous?** No. Details were not provided on data analysis process. **Is there a clear statement of findings?** Yes. In relation to the credibility of the findings, the author regularly discussed themes arising from the data. **Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)** Unclear. The research builds on the No Secrets guidance 2000 government consultation and discusses the implications of

Study details	Participants	Methods	Findings	Limitations
				these findings for practice. However, as it is unclear how representative the sample was without any demographic data, and as there is no geographical information or study setting details, the data are not transferable. **Overall methodological concerns:** Serious

CASP: Critical Appraisal Skills Programme; CQC: Care Quality Commission; CRB: Criminal Record Bureau; DoLS: Deprivation of Liberty Safeguards; IMCA: Independent mental capacity advocate; LCC: Lancashire County Council; NR: not reported; SCREC: Social Care Research Ethics Committee.

Appendix E – Forest plots

Forest plots for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**

- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

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

Appendix F – GRADE and GRADE-CERQual tables

GRADE tables for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**
- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

No quantitative data were identified for this part of the review question and so there are no GRADE tables.

GRADE-CERQual tables for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**
- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

Table 5: Evidence profile for GRADE-CERQual - theme D1.1 – satisfaction with the intervention

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme D1.1.1 DoLS provides a clear framework for responding to and managing safeguarding concerns						
Blamires 2017 Semi-structured interviews with12 professionals (including care home managers, social workers, support workers, specialist practitioners, psychologists).	Data from 1 study suggest that, following the DoLS authorisation, participants felt relieved to have more clarity about how to proceed. Participants stated that a successful DoLS application was one that resulted in increased resources and professional involvement and a good outcome for the person for whom the DoLS application was made. For example, "… with the DoL there might be safeguarding resources going her way . . ., because you are under that kind of framework and the local authority works really hard to ensure that you've got . . . good practice around it because it's very transparent." (Specialist practitioner, nursing background) [Blamires 2017, p. 722]	Minor concerns[1]	Minor concerns[2]	Minor concerns[3]	Moderate concerns[4]	MODERATE
Sub-theme D1.1.2 Interprofessional/inter-agency collaboration						
Fyson & Kitson 2012 Questionnaire, including open-ended questions in relation to barriers and facilitators to safeguarding processes, aimed at teams working with service users from different	Data from 1 study suggest that skills and knowledge of professionals were key to perceptions about how safeguarding concerns were managed. Positive comments were made about individuals from a broad range of backgrounds. For example, "Partnership working with health colleagues and management of the care home was paramount in securing a safe	Moderate concerns[5]	Minor concerns[2]	Moderate concerns[6]	Moderate concerns[4]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
settings.	environment for the alleged victim." (Respondent from adult social care and health team - designation unspecified). [Fyson & Kitson 2012, p. 98) "Residential staff acted promptly and were cooperative in helping to put a protection plan into place." (Respondent from adult social care and health team - designation unspecified). [Fyson & Kitson 2012, p. 98).					

DoLS: Deprivation of Liberty Safeguards
[1] *Minor 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] *One study that provided data directly related to care homes.*
[4] *Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered moderately rich data).*
[5] *Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.*
[6] *Moderate concerns about the relevance of data, not exclusively care homes and therefore not directly relevant.*

Table 6: Evidence profile for GRADE-CERQual - theme D2.1 – perceived appropriateness of responses to and management of safeguarding concerns

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme D2.1.1 Knowledge, skills and expertise						
Blamires 2017 Semi-structured interviews with12 professionals (including care home managers, social workers, support workers, specialist practitioners, psychologists).	Data from 1 study indicate that a lack of skills and expertise among staff led to perceptions that responses to safeguarding concerns were inappropriate. Staff were said to be challenged by the complexity of adult safeguarding, whilst others appeared to conduct assessments for which they were not qualified. For example, "they don't know learning disability, so I think they are quite agreeable 'oh yeah of course' . . . because they're looking at it a little bit from the field that they come from. . .old people who have been through their whole life with choices and control and they're in their 70s and 80s and comparing that with a young person's life, . . . 'oh they go out, 2, 3 times a week, that's ok, it might not be deprivation of liberty.' And you know if you're 19 years old, and young and full of energy, they should have a normal life." (Specialist practitioner, Local authority; nurse background). [Blamires 2017, p. 721]	Minor concerns[1]	Minor concerns[2]	Minor concerns[3]	Moderate concerns[4]	MODERATE
Sub-theme D2.1.2 The person's representative						
Blamires 2017 Semi-structured interviews with12 professionals (including care home managers, social workers, support workers, specialist practitioners, psychologists).	Data from 1 study suggest that there appears to be a lack of knowledge about the nature and significance of the role of the person's relevant representative within the context of responding to and managing safeguarding concerns. It was apparent that managing authorities had no understanding about the extent of their responsibilities to enable the person's relevant representative to meet their obligations following the DoLS authorisation. For ex-	Minor concerns[1]	Minor concerns[2]	Minor concerns[3]	Moderate concerns[4]	MODERATE

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	ample, "She thanked me but didn't ever get back to me about that so I've left it at that. I believe the assessors … did make contact with her [the person's relevant representative] …If anything I would perhaps say quite a mute partner to all of this." (Care home manager - managing authority). [Blamires 2017, p. 721]					
Sub-theme D2.1.3 Interprofessional/interagency collaboration						
Blamires 2017 Semi-structured interviews with12 professionals (including care home managers, social workers, support workers, specialist practitioners, psychologists).	Data from 1 study indicate that the involvement of IMCAs in the process of responding to safeguarding concerns appeared to be limited and to undermine its contribution. However, the reason for this is unclear and may be owing to a lack of understanding about the role on the part of the practitioners involved in responding to and managing safeguarding concerns.	Minor concerns[1]	Minor concerns[2]	Minor concerns[3]	Serious concerns[5]	MODERATE
Sub-theme D2.1.4 Inappropriate or unofficial meetings leading to mistrust						
Simic 2012 Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study suggested that 'secret' 'professional' pre-meetings were taking place within the local authority as part of the management of safeguarding concerns. Such meetings excluded providers and this caused great concern but also implied that the provider role was set apart from others' from the outset. There was also some substantial lack of clarity concerning who was responsible for organising safeguarding meetings.	Moderate concerns[6]	Minor concerns[2]	Moderate concerns[7]	Serious concerns[8]	VERY LOW
Sub-theme D2.1.5 Imparting blame						
Simic 2012 Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local au-	Data from 1 study indicate that the process of managing safeguarding concerns can become 'quasi-judicial' with little clarity around the rules or whether they are being observed. Staff feel judged or on trial and this can have a detrimental impact on	Moderate concerns[6]	Minor concerns[2]	Moderate concerns[7]	Serious concerns[8]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
thority area. Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	them and on the care home atmosphere, as exemplified by the following quote: "We had a problem between 2 residents (both with dementia) which became a safeguarding issue [. . .]. The police turned up and said 'are you having a laugh? Social services were very nasty about it' (said to a ''hear, hear'' chorus around the group)." (Care home manager). [Simic 2012, p. 28]					

DoLS: Deprivation of Liberty Safeguards; IMCA: Independent mental capacity advocates

[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] *One study that provided data directly related to care homes.*

[4] *Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered moderately rich data).*

[5] *Serious concerns about the adequacy of data (only 1 study supported the review's finding; 1 study that did not offer quotes/quotes directly relevant to care homes).*

[6] *Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.*

[7] *One study that provided data from care homes and domiciliary care together (that is, not disaggregated data).*

[8] *Serious concerns about the adequacy of data (only 1 study supported the review's finding; 1 study that provided relatively thin data).*

Table 7: Evidence profile for GRADE-CERQual - theme D3.1 – perceived acceptability of responses to and management of safeguarding concerns

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme 3.1.1 Knowledge, skills and expertise						
Fyson & Kitson 2012 and Parley 2016 Questionnaire, including open-ended questions in relation to barriers and facilitators to safeguarding processes, aimed at teams working with service users from different settings (Fyson & Kitson 2012). Semi-structured interviews with care staff working across the statutory and independent care sectors (Parley 2016).	Data from 2 studies suggest there are many examples of how the skills and knowledge of investigating officers had enabled effective work to happen. The skills and knowledge of other professionals from a broad range of backgrounds were also praised. Confidence was valued, for example in being able to support or oppose denial of privileges as in the following statement: "To me if it is in their care plan, em, and it's up to the multidisciplinary team to decide if that is to be done and I'll go along with that if it's been a decision for the right reasons things can be denied and I will follow that – if I disagree I will let that be known as well if I can but if it's nae [not] listened to or acted on that's fine as well."(Care staff working across the statutory and the independent care sectors - designation unspecified). [Parley 2016, p. 12]	Moderate concerns[1]	Minor concerns[2]	Moderate concerns[3]	Minor concerns[4]	LOW
Sub-theme D3.1.2 Broad representation at meetings						
Fyson & Kitson 2012 Questionnaire, including open-ended questions in relation to barriers and facilitators to safe-	Data from 1 study suggest that large safeguarding meetings, involving 5 or more people, were seen positively, always seeming to result in a definitive outcome –	Moderate concerns[5]	Minor concerns[2]	Moderate concerns[3]	Serious concerns[6]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
guarding processes, aimed at teams working with service users from different settings.	that is, agreement was reached to either substantiate or not substantiate the allegations. This suggests that multiple viewpoints, and the opportunity to discuss complex cases, may be key factors in avoiding 'not determined' outcomes. Indeed, the evidence highlighted that cases where an outcome of the safeguarding assessment was 'not determined', either did not hold a safeguarding plan meeting or involved fewer than 5 people. [Fyson & Kitson 2012, p. 99]					
Sub-theme D3.1.3 Service user choice and control						
Whitelock 2012 Survey and 2 focus groups with people with experience of mental distress.	Data from 1 study emphasise the importance of protecting people's rights to make decisions for themselves in the context of safeguarding concerns, even if others think they are at risk from abuse. For example, "It's the individual's choice at the end of the day, even if they have mental health problems." (Person with experience of mental distress). [Whitelock 2012, p. 34] As a result of this, respondents did not want social workers to have extra powers to enter someone's home, or remove them from their home, without their consent.	Serious concerns[7]	Minor concerns[2]	Moderate concerns[3]	Moderate concerns[8]	VERY LOW

[1] *Moderate (Fyson & Kitson 2012) and serious concerns (Parley 206) about methodological limitations of the evidence as per CASP qualitative checklist.*
[2] *No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).*
[3] *Moderate concerns about the relevance of data, not exclusively care homes and therefore not directly relevant.*
[4] *Two studies that offered moderately rich data.*
[5] *Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.*
[6] *Serious concerns about the adequacy of data, 1 study supported the review findings but did not offer any relevant quotes.*

[7] *Serious concerns about methodological limitations of the evidence as per CASP qualitative checklist.*
[8] *Serious concerns about the adequacy of data, 1 study supported the review findings offering moderately rich data.*

Table 8: Evidence profile for GRADE-CERQual - theme 4.1 – barriers and facilitators to responding to and managing safeguarding concerns

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme D4.1.1 Assessment						
Blamires 2017 Semi-structured interviews with12 professionals (including care home managers, social workers, support workers, specialist practitioners, psychologists).	Data from 1 study reported that participants commented on the timeline for assessments and authorisation of DoLS applications; with some noting that it was positive that this was often quite short. For example, "I got the impression that… they're very much keeping to the rules around the DoLS." (Care home manager-Managing authority). [Blamires 2017, p. 721] However, some participants were concerned that this process could sometimes be too swift and risked failing to involve all relevant individuals. "As it was I felt . . . pretty confident that what this lady was being asked for was appropriate. But if I felt differently I would have not been able to raise those issues, so the speed was a downside there."' (Psychologist – local authority). [Blamires 2017, p. 721]	Minor concerns[1]	Minor concerns[2]	Minor concerns[3]	Moderate concerns[4]	MODERATE
Sub-theme D4.1.2 The importance of the person's representative						
Blamires 2017 and Whitelock 2009 Semi-structured interviews with12 professionals (including care	Data from 2 studies indicate that a safeguarding system that empowers individuals must include a right to an independent advocate for all victims of abuse, to support	Moderate concerns[5]	Minor concerns[2]	Moderate concerns[6]	Serious concerns[7]	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
home managers, social workers, support workers, specialist practitioners, psychologists) [Blamires 2017]. Survey and 2 focus groups with people with experience of mental distress [Whitelock 2009].	them in reporting the incident and ensure that it is handled through the correct channels. However, forming a positive relationship between staff and the person's representative was described as being a difficult task. Staff referred to strong differences in opinions.					
Sub-theme D4.1.3 Interprofessional/inter-agency collaboration						
Blamires 2017, Fyson & Kitson 2012, Simic 2012 Semi-structured interviews with12 professionals (including care home managers, social workers, support workers, specialist practitioners, psychologists) [Blamires 2017]. Questionnaire, including open-ended questions in relation to barriers and facilitators to safeguarding processes, aimed at teams working with service users from different settings [Fyson & Kitson, 2012]. Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers [Simic 2012]	Data from 3 studies suggest that despite interprofessional collaboration being highly valued and seen to make a positive contribution to safeguarding assessments, there were also examples of situations where either interprofessional collaboration had not been helpful or where failure to work together effectively had hindered safeguarding work. For example, having to adhere to the strict timescales could mean that key people were not consulted. It was also felt that there was no ready way of getting fair independent advice about an issue that may be a potential safeguarding concern. For example, the simple act of approaching the local authority would automatically result in it becoming a safeguarding case, creating a perception that there was a hidden agenda where maximising alerts and provider fault was to "assert and maintain a set of power relations." [Simic 2012, p. 29]	Moderate concerns[8]	Minor concerns[2]	Moderate concerns[9]	Minor concerns[10]	LOW
Sub-theme D4.1.4 Service user involvement						
Fyson & Kitson, 2012 and Simic	Data from 2 studies suggest that	Moderate con-	Minor concerns[2]	Moderate con-	Moderate	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
2012 Questionnaire, including open-ended questions in relation to barriers and facilitators to safeguarding processes, aimed at teams working with service users from different settings [Fyson & Kitson, 2012]. Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area. Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers [Simic 2012].	service user involvement in safeguarding processes may be compromised because of a failure by practitioners to see past 'victim characteristics'; viewing their needs (for example, people with non-verbal communication) as a hindrance to the process but failing to seek assistance from relevant practitioners such as speech and language therapists. [Fyson and Kitson 2012] It was also suggested that the system as a whole was not capable of ensuring the involvement of service users. "The machine takes over." (Participant). [Simic 2012, p. 28]	cerns[11]		cerns[12]	concerns[13]	

DoLS: Deprivation of Liberty Safeguards
[1] Minor 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] One study that provided data directly related to care homes.
[4] Moderate concerns about the adequacy of data (only 1 study supported the review's findings; 1 study that offered moderately rich data).
[5] Serious concerns (Whitelock 2009) and minor concerns (Blamires 2017) about methodological limitations of the evidence as per CASP qualitative checklist.
[6] Moderate concerns about the relevance of data (1 study provided data directly related to care homes, whilst the other study was not exclusively in care homes and therefore not directly relevant).
[7] Serious concerns about the adequacy of data (the 2 studies supporting the review findings did not offer relevant quotes).
[8] Minor concerns (Blamires 2017) and moderate concerns (Fyson & Kitson 2012; Simic 2012) about methodological limitations of the evidence as per CASP qualitative checklist.
[9] Moderate concerns about the relevance of data (1 study provided data directly related to care homes, whilst the remaining 2 studies were not exclusively in care homes and therefore not directly relevant).
[10] Evidence from 3 studies providing moderately rich data.
[11] Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.
[12] Moderate concerns about the relevance of data (2 studies provided data that were not exclusively in care homes and therefore not directly relevant).
[13] Moderate concerns about the adequacy of data (2 studies supporting the review's findings offering thin data).

Appendix G – Economic evidence study selection

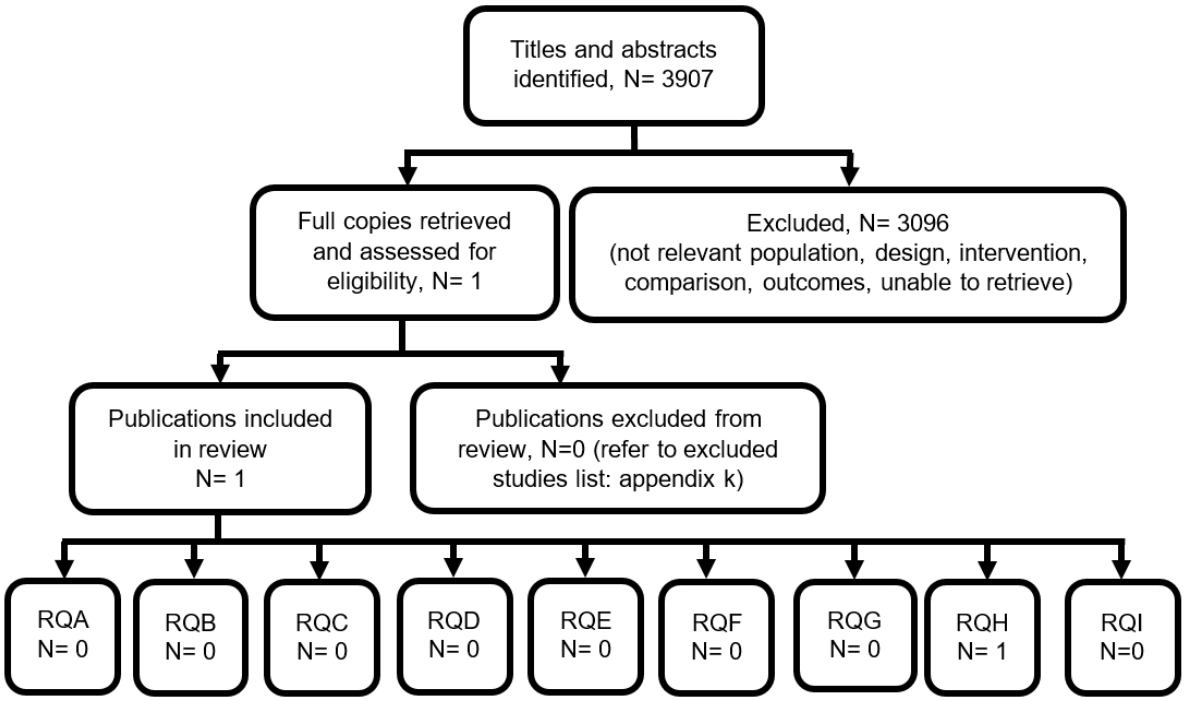
Economic evidence study selection for review questions D: Responding to and managing safeguarding concerns in care homes

- **What approaches are effective in responding to and managing a safeguarding concern?**

- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

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 4 below, no economic evidence was identified which was applicable to this review evidence review.

Figure 4: Economic study selection flowchart



Appendix H – Economic evidence tables

Economic evidence tables for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**
- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

No economic evidence was identified for these 2 review questions.

Appendix I – Economic evidence profiles

Economic evidence profiles for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**
- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

No economic evidence was identified for these 2 review questions.

Appendix J – Economic analysis

Economic evidence analysis for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**

- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

No economic analysis was conducted for these 2 review questions.

Appendix K – Excluded studies

Excluded studies for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**

- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

Table 9: Excluded studies and reasons for their exclusion – quantitative component

Study	Reason for exclusion
Anthony, E. K., Lehning, A. J., Austin, M. J., Peck, M. D., Assessing elder mistreatment: Instrument development and implications for adult protective services, Journal of Gerontological Social Work, 52, 815-836, 2009	Does not report outcomes specified in review protocol.
Ballard, S. A., Yaffe, M. J., August, L., Cetin-Sahin, D., Wilchesky, M., Adapting the Elder Abuse Suspicion Index© for Use in Long-Term Care: A Mixed-Methods Approach, Journal of Applied Gerontology, 733464817732443, 2017	Does not report outcomes specified in protocol.
Cooper, C., Manela, M., Katona, C., Livingston, G., Screening for elder abuse in dementia in the LASER-AD study: prevalence, correlates and validation of instruments, International Journal of Geriatric Psychiatry, 23, 283-8, 2008	Setting not relevant - abuse by family carers in persons own home.
Friedman, L. S., Avila, S., Liu, E., Dixon, K., Patch, O., Partida, R., Zielke, H., Giloth, B., Friedman, D., Moorman, L., Meltzer, W., Using clinical signs of neglect to identify elder neglect cases, Journal of elder abuse & neglect, 29, 270-287, 2017	Study conducted in US, does not report outcomes specified in protocol.
Gallione, C., Dal Molin, A., Cristina, F. V. B., Ferns, H., Mattioli, M., Suardi, B., Screening tools for identification of elder abuse: a systematic review, Journal of Clinical Nursing, 26, 2154-2176, 2017	Does not report outcomes specified in review protocol.
Goikoetxea Iturregui, M., Moro Inchartieta, A., Martinez Rueda, N., Validation of a prevention and detection procedure for physical and economic abuse of the elderly, Revista Espanola de Geriatria y Gerontologia, 52, 299-306, 2017	Text not available in English.
Hirst, S. P., Penney, T., McNeill, S., Boscart, V. M., Podnieks, E., Sinha, S. K., Best-Practice Guideline on the Prevention of Abuse and Neglect of Older Adults, Canadian Journal on Aging, 35, 242-60, 2016	Does not report outcomes specified in review protocol.
Leaney, A., Meeting the challenge of responding to abuse of older adults: A survey of tools being used by diverse frontline responders, Canadian Journal of Dental Hygiene, 45, 170-170, 2011	Conference abstract.
McCarthy, L., Campbell, S., Penhale, B., Elder abuse screening tools: a systematic review, The Journal of Adult Protection, 19, 368-379, 2017	A systematic review - only included studies in which participants were living in their own homes.
Meeks-Sjostrom, D. J., Clinical decision-making of nurses' [sic] regarding elder abuse, Southern Online Journal of Nursing Research, 8, 2p-2p, 2008	Conference abstract.
Quinn, M. J., Nerenberg, L., Navarro, A. E., Wilber, K. H., Developing an undue influence screening tool for Adult Protective	Study conducted in US.

Services, Journal of elder abuse & neglect, 29, 157-185, 2017	
Rosen, T., Elman, A., Dion, S., Delgado, D., Demetres, M., Breckman, R., Lees, K., Dash, K., Lang, D., Bonner, A., Burnett, J., Dyer, C. B., Snyder, R., Berman, A., Fulmer, T., Lachs, M. S., Review of Programs to Combat Elder Mistreatment: Focus on Hospitals and Level of Resources Needed, Journal of the American Geriatrics Society., 2019	Does not report outcomes specified in review protocol.
Sommerfeld, D. H., Henderson, L. B., Snider, M. A., Aarons, G. A., Multidimensional measurement within adult protective services: design and initial testing of the tool for risk, interventions, and outcomes, Journal of elder abuse & neglect, 26, 495-522, 2014	Study conducted in US.

Table 10: Excluded studies and reasons for their exclusion – qualitative component

Study	Reason for exclusion
Anka, Ann, Sorensen, Pernille, Brandon, Marian, Bailey, Sue, 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 criteria - not care homes or congregate settings.
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	Study does not meet protocol criteria – qualitative study discussing challenging poor practice; no relevant structured approaches to manage and respond to safeguarding concerns or relevant outcomes.
Association of Directors of Adult Social, Services, Carers and safeguarding adults: working together to improve outcomes, 30p., 2011	Study design does not meet protocol 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 criteria - 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.
Begley, E., O'Brien, M. J. Carter, A., 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 eligibility criteria - not care homes (participants living in own homes or sheltered accommodation).
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 eligibility criteria - 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 eligibility criteria - Norway.
Braye, S., Orr, D., Preston-Shoot, M., Self-neglect policy and practice: building an evidence base for adult social care, 222, 2014	Study does not meet eligibility criteria - focus not on care homes or congregate settings.
Braye, S., Orr, D., Preston-Shoot, M., Self-neglect policy and practice: research messages for practitioners, 28, 2015	Study does not meet eligibility criteria - focus not on care homes or congregate settings.
Braye, S., Orr, D., Preston-Shoot, M., Conceptualising and responding to self-neglect: the challenges for adult safeguarding,	Study does not meet eligibility criteria; focus not on care

Study	Reason for exclusion
The Journal of Adult Protection, 13, 182-193, 2011	homes or congregate settings.
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 eligibility criteria - focus not on abuse/neglect in 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, Journal of Adult Protection, 17, 75-87, 2015	Study setting does not meet 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, Journal of Adult Protection, 14, 55-72, 2012	Study outcomes do not meet eligibility criteria; not care homes.
Briggs, M., Cooper, A., Briggs, C., Making Safeguarding Personal: Progress of English local authorities, Journal of Adult Protection, 20, 59-68, 2018	Study does not meet 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 eligibility criteria - not care homes.
Burns, J., A peer approach to the evaluation of adult support and protection processes in North Ayrshire, Journal of Adult Protection, 20, 155-167, 2018	Summary of a satisfaction survey on adult support and protection processes (Scottish).
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 eligibility criteria - unclear whether care homes or congregate settings.
Calcraft, R., Blowing the whistle on abuse of adults with learning disabilities, Journal of Adult Protection, 9, 15-29, 2007	Study does not meet eligibility criteria – qualitative study exploring whistle-blowing in residential care settings; no relevant structured approaches to manage and respond to safeguarding concerns; published pre-2008.
Calcraft, R., Blowing the whistle on abuse, Working with Older People: Community Care Policy & Practice, 9, 18-21, 2005	Study does not meet eligibility criteria - qualitative study exploring whistle-blowing in residential care settings; no relevant structured approaches to manage and respond to safeguarding concerns; published pre-2008.
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 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 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 eligibility criteria - focus is not on care homes or congregate settings.
Cooper, C., Dow, B., Hay, S., Livingston, D., Livingston, G., Care workers' abusive behavior to residents in care homes: a qualitative study of types of abuse, barriers, and facilitators to	Study does not meet eligibility criteria – qualitative study describing potential safeguarding

Study	Reason for exclusion
good care and development of an instrument for reporting of abuse anonymously, International Psychogeriatrics, 25, 733-41, 2013	situations and developing an instrument for reporting abuse anonymously (the Care Home Conflict Scale).
Cooper, C., Selwood, A., Livingston, G., Knowledge, detection, and reporting of abuse by health and social care professionals: A systematic review, American Journal of Geriatric Psychiatry, 17, 826-838, 2009	Study does not meet eligibility criteria - most of the evidence was quantitative and not in a care home 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, Journal of Adult Protection, 15, 223-236, 2013	Study setting and outcomes do not meet 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 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 eligibility criteria - focus not on care homes.
Davies, R., Mansell, I., Northway, R., Jenkins, R., Responding to the abuse of people with learning disabilities: the role of the police, Journal of Adult Protection, 8, 11-19, 2006	Welsh, about policing itself rather than any role in responding to or managing safeguarding enquiries, not specific to 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 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 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 eligibility criteria - 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 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 eligibility criteria - Sweden.
Fanneran, T., Kingston, P., and Bradley, E., A national survey of adult safeguarding in NHS mental health services in England and Wales, 2013	Setting not relevant.
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	Setting not relevant.
Ferrah, N., Murphy, B. J., Ibrahim, J. E., Bugeja, L. C., Winbolt, M., LoGiudice, D., Flicker, L., Ranson, D. L., Resident-to-resident physical aggression leading to injury in nursing homes:	Systematic review - 1 included UK study checked for relevance.

Study	Reason for exclusion
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 eligibility criteria - US.
Furness, S., Recognising and addressing elder abuse in care homes: views from residents and managers, Journal of Adult Protection, 8, 33-49, 2006	Study does not meet eligibility criteria – qualitative study exploring perceptions and understanding of abuse in care homes, use of case scenarios to discuss responses to safeguarding concerns; no relevant structured approaches for responding to and managing safeguarding concerns; published pre-2008.
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 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, Journal of Adult Protection, 15, 54-68, 2013	Study setting does not meet 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 eligibility criteria - Israel.
Gough, M., An evaluation of adult safeguarding outcomes' focused recording in the context of Making Safeguarding Personal, Journal of Adult Protection, 18, 240-248, 2016	Study does not meet 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 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), Journal of Adult Protection, 9, 30-36, 2007	Study setting and outcomes do not meet eligibility criteria - case conference procedures; focus not on care setting or congregate settings.
Hoong Sin, C., 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, 63-75, 2011	Not about response/management in care homes/congregate care settings (not mentioned at all). Focuses on abuse of disabled people at societal level.
Hopkinson, P. J., Killick, M., Batish, A., Simmons, L., Preston-Shoot, M., Cooper, A., "Why didn't we do this before?" the development of Making Safeguarding Personal in the London borough of Sutton, Journal of Adult Protection, 17, 181-194, 2015	Study setting does not meet 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 eligibility criteria - Sweden.
Jeary, K., Sexual abuse of elderly people: would we rather not know the details?, Journal of Adult Protection, 6, 21-30, 2004	Study does not meet eligibility criteria – qualitative study discussing safeguarding investigations in various settings; no relevant structured approaches to responding to and managing

Study	Reason for exclusion
	safeguarding concerns or relevant outcomes; published pre-2008.
Jeary, K, The victim's voice: how is it heard? Issues arising from adult protection case conferences, Journal of Adult Protection, 6, 12-19, 2004	Not empirical/an opinion piece
Jones, A, Kelly, D, Whistle-blowing and workplace culture in older peoples' care: qualitative insights from the healthcare and social care workforce, Sociology of health & illness, 36, 986-1002, 2014	Study does not meet eligibility criteria – qualitative study exploring perceptions of the term whistle-blowing and creating open workplace cultures to raise safeguarding concerns through discussion; no relevant structured approaches to responding to and managing safeguarding concerns or relevant outcomes.
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 Healthcare, 48, 702-714, 2009	Study setting does not meet eligibility criteria - Australia.
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.
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.
Lafferty, A., Treacy, M. P., Fealy, G., The support experiences of older people who have been abused in Ireland, Journal of Adult Protection, 15, 290-300, 2013	Study setting does not meet 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 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 eligibility criteria - 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	Not about responding to a specific safeguarding concern. Consider for evidence reviews F and G.
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 eligibility criteria - focus not on care homes.
Lonbay, S. P., Brandon, T., Renegotiating power in adult safeguarding: the role of advocacy, Journal of Adult Protection, 19, 78-91, 2017	Study setting does not meet 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	Not about responding to a specific safeguarding enquiry.
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-	Study does not meet eligibility criteria – survey relating to policies and procedures for adult safeguarding in various settings,

Study	Reason for exclusion
14, 2007	but no relevant outcomes reported; qualitative component not in relation to structured approaches to responding to and managing safeguarding concerns or relevant outcomes; published pre-2008.
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 eligibility criteria - focus not on care homes or congregate settings.
Manthorpe, J., Klee, D., Williams, C., Cooper, A., Making Safeguarding Personal: developing responses and enhancing skills, Journal of Adult Protection, 16, 96-103, 2014	Descriptive/summarises a range of pilot projects on safeguarding
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 eligibility criteria - not qualitative evidence; overview of policies/legislation.
Manthorpe, J., Stevens, M., Hussein, S., Heath, H.I, 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	Not about responding to a specific safeguarding enquiry.
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, Journal of Adult Protection, 19, 323-332, 2017	Study setting does not meet 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 eligibility criteria - overview of secondary sources of data on abuse of older people with dementia; not qualitative evidence.
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	Study does not meet eligibility criteria – qualitative study discussing early indicators of abuse, neglect or harm to aid in the design and development of guidance to enable practitioners to recognise safeguarding concerns in residential settings; no relevant outcomes reported - does not assess the effectiveness or acceptability of the guidance.
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 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, Journal of Adult Protection, 8, 4-11, 2006	Study setting does not meet eligibility criteria - not care homes or congregate settings.
Montgomery, L., Hanlon, D., Armstrong, C., 10,000 Voices: service users experiences of adult safeguarding, Journal of Adult Protection, 19, 236-246, 2017	Not about response/management in care homes/congregate care settings

Study	Reason for exclusion
	(not mentioned at all). Looks at safeguarding in general and a pilot service user feedback tool to gather views on safeguarding process in NI.
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	Not about responding to a specific safeguarding concern. Consider for evidence reviews F and G.
Moore, S., See no evil, hear no evil, speak no evil? Underreporting of abuse in care homes, Journal of Adult Protection, 18, 303-317, 2016	Study does not meet eligibility criteria – discusses care home staff's experiences with underreporting of abuse; not relevant structured approaches to responding to and managing safeguarding concerns or relevant outcomes.
Moore, S., What's in a word? The importance of the concept of "values" in the prevention of abuse of older people in care homes, Journal of Adult Protection, 19, 130-145, 2017	Study does not meet eligibility criteria – discusses staff values and attitudes towards prevention of abuse of older people living in or using care homes; not relevant structured approaches to responding to and managing safeguarding concerns or relevant outcomes.
Mowlam, A., UK study of abuse and neglect of older people: qualitative findings, 90p., bibliog., 2007	Study setting does not meet 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 eligibility criteria - The Netherlands.
Needham, K., Preston-Shoot, M., Cooper, A., Penhale, B., The importance of small steps: making safeguarding personal in North Somerset, Journal of Adult Protection, 17, 166-172, 2015	Study setting does not meet eligibility criteria - not clear that focus is on care homes/congregate settings.
Norrie, C., Cartwright, C., Rayat, P., Grey, M., Manthorpe, J., Developing an adult safeguarding outcome measure in England, Journal of Adult Protection, 17, 275-286, 2015	Study design does not meet 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 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 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 eligibility criteria - challenges experienced by social workers; not focusing on care homes/congregate settings.
O'Donnell, D., Treacy, M. P., Fealy, G., Lyons, I., The case	Study does not meet eligibility

Study	Reason for exclusion
management approach to protecting older people from abuse and mistreatment: Lessons from the Irish experience, British Journal of Social Work, 45, 1451-1468, 2015	criteria - experiences of social workers; not focused on care homes/congregate settings.
Penhale, Bridget., 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 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 eligibility criteria – discusses strengths, barriers and disadvantages of partnership working in various settings; published pre-2008.
Phelan, A., Mc Carthy, Sa., 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 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 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 healthcare workers in nursing homes: Literature review, Nursing Ethics, 23, 490-506, 2016	Literature review including studies from various countries, focus not specifically safeguarding 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 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 and Disabled, 11, 17-24, 2008	Study setting does not meet eligibility criteria - US.
Ramsey-Klawsnik, H., Teaster, P., Mendiondo, M. S., Study of sexual abuse in care facilities, Victimization of the Elderly and Disabled, 10, 49-63, 2007	Study does not meet eligibility criteria - comment/description on research; not a relevant country (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 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	Not about responding to a specific safeguarding enquiry.
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 eligibility criteria - multi-agency working, but not specifically focused on care homes or congregate set-

Study	Reason for exclusion
	tings.
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 eligibility criteria - not a systematic review; not a relevant country (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 eligibility criteria - 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 eligibility criteria - 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-term care facilities, Journal of Elder Abuse & Neglect, 28, 1-13, 2016	Study setting does not meet eligibility criteria - US.
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 eligibility criteria - qualitative outcomes not focused on care homes or congregate settings, publication date pre-2008.
Safeguarding adults under the Care Act 2014: understanding good practice, 288, 2017	Study design does not meet eligibility criteria - book review.
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, Journal of Adult Protection, 16, 180-192, 2014	Study setting does not meet 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 eligibility criteria - Norway.
Sherwood-Johnson, F., Independent advocacy in adult support and protection work, Journal of Adult Protection, 18, 109-118, 2016	Looks at advocacy in general - not about response/management in care homes/congregate care settings (not mentioned at all).
Sin, C. Ho., 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 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 eligibility criteria - US.
Social Care Institute For, Excellence, Braye, S., Self-neglect and adult safeguarding: findings from research, 90p., bibliog., 2011	Study setting does not meet 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 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, Journal of Adult Protection, 17, 258-272, 2015	Study does not meet eligibility criteria - not a systematic review; unclear whether relating to care homes or congregate set-

Study	Reason for exclusion
	tings.
Stevens, M., Woolham, J., Manthorpe, J., Aspinall, F., Hussein, S., Baxter, K., Samsi, K., Ismail, Mohamed, Implementing safeguarding and personalisation in social work: Findings from practice, Journal of Social Work, 18, 3-22, 2018	Study setting does not meet 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 elder abuse, Journal of Elder Abuse & Neglect, 24, 179-194, 2012	Study setting does not meet eligibility criteria - Canada.
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 eligibility criteria - Sweden.
Tilse, C., Wilson, J., Recognising and responding to financial abuse in residential aged care, Journal of Adult Protection, 15, 141-152, 2013	Summary of survey responses to a range of 'scenarios'.
University of Hull Centre for Applied Research, Evaluation,, Early indicators of concern in residential and nursing homes for older people, 45p., 2012	More comprehensive data reported in Marsland (2015).
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	Not about responding to a specific safeguarding concern.
Wallcraft, J., Involvement of service users in adult safeguarding, 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, Journal of Adult Protection, 12, 39-42, 2010	Study outcomes do not meet eligibility criteria - overview of safeguarding and not clear whether focus on care homes or congregate settings.
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 eligibility criteria - residential care as an outcome for abuse in the community.

Economic studies

No economic evidence was identified for these 2 review questions.

Appendix L – Research recommendations

Research recommendations for review questions D:

- **What approaches are effective in responding to and managing a safeguarding concern?**

Research question

What is the effectiveness and cost-effectiveness of local authority versus provider led safeguarding enquiries?

Why this is important

This review identified a gap in the research evidence about the effectiveness and cost-effectiveness of the different approaches that can be used to investigate safeguarding concerns. The committee agreed that this lack of evidence could mean that there is a lack of awareness and knowledge about which method of enquiry is the most appropriate in managing safeguarding concerns; or that this has not been an area previously considered for research.

The committee felt that it was important to address this area as a method of evaluating the effectiveness of different approaches; namely local authority enquiries compared to those conducted by the care home provider in terms of both cost and improvements in safeguarding practice. The committee therefore agreed about the importance of recommending future research given the potential variance in practice across the country and the importance of evidencing levels of effectiveness to influence and improve future safeguarding practice.

Table 11: Research recommendation rationale

Research question	**What is the effectiveness and cost-effectiveness of local authority versus provider led safeguarding enquiries?**
Why is this needed	
Importance to 'patients' or the population	There is currently no comparative evidence evaluating the effectiveness (or cost-effectiveness) of different methods of safeguarding enquiries (i.e. provider led vs local authority led). Research in this area would help to clarify issues such as: • Ongoing risk of abuse or neglect - care home residents may feel safer when enquiries are led by local authorities. Is this perception matched by more 'objective' measures of safety? • Acceptability – care home residents may see provider led enquiries as less acceptable than those led by local authorities due to perceptions around fairness and impartiality. • Costs – it is conceivable that provider led enquiries would be associated with lower costs.

Research question	What is the effectiveness and cost-effectiveness of local authority versus provider led safeguarding enquiries?
Relevance to NICE guidance	NICE guidance provides advice on effective, good value health and social care. Evidence on the effectiveness and cost effectiveness of different methods of conducting safeguarding enquiries will ensure that the safety and wellbeing of care home residents is promoted and that the resources required to do so are used appropriately and efficiently.
Relevance to social care and the NHS	New guidance on the most effective method of undertaking safeguarding enquiries is likely to have benefits for both the health and social care sectors. Whilst there may be some resource implications associated with new guidance this will be offset by improvements in outcomes for care home residents. In addition, as the duty to undertake safeguarding enquiries already exists at the statutory level, new guidance in this area is unlikely to require substantial changes in practice.
National priorities	The Care Act, 2014 places a statutory duty on local authorities to make enquiries, or request that others do so, if there are concerns that an adult is experiencing, or is at risk of, abuse or neglect. Determining whether the choice of lead organisation has an impact on the effectiveness of safeguarding enquiries will enable local authorities to meet this requirement more efficiently.
Current evidence base	There is currently no published comparative evidence (or research that is ongoing) that demonstrates the effectiveness (or cost-effectiveness) of different approaches to the enquiries regarding safeguarding concerns.
Equality	N/A
Feasibility	There may be some technical issues in measuring the effectiveness of interventions in relation to safeguarding practice, safety, and ongoing risk of abuse or neglect. For example, an increase in health care contacts could indicate that the care home resident has been subject to further abuse or neglect despite the fact that an enquiry is ongoing. However this could also indicate that appropriate care is being provided to the person.
Other comments	N/A

Table 12: Research recommendation modified PICO table

Criterion	Explanation
Population	• Adults accessing care and support in care homes (whether as residents, in respite or on a daily basis). • Family, friends and advocates of adults accessing care and support in care homes. • People working in care homes. • Providers of services in care homes. • Practitioners in local authorities and local

Criterion	Explanation
	health organisations.
Intervention	Provider led safeguarding enquiries
Comparator	Local authority led safeguarding enquiries
Outcomes	• Care home resident (or proxy) perceived safety • Reports on ongoing abuse or neglect • Care home resident anxiety or depression • Care home resident social care related quality of life • Care home resident satisfaction (or proxy) with the intervention • Care home resident healthcare contacts • Practitioner satisfaction with the intervention • Reports of proven safeguarding cases • Response times • Costs
Study design	• RCT (follow-up duration of one year post-randomisation) • Economic evaluation
Timeframe	N/A
Additional information	N/A

RCT: randomised controlled trial

- **What is the acceptability of approaches for responding to and managing safeguarding concerns?**

Research question

To what extent are safeguarding enquiries in care homes person centred and outcomes focussed and what improvements could be made?

Why this is important

This review identified a gap in the research evidence about the views of care home residents (and those accessing care and support in care homes) in relation to their experiences of safeguarding enquiries. Whilst the committee were able to draw on their own knowledge and experience to draft some recommendations relating to these processes they felt that this evidence gap in itself may be indicative of a wider problem. In particular, the committee were concerned that there is a lack of understanding amongst some practitioners regarding the Mental Capacity Act, 2005 and the Care Act, 2014 and the emphasis these place on person-centred, proactive and proportionate approaches to effective decision-making and provision of care and support, and how to apply these principles to safeguarding enquiries.

Table 13: Research recommendation rationale

Research question	To what extent are safeguarding enquiries in care homes person centred and outcomes focussed and what improvements could be made?
Why is this needed	

Research question	To what extent are safeguarding enquiries in care homes person centred and outcomes focussed and what improvements could be made?
Importance to 'patients' or the population	There is currently only limited data on the views of care home residents (and other individuals accessing support in care homes) in relation to their experiences of safeguarding enquiries. Research in this area would help to explore: • Care home residents' views of safeguarding enquiries and how they could be improved • The extent to which safeguarding enquiries align with the principles of Making Safeguarding Personal; the Mental Capacity Act, 2005; and the Care Act, 2014. • The extent to which safeguarding enquiries focus on care home resident identified outcomes
Relevance to NICE guidance	NICE guidance provides advice on effective, good value health and social care. Evidence exploring the perceptions of care home residents in relation to safeguarding enquiries will ensure that these meet the needs of some of the most vulnerable people in society and ensure their safety and wellbeing.
Relevance to the NHS	New guidance on the views and experiences of care home residents in relation to safeguarding enquiries is likely to have benefits for both the health and social care sectors. Whilst there may be some resource implications associated with any new guidance, providers of health and social care have a duty to ensure that care is person-centred and outcomes focused. As such, new guidance in this area is unlikely to require substantial changes in practice.
National priorities	Ensuring that care homes provide people with safe, effective, compassionate and high-quality care is a key objective of the CQC.
Current evidence base	There is currently only limited published evidence available which explores the views and experiences of care home residents in relation to safeguarding enquiries.
Equality	N/A
Feasibility	N/A
Other comments	N/A

Table 14: Research recommendation modified PICO table

Criterion	Explanation
Population	• Adults living in care homes • Adults accessing care and support in care homes
Intervention	Safeguarding enquiries
Comparator	N/A (qualitative research question)
Outcomes	As this research is most likely to be conducted using qualitative methods it is not possible to specify outcomes that should be used. However, the committee felt that the following issues were likely to be central to any research project in this area: Do adults living in care homes or accessing care and support in care homes feel that - • Safeguarding enquiries are an appropriate and effective method of ensuring their safety and preventing further risk or incidence of abuse/neglect • Practitioners took appropriate steps to identify their desired outcomes in and ensured that the enquiry was sufficiently focused on these • Their views were 'heard' • The enquiry was aligned with the principles of Making Safeguarding Personal; the Mental Capacity Act, 2005; and the Care Act, 2014 • The enquiry was person-centred and promoted their wellbeing
Study design	Qualitative
Timeframe	N/A
Additional information	N/A