

Safeguarding adults in care homes

[F] Barriers and facilitators to effective strategic partnership working

NICE guideline NG189

Evidence reviews

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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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1 Barriers and facilitators to effective strategic partnership working

2 This evidence review supports recommendations 1.1.11, 1.1.12, 1.1.14, 1.1.15, 1.1.16, 1.1.17, 1.1.18, 1.1.19, 1.1.22, 1.1.23, 1.1.24, 1.1.25,
3 1.3.17.

4 Review question

5 What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local
6 authorities, Safeguarding Adults Boards and local health organisations?

7 Introduction

8 The Care Act 2014 and its associated guidance stipulates that adult safeguarding should be based on a partnership approach led by the Local
9 Safeguarding Adults Board (LSAB). All Boards are expected to embed the six principles of safeguarding (as set out in the [Care Act Statutory
10 Guidance](#), chapter 14) and use the person-centred approaches outlined in [Making Safeguarding Personal](#) to shape into their local practices. They
11 are also expected to operate in line with the wider Care Act requirements to Co-operate in general ([section 6](#)) and co-operate in specific cases
12 ([section 7](#)).

13 Nevertheless, it is well recognised that implementing shared ways of working in health and social care is challenging and adult safeguarding is no
14 exception. The challenges arise due to a range of factors, such as misalignment of priorities between different agencies, lack of a shared
15 understanding of the purpose of safeguarding, [lack of a shared language for safeguarding](#) and resource pressures. Effective partnership working
16 has to recognise and overcome barriers such as lack of mutual clarity amongst partners over roles and responsibilities in the safeguarding
17 process; a lack of confidence over information governance and the circumstances in which information can be shared; and a lack of reciprocal trust
18 leading to defensive practice and a 'blame culture'.

19 As well as dealing with these barriers and deficits, safeguarding partnerships need to consider how to create shared standards and mutual
20 expectations, and to support members to learn from each other so as to continually develop their practice. This is a particular challenge for
21 safeguarding adults in care homes because of the huge variation in the size, structure and capacity of care home providers. Some care home
22 providers are multinational corporations, but a substantial proportion are run and managed by individuals, and there are over [5,500 different
23 providers of care homes in the UK](#).

- 1 Given the wide range of approaches to safeguarding and associated differences in organisational arrangements there is a need to analyse the
- 2 available evidence to help LSABs and their partners to make evidence-based decisions on the best ways of facilitating effective strategic
- 3 partnership working.

4 **Summary of the protocol**

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

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

Population	<ul style="list-style-type: none"> • People working in care homes. • People working with care homes. • Practitioners in local authorities and local health organisations. • Members of Safeguarding Adults Boards. • People visiting care homes. • Adults (aged over 18 years) accessing care and support in care homes (and their friends and families).
Intervention/exposure/test	<ul style="list-style-type: none"> • Strategic partnership working, information sharing and communication in the context of safeguarding adults living in or using care homes.
Comparison	Not relevant in a qualitative review.
Outcomes	<p>Themes will be identified from the literature. The committee identified the following potential themes (however, they are aware that not all of these themes will necessarily be found in the literature and that additional themes may be identified)</p> <ul style="list-style-type: none"> • The ability or readiness of organisations to engage transparently, effectively and with a broad range of strategic partners (including families, carers, advocates and voluntary sector organisations) in the context of safeguarding adults living in or using care homes.

- The ability or readiness of organisations to facilitate clear, comprehensive communication and information sharing in the context of safeguarding adults living in or using care homes.
- The team working, strategic planning, and leadership attitudes which contribute to effective strategic partnership, communication and timely information sharing in the context of safeguarding adults living in or using care homes.
- Specific barriers to strategic partnership working, either real or perceived, including:
 - The complexity of overlapping responsibilities and lack of clarity about lines of accountability.
 - Lack of shared language, particularly between social care settings (who use the term 'safeguarding') and healthcare settings (who tend to talk about 'risk').
 - Lack of agreement about what information can or should be shared.
 - Power differentials between professions.

1 For further details see the review protocol in appendix A.

2 **Methods and process**

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

5 **Evidence**

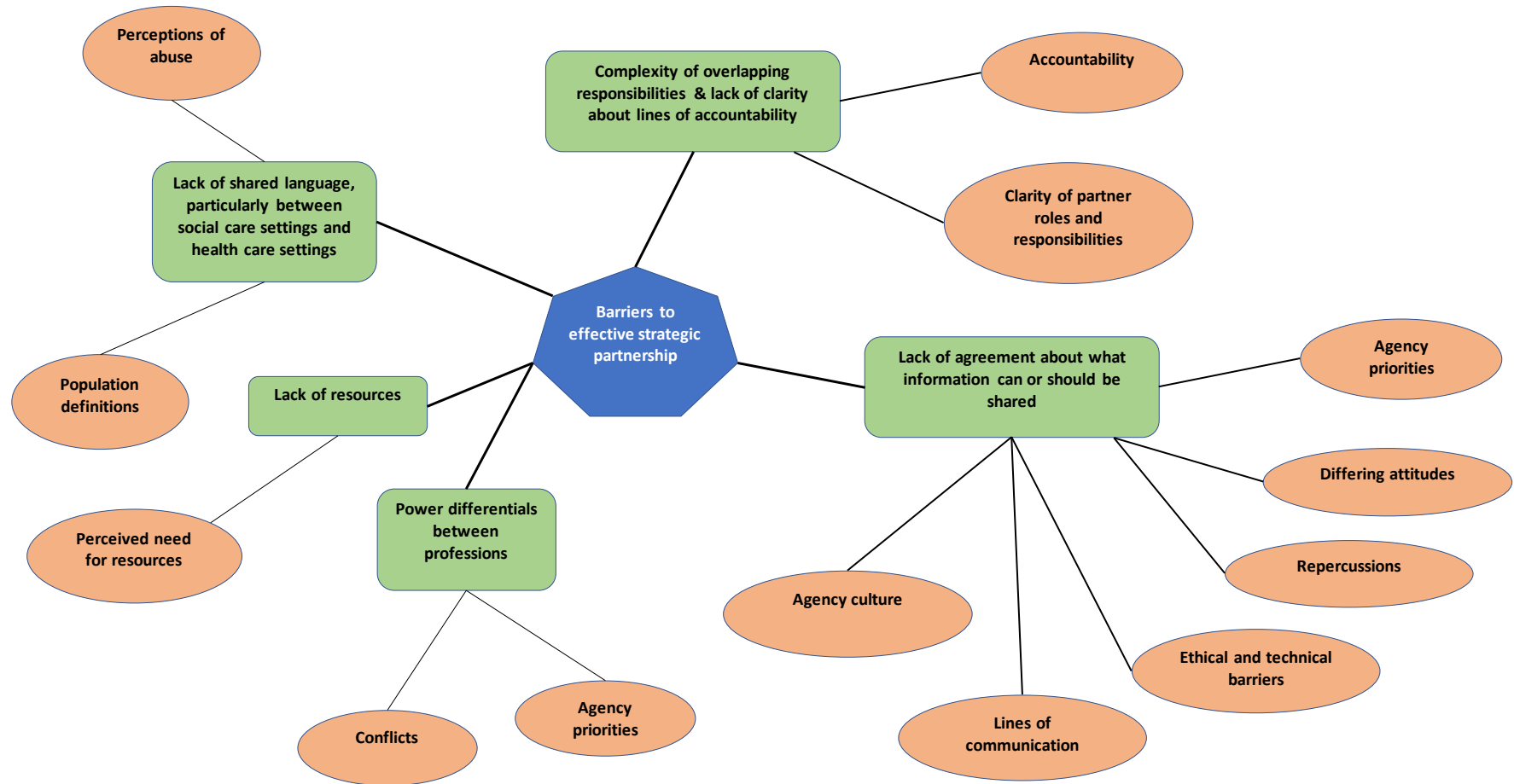
6 **Included studies**

7 This was a qualitative review with the aim of identifying the barriers and facilitators to effective strategic partnership working, information sharing
8 and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations.

9 One study was included in this review (McCreadie 2008). As per the protocol, the included study was conducted in the UK and provided data in
10 relation to barriers and facilitators to effective strategic partnership working. Data collection methods included in-depth one-to-one, or small group
11 interviews.

- 1 The study population included provider agencies in private and voluntary sectors (residential care staff). However, it also included populations
2 which did not meet the protocol criteria including, social services workers, police officers, and staff from the NHS, the National Care Services
3 Commission, housing departments, and community safety units.
- 4 The following concepts were identified through analysis of the included study:
- 5 • The team working, strategic planning, and leadership attitudes which contribute to effective strategic partnership, communication and timely
6 information sharing in the context of safeguarding adults living in or using care homes.
 - 7 • Specific barriers to strategic partnership working, either real or perceived, including:
 - 8 ○ The complexity of overlapping responsibilities and lack of clarity about lines of accountability.
 - 9 ○ Lack of shared language, particularly between social care settings (who use the terms 'safeguarding') and healthcare settings (who
10 tend to talk about 'risk').
 - 11 ○ Lack of agreement about what information can or should be shared.
 - 12 ○ Power differentials between professions.
 - 13 • Lack of resources.

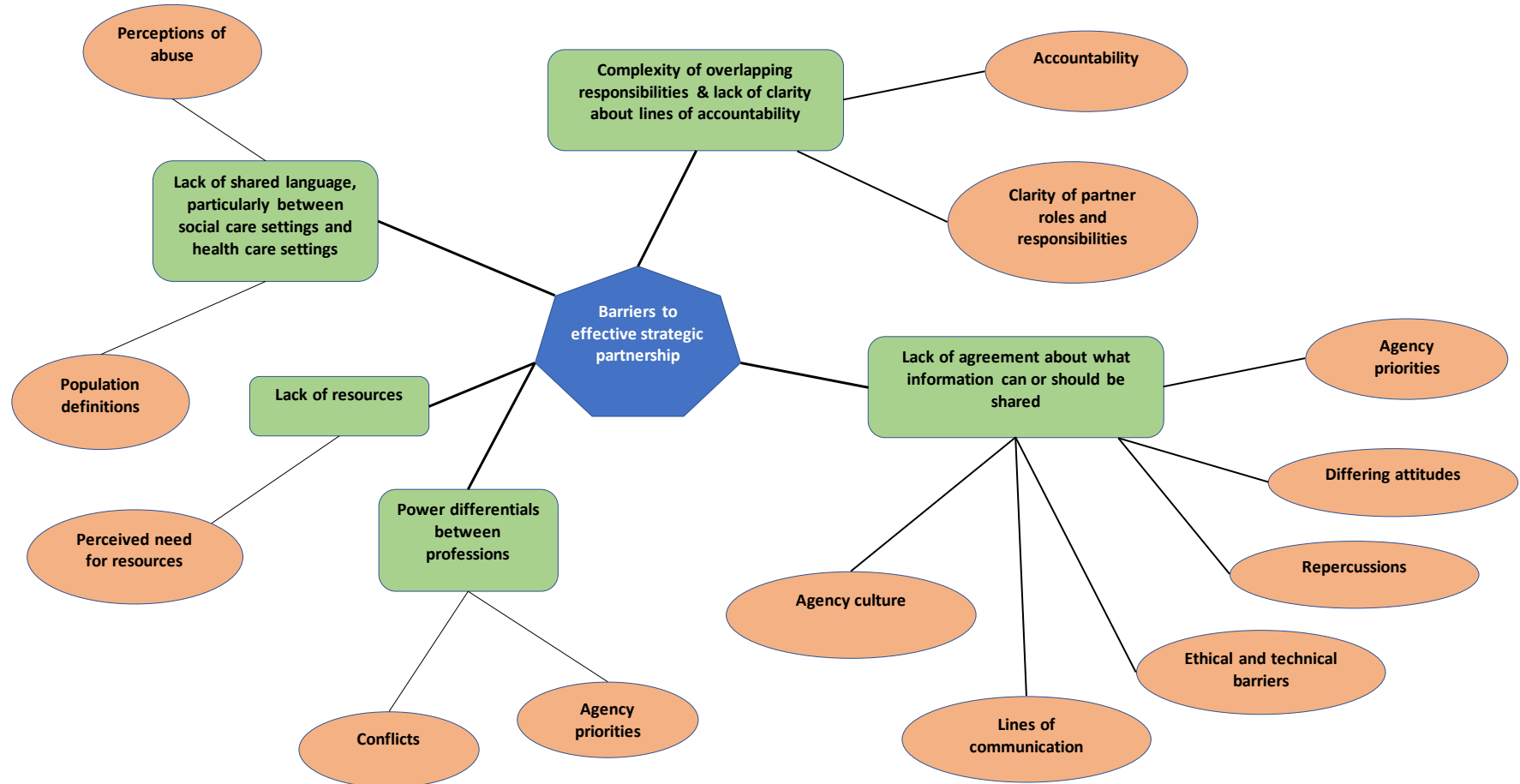
1 As shown in the theme maps (Figure 1 and



2

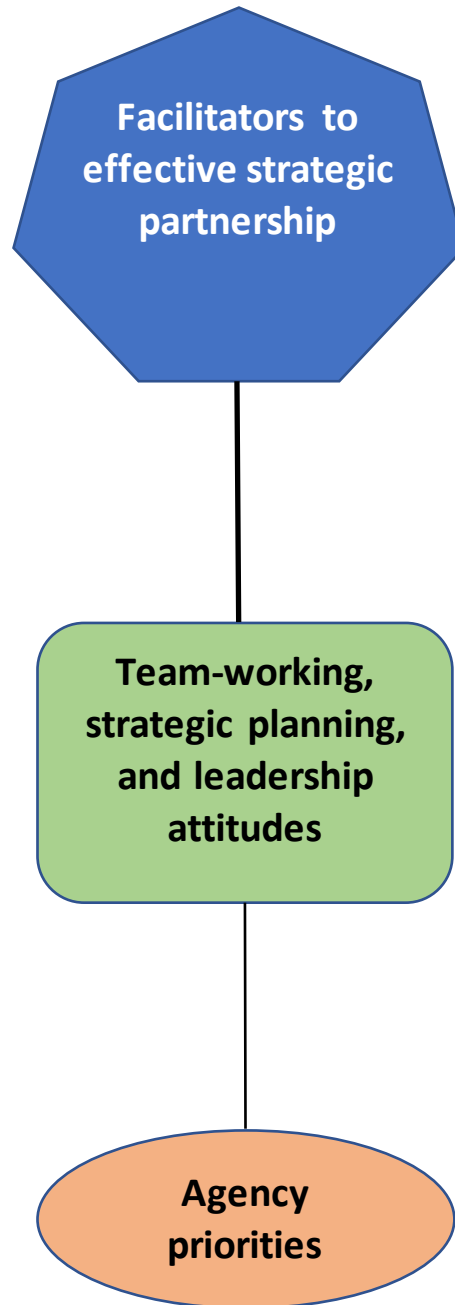
- 1 Figure 2), these concepts have been explored in a number of central themes and sub-
- 2 themes. Overarching themes are shown below in blue, central themes in green, and sub-
- 3 themes in brown.
- 4 See the literature search strategy in appendix B and study selection flow chart in appendix C.

1 **Figure 1: Theme map – Barriers to effective strategic partnership working**



2

1 **Figure 2: Facilitators for effective strategic partnership working**
2



3

1 Excluded studies

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

4 Summary of studies included in the evidence review

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

6 Table 2: Summary of included study

Study and aim of the study	Participants	Methods	Themes
<p>McCreadie 2008</p> <p>Study reporting structured interviews</p> <p>Aim of the study: To explore factors that influenced social workers' implementation of policy to protect older people from abuse.</p> <p>England</p>	<p>Sample size</p> <ul style="list-style-type: none"> local authorities, N=8 individuals, N=102. <p>Characteristics</p> <ul style="list-style-type: none"> staff from social services, n=56 (adult protection officers, n=4; senior managers, n=8; operational staff, n=19; support staff, n=25) police officers, n=11 NHS respondents, n=11 provider agencies in private and voluntary sector, n=18 National Care Services Commission, n=3 housing department staff, n=2 community safety unit staff, n=1. 	<p>Data collection</p> <ul style="list-style-type: none"> In-depth interviews conducted on a one-to-one basis or in small groups, organised around topic lists including respondents' roles in adult protection, the history of adult protection in their service area, the impact of the No Secrets guidance 2000 on intra-agency and inter-agency approaches, and levels of awareness of both abuse and the policy Interviews were tape-recorded 	<p>Barriers</p> <ul style="list-style-type: none"> Complexity of overlapping responsibilities and lack of clarity about lines of accountability: <ul style="list-style-type: none"> accountability clarity of partner roles and responsibilities. Lack of shared language, particularly between social care settings and healthcare settings: <ul style="list-style-type: none"> perceptions of abuse population definitions. Lack of agreement about what information can or should be shared: <ul style="list-style-type: none"> agency priorities differing attitudes ethical and technical barriers lines of communication repercussions agency culture. Power differentials between professions: <ul style="list-style-type: none"> agency priorities conflicts. Lack of resources: <ul style="list-style-type: none"> perceived need for resources. <p>Facilitators</p> <ul style="list-style-type: none"> The team working, strategic planning, and leadership attitudes:

Study and aim of the study	Participants	Methods	Themes
			<ul style="list-style-type: none"> ○ Agency priorities (embedding vulnerable adult protection responsibilities within existing infrastructure).

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

3 Quality assessment of outcomes included in the evidence review

4 A summary of the strength of evidence (overall confidence), assessed using GRADE-
5 CERQual, and quality of the evidence (overall methodological limitations), assessed using
6 the critical appraisal skills programme (CASP) checklist for qualitative studies, is presented
7 according to the main themes:

8 **Barriers**

- 9 • The complexity of overlapping responsibilities and lack of clarity about lines of
10 accountability:
- 11 ○ Clarity of partner roles and responsibilities. Overall methodological concerns
12 were considered to be moderate, and the overall confidence in this sub-theme
13 was judged to be very low.
 - 14 ○ Accountability. Overall methodological concerns for this sub-theme were also
15 considered to be moderate. The overall confidence in this sub-theme was also
16 judged to be very low.
- 17
- 18 • Lack of shared language, particularly between social care settings and healthcare
19 settings:
- 20 ○ Perceptions of abuse. Overall methodological concerns were considered to be
21 moderate, and the overall confidence in this sub-theme was judged to be very
22 low.
 - 23 ○ Population definitions. Overall methodological concerns for this sub-theme were
24 also considered to be moderate. The overall confidence in this sub-theme was
25 also judged to be very low.
- 26
- 27 • Lack of agreement about what information can or should be shared:
- 28 ○ Agency priorities. Overall methodological concerns were considered to be
29 moderate, and the overall confidence in this sub-theme was judged to be very
30 low.
 - 31 ○ Differing attitudes. Overall methodological concerns for this sub-theme were also
32 considered to be moderate. The overall confidence in this sub-theme was also
33 judged to be very low.
 - 34 ○ Repercussions. Overall methodological concerns for this sub-theme were also
35 considered to be moderate. The overall confidence in this sub-theme was also
36 judged to be very low.
 - 37 ○ Ethical and technical barriers. Overall methodological concerns for this sub-
38 theme were also considered to be moderate. The overall confidence in this sub-
39 theme was also judged to be very low.
 - 40 ○ Lines of communication. Overall methodological concerns for this sub-theme
41 were also considered to be moderate. The overall confidence in this sub-theme
42 was also judged to be very low.

- 1 ○ Agency culture. Overall methodological concerns for this sub-theme were also
2 considered to be moderate. The overall confidence in this sub-theme was also
3 judged to be very low.
4
- 5 • Lack of resources:
6 ○ Perceived need for resources. Overall methodological concerns were considered
7 to be moderate, and the overall confidence in this sub-theme was judged to be
8 very low:
9
- 10 • Power differentials between professions:
11 ○ Conflicts. Overall methodological concerns were considered to be moderate, and
12 the overall confidence in this sub-theme was judged to be very low.
13 ○ Agency priorities. Overall methodological concerns for this sub-theme were also
14 considered to be moderate. The overall confidence in this sub-theme was also
15 judged to be very low:

16 ***Facilitators***

- 17 • Team-working, strategic planning, and leadership attitudes:
18 ○ Agency priorities. Overall methodological concerns were considered to be
19 moderate, and the overall confidence in this sub-theme was judged to be very
20 low:
- 21 Evidence is summarised in GRADE-CERQual tables for qualitative data. See the evidence
22 profiles in appendix F for details.

23 **Economic evidence**

24 **Included studies**

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

27 **Economic model**

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

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

31 **Interpreting the evidence**

32 ***The outcomes that matter most***

33 This review focused on the barriers and facilitators to effective strategic partnership working,
34 information sharing and communication involving care homes, local authorities, Safeguarding
35 Adults Boards and local health organisations. To address this issue the review was designed
36 to include qualitative data and as a result the committee could not specify in advance the
37 data that would be located. Instead they identified the following main themes to guide the
38 review while recognising that not all the themes would necessarily be found in the literature
39 and that the list is not exhaustive as additional themes could have been identified:

- 40 • The ability or readiness of organisations to engage transparently, effectively and with
41 a broad range of strategic partners (including families, carers, advocates and
42 voluntary sector organisations) in the context of safeguarding adults living in or using
43 care homes.

- 1 • The ability or readiness of organisations to facilitate clear, comprehensive
2 communication and information sharing in the context of safeguarding adults living in
3 or using care homes.
- 4 • The team working, strategic planning, and leadership attitudes which contribute to
5 effective strategic partnership, communication and timely information sharing in the
6 context of safeguarding adults living in or using care homes.
- 7 • Specific barriers to strategic partnership working, either real or perceived, including:
- 8 ○ The complexity of overlapping responsibilities and lack of clarity about lines of
9 accountability.
- 10 ○ Lack of shared language, particularly between social care settings (who use the
11 term 'safeguarding') and healthcare settings (who tend to talk about 'risk').
- 12 ○ Lack of agreement about what information can or should be shared.
- 13 ○ Power differentials between professions.

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

- 16 • The team working, strategic planning, and leadership attitudes which contribute to
17 effective strategic partnership, communication and timely information sharing in the
18 context of safeguarding adults living in or using care homes.
- 19 • Specific barriers to strategic partnership working, either real or perceived, including:
- 20 ○ The complexity of overlapping responsibilities and lack of clarity about lines of
21 accountability.
- 22 ○ Lack of shared language, particularly between social care settings and
23 healthcare settings.
- 24 ○ Lack of agreement about what information can or should be shared.
- 25 ○ Power differentials between professions.

26 Despite addressing these themes, the included study was limited in terms of the level of
27 detail reported. Furthermore, the review did not identify data relating to the ability or
28 readiness of organisations to engage transparently, effectively and with a broad range of
29 strategic partners, or to the ability or readiness of organisations to facilitate clear,
30 comprehensive communication and information sharing. The review also identified an
31 additional theme relating to lack of resources and the committee used these data to help
32 inform their recommendations.

33 ***The quality of the evidence***

34 Evidence was available from 1 qualitative study which explored how local agencies within 8
35 local authorities interpreted the No Secrets guidance 2000 and put it into practice.

36 The evidence was assessed using GRADE-CERQual methodology and the overall
37 confidence in the review findings was found to be very low. As a result, the recommendations
38 were made partly based on the review findings, but supplemented with the committee's own
39 expertise, the requirements of the Care Act 2014, and also with reference to related National
40 Institute for Health and Care Excellence (NICE) guidelines. The review findings were
41 generally downgraded because of the methodological limitations of the included study, for
42 example, the provision of limited detail on analytical methods. The evidence was also
43 downgraded due to the relevance of the findings because the study included data from
44 populations which did not meet the protocol criteria (for example, social services workers,
45 police officers, and staff from the NHS). The findings were therefore not exclusively
46 applicable to care homes. However, the committee recognised that some themes identified in
47 the study still applied to care home settings and they agreed the data from other settings
48 could be extrapolated to inform the recommendations.

1 In addition, the committee noted that the included study was conducted before the
2 implementation of the Care Act 2014 and statutory guidance which introduced clear legal
3 requirements for how local authorities and other parts of the system should protect adults at
4 risk of abuse or neglect. The committee were therefore aware that some of the findings may
5 no longer be relevant because they have been addressed by the implementation of the Care
6 Act 2014. However, some findings remained and issue because they had not been
7 addressed by the Care Act 2014. The committee therefore agreed that it was appropriate to
8 extrapolate these data to address the review question.

9 The evidence was also downgraded due to the adequacy of data, because the themes were
10 supported by only 1 study which offered generally thin data.
11

12 **Benefits and harms**

13 **Policy and Procedure**

14 **Roles and responsibilities**

15 *Recommendations based on evidence relating to clarity of partner roles and responsibilities,* 16 *and lines of communication*

17 The evidence suggested uncertainty about the division of tasks, and roles and
18 responsibilities in relation to safeguarding between and within different health and social care
19 organisations. There were misunderstandings of others' roles, potentially contributing to the
20 uncertainty surrounding vulnerable adult protection processes.
21

22 The committee concurred with the evidence, however, overall confidence in this was very low
23 and the committee therefore agreed to draw on their own expertise and knowledge to
24 strengthen their recommendations. The aim of the recommendations was to ensure that care
25 homes have clear governance arrangements, policy and guidance that is clear about lines of
26 accountability for different aspects of safeguarding work stated in their safeguarding policy
27 and procedure. Through discussions based on the committee's own experience and
28 expertise, they identified specific ways of achieving this, for example, care homes identify
29 who is accountable for safeguarding practice within the care home (this will not always be the
30 safeguarding lead) and to make sure they are visible and accessible. In addition, care homes
31 should regularly audit care records to ensure that they are complete and available for any
32 future enquiries (by a range of organisations) . The committee emphasised the need for this
33 to be an ongoing, dynamic process. Having procedures in place within care homes will
34 provide staff with a clear structure on the different roles and responsibilities of others and
35 therefore where to obtain appropriate advice and support to manage safeguarding concerns.
36

37 Based on their own expertise, the committee were also keen to emphasise the importance of
38 all staff members – not just safeguarding leads – having a clear understanding of their own
39 roles and responsibilities in relation to safeguarding and the implications for their day to day
40 work. The committee were clear about the benefits of everyone involved with a safeguarding
41 concern being clear about their roles and responsibilities within the process because this
42 should ensure that safeguarding concerns are reported more consistently and rigorously,
43 identifying how and to whom concerns should be reported and where to seek additional
44 advice if concerns need to be escalated.
45

46 **Local authority and other public sector commissioners**

47 *Recommendations based on evidence relating to clarity of partner roles and responsibilities,* 48 *and accountability*

49
50 Based on the limited evidence highlighting uncertainty about the division of tasks and the
51 division of roles and responsibilities in relation to safeguarding between and within different

1 health and social care organisations, the committee also agreed that it is important to make
2 recommendations to emphasise the role of local authority and other public sector
3 commissioners in ensuring that care homes fulfil their contractual and statutory safeguarding
4 responsibilities. The committee agreed that whilst this issue was generally accepted as
5 important there is variability in the extent to which commissioners take on this role. The
6 committee agreed that monitoring should be an integral part of contract management
7 processes and should cover issues such as record keeping. The committee also agreed that
8 this should be done on a more proactive basis, and should aim to provide meaningful quality
9 assurance. This would have the benefit of increasing compliance, reducing variation within
10 and across local authorities and ensuring that all organisations are aware of the expectation
11 placed upon them. The benefits of the recommendations about commissioner responsibilities
12 would include increased identification of abuse and neglect and improvements in the level of
13 care for residents at risk. Given the very low confidence in the evidence, the committee also
14 drew on their own expertise and experience and recognised additional benefits including a
15 reduction in stress and uncertainty among staff resulting from a clearer understanding about
16 when, how and to whom to make these reports. This is likely to further reduce the risk of
17 under-reporting, ensuring that individuals at risk of harm are receiving appropriate care and
18 that effective safeguarding is taking place.

19 However, based on their experience and expertise, the committee recognised there may be
20 potential harms (or disadvantages), particularly when implementing this recommendation, as
21 it may be associated with an increase in reports of safeguarding concerns that is not justified,
22 or suspension of a member of staff who it is later shown not to have been at fault and who
23 may be stigmatised as a result. However, the committee believe that the likelihood of this is
24 low if all general principles and procedures are followed and clear guidance on who to
25 contact under different circumstances is included (i.e. ensuring that named contacts are kept
26 up-to-date when staff leave the care home, particularly important in care homes in which
27 there is high turnover to avoid delays in reporting and managing safeguarding concerns).
28 The committee also agreed that reporting errors may be a useful source of learning that can
29 be used as part of reflective practice to improve staff understanding of when and how to
30 report things concerns.

31
32 The overarching benefit would be removing reported barriers to smooth working
33 relationships, which should in turn mean that safeguarding concerns are more likely to be
34 reported and in an appropriate and timely manner. The recommendations also reflect the
35 different agency roles specified in the Care Act 2014 and may lead to more consistent
36 implementation with the Care Act 2014.

37 *Recommendations based on evidence relating to accountability*

38 Overall confidence in the evidence presented to the committee was considered very low, but
39 included data relating to record keeping, which highlighted concerns that health and social
40 care organisations and individual staff may be using recording processes in a defensive
41 manner to avoid being held accountable for actions or inactions that might prove to result in
42 unfavourable outcomes. Based on the limited evidence, but also their own experience and
43 knowledge, the committee discussed who is responsible for auditing care records to ensure
44 that they are compliant with procedures; whether this is the role of local Safeguarding Adults
45 Boards, or the responsibility of care home managers or deputy managers. The committee
46 acknowledged situations where the care home manager may be the alleged abuser and
47 discussed potential solutions, for example, encouraging peer to peer review of audit records.
48 The committee acknowledged that this idea was not supported by the evidence but they
49 agreed it was an important consideration in making the recommendations. There were
50 further discussions relating to external audit of care records, however, it was noted that the
51 Care Quality Commission only visits a care home if they have been made aware of a
52 safeguarding concern, or as part of an inspection which can take place up to every 3 years.
53 For these reasons the committee concluded that responsibility for ensuring that care homes
54 are maintaining accurate records about safeguarding should lie with local authority and other

1 public sector commissioners and should be built in to contract management processes, for
2 example through regular quality assurance checks. This should ensure that care homes are
3 following procedures and providing complete and accurate records, which should identify any
4 potential areas of concern and should in turn help minimise potential risk of abuse or neglect
5 and ensure the safety of care home residents. The committee also anticipated that this
6 approach is likely to increase compliance and transparency and reduce variation across
7 agencies and a local authority area.

8
9 Based partly on the limited evidence but supplemented with their own experience and
10 expertise, the committee also made a recommendation to reflect that record keeping should
11 enable accountability rather than prevent it, by ensuring that care homes maintain accurate
12 records about safeguarding and that this should be part of contract management. The
13 committee anticipated that the benefit would be a reduction in the use of records to shield
14 individual organisations from liability or divert blame for actions or inactions that may result in
15 unfortunate outcomes. The recommendations should also enable individuals and
16 organisations to reflect on practice and identify areas that need improvement so that
17 appropriate actions can be taken to ensure that improvements are implemented.

18 The committee were aware that there may be harms (disadvantages) in terms of compliance
19 with ensuring care records are transparent and available where organisations may favour
20 limiting accountability and masking errors. However, by ensuring that local authority and
21 other public sector commissioners monitor care records, such occurrences are more likely to
22 be reduced.

23 Based on their own experience and expertise, the committee considered that, overall, the
24 benefits are likely to outweigh the potential harms; improving understanding of lines of
25 accountability and improving compliance and transparency in record keeping is likely to
26 improve the overall safety and quality of care for care home residents.

27

28 **Safeguarding Adults Boards**

29 *Recommendations based on evidence relating to clarity of partner roles and responsibilities,*
30 *and lines of communication*

31 The committee agreed, based on their own expertise, that the problems identified by the low-
32 quality evidence (that is, misunderstandings of other organisations' roles in safeguarding)
33 should also be addressed by assigning responsibility to Safeguarding Adults Boards because
34 they have an overarching responsibility to ensure that different health and social care
35 organisations collaborate and co-operate with one another. For example, Safeguarding
36 Adults Boards should seek assurances from local authorities that there are clear lines of
37 communication in place between commissioners, safeguarding leads in care homes, and
38 care home providers. Safeguarding Adults Boards and sub-groups to the Board should
39 ensure that issues relevant to care homes are considered in their strategic planning and
40 annual reporting.

41 Based on their own expertise and experience of similar scenarios, the committee considered
42 that, overall, the benefits from ensuring clear lines of communication between commissioners
43 and care homes are likely to outweigh the potential harms for staff, health and social care
44 organisations and individuals, and improve the identification and appropriate escalation of
45 safeguarding concerns.

46 *Recommendations based on evidence relating to conflicts between professions and agency*
47 *priorities*

48

49 The evidence presented to the committee suggested that conflicts sometimes arise between
50 different agencies because more than 1 agency claims the right to preside over a potential
51 safeguarding enquiry. However, the committee pointed out that the evidence was very limited
52 (overall confidence in the findings was very low) and pre-dates the Care Act 2014, which in

1 their view, addressed this issue. Based on their own experience and expertise, the
2 committee did however agree that misunderstandings and conflicts do still arise throughout
3 the process of safeguarding enquiries.
4

5 The committee were aware of the benefits and disadvantages in relation to 1 agency
6 presiding over potential safeguarding enquiries. Each agency has a responsibility and a role
7 to play in safeguarding procedures, but these may be misunderstood within and across
8 organisations if individuals and organisations do not understand what each other's roles and
9 responsibilities are. This has been addressed by the recommendations made by the
10 committee for this review question but it also applies here as misunderstandings may give
11 rise to conflicts between individuals and different organisations. Within a collaborative
12 working structure, if 1 organisation claims to preside over a safeguarding concern, other
13 organisations may then relinquish their responsibilities or be excluded from the process of
14 implementing procedures. Alternatively, organisations may not have the authority over others
15 to ensure compliance with safeguarding procedures. Both situations, in turn, may result
16 abuse and/or neglect in care homes not being reported.
17

18 Escalation procedures that are relevant to care homes will ensure that safeguarding issues
19 are dealt with in a timely fashion and ensure that the well-being of the person at risk remains
20 central.
21

22 Based on their own experience and expertise, the committee agreed that, overall, the
23 anticipated benefits of these recommendations are likely to outweigh the potential harms;
24 minimising conflicts between individuals and organisations and ensuring partners are
25 working together will ensure effective procedures are in place to protect the person at risk.

26 *Recommendations based on evidence relating to perceptions of abuse, agency priorities,*
27 *and ethical and technical barriers*

28 Misunderstandings about defining a safeguarding concern had been demonstrated by the
29 low quality evidence presented in relation to different agencies perceptions of abuse and
30 their response to suspected signs of abuse; highlighting the need for clear guidance on the
31 distinction between a safeguarding concern from an incident of poor practice. The evidence
32 relating to ethical and technical barriers also indicated that confidentiality and data protection
33 rules were perceived to hamper information sharing across health and social care
34 organisations. Given the limitations of the evidence, the committee agreed, based on both
35 the evidence and their own experience and expertise, that the most effective means of
36 addressing these uncertainties was to recommend that Safeguarding Adults Boards should
37 seek assurances that the mandatory training provided to care home staff takes a multi-
38 agency approach. Based on their own experience and expertise, the committee agreed that,
39 overall, the anticipated benefits of these recommendations are likely to outweigh the potential
40 harms; enabling Safeguarding Adults Boards to ensure that their local partners are working
41 together effectively to ensure the safety, and health and well-being of care home residents.

42 *Recommendations based on evidence relating to repercussions*

43 Data from the evidence review showed that practitioners were concerned about reporting
44 abuse because of the perceived consequences for organisations in terms of workload and
45 the willingness of those organisations to participate in future collaborative working. The
46 committee acknowledged that this attitude, which the evidence suggested led to reluctance
47 to raise concerns, puts residents at risk. The committee therefore agreed, on the basis of
48 both their own experiences and the very low quality evidence that Safeguarding Adults
49 Boards should include issues relevant to care homes in their strategic planning and their
50 annual report. For example, in relation to perceived barriers to effective safeguarding
51 practice, such as workload and staffing levels.

1 The committee recognised the challenges faced by care homes and partner organisations in
2 working collaboratively whilst also trying to avoid placing too great a burden on local
3 partners. The committee were aware that a failure to work collaboratively may result in care
4 homes or other partners investigating safeguarding concerns in isolation, which may reduce
5 the objectivity of an investigation or may result in poor quality findings if staff are not skilled to
6 undertake investigations themselves. There may also be situations where care homes or
7 other partners may not welcome input from other organisations (which may be seen as an
8 intrusion or an unnecessary escalation.

9 Conversely, the committee believe that working collaboratively with local partners may
10 relieve pressure on care homes and help to provide a more objective view, particularly in
11 cases where the partner organisation has similar experience and is able to shared relevant
12 best practice.

13 Based on their expertise and experience of similar scenarios, the committee agreed that,
14 overall, the anticipated benefits of recommending that Safeguarding Adults Boards ensure
15 that issues relevant to care homes are included in their strategic planning are likely to
16 outweigh the potential harms; and proactively engaging with these issue will help to ensure
17 that good practice is further embedded within care homes and reduce the likelihood of
18 situations in which vulnerable adults are put at risk.

19 **Cost-effectiveness and resource use**

20 The committee recognised that commissioners should already be ensuring that care homes
21 are maintaining accurate records about safeguarding, in accordance with contract
22 management, and the recommendations should not have significant resource implications.
23 Implementation of the recommendations may require commissioners to do more to promote
24 good communications and working relationships with care homes to promote best practice,
25 but this could be achieved without the need for additional resources.

26 This was a qualitative review and therefore it was not possible for the committee to formally
27 address the cost-effectiveness of recommendations arising from the evidence. Therefore, the
28 committee made qualitative assessments about cost-effectiveness when making their
29 recommendations. The committee did not consider that having clear governance
30 arrangements would incur significant costs and that any additional costs incurred would
31 represent a cost-effective use of resources given the expectation that such arrangements
32 help ensure that individuals at risk of harm receive the appropriate care. The committee
33 acknowledged that there would be some costs to local authorities in ensuring that processes
34 were in place through monitoring and contract management but again they thought that
35 these costs would be small relative to the benefits obtained from a clearer understanding
36 about roles and responsibilities. Furthermore, whilst acknowledging variation in practice the
37 committee noted that their recommendations would reflect current practice in some places
38 and often reflected the Care Act 2014 and statutory guidance.

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

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

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

1 When making the recommendations, the committee also aimed to respect individual needs
2 and basic human rights, at the same time aiming to provide the most benefit for the greatest
3 number of people. The committee were aware that safeguarding adults involves a wider
4 range of individuals and organisations (including the care homes and care home providers,
5 individual health and social care practitioners who work with care home residents, and also
6 local authorities and commissioners). The committee also highlighted and took into account
7 the need to consider the inequalities that exist between different organisations to ensure
8 fairness and least impact on resources. For example, different care homes will have varying
9 levels of staffing and finances.
10

11 **References**

12 **McCreadie 2008**

13 McCreadie, C., Ambiguity and cooperation in the implementation of adult protection policy,
14 Social Policy and Administration, 42, 248-266, 2008

15

1 Appendices

2 Appendix A – Review protocol

3 Review protocol for review question F: What are the barriers and facilitators to effective strategic partnership working, 4 information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local 5 health organisations?

6 **Table 3: Review protocol for question F: What are the barriers and facilitators to effective strategic partnership working, information
7 sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health
8 organisations?**

ID	Field (based on <u>PRISMA-P</u>)	Content
0.	PROSPERO registration number	CRD42019160539
1.	Review title	Strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations.
2.	Review question	What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?
3.	Objective	<ul style="list-style-type: none"> • To establish which individual, systemic, and organisational factors promote (for example, facilitators) effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations. • To establish which individual, systemic, and organisational factors hinder (that is, barriers) effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations.
4.	Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> • Cochrane Database of Systematic Reviews (CDSR) • Cochrane Central Register of Controlled Trials (CENTRAL) • MEDLINE & Medline in Process

ID	Field (based on <u>PRISMA-P</u>)	Content
		<ul style="list-style-type: none"> • Embase • CINAHL • PsycINFO • ASSIA • IBSS • Social Policy and Practice • Social Science Database • Social Services Abstracts • Sociological Abstracts. <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> • date limit - 2008 onwards (see rationale under Section 10) • English language • human studies • qualitative studies filter. <p>Other searches: Additional searching may be undertaken if required (for example, reference or citation searching).</p> <p>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.</p> <p>The full search strategies for MEDLINE database will be published in the final review.</p>
5.	Condition or domain being studied	Partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations
6.	Population	<p>Inclusion:</p> <ul style="list-style-type: none"> • People working in care homes. • People working with care homes.

ID	Field (based on PRISMA-P)	Content
		<ul style="list-style-type: none"> • Practitioners in local authorities and local health organisations. • Members of Safeguarding Adults Boards. • People visiting care homes. • Adults accessing care and support in care homes (and their friends and families). <p>Exclusion: The scope of the guideline is safeguarding adults living in or using care homes. Therefore, people under 18 years of age who access support in care homes are excluded.</p>
7.	Intervention/Exposure/Test	Strategic partnership working, information sharing and communication in the context of safeguarding adults living in or using care homes.
8.	Comparator/Reference standard/Confounding factors	Not relevant in a qualitative review.
9.	Types of study to be included	<p>Published full-text papers only</p> <ul style="list-style-type: none"> • 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. Also, surveys conducted by Action on Elder Abuse and Age UK. <p>Exclusions:</p> <ul style="list-style-type: none"> • Purely quantitative studies (including surveys reporting only quantitative data).
10.	Other exclusion criteria	<p>Only studies conducted in the UK will be included.</p> <p>Studies conducted in congregate care settings.</p> <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • Conference abstracts. • Articles published before 2008.

ID	Field (based on <u>PRISMA-P</u>)	Content
		<ul style="list-style-type: none"> • Papers that do not include methodological details will be excluded as they do not provide sufficient information to evaluate risk of bias/quality of study (for example, editorials and opinion pieces). • Non-English language articles. • Studies conducted in acute hospital settings.
11.	Context	No previous guidelines will be updated by this review question.
12.	Primary outcomes (critical outcomes)	<p>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):</p> <ul style="list-style-type: none"> • The ability or readiness of organisations to engage transparently, effectively and with a broad range of strategic partners (including families, carers, advocates and voluntary sector organisations) in the context of safeguarding adults living in or using care homes. • The ability or readiness of organisations to facilitate clear, comprehensive communication and information sharing in the context of safeguarding adults living in or using care homes. • The team-working, strategic planning, and leadership attitudes which contribute to effective strategic partnership, communication and timely information sharing in the context of safeguarding adults living in or using care homes. • Specific barriers to strategic partnership working, either real or perceived, including: <ul style="list-style-type: none"> ○ The complexity of overlapping responsibilities and lack of clarity about lines of accountability. ○ Lack of shared language, particularly between social care settings (who use the term 'safeguarding') and healthcare settings (who tend to talk about 'risk'). ○ Lack of agreement about what information can or should be shared. ○ Power differentials between professions.
13.	Secondary outcomes (important outcomes)	Not relevant.
14.	Data extraction (selection and coding)	For details please see section 4.5 of Developing NICE guidelines: the manual 2014
15.	Risk of bias (quality) assessment	The methodological quality of each study will be assessed using a preferred checklist. For full details please see section 6.2 of Developing NICE guidelines: the manual

ID	Field (based on PRISMA-P)	Content																		
16.	Strategy for data synthesis	Synthesis and grading of relevant themes identified in the studies will be conducted by the systematic reviewer. GRADE-CERQual will be used to record the overall quality of findings from the thematic analysis. For a full description of methods see supplementary material A.																		
17.	Analysis of sub-groups	As this is a qualitative review sub-group analysis is not possible. However, if data allow, the review will include information regarding differences in views held between certain groups or in certain settings wherever possible (that is, if information in relation to these are reported by the included studies).																		
18.	Type and method of review	<input type="checkbox"/> Intervention <input type="checkbox"/> Diagnostic <input type="checkbox"/> Prognostic <input checked="" type="checkbox"/> Qualitative <input type="checkbox"/> Epidemiologic <input type="checkbox"/> Service Delivery <input type="checkbox"/> Other (please specify)																		
19.	Language	English																		
20.	Country	England																		
21.	Anticipated or actual start date	July 2019																		
22.	Anticipated completion date	October 2020																		
23.	Stage of review at time of submission	<table border="1"> <thead> <tr> <th>Review stage</th> <th>Started</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Preliminary searches</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Piloting of the study selection process</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Formal screening of search results against eligibility criteria</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Data extraction</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Risk of bias (quality) assessment</td> <td>Yes</td> <td>Yes</td> </tr> </tbody> </table>	Review stage	Started	Completed	Preliminary searches	Yes	Yes	Piloting of the study selection process	Yes	Yes	Formal screening of search results against eligibility criteria	Yes	Yes	Data extraction	Yes	Yes	Risk of bias (quality) assessment	Yes	Yes
Review stage	Started	Completed																		
Preliminary searches	Yes	Yes																		
Piloting of the study selection process	Yes	Yes																		
Formal screening of search results against eligibility criteria	Yes	Yes																		
Data extraction	Yes	Yes																		
Risk of bias (quality) assessment	Yes	Yes																		

ID	Field (based on PRISMA-P)	Content		
		Data analysis	Yes	Yes
24.	Named contact	<p>5a. Named contact National Guideline Alliance</p> <p>5b Named contact e-mail SafeguardingAdults@nice.org.uk</p> <p>5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and the National Guideline Alliance</p>		
25.	Review team members	<p>From the National Guideline Alliance:</p> <ul style="list-style-type: none"> • Jennifer Francis [Technical lead] • Ted Barker [Technical analyst] • Fiona Whiter [Technical analyst] • Ifigeneia Mavranouzouli [Health economist] • Elise Hasler [Information scientist]. 		
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.		
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.		
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual . Members of the guideline committee		

ID	Field (based on PRISMA-P)	Content
		are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10107/documents
29.	Other registration details	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019160539
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: <ul style="list-style-type: none"> • Notifying registered stakeholders of publication. • Publicising the guideline through NICE's newsletter and alerts. • Issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Safeguarding in care homes/ safeguarding adults/ strategic partnership working/ communication and information sharing.
33.	Details of existing review of same topic by same authors	Not applicable.
34.	Current review status	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Completed but not published <input type="checkbox"/> Completed and published <input type="checkbox"/> Completed, published and being updated <input type="checkbox"/> Discontinued
35.	Additional information	
36.	Details of final publication	www.nice.org.uk

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

4

5

Appendix B – Literature search strategies

Literature search strategies for review question F:

What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

Database(s): Medline & Embase (Multifile)

Last searched on **Embase Classic+Embase** 1947 to 2019 July 01, **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to June 27, 2019

Date of last search: 3rd July 2019

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

#	Searches
1	Elder Abuse/ use ppez
2	(elder abuse/ or elderly abuse/) use emczd
3	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
4	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
5	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 (safeguard\$ or protect\$)).mp.
6	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ population\$)).tw.
7	((adult adj safeguard\$) or (safeguard\$ adj adult\$) or (adult adj protection\$) or (protect\$ adj adult\$)).mp.
8	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
9	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8
10	(multiagenc\$ or multi-agenc\$ or multi\$ agenc\$ or multisector\$ or multi-sector\$ or multi\$ sector\$ or multiprofession\$ or multi-profession\$ or multi\$ profession\$ or multidisciplin\$ or multi-disciplin\$ or multi\$ disciplin\$ or interagenc\$ or inter-agenc\$ or inter\$ agenc\$ or intersector\$ or inter-sector\$ or inter\$ sector\$ or interprofession\$ or inter-profession\$ or inter\$ profession\$ or interdisciplin\$ or inter-disciplin\$ or inter\$ disciplin\$).mp.
11	((local authorit\$ or care home\$ or nursing home\$ or safeguard\$ board\$ or respite care or residential home\$ or residential facility\$) adj5 (partner\$ or collaborat\$)).mp.
12	((partnership\$ or collaborat\$) adj working\$).mp.
13	(joint adj (health\$ or strateg\$)).mp.
14	(common adj definition\$).mp.
15	(information adj sharing).mp.
16	(lesson\$ adj learn\$).mp.
17	(best adj practice\$).mp.
18	(communicat\$ adj3 (multi\$ or inter\$)).mp.
19	(direct adj communication).mp.
20	(engag\$ adj5 (safeguard\$ or protect\$ or stakeholder\$ or self-neglect\$)).mp.
21	(organi\$ adj5 (adult safeguard\$ or adult protect\$)).mp.
22	((operational or speciali\$) adj2 team\$).mp.
23	governance.mp.
24	10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23
25	9 and 24
26	limit 25 to english language
27	limit 26 to yr="2008 -Current" General exclusions filter applied

Database(s): Cinahl Plus

Date of last search: 3rd July 2019

#	Searches
S23	S7 AND S22 Limiters - Publication Year: 2008-2019; English Language
S22	S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21
S21	governance
S20	((operational or speciali*) N2 team*)
S19	(organi* N5 (adult safeguard* or adult protect*))
S18	(engag* N5 (safeguard* or protect* or stakeholder* or self-neglect*))

#	Searches
S17	direct communication
S16	(communicat* N3 (multi* or inter*))
S15	best practice*
S14	lesson* learn*
S13	information sharing
S12	common definition*
S11	(joint N1 (health* or strateg*))
S10	((partnership* or collaborat*) N1 working*)
S9	((local authorit* or care home* or nursing home* or safeguard* board* or respite care or residential home* or residential facility*) N5 (partner* or collaborat*))
S8	(multiagenc* or multi-agenc* or multi* agenc* or multisector* or multi-sector* or multi* sector* or multiprofession* or multi-profession* or multi* profession* or multidisciplin* or multi-disciplin* or multi* disciplin* or interagenc* or inter-agenc* or inter* agenc* or intersector* or inter-sector* or inter* sector* or interprofession* or inter-profession* or inter* profession* or interdisciplin* or inter-disciplin* or inter* disciplin*)
S7	S1 OR S2 OR S3 OR S4 OR S5 OR S6
S6	(adult* social* care* or adult* protective* service* or elder* protective* service*)
S5	((adult N1 safeguard*) or (safeguard* N1 adult*) or (adult N1 protection*) or (protect* N1 adult*))
S4	((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*))
S3	((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 (safeguard* or protect*))
S2	((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*))
S1	(MH "Elder Abuse")

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

Date of last search: 3rd July 2019

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

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

Date of last search: 3rd July 2019

Economics Search

Database(s): Medline & Embase (Multifile)

Embase Classic+Embase 1947 to 2019 December 03, **Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily** 1946 to December 03, 2019

Date of last search: 4th December 2019

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

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

#	Searches
50	(modern\$ adj3 slave\$).tw.
51	(neglect or self-neglect or self neglect).tw.
52	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).tw.
53	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
58	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
59	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
60	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
61	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
62	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ population\$)).tw.
63	(family adj violence\$).tw,kw.
64	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63
65	(elderly or old age or aged or older adult\$ or frail or vulnerabl\$ or mental health or mental-health or residential or institution\$ or respite\$ or long term\$ or long-term\$ or nursing home\$1 or care home\$1 or home care\$).m_titl.
66	(abuse\$ or restrain\$ or violen\$ or rape or neglect\$ or selfneglect\$ or self-neglect\$ or slave\$ or safeguard\$ or safe-guard\$ or mistreat\$ or protect\$ or harm\$).m_titl.
67	Economics/ use ppez
68	Value of life/ use ppez
69	exp "Costs and Cost Analysis"/ use ppez
70	exp Economics, Hospital/ use ppez
71	exp Economics, Medical/ use ppez
72	Economics, Nursing/ use ppez
73	Economics, Pharmaceutical/ use ppez
74	exp "Fees and Charges"/ use ppez
75	exp Budgets/ use ppez
76	health economics/ use emczd
77	exp economic evaluation/ use emczd
78	exp health care cost/ use emczd
79	exp fee/ use emczd
80	budget/ use emczd
81	funding/ use emczd
82	budget*.ti,ab.
83	cost*.ti.
84	(economic* or pharmaco?economic*).ti.
85	(price* or pricing*).ti,ab.
86	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
87	(financ* or fee or fees).ti,ab.
88	(value adj2 (money or monetary)).ti,ab.
89	or/67-88
90	26 and 54 and 89
91	64 and 89
92	54 and 65 and 89
93	26 and 66 and 92
94	90 or 91 or 92 or 93
95	limit 94 to yr="2014 -Current"
96	Quality-Adjusted Life Years/ use ppez
97	Sickness Impact Profile/
98	quality adjusted life year/ use emczd
99	"quality of life index"/ use emczd
100	(quality adjusted or quality adjusted life year*).tw.
101	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
102	(illness state* or health state*).tw.
103	(hui or hui2 or hui3).tw.
104	(multiattribute* or multi attribute*).tw.
105	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
106	utilities.tw.

#	Searches
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.
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

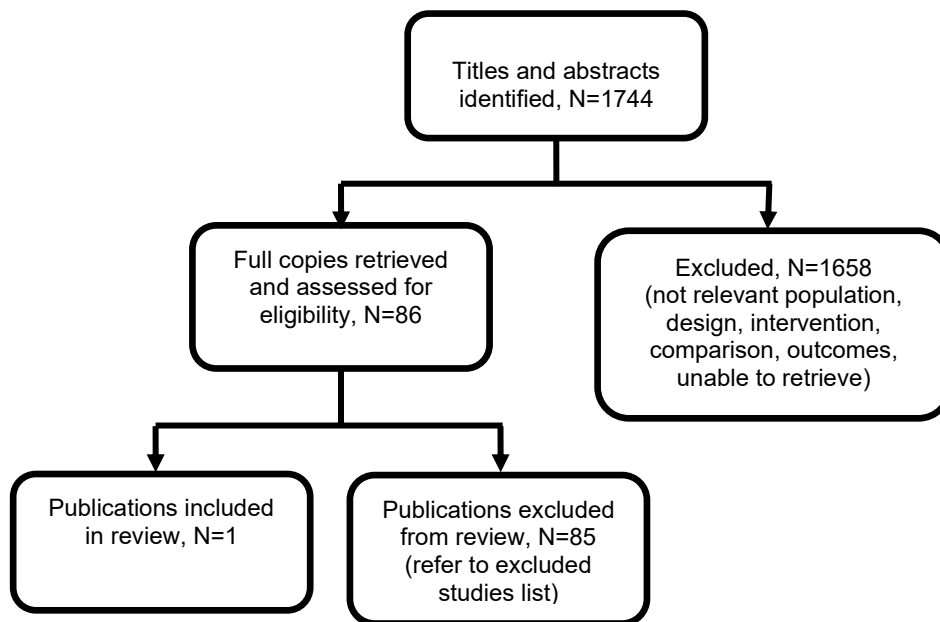
Line	Search
1	MeSH DESCRIPTOR Long-Term Care EXPLODE ALL TREES
2	(((((long term* or long-term*) NEAR1 care)))
3	MeSH DESCRIPTOR Respite care EXPLODE ALL TREES
4	((respite* NEAR1 care))
5	MeSH DESCRIPTOR institutional practice EXPLODE ALL TREES
6	MeSH DESCRIPTOR Nursing Homes EXPLODE ALL TREES
7	MeSH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

Line	Search
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*)):T1
46	((abuse* or restrain* or violen* or rape or neglect* or selfneglect* or self-neglect* or slave* or safeguard* or safe-guard* or mistreat* or protect* or harm*)):T1
47	#20 AND #36
48	#20 AND #46
49	#36 AND #45
50	#44 OR #47 OR #48 OR #49
51	* IN NHSEED, HTA
52	#50 AND #51
53	((care-related quality of life)) IN NHSEED, HTA
54	((((capability* or capability-based*) NEAR1 (measure* or index or instrument*)))) IN NHSEED, HTA
55	((social care outcome*)) IN NHSEED, HTA
56	((social care NEAR (utility or utilities))) IN NHSEED, HTA
57	#52 OR #53 OR #54 OR #55 OR #56

Appendix C – Evidence study selection

Study selection for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

Figure 3: Study selection flow chart



Appendix D – Evidence tables

Evidence tables for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

Table 4: Evidence tables for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

Study details	Participants	Methods	Findings	Methodological quality
<p>Full citation</p> <p>McCreadie, A., Ambiguity and cooperation in the implementation of adult protection policy, Social Policy and Administration, 42, 248-266, 2008</p> <p>Ref Id</p> <p>1003737</p> <p>Aim of the study</p> <p>To assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.</p> <p>Country/ies where study carried out</p> <p>England</p>	<p>Sample size</p> <p>N=8 local authorities (n=3 county councils: North, Midlands, South-West; n=2 metropolitan councils: North, Midlands; n=2 unitary councils: South, South-East; n=1 outer London Borough)</p> <p>N=102 individuals: n=56 staff from social services (n=4 adult protection officers, n=8 senior managers, n=19 operational staff, n=25 support staff); n=11 police officers; n=11 NHS respondents; n=18 provider agencies in private and voluntary sector; n=3 National Care Services Commission; n=2 housing department staff; n=1 community safety unit staff.</p> <p>Characteristics</p>	<p>Setting</p> <p>Participants worked within different sectors of local authorities across different settings, including care homes/residential nursing homes.</p> <p>Sample selection</p> <p>Local agencies were selected based on questionnaire responses and type of local authority as determined by Stage I of the research (surveys of social services departments in England).</p> <p>Data collection</p> <p>In-depth interviews were conducted on a one-to-one basis or in small groups, and were organised around topic lists including respondents'</p>	<p>The author reported data about the following themes and sub-themes:</p> <p>Barriers</p> <ul style="list-style-type: none"> Complexity of overlapping responsibilities and lack of clarity about lines of accountability: <ul style="list-style-type: none"> Accountability. "I think the detail of this and the paperwork are protection mechanisms, first of all to prevent well meaning people falling into traps." [Voluntary sector] [McCreadie 2008; p 255] Clarity of partner roles and responsibilities (multi-agency 	<p>Limitations (assessed using the CASP checklist for qualitative studies)</p> <p>Clear statement of aims and appropriate methodology? Yes.</p> <p>Was the research design appropriate to address the study aims? Yes. The authors used individual or small group interviews to explore inter-agency working relationships.</p> <p>Was the recruitment strategy appropriate to the study aims? Yes. The authors provided some explanation as to how and why participants were selected.</p> <p>Data collected in a way that addressed the research issue? Yes. The</p>

Study details	Participants	Methods	Findings	Methodological quality
<p>Study dates</p> <p>Not reported.</p> <p>Source of funding</p> <p>The Nuffield Foundation.</p>	<p>Not reported.</p> <p>Inclusion criteria</p> <p>Local authorities in England.</p> <p>Exclusion criteria</p> <p>Service users.</p>	<p>roles in adult protection, the history of adult protection in their service area, the impact of the No Secrets guidance 2000 on intra-agency and inter-agency approaches, and levels of awareness of both abuse and the policy. Interviews were tape-recorded.</p> <p>Data analysis</p> <p>Interviews were transcribed and then analysed qualitatively to identify categories and themes.</p>	<p>structure results in uncertain demarcation of roles and responsibilities, and uncertainty around accountability). "It's about trying to get everybody to own that they're a part of this and I think there's still work to be done on that because we are considered the lead agency, so therefore I think people still tend to stand back and let the social services deal with it." [Social services] [McCreadie 2008; p 253]</p> <p>"[Homes are represented on the management committee] very loosely ... I don't think they feel the same sort of commitment to it as people from the local authority. I think it's a cultural thing ... one sees that in other forums as well, where again the eyes are glazed</p>	<p>authors used a topic list which was used to prompt respondents if they did not cover an issue spontaneously. However, the author did not discuss saturation of data.</p> <p>Relationship between researcher and participants adequately considered? No. The authors did not discuss their own role in the formulation of the research questions or how they responded to events during the study.</p> <p>Ethical issues taken into consideration? No. The authors did not provide details on participant consent and obtaining permission on staff recruitment.</p> <p>Was the data analysis sufficiently rigorous? Unclear. Insufficient details were provided on data analysis process.</p> <p>Is there a clear statement of findings? Yes. Although there was no discussion on the credibility of the findings.</p> <p>Value of research: The authors discuss the study</p>

Study details	Participants	Methods	Findings	Methodological quality
			<p>and "What's this got to do with us?" [independent provider, residential care] [McCreadie 2008; p 253]</p> <p>"I think the voluntary sector understand what home helps and social workers do. I'm not so sure that home helps and social workers understand what the voluntary sector do." [Voluntary sector] [McCreadie 2008; p 254]</p> <p>"if they're doing something particularly wrong, of course, they should be given the opportunity to put it right, but there comes a point where, you know, if they're not putting it right, what powers you going to evoke over them then?" [Social Services relating to abuse in care homes] [McCreadie 2008; p 254]</p>	<p>findings in relation to relevant research and models and discuss ambiguity in terms of relevant policies.</p> <p>Overall methodological concerns: Moderate</p> <p>Other information</p> <p>Limited evidence from care home settings; predominantly social services, police.</p>

Study details	Participants	Methods	Findings	Methodological quality
			<ul style="list-style-type: none"> • Lack of shared language, particularly between social care settings and healthcare settings: <ul style="list-style-type: none"> ○ Differing perceptions of abuse. "residential nursing home owners/providers mentioned that there were situations where ... there was a difficulty between knowing what was a staffing issue and an abuse issue ... What was clear was that there were all manner of situations where it bordered between abuse and no abuse and they wanted somewhere where they could do their own investigation and their own decision not to proceed as an initial point." [Social services] [McCreadie 2008, p 252] ○ Population definitions (differing concept of 'vulnerable adult', which may be influenced by the client group primarily 	

Study details	Participants	Methods	Findings	Methodological quality
			<p>served by each agency, and lack of uniformity in defining populations to be targeted under vulnerable adult protection policy). No relevant quotes presented.</p> <ul style="list-style-type: none"> • Lack of agreement about what information can or should be shared: <ul style="list-style-type: none"> ○ Agency priorities (different agencies set different priorities with other processes taking precedence over adult protection). "we've got people working for different organisations, working within different cultures, they've got separate priorities at the end of the day, despite what government will say." [Health services] [McCreadie 2008, p 256] ○ Differing attitudes and uncertainty regarding reporting abuse. "I think some of them [residential homes] try to deal with it in-house, 	

Study details	Participants	Methods	Findings	Methodological quality
			<p>which has to be actively discouraged really because for their own safety as much as anything else, because it could be a cover up." [Social services] [McCreadie 2008, p 257]</p> <ul style="list-style-type: none"> ○ Repercussions (willingness to participate in multi-agency working; confusion over who should be informed about a case, how often, and in how much detail). "[Mental health has] so much paperwork and they have so many types of care plan, and care planning arenas, that to add another case conference type and assessment process is ... they're struggling. And that struggle means they don't follow the vulnerable adult procedures, which means that service users could be at risk." [Social services] 	

Study details	Participants	Methods	Findings	Methodological quality
			<ul style="list-style-type: none"> ○ [McCreadie 2008, p 258] ○ Ethical and technical barriers (confidentiality and data protection rules seen to impede information sharing across agencies, (partly because of different perceptions of abuse and the necessity to report it). "One of the questions at our meeting the other day, we said 'What would you do if you witnessed abuse?' and someone answered, 'I wouldn't do anything the first time' and I said, 'How do you know that's the first time?'" [Voluntary sector, nursing home care assistant] [McCreadie 2008, p 258] <p>"we do share quite a lot of information. But it's getting tougher because you suddenly realise, 'Well I wonder what their data protection</p>	

Study details	Participants	Methods	Findings	Methodological quality
			<p>policy is - are we working along the same lines and are we doing the same things?" [Voluntary sector] [McCreadie 2008, p 258]</p> <ul style="list-style-type: none"> ○ Lines of communication (some agencies feel inappropriately excluded from 'the loop', while others dismiss the need for their participation). "Nobody seemed to know, you know at reception desk, nobody seemed to know who to get hold of. There was nobody there who could access the data, the particular data, the computer, and it's quite hard for people [from the voluntary sector] to actually feed in." [Voluntary sector] [McCreadie 2008, p 260] ○ Agency culture. "it depends on the severity of [the allegation as to whether I'd report it]. We have a volunteer disciplinary and 	

Study details	Participants	Methods	Findings	Methodological quality
			<p data-bbox="1503 228 1749 379">grievance policy so I would have to take that up." [Voluntary sector] [McCreadie 2008, p 262]</p> <ul style="list-style-type: none"> <li data-bbox="1406 387 1749 1121"> <p data-bbox="1406 387 1749 443">• Power differentials between professions:</p> <ul style="list-style-type: none"> <li data-bbox="1458 451 1749 1121"> <p data-bbox="1458 451 1749 1121">○ Conflict resulting from different agencies claiming right to preside over potential abuse situation. "It's about trying to get everybody to own that they're a part of this and I think there's still work to be done on that because we are considered the lead agency, so therefore I think people still tend to stand back and let the social services deal with it." [Social services] [McCreadie 2008, p 253]</p> <p data-bbox="1503 1161 1749 1426">"[The social worker said] "Well I'm holding this case and I'm dealing with it and I don't have a problem so I don't quite know why you do." And I'm thinking "Well I'm sorry about</p>	

Study details	Participants	Methods	Findings	Methodological quality
			<p>this but I'm just telling you because I have a responsibility too." [Health services] [McCreadie 2008, p 254]</p> <ul style="list-style-type: none"> ○ Agency priorities (differing views on embedding vulnerable adult protection responsibilities within existing safeguarding arrangements). "my recommendation would be that we leave it [adult protection] where it is [housed within the adult social care access team] because it's working well and I wouldn't see why one would have to have a separate service." [Social services] [McCreadie 2008, p 263] ● Lack of resources as a result of increased workload, without provision of additional revenue (may influence whether organisations report abuse because there may be 	

Study details	Participants	Methods	Findings	Methodological quality
			<p>ramifications for other organisations' workload, or their willingness to participate in multi-agency working). "Who is going to fund it? All of this wonderful management activity is going to spawn work. The monitoring of itself, that's absolutely critical, and it's got to be funded ... Where's the money coming from? All these responsibilities come down and no resources." [Independent provider, residential care] [McCreadie 2008, p 261]</p> <p>"I suppose it just then threw up the real need for a monitoring officer within the brokerage system ... we do have a home care review pool so cases are reviewed every year. But due to the pressure of work, they're a few months behind so you're not doing it as frequently as you would want to do." [Social services] [McCreadie 2008, p 261]</p> <p>Facilitators</p>	

Study details	Participants	Methods	Findings	Methodological quality
			<ul style="list-style-type: none"> • The team working, strategic planning, and leadership attitudes: <ul style="list-style-type: none"> ○ Agency priorities (embedding vulnerable adult protection responsibilities within existing infrastructure, viewing vulnerable adults to be a part of mainstream protection (that is, everybody's work) rather than something separate). "the management view was that they wanted vulnerable adults to be a part of everybody's work, rather than think of it as something separate." [Social Services] [McCreadie 2008, p 263] 	

Appendix E – Forest plots

Forest plots for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

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

Appendix F – GRADE-CERQual tables

GRADE-CERQual tables for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

Overarching theme F1: Barriers to effective strategic partnership working

Table 5: Evidence summary (GRADE-CERQual) Theme F1.1 Complexity of overlapping responsibilities & lack of clarity about lines of accountability

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme F1.1.1 – Clarity of partner roles and responsibilities							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using	Data from 1 study suggest that flexibility in multi-agency working results in uncertainty about the division of tasks between organisations (and among individuals within organisations). The multi-agency structure with a lead agency resulted in problems in the demarcation of roles and responsibilities. Misunderstandings of each other's roles had the potential to contribute to uncertainty about the vulnerable adult protection process. For example, "It's about trying to get everybody to own that they're a part of this and I think there's still work to be done on that because we are considered the lead agency, so therefore I think people still tend to stand back and let the social services deal with it." [Social	Moderate concerns ¹	Minor concerns ²	Moderate concerns ³	Moderate concerns ⁴	VERY LOW

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	perspectives of staff working in local agencies.	<p>services] [McCreadie 2008; p 253]</p> <p>"[Homes are represented on the management committee] very loosely ... I don't think they feel the same sort of commitment to it as people from the local authority. I think it's a cultural thing ... one sees that in other forums as well, where again the eyes are glazed and "What's this got to do with us?" [independent provider, residential care] [McCreadie 2008; p 253]</p> <p>"I think the voluntary sector understand what home helps and social workers do. I'm not so sure that home helps and social workers understand what the voluntary sector do." [Voluntary sector] [McCreadie 2008; p 254]</p> <p>"if they're doing something particularly wrong, of course, they should be given the opportunity to put it right, but there comes a point where, you know, if they're not putting it right, what powers you going to evoke over them then?" [Social Services relating to abuse in care homes] [McCreadie 2008; p 254]</p>					
Sub-theme F1.1.2 - Accountability							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services	Data from 1 study suggest that although multi-agency working created confusion about roles and responsibilities, it conferred the	Moderate concerns ¹	Minor concerns ²	Moderate concerns ⁵	Serious concerns ⁶	VERY LOW

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	advantage of shielding individual agencies from liability. Agencies and individual staff proactively defended themselves against being held accountable for unfavourable outcomes - diligent paperwork procedures were believed to divert blame from individual staff and agencies for actions or inactions that might prove to be unfortunate. For example, "I think the detail of this and the paperwork are protection mechanisms, first of all to prevent well meaning people falling into traps." [Voluntary sector] [McCreadie 2008; p 255]					

NHS: National Health Service

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.

2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).

3 Moderate concerns about the relevance of data (interviews were not conducted exclusively with care home staff, but some data from other settings were considered indirectly relevant to care homes).

4 Moderate concerns about the adequacy of data (only 1 study supported the review's findings, offering moderately rich data; some directly relevant and some non-directly relevant to care homes).

5 Moderate concerns about the relevance of data (it was unclear whether data related directly to care homes because interviews were not conducted exclusively with care home staff, but data were considered indirectly relevant to care homes).

6 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; some data directly relevant and some indirectly relevant to care homes).

Table 6: Evidence summary (GRADE-CERQual) Theme F1.2 Lack of shared language, particularly between social care settings and healthcare settings

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme F1.2.1 – Perceptions of abuse							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	Data from 1 study suggest that different agencies perceptions of abuse and response to suspected signs of it were often shaped by the client group primarily served by that agency. For example, "residential nursing home owners/providers mentioned that there were situations where ... there was a difficulty between knowing what was a staffing issue and an abuse issue ... What was clear was that there were all manner of situations where it bordered between abuse and no abuse and they wanted somewhere where they could do their own investigation and their own decision not to proceed as an initial point." [Social services] [McCreadie 2008, p 252]	Moderate concerns ¹	Minor concerns ²	Moderate concerns ³	Serious concerns ⁴	VERY LOW
Sub-theme F1.2.2 – Population definitions							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social departments, 11 police officers, 11	Data from 1 study indicate discordance in views about whether the concept of 'vulnerable adult' should exclude individuals who were not	Moderate concerns ¹	Minor concerns ²	Serious concerns ⁵	Serious concerns ⁶	VERY LOW

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	recipients of formal services paid for by the statutory sector. Lack of uniformity in defining the population to be targeted under vulnerable adult protection policy caused diverse thresholds of reporting, referring and responding to it. [No relevant quotes were presented]					

NHS: National Health Service

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.

2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).

3 Moderate concerns about the relevance of data (interviews were not conducted exclusively with care home staff, but some data from other settings were considered indirectly relevant to care homes).

4 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; some data directly relevant and some non-directly relevant to care homes).

5 Serious concerns about the relevance of data (no quotes provided by care home staff, however, the study theme was considered relevant to care home settings).

6 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; not directly relevant to care homes).

Table 7: Evidence summary (GRADE-CERQual) Theme F1.3 Lack of agreement about what information can or should be shared

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme F1.3.1 – Agency priorities							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	Data from 1 study indicate that there are some positive reports about multi-agency working, but can be hampered by the priorities set by individual agencies, with other organisational processes taking precedence over adult protection. Even if it were a priority for all agencies, the degree to which each submitted to oversight by the others when it came to their own care practices was variable. For example, "we've got people working for different organisations, working within different cultures, they've got separate priorities at the end of the day, despite what government will say." [Health services] [McCreadie 2008, p 256]	Moderate concerns ¹	Minor concerns ²	Moderate concerns ³	Serious concerns ⁴	VERY LOW
Sub-theme F1.3.2 – Differing attitudes							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services	Data from 1 study suggest that differing attitudes regarding appropriateness of agencies handling their own abuse cases	Moderate concerns ¹	Minor concerns ²	Moderate concerns ⁵	Serious concerns ⁶	VERY LOW

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	as internal complaints rather than referring them to multi-agency procedures. For example, "I think some of them [residential homes] try to deal with it in-house, which has to be actively discouraged really because for their own safety as much as anything else, because it could be a cover up." [Social services] [McCreadie 2008, p 257]					
Sub-theme F1.3.3: Repercussions							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2	Data from 1 study suggest that respondents were aware that choosing to report abuse, refer a case, or recommend interventions - or not - had ramifications for other organisations' workload, or even their willingness to participate in multi-agency working. Therefore, agencies trying to achieve compliance with multi-agency co-operation while trying to assure minimal interference with the sovereignty and operations of each partner. For example, "[Mental health has]	Moderate concerns ¹	Minor concerns ²	Moderate concerns ⁷	Serious concerns ⁸	VERY LOW

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	so much paperwork and they have so many types of care plan, and care planning arenas, that to add another case conference type and assessment process is ... they're struggling. And that struggle means they don't follow the vulnerable adult procedures, which means that service users could be at risk." [Social services] [McCreadie 2008, p 258]					
Sub-theme F1.3.4: Ethical and technical barriers							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of	Data from 1 study indicate that to achieve effective inter-agency communication, challenges need to be overcome in terms of ethical, technical and tactical areas. Confidentiality and data protection rules were seen as impeding the sharing of information across agencies, a difficulty compounded by different perceptions of abuse and the necessity to report it. For example, "One of the questions at our meeting the other day, we said 'What would you do if you witnessed abuse?' and someone answered, 'I wouldn't do anything the first time' and I said, 'How do you know that's the first time?'" [Voluntary sector, nursing home care assistant] [McCreadie 2008, p 258] "we do share quite a lot of information. But it's getting tougher because you suddenly	Moderate concerns ¹	Minor concerns ²	Moderate concerns ⁹	Serious concerns ¹⁰	VERY LOW

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	staff working in local agencies.	realise, 'Well I wonder what their data protection policy is - are we working along the same lines and are we doing the same things?'" [Voluntary sector] [McCreadie 2008, p 258]					
Sub-theme F1.3.5: Lines of communication							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	Data from 1 study suggest confusion over who should be informed about a case, how often, and in how much detail. Some agencies or their staff felt inappropriately excluded from 'the loop', while others dismissed the need for their participation, and the system of communication seemed purposely ad hoc - unique to each case - rather than standardised. For example, "Nobody seemed to know, you know at reception desk, nobody seemed to know who to get hold of. There was nobody there who could access the data, the particular data, the computer, and it's quite hard for people [from the voluntary sector] to actually feed in." [Voluntary sector] [McCreadie 2008, p 260]	Moderate concerns ¹	Minor concerns ²	Moderate concerns ¹¹	Serious concerns ¹²	VERY LOW
Sub-theme F1.3.6: Agency culture							

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	Data from 1 study indicate that agencies differed in the degree to which they could accommodate the No Secrets guidance 2000 within their culture and other work, showing differences in compatibility of the host agency's culture with adult protection policy, with some more compatible than others. Health organisations, and the voluntary sector found the procedures discrepant with their own; health organisations were resistant to punitive responses to abuse or neglect and the latter found abuse incident-reporting contrary to their confidentiality safeguards. For example, "it depends on the severity of [the allegation as to whether I'd report it]. We have a volunteer disciplinary and grievance policy so I would have to take that up." [Voluntary sector] [McCreadie 2008, p 262]	Moderate concerns ¹	Minor concerns ²	Moderate concerns ¹³	Serious concerns ¹⁴	VERY LOW

NHS: National Health Service

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.

2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).

3 Moderate concerns about the relevance of data (it was unclear whether data related directly to care homes because interviews were not conducted exclusively with care home staff, but data were considered indirectly relevant to care homes).

4 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; unclear whether data directly relevant to care homes).

5 Moderate concerns about the relevance of data (interviews were not conducted exclusively with care home staff, but some data from other settings were considered relevant to care homes).

6 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data relevant to care homes).

7 Moderate concerns about the relevance of data (it was unclear whether data related to care homes because interviews were not conducted exclusively with care home staff, but data were considered indirectly relevant to care homes).

8 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; unclear whether data directly relevant to care homes).

9 Moderate concerns about the relevance of data (interviews were not conducted exclusively with care home staff, but some data from other settings were considered relevant to care homes).

10 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; some relevant to care homes).

11 Moderate concerns about the relevance of data (it was unclear whether data related to care homes because interviews were not conducted exclusively with care home staff, but data were considered indirectly relevant to care homes).

12 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; unclear whether data directly relevant to care homes).

13 Moderate concerns about the relevance of data (it was unclear whether data related to care homes because interviews were not conducted exclusively with care home staff, but data were considered indirectly relevant to care homes).

14 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; unclear whether data directly relevant to care homes).

Table 8: Evidence summary (GRADE-CERQual) Theme F1.4. Lack of resources

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme F1.4.1 – Perceived need for resources							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	Data from 1 study suggested disparities in the perceived need for resources across organisations were evident, however, there was agreement as to lack of resources, because of an increased workload arising from No Secrets guidance 2000, but without provision of additional revenue for new specialised staff to implement it. For example, "Who is going to fund it? All of this wonderful management activity is going to spawn work. The monitoring of itself, that's absolutely critical, and it's got to be funded ... Where's the money coming from? All these responsibilities come down and no resources." [Independent provider, residential care] [McCreadie 2008, p 261] "I suppose it just then threw up the real need for a monitoring officer within the brokerage system ... we do have a home care review pool so cases are reviewed every year. But due to the pressure of work, they're a few months behind so you're not doing it as frequently as you would want to do." [Social services] [McCreadie 2008, p 261]	Moderate concerns ¹	Minor concerns ²	Moderate concerns ³	Serious concerns ⁴	VERY LOW

NHS: National Health Service

1 Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist.

2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the level of detail provided for interpretation and exploration of the data supporting this theme).

3 Moderate concerns about the relevance of data (it was unclear whether data related directly to care homes because interviews were not conducted exclusively with care home staff, but data were considered indirectly relevant to care homes).

4 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; unclear whether data directly relevant to care homes).

Table 9: Evidence summary (GRADE-CERQual) Theme F1.5. Power differentials between professions

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme F1.5.1 – Conflicts							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	Data from 1 study indicate that conflict sometimes occurred because more than one agency claimed the right to preside over a potential abuse situation. For example, "It's about trying to get everybody to own that they're a part of this and I think there's still work to be done on that because we are considered the lead agency, so therefore I think people still tend to stand back and let the social services deal with it." [Social services] [McCreadie 2008, p 253] "[The social worker said] "Well I'm holding this case and I'm dealing with it and I don't have a problem so I don't quite know why you do." And I'm thinking "Well I'm sorry about this but I'm just telling you because I have a responsibility too." [Health services] [McCreadie 2008, p 254]	Moderate concerns ¹	Minor concerns ²	Moderate concerns ³	Serious concerns ⁴	VERY LOW
Sub-theme F1.5.2 – Agency priorities							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private	Data from 1 study indicate differences in agencies embedding vulnerable adult protection responsibilities within their existing infrastructure, with some agencies preferring to keep adult protection as a separate function. For example, "my	Moderate concerns ¹	Minor concerns ²	Moderate concerns ³	Serious concerns ⁴	VERY LOW

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	recommendation would be that we leave it [adult protection] where it is [housed within the adult social care access team] because it's working well and I wouldn't see why one would have to have a separate service." [Social services] [McCreadie 2008, p 263]					

NHS: National Health Service

1 Moderate concerns about the methodological limitations of the evidence as per CASP qualitative checklist.

2 No data that contradict the review findings; no ambiguous data (minor concerns in relation to the detail provided for interpreting and exploring the data supporting this theme).

3 Moderate concerns about the relevance of data (interviews were not conducted exclusively with care home staff, but some data from other settings were considered relevant to care homes)

4 Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data, some directly relevant to care homes).

Overarching theme F2. Facilitators to effective strategic partnership working**Table 10: Evidence summary (GRADE-CERQual) Theme F2.1. Team-working, strategic planning, and leadership attitudes**

Study information		Description of theme or finding	CERQUAL Quality Assessment				
Number of studies	Design		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Sub-theme F2.1.1 – Agency priorities							
1 study (McCreadie 2008)	Interviews conducted with 56 staff from social services departments, 11 police officers, 11 NHS respondents, 18 provider agencies (private and voluntary sector), 3 respondents from the National Care Services Commission, 2 from housing departments and 1 from a community safety unit to assess the implementation of multi-agency working and ambiguity of policies using perspectives of staff working in local agencies.	Data from 1 study indicate differences between agencies in their approach to embedding vulnerable adult protection responsibilities within their existing infrastructure. Some agencies prefer to embed mainstream protection within agency operations to emphasise that safeguarding is part of everyone's work. For example, "the management view was that they wanted vulnerable adults to be a part of everybody's work, rather than think of it as something separate." [Social Services] [McCreadie 2008, p 263]	Moderate concerns ¹	Minor concerns ²	Moderate concerns ³	Serious concerns ⁴	VERY LOW

NHS: National Health Service

¹ Moderate concerns about the methodological limitations of the evidence as per CASP qualitative checklist.

² No data that contradict the review findings; no ambiguous data (minor concerns in relation to the detail provided for interpreting and exploring the data supporting this theme).

³ Moderate concerns about the relevance of data (interviews were not conducted exclusively with care home staff, but some data from other settings were considered relevant to care homes)

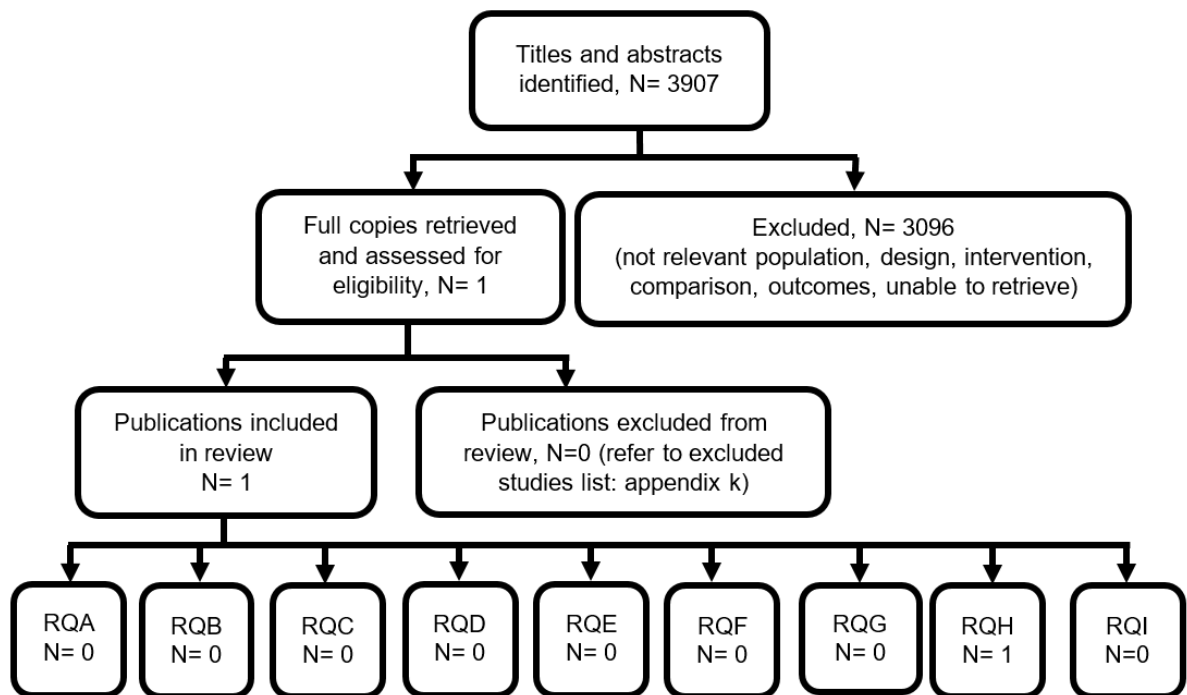
⁴ Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering poor data; unclear whether data directly relevant to care homes).

Appendix G – Economic evidence study selection

Economic evidence study selection for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

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 evidence review.

Figure 4: Economic study selection flowchart



Appendix H – Economic evidence tables

Economic evidence tables for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

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

Appendix I – Economic evidence profiles

Economic evidence profiles for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

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

Appendix J – Economic analysis

Economic evidence analysis for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

No economic analysis was conducted for this review question.

Appendix K – Excluded studies

Excluded studies for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

Table 11: Excluded studies and reasons for their exclusion

Study	Reasons for exclusions
Bennet, S., Sanderson, H., Bailey, G., Co-producing change with older people: how person-centred reviews can inform strategic commissioning, Working with Older People, 13, 24-27, 2009	Study population and outcomes do not meet protocol eligibility criteria - not safeguarding in the context of care homes/congregate settings; not strategic partnership working - workshop discussing person-centred plans or reviews.
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 does not meet eligibility criteria - analysis and description of 40 serious case reviews (<10% in care home/congregate care setting).
Braye, S., Orr, D., Preston Shoot, M., Self-neglect policy and practice: building an evidence base for adult social care, 222, 2014	Study population does not meet protocol eligibility criteria - Adult safeguarding, including inter-agency governance, in general; not in the context of safeguarding adults in care homes.
Braye, S., Orr, D., Preston Shoot, M., Self-neglect policy and practice: key research messages, 22, 2015	Study population does not meet protocol eligibility criteria - not exclusively in the context of care homes/congregate settings.
Braye, S., Orr, D., Preston Shoot, M., Self-neglect policy and practice: research messages for managers, 37, 2015	Study population does not meet protocol eligibility criteria - not exclusively in the context of care homes/congregate settings.
Braye, S., Orr, D., Preston Shoot, M., Self-neglect policy and practice: research messages for practitioners, 28, 2015	Study population does not meet protocol eligibility criteria - Adult safeguarding and multi-agency working in general; not in the context of adults living in or using care homes/congregate care 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 population does not meet protocol eligibility criteria - Adult safeguarding and partnership working in general; not in the context of safeguarding adults in care homes/congregate care 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	Analysis of serious case reviews on self-neglect; not in the context of care homes/congregate care settings (2/40 cases in care home).
Braye, S., Orr, D., Preston Shoot, M., Learning from SARs: a report for the London Safeguarding Adults Board, 77, 2017	Study does not meet protocol eligibility criteria - analysis of serious case reviews; themes relating to interprofessional and interagency collaboration discussed from documentation, but not exclusively in the context of safeguarding adults living in or using care homes/congregate care settings.
Braye, S., Orr, D., Preston Shoot, M., The governance of adult safeguarding: findings from research in to Safeguarding Adults Boards (report 45), 2011	Safeguarding Adult Boards described in terms of structures, functions, and accountabilities; safeguarding adults in general, not exclusively care homes/congregate care settings.

Study	Reasons for exclusions
Briggs, M., Cooper, A., Making safeguarding personal: progress of English local authorities, <i>Journal of Adult Protection</i> , 20, 59-68, 2018	Study does not meet protocol eligibility criteria - Assesses adoption and implementation of Making Safeguarding Personal approach by local authorities and how well this is transferred to other partner organisations; not in the context of safeguarding adults living in or using care homes/congregate care settings.
Cambridge, P., Adult protection: the processes and outcomes of adult protection referrals in two English local authorities, <i>Journal of Social Work</i> , 11, 247-267, 2011	Study population and outcomes do not meet protocol eligibility criteria - Examines the processes and outcomes associated with adult protection referrals in general and the associations between them; not qualitative data and not exclusively in the context of care homes/congregate settings.
Cameron, A., Lart, R., Bostock, L., Coomber, C., Factors that promote and hinder joint and integrated working between health and social care services: a review of research literature, <i>Health & social care in the community</i> , 22, 225-233, 2014	Study does not meet protocol eligibility criteria - Assesses the effectiveness of joint working in care services, including effective communication and joint working; not exclusively in the context of safeguarding adults living in or using care homes/congregate settings.
Care Provider Alliance, Encouraging engagement between Sustainability and Transformation Partnerships and the adult social care sector, 2017	Study population and outcomes do not meet protocol eligibility criteria - summary on the development of engaging sustainability and transformation partnerships and independent and voluntary adult social care sector; not specifically barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes.
Care Quality Commission, The state of healthcare and adult social care in England: key themes and quality of services in 2009 (HC 343), 2010	Care Quality Commission reports on strategic approaches to joint care and supporting independent living at home; not exclusively barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes/congregate care settings.
Care Quality Commission, Partnership working to deliver health and social care in Cornwall. Responding to a risk or priority in an area, 2017	Study does not meet protocol eligibility criteria - Inter-agency collaboration, but not exclusively barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes/congregate setting.
Care Quality Commission, Plymouth: local system review report, 2018	Study does not meet protocol eligibility criteria - Includes inter-agency collaboration across health and social care, but not exclusively barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes.
Care Quality Commission, Coventry: local system review report, 2018	Study does not meet protocol eligibility criteria - Care across health and social care; not exclusively barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes.

Study	Reasons for exclusions
Care Quality Commission, Oxfordshire: local system review report, 2018	Study does not meet protocol eligibility criteria - Care across health and social care; not exclusively barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes.
Care Quality Commission, Beyond barriers: how older people move between health and care in England, 2018	Study population does not meet protocol eligibility criteria - Discusses information sharing and communication, and integrated, joined-up health and care to support people to remain healthy and well at home.
Care Quality Commission, Trafford: local system review report, 45, 2017	Study does not meet protocol eligibility criteria - Care across health and social care; not exclusively barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes.
Care Quality Commission, City of York: local system review report, 45, 2017	Study does not meet protocol eligibility criteria - Care across health and social care; not exclusively barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes.
Care Quality Commission, Stockport: local system review report, 54, 2018	Study does not meet protocol eligibility criteria - Care across health and social care; not exclusively barriers and facilitators to effective strategic partnership working in the context of safeguarding adults living in or using care homes.
Care Quality Commission, Safeguarding adults: roles and responsibilities in health and care services, 4, 2014	Study population and outcomes do not meet protocol eligibility criteria - Roles and responsibilities of key agencies involved in adult safeguarding, but not exclusively in the context of safeguarding adults living in or using care homes/congregate care settings.
Care Inspectorate, A report on the effectiveness of adult protection arrangements across Scotland, 16, 2014	Study does not meet protocol eligibility criteria - Key messages on governance and partnership working for adult protection in general, not exclusively in the context of safeguarding adults living in or using care homes/congregate care settings.
Care, Social Services Inspectorate, Wales, Healthcare Inspectorate, Wales, National inspection of care and support for people with learning disabilities: overview, 51, 2016	Study population and outcomes do not meet protocol eligibility criteria - Inspection of care homes and experiences of people with learning disabilities (11% people living in or using care homes across Wales).
Cass, E., Safeguarding: commissioning care homes, The Journal of Adult Protection, 14, 244-247, 2012	Study does not meet protocol eligibility criteria - not barriers and facilitators to effective strategic partnership working; no relevant outcomes presented.
Centre of Excellence for Information, Sharing, Multi-Agency Safeguarding Hubs, 2015	Study outcomes do not meet protocol eligibility criteria - Models for multi-agency information sharing for safeguarding of adults and children.
Commission for Social Care Inspectorate, Safeguarding adults: a study of the effectiveness	Study outcomes do not meet protocol eligibility criteria - no qualitative outcome data relating to

Study	Reasons for exclusions
of arrangements to safeguard adults from abuse, 2008	barriers and facilitators for effective strategic partnership working in the context of care homes/congregate care settings.
Cooper, A., Bruin, C., Adult safeguarding and the Care Act (2014) - the impacts on partnerships and practice, Journal of Adult Protection, 19, 209-219, 2017	Study does not meet protocol eligibility criteria - Discussion on seminar presentation for how the Care Act 2014 has been working since implementation; not exclusively strategic partnership working in the context of care homes/congregate care settings.
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 does not meet protocol eligibility criteria - Measures progress towards implementation of Making Safeguarding Personal in local authority areas, including commitment at strategic and operational levels, but not exclusively safeguarding in the context of care homes/congregate care settings.
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	Adult safeguarding in general; not exclusively in the context of care homes/congregate care settings.
De, Liema M., Voices from the frontlines: examining elder abuse from multiple professional perspectives, Health and Social Work, 40, e15-e24, 2015	Study setting does not meet protocol eligibility criteria - conducted in low-income community settings.
Donnelly, S., O'Brien, M., Walsh, J., Campbell, J., McInerney, J., Kodate, N., Rapid realist review of adult safeguarding legislation and policy internationally - Lessons for Ireland, Age and Ageing, 47, 2018	Study design does not meet protocol eligibility criteria - abstract only.
Fanneran, T. B., Kingston, P., Bradley, E., A national survey of adult safeguarding in NHS mental health services in England and Wales, Journal of Mental Health, 22, 402-411, 2013	Study does not meet protocol eligibility criteria - unclear whether acute or congregate setting; no qualitative outcome data relating to barriers and facilitators to effective strategic partnership working.
Flynn, M., Williams, S., Adult Safeguarding Boards in North West England: the power of positive linking, JOURNAL OF ADULT PROTECTION, 13, 203-212, 2011	Brief discussion on partnerships and strategy in Adult Safeguarding Board titles; no qualitative data presented for barriers and facilitators to effective strategic partnership working in the context of safeguarding in care homes/congregate care settings.
Giordano, A., Neville, A., Collaborating across health and social care: joint funding an adult protection Coordinator post in Caerphilly, UK, Journal of Adult Protection, 17, 139-147, 2015	Study population and outcomes do not meet protocol eligibility criteria - Description and discussion on introduction of a joint Health Protection of Vulnerable Adult team and co-ordinator; no qualitative data presented, not barriers and facilitators to effective strategic partnership working in the context of safeguarding in care homes/congregate care settings.
Giordano, A., Street, D., Challenging provider performance: developing policy to improve the quality of care to protect vulnerable adults, Journal of Adult Protection, 11, 5-12, 2009	Study design does not meet protocol eligibility criteria - audit of provider performance in terms of response to protection of vulnerable adult practice.

Study	Reasons for exclusions
Graham, K., Models of adult safeguarding in England: a review of the literature, <i>Journal of Social Work</i> , 16, 22-46, 2016	Literature review to develop typology of safeguarding organisational models and variations across local authorities, including multi-agency working; not barriers and facilitators to effective strategic partnership working.
Graham, K., Models of safeguarding in England: Identifying important models and variables influencing the operation of adult safeguarding, <i>Journal of Social Work</i> , 17, 255-276, 2017	Study outcomes do not meet protocol eligibility criteria - Interview data to develop an understanding of how safeguarding was organised in different local authority areas, and to develop a typology of models; not barriers and facilitators to effective strategic partnership working.
Great Britain Department of Health, Principles for maintaining continuity of care when moving across borders within the United Kingdom: guidance, 2015	Study does not meet protocol eligibility criteria - government website listing responsible authorities for cross-border co-operation and definition only; not specific to safeguarding in the context of care homes/congregate care settings and no relevant outcomes reported.
Health Social Care Board, Northern Ireland adult safeguarding partnership: progress report 2010-2011, 20p., 2011	Study does not meet protocol eligibility criteria - not strategic partnership working in the context of care homes/congregate settings; no qualitative outcome data presented.
Henwood, M., Multi-agency working and adult protection, <i>Community Care</i> , 24.01.08, 32-33, 2008	Study does not meet protocol eligibility criteria - discussion of findings; no relevant qualitative data presented.
Humphries, R., Adult safeguarding: early messages from peer reviews, <i>The Journal of Adult Protection</i> , 13, 89-99, 2011	Study population does not meet protocol eligibility criteria - not exclusively partnership working in the context of care homes/congregate settings.
Hussein, Sl., Working together in adult safeguarding: findings from a survey of local authorities in England and Wales, <i>Research Policy and Planning</i> , 27, 163-176, 2009	Study does not meet protocol eligibility criteria - predominantly quantitative analysis of survey responses; qualitative data relating to multi-agency working, but not exclusively in the context of care homes/congregate care settings.
Institute For Research Innovation in Social Services, Shaping the choreography of care and support for older people in Glasgow, 2012	Study does not meet protocol eligibility criteria - presentations and workshops relating to partnership working and communication but not exclusively in the context of safeguarding adults living in or using care homes/congregate settings.
Joseph, S., Inter-agency adult support and protection practice: a realistic evaluation with police, health and social care professionals, <i>Journal of Integrated Care</i> , 27, 50-63, 2019	Multi-agency and cross-boundary working in the context of adult protection, but not exclusively in the context of care homes/congregate settings.
Koubel, G., Safeguarding adults and children: dilemmas and complex practice, 304, 2016	No relevant outcomes reported - Book chapters relating to discussions/overviews of safeguarding in children and adults.
Local Government Association, Adult safeguarding improvement tool, 18, 2015	Study population does not meet protocol eligibility criteria - themes on improving adult safeguarding (including strategy and working together), but not exclusively in the context of care homes/congregate settings.
Mackay, Kathryn., What difference does the Adult Support and Protection (Scotland) 2007	Study does not meet protocol eligibility criteria - effect of Safeguarding Adults Act on social work

Study	Reasons for exclusions
make to social work service practitioners' safeguarding practice?, <i>Journal of Adult Protection</i> , 14, 197-205, 2012	practices; not exclusively in the context of care homes/congregate settings.
Manthorpe J., Managing relations in adult protection: a qualitative study of the views of social services managers in England and Wales, <i>Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community</i> , 24, 363-376, 2010	Study population does not meet protocol eligibility criteria - themes on inter agency working in adult safeguarding from the viewpoint of social services managers, but not exclusively in the context of care homes/congregate settings.
Manthorpe, J., Samsi, K., Rapaport, J., Responding to the financial abuse of people with dementia: a qualitative study of safeguarding experiences in England, <i>International Psychogeriatrics</i> , 24, 1454-64, 2012	Study does not meet protocol eligibility criteria - Experiences of older peoples' financial abuse, including barriers and facilitators in safeguarding, but not exclusively in the context of care homes/congregate settings.
Manthorpe, J., Martineau, S., Serious Case Reviews into Dementia Care: An Analysis of Context and Content, <i>British Journal of Social Work</i> , 46, 514, 2016	Study does not meet protocol eligibility criteria - secondary analysis of serious case reviews in adults with dementia.
McGarry, J., Simpson, C., Improved safeguarding of older people through inter-agency learning, <i>Nursing Older People</i> , 24, 14-8, 2012	Study design does not meet protocol eligibility criteria - non-systematic review.
McGilloway, C., Smith, D., Galvin, R., Barriers faced by adults with intellectual disabilities who experience sexual assault: A systematic review and meta-synthesis, <i>Journal of Applied Research in Intellectual Disabilities</i> , 13, 13, 2018	Systematic review - includes non-UK studies; studies discuss barriers to adults with intellectual disability disclosing sexual assault; not strategic partnership working in the context of care homes/congregate settings.
Montgomery, L., McKee, J., Adult safeguarding in Northern Ireland: prevention, protection, partnership, <i>The Journal of Adult Protection</i> , 19, 199-208, 2017	Study does not meet protocol eligibility criteria - discussion on adult safeguarding in Northern Ireland; not exclusively strategic partnership working in the context of care homes/congregate settings; no qualitative data presented.
Moore, C., Browne, C., Emerging Innovations, Best Practices, and Evidence-Based Practices in Elder Abuse and Neglect: A Review of Recent Developments in the Field, <i>Journal of Family Violence</i> , 32, 383-397, 2017	Systematic review - studies evaluating assessment tools, practices, interventions, models and programmes on abuse and neglect in older people.
National Institute for Health Research School for Social Care Research, Domestic violence, adult social care and MARACs: implications for practice, 4, 2014	Study does not meet protocol eligibility criteria - no qualitative outcome data and not strategic partnership working in the context of safeguarding adults living in or using a care home/congregate care setting.
National Society for the Prevention of Cruelty to Children, Safeguarding standards and guidance for the voluntary and community sector: working with children, young people and young adults aged 0-25, 66, 2017	Study does not meet protocol eligibility criteria - standards on safeguarding children, young people and adults (not reported separately); not qualitative outcome data on barriers and facilitators to effective strategic partnership working in the context of care homes/congregate settings.
Northern Ireland. Department of Health, Social Services, Public, Safety, Great Britain Northern Ireland Office, Adult safeguarding in Northern Ireland: regional and local partnership arrangements, 24p., 2010	Study design does not meet protocol eligibility criteria - guidance on improving safeguarding and protection outcomes for adults in Northern Ireland.

Study	Reasons for exclusions
Northern Ireland. Department of Health, Social Services, Public, Safety, Northern Ireland Department of Justice, Adult safeguarding: prevention and protection in partnership, 62, 2015	Study design does not meet protocol eligibility criteria - policy for improving safeguarding vulnerable adults in Northern Ireland; no relevant qualitative outcome data.
Ofsted, Safeguarding children and young people and young vulnerable adults policy, 14, 2015	Study does not meet protocol eligibility criteria - policy on identifying and responding to safeguarding concerns; not qualitative outcomes for safeguarding adults in the context of care homes/congregate settings.
Penhale, B., Elder abuse in the United Kingdom, Journal of elder abuse & neglect, 20, 151-168, 2008	Study design and outcomes do not meet protocol eligibility criteria - non-systematic review; no qualitative outcome data presented..
Petch, A., Safety matters: the role of partnership working in safeguarding adults, Journal of Integrated Care, 16, 39-40, 2008	Study design and outcomes do not meet protocol eligibility criteria - non-systematic narrative; no qualitative data presented; not exclusively in the context of care homes/congregate care settings.
Pinkney, L., Voices from the frontline: social work practitioners' perceptions of multi-agency working in adult protection in England and Wales, Journal of Adult Protection, 10, 12-24, 2008	Study does not meet protocol eligibility criteria - includes barriers to multi-agency working, not exclusively in the context of care homes/congregate care settings.
Reid, D., Form and function: views from members of adult protection committees in England and Wales, JOURNAL OF ADULT PROTECTION, 11, 20-29, 2009	Qualitative outcome data presented in relation to partnership working for safeguarding adults in general; not exclusively in the context of care homes/congregate settings.
Simic, P., "Everybody's Business" - engaging the independent sector: an action research project in Lancashire, JOURNAL OF ADULT PROTECTION, 14, 22-34, 2012	Discussions on experiences with safeguarding investigations and multi-agency communications; not barriers and facilitators to effective strategic partnership working.
Smith, L., Collaborative practice to support adults with complex needs: ESSS Outline, 2018	Study does not meet protocol eligibility criteria - summary of evidence (non-systematic review) relating to safeguarding adults in general.
Social Care Institute for Excellence, Highlights: Safeguarding adults, 8, 2017	Study design and setting do not meet protocol eligibility criteria - snapshot of safeguarding adults, not exclusively strategic partnership working in the context of care homes/congregate care settings.
Social Care Institute for Excellence, Protecting adults at risk across council boundaries, COMMUNITY CARE, 29.9.11, 32-33, 2011	Study design, outcomes and setting do not meet protocol eligibility criteria - briefing explaining procedures on preventing harm or abuse from occurring in adults.
Social Care Institute for Excellence, Safeguarding adults: sharing information, 32, 2019	Update to 2015 publication (STAR ref 1005669): Study does not meet protocol eligibility criteria - case reviews and barriers and solutions to failures in communication and joint working, and sharing information, but not qualitative data and not exclusively in the context of care homes/congregate settings.
Social Care Institute for Excellence, Adult safeguarding: sharing information, 2015	Study does not meet protocol eligibility criteria - case reviews and barriers and solutions to failures in communication and joint working, and sharing information, but not qualitative data and

Study	Reasons for exclusions
	not exclusively in the context of care homes/congregate settings.
Social Care Institute for Excellence, Deprivation of Liberty Safeguards (DoLS): putting them into practice, 91, 2017	Study does not meet protocol eligibility criteria - implementation of deprivation of liberty safeguards in different settings (including care homes); not qualitative data relating to barriers and facilitators to effective strategic partnership working.
Social Care Institute for Excellence, Faulkner, A., Sweeney, A., Prevention in adult safeguarding: a review of the literature, 59p., bibliog., 2011	Non-systematic review - prevention of abuse in adults; some qualitative data on joint working but not exclusively in the context of care homes/congregate care settings.
Stevens, E., Safeguarding vulnerable adults: exploring the challenges to best practice across multi-agency settings, JOURNAL OF ADULT PROTECTION, 15, 85-95, 2013	Systematic review - not qualitative data; not strategic partnership working in the context of care homes/congregate settings.
Stevens, E., How does leadership contribute to safeguarding vulnerable adults within healthcare organisations? A review of the literature, The Journal of Adult Protection, 17, 258-272, 2015	Non-systematic review - not exclusively care home/congregate care setting.
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 and Neglect, 24, 179-194, 2012	Non-systematic review (most of documents from Canada); survey and interviews conducted in Canada.
Syson, G., Bond, J., Integrating health and social care teams in Salford, Journal of Integrated Care, 18, 17-24, 2010	Study does not meet protocol eligibility criteria - not safeguarding in care homes/congregate settings.
Teaster, P. B., Stansbury, K. L., Nerenberg, L., Stanis, P., An adult protective services' view of collaboration with mental health services, Journal of Elder Abuse and Neglect, 21, 289-306, 2009	Study setting does not meet protocol eligibility criteria - conducted in the US.
Warin, R., Safeguarding adults in Cornwall, JOURNAL OF ADULT PROTECTION, 12, 39-42, 2010	Study does not meet protocol eligibility criteria - evidence on safeguarding adults and multi-agency working, but not exclusively in the context of care homes/congregate care settings.
Wate, R., Boulton, N., Multi-agency safeguarding in a public protection world: a handbook for protecting children and vulnerable adults, 215, 2015	Study does not meet protocol eligibility criteria - overview of the different areas of public protection practice in general and key learning points and case studies; not exclusively in the context of safeguarding adults in the care setting.
Webber, M., Cree, C., Angeli, P., Inter-agency joint protocols for safeguarding children in social care and adult mental-health agencies: a cross-sectional survey of practitioner experiences, Child and Family Social Work, 18, 149-158, 2013	Study does not meet protocol eligibility criteria - safeguarding children whose parents are experiencing mental health problems.
West Midlands Safeguarding Adults Policy, Procedure, Group, Safeguarding adults: multi-agency policy and procedure for the West Midlands, 126p., 2012	Study does not meet protocol eligibility criteria - data on organisations working together, but not exclusively in the context of care homes/congregate care settings and no qualitative outcome data presented.

Study	Reasons for exclusions
Williams, C., Local Government Association, Safeguarding adults: learning from peer challenges, 2013	Study does not meet protocol eligibility criteria - not exclusively safeguarding adults in the context of care homes/congregate care settings; no qualitative outcome data on barriers and facilitators to effective strategic partnership working.
Williams, C., Transforming adult social care: access to information, advice and advocacy: executive summary, 7p., 2009	Non-systematic review; not exclusively safeguarding in the context of care homes/congregate care settings.

Economic studies

No economic evidence was identified for this review question.

Appendix L – Research recommendations

Research recommendations for review question F: What are the barriers and facilitators to effective strategic partnership working, information sharing and communication involving care homes, local authorities, Safeguarding Adults Boards and local health organisations?

No research recommendations were made for this review question.