

## Safeguarding adults in care homes

### [E] Support and information needs

*NICE guideline < tbc >*

*Evidence reviews*

*September 2020*

*Draft for Consultation*

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



## **Disclaimer**

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

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

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#). All NICE guidance is subject to regular review and may be updated or withdrawn.

## **Copyright**

© NICE 2020. All rights reserved. Subject to [Notice of Rights](#).

ISBN:

# Contents

Support and information for all involved when a safeguarding concern is raised .....	5
Review question .....	5
Introduction .....	5
Summary of the protocol .....	5
Methods and process .....	6
Evidence .....	6
Summary of studies included in the evidence review .....	9
Quality assessment of outcomes included in the evidence review .....	11
Economic evidence .....	12
Economic model .....	12
The committee’s discussion of the evidence .....	12
References .....	20
Appendices .....	22
Appendix A – Review protocol .....	22
Appendix B – Literature search strategies .....	30
Appendix C – Evidence study selection .....	42
Appendix D – Evidence tables .....	43
Appendix E – Forest plots .....	50
Appendix F – GRADE-CERQual tables .....	51
Appendix G – Economic evidence study selection .....	62
Appendix H – Economic evidence tables .....	63
Appendix I – Economic evidence profiles .....	64
Appendix J – Economic analysis .....	65
Appendix K – Excluded studies .....	66
Economic studies .....	68
Appendix L – Research recommendations .....	69
Research recommendations for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting? .....	69

# 1 Support and information for all involved 2 when a safeguarding concern is raised

3 This evidence review supports recommendations 1.1.21, 1.2.10, 1.4.2, 1.7.7, 1.8.1, 1.8.2,  
4 1.8.7, 1.8.8, 1.8.9, 1.8.15, 1.8.16, 1.8.17, 1.8.18, 1.8.19, 1.8.20, 1.8.21, 1.9.1, 1.9.2, 1.9.3,  
5 1.9.4, 1.9.5, 1.9.6, 1.9.7, 1.9.8, 1.9.9, 1.9.10, 1.10.1, 1.10.2, 1.10.3, 1.10.4, 1.10.5, 1.12.3.

## 6 Review question

7 What are the perceived support and information needs for all involved when a safeguarding  
8 concern is raised within a care home setting?

## 9 Introduction

10 Failures of communication have been repeatedly identified in [Safeguarding Adult Reviews](#) as  
11 a factor which can contribute to the death of adults who are abused or neglected. The [Data  
12 Protection Act 1998](#) and [Data Protection Act 2018](#), which introduced stricter GDPR regula-  
13 tions, provide the legal framework for managing all information which is stored or shared  
14 electronically, but do not provide practical guidance for those involved in safeguarding and,  
15 moreover, the law addresses only information sharing and not the equally important task of  
16 support for those affected.

17 Sharing information is a vital element of effective adult safeguarding, but such information  
18 may be highly sensitive. Reasons why information relating to safeguarding adults in care  
19 homes may be sensitive include: because it may include highly personal information about  
20 individuals, because it relates to actual or potential criminal offences, or because it is com-  
21 mercially sensitive for providers of care services. For these reasons, clear guidance is need-  
22 ed about what information can and should be shared with whom and at which points during  
23 any safeguarding process.

24 Both the information and support needs for different people involved in a safeguarding case  
25 will vary according to each individual's role in the process – for example, the individual who  
26 has experienced abuse or neglect; their family, friends and advocates; staff and managers in  
27 the residential care home; staff and managers in the care provider organisation; local authori-  
28 ties and other agencies, including health and police. The Care Act, 2014 requirement for [in-  
29 dependent advocacy support](#) in relation to adult safeguarding is important, but clear, targeted  
30 guidance is needed for all roles involved in safeguarding in order to support and enable ef-  
31 fective and transparent practice, whilst also protecting residents' rights to privacy.

## 32 Summary of the protocol

33 Please see Table 1 for a summary of the population, phenomenon of interest and context  
34 characteristics of this review.

### 35 Table 1: Summary of the protocol

Population	
	<ul style="list-style-type: none"><li>• Adults (aged over 18 years) accessing care and support in care homes (whether as residents, in respite or on a daily basis).</li><li>• Family, friends and advocates of adults accessing care and support in care homes.</li><li>• People working in care homes.</li><li>• Providers of services in care homes.</li></ul>

<b>Intervention/Exposure/Test</b>	<ul style="list-style-type: none"><li>• Support and information for people affected by safeguarding concerns in care homes.</li></ul>
<b>Comparison</b>	<ul style="list-style-type: none"><li>• Not relevant in a qualitative review.</li></ul>
<b>Outcomes</b>	<p>Themes will be identified from the literature. The committee agreed the following potential themes although they are aware that data may not be located for all of them and that other themes may be identified:</p> <ul style="list-style-type: none"><li>• Perceived ability or readiness of safeguarding leads in care homes to provide personalised support to those affected when a safeguarding concern is raised.</li><li>• Perceived ability or readiness of safeguarding leads in care homes to provide accessible information and keep people informed of progress when a safeguarding concern is raised.</li><li>• Lived experiences and satisfaction with the support and information people have received in the context of a safeguarding concern, including the perceived accessibility of information.</li><li>• The need for tailored information and support depending on the nature of people's involvement in safeguarding concerns in care homes.</li><li>• Preferences about the format of information and the nature of support provided to people affected by safeguarding concerns.</li><li>• Views and preferences about the timing of information and support provided to people affected by safeguarding concerns.</li><li>• Views and preferences about the extent and nature of involvement with the safeguarding process.</li></ul>

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 Develop-  
4 ing NICE guidelines: the manual. Methods for this review question are described in the re-  
5 view protocol in appendix A and the methods document.

## 6 **Evidence**

### 7 **Included studies**

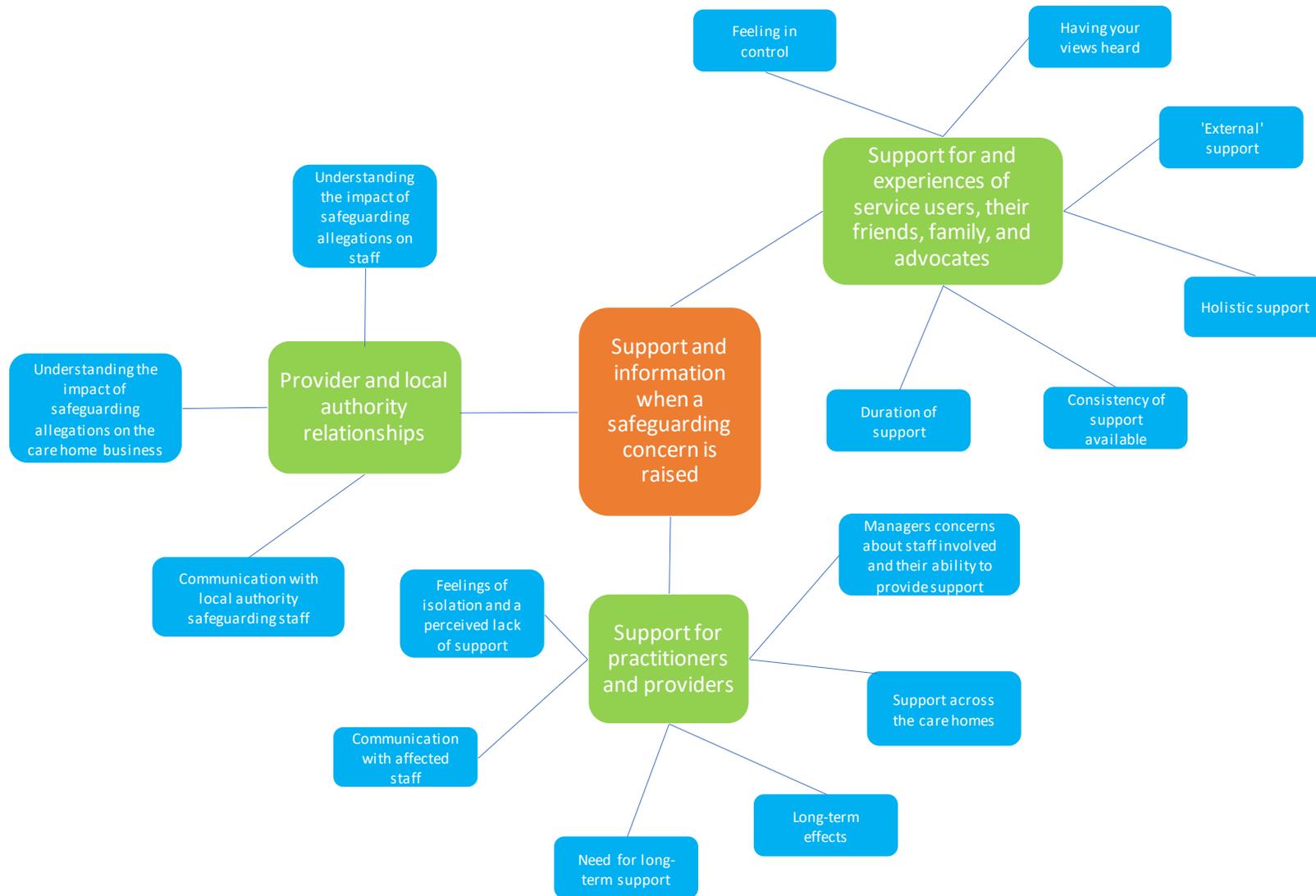
8 This was a qualitative review, the objectives of which were to identify the support and infor-  
9 mation that people feel they need when a safeguarding concern is raised within a care home  
10 setting; and to explore people's lived experience and the extent to which they perceive their  
11 support and information needs to have been addressed in relation to safeguarding concerns  
12 in care homes.

13 Three studies were included. These were published between 2008 and 2012 (Commission  
14 for Social Care Inspection 2008, Rees and Manthorpe 2010, and Simic 2012). As per the  
15 protocol, all 3 were conducted in the UK (England and Wales). As insufficient UK based qual-  
16 itative studies were identified, studies from Europe (including the Republic of Ireland), Aus-  
17 tralia and Canada were considered. However, none of these studies met all other inclusion  
18 criteria specified in the protocol.

19 Two of the studies (Rees and Manthorpe 2010, Simic 2012) reported solely on the views of  
20 care workers and care managers. Rees and Manthorpe (2010) explored the views of man-

- 1 agers, registered nurses and care workers working in specialist secure and semi-secure res-  
2 idential units for people with mental health problems and with learning disabilities; whilst  
3 Simic (2012) explored the views of domiciliary and residential carers working in care homes  
4 (both with and without nursing).
- 5 The remaining included study (Commission for Social Care Inspection 2008) explored the  
6 views and experiences of service users (in addition to care professionals); however, the level  
7 of detail provided was limited.
- 8 The following concepts were identified through analysis of the included studies:
- 9 • Support for and experiences of service users, their friends, family, and advocates.
  - 10 • Support for practitioners and providers.
  - 11 • Provider and local authority relationships.
- 12 As shown in the theme map (Figure 1), these concepts have been explored in a number of  
13 central themes and sub-themes. Overarching themes are shown below in orange, central  
14 themes in green, and sub-themes in light blue.

**Figure 1: Theme map – support and information when a safeguarding concern is raised**



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

## 2 Excluded studies

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

## 5 Summary of studies included in the evidence review

6 A summary of the studies that were included in this review are presented in Table 2.

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

Study and aim of the study	Participants	Methods	Themes
<p><b>Commission for Social Care Inspection 2008</b></p> <p><b>Study design:</b> Inspections, fieldwork, self-assessment reports.</p> <p><b>Aim of the study:</b> To examine the effectiveness of systems in place in England to help stop the abuse of adults and to support those who suffer abuse.</p> <p><b>England</b></p>	<p><b>Sample size</b></p> <ul style="list-style-type: none"> <li>Care homes and adult placement schemes: n=68</li> <li>Safeguarding cases from 5 study sites: n=30.</li> </ul> <p><b>Characteristics</b></p> <ul style="list-style-type: none"> <li>Care home for older people: n=34</li> <li>Care home for under 65s: n=30</li> <li>Adult placement scheme: n=4.</li> </ul> <p>Safeguarding cases: n=30. Male: n=14, female: n=16; ethnic minority: n=5; people with learning disabilities: n=9; older people, including some with mental health issues: n=14; people with physical disability: n=4; people with mental health problem: n=3</p> <p>Type of abuse (number of people; n)</p> <p>Physical abuse: n=7; neglect: n=6; financial abuse: n=7; sexual abuse: n=5; institutional abuse: n=1; discriminatory abuse: n=1.</p>	<p><b>Data collection</b></p> <ul style="list-style-type: none"> <li>Performance of all regulated care services in England in respect to National Minimum Standards relating to protection from abuse and recruitment of staff.</li> <li>Fieldwork in 5 council areas, which included monitoring service user views and experiences of the systems put in place to protect them from abuse.</li> <li>Self-assessment reports from 150 councils in England.</li> <li>Safeguarding findings from 23 in-depth CSCI council inspections of adult social services.</li> <li>94 themed inspections of care homes and adult placement schemes in 7 different areas including different council types (incorporating the 5 council fieldwork areas), substantiated by 250 more inspections across England involving further safeguarding questions during scheduled inspections.</li> </ul>	<ul style="list-style-type: none"> <li>Support for and experiences of service users, their friends, family, and advocates: <ul style="list-style-type: none"> <li>feeling in control</li> <li>having your views heard</li> <li>'external' support</li> <li>holistic support</li> <li>consistency of support available</li> <li>duration of support.</li> </ul> </li> </ul>
<p><b>Rees and Manthorpe 2010</b></p> <p><b>Study design:</b> semi-structured interviews.</p>	<p><b>Sample size</b></p> <ul style="list-style-type: none"> <li>residential unit managers: n=13</li> <li>care workers: n=10.</li> </ul> <p><b>Characteristics</b></p>	<p><b>Data collection</b></p> <p>Semi-structured interview schedule where the managers were "asked to (i) outline their understanding of vulnerable adults' legislation; (ii)</p>	<ul style="list-style-type: none"> <li>Support for practitioners and providers: <ul style="list-style-type: none"> <li>Managers' concerns about staff involved and their ability to provide support.</li> </ul> </li> </ul>

Study and aim of the study	Participants	Methods	Themes
<p><b>Aim of the study:</b> To consider the result of adult protection investigations on staff of residential services accused of harm or abuse, investigated and then cleared, and for the managers of these services.</p> <p><b>England</b></p>	<p>Not reported.</p>	<p>recount experiences in which legislation had been useful; (iii) recount experiences in which it had been disruptive; (iv) discuss ways in which it influences practice. Participants were encouraged to expand on any of the points made. The staff group was asked to discuss (i) the allegations made against them; (ii) the nature of the investigation; (iii) the effect that this had upon them personally; (iv) the effect it had on the care setting.” (Rees and Manthorpe 2010, p. 517).</p>	<ul style="list-style-type: none"> <li>○ Support across the care home.</li> <li>○ Long-term effects.</li> <li>○ Need for long-term support.</li> <li>○ Communication with affected staff.</li> <li>○ Feelings of isolation and a perceived lack of support.</li> <li>● Provider and local authority relationships: <ul style="list-style-type: none"> <li>○ Understanding the impact of safeguarding allegations on the care home business.</li> </ul> </li> </ul>
<p><b>Simic 2012</b></p> <p><b>Study design:</b> literature review, telephone survey, focus groups.</p> <p><b>Aim of the study:</b> To “... evaluate key organisational processes in managing “safeguarding” in relation to the independent sector, the local authority delivery arm for care.” (Simic 2012, p. 22)</p> <p><b>England</b></p>	<p><b>Sample size</b> Telephone survey - domiciliary care: n=26; care home only: n=69; care home with nursing: n=22. This data is not reported on, but survey sample details provided for context as the headings for the topic sheets for each focus group were based on the survey findings.</p> <p>2 Focus groups: n= 8 to 10. ‘The two focus groups (care homes group, domiciliary care group) were notable for their similarities on the substantive concerns, so results are reported together here... All attendees had recent experience of safeguarding investigations. All attendees were Registered Managers or equivalent’. (Simic 2012, p. 27).</p> <p><b>Characteristics</b> Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area). The focus groups comprised local authority staff and independent sector domiciliary and residential providers who had expe-</p>	<p><b>Data collection</b> ‘Action research’ methodology, combining different methods with reflective practice. Included a literature review, telephone survey (stratified random sample of providers), and focus groups with a subset of independent sector providers with experience of investigations). Findings fed back into the reference group and a review of local practice and procedures through the Safeguarding Board and ‘Learning Together’ workshops. The survey was developed through expert members of a multi-agency Project Reference Group and covered: information, advice and support, training and experience of investigations. Focus group enquiry was based on the survey findings.</p>	<ul style="list-style-type: none"> <li>● Provider and local authority relationships: <ul style="list-style-type: none"> <li>○ Communication with local authority safeguarding staff.</li> <li>○ Understanding the impact of safeguarding allegations on the care home business.</li> <li>○ Understanding the impact of safeguarding allegations on staff.</li> </ul> </li> </ul>

Study and aim of the study	Participants	Methods	Themes
	rience of investigations in the previous year. All attendees were Registered Managers or equivalent.		

1 *CSCI: Commission for Social Care Inspection.*

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

#### 4 **Quality assessment of outcomes included in the evidence review**

5 A summary of the strength of evidence, assessed using GRADE-CERQual, is presented ac-  
6 cording to the main themes:

##### 7 ***Support and information when a safeguarding concern is raised***

- 8 • Support for and experiences of service users, their friends, family, and advocates:
  - 9 ○ Feeling in control. The overall confidence in this sub-theme was judged to be very low.
  - 10 ○ Having your views heard. The overall confidence in this sub-theme was also judged to
  - 11 be very low.
  - 12 ○ ‘External’ support. The overall confidence in this sub-theme was also judged to be very
  - 13 low.
  - 14 ○ Holistic support. The overall confidence in this sub-theme was also judged to be very
  - 15 low.
  - 16 ○ Consistency of support available. The overall confidence in this sub-theme was also
  - 17 judged to be very low.
  - 18 ○ Duration of support. The overall confidence in this sub-theme was also judged to be
  - 19 very low.
- 20 • Support for practitioners and providers:
  - 21 ○ Managers concerns about staff involved and their ability to provide support. The overall
  - 22 confidence in this sub-theme was judged to be low.
  - 23 ○ Support across the care home. The overall confidence in this sub-theme was also
  - 24 judged to be low.
  - 25 ○ Long-term effects. The overall confidence in this sub-theme was also judged to be low.
  - 26 ○ Need for long-term support. The overall confidence in this sub-theme was also judged
  - 27 to be low.
  - 28 ○ Communication with affected staff. The overall confidence in this sub-theme was also
  - 29 judged to be low.
  - 30 ○ Feelings of isolation and a perceived lack of support. The overall confidence in this
  - 31 sub-theme was also judged to be low.
- 32 • Provider and local authority relationships:
  - 33 ○ Communication with local authority safeguarding staff. The overall confidence in this
  - 34 sub-theme was judged to be very low.
  - 35 ○ Understanding the impact of safeguarding allegations on the care home business. The
  - 36 overall confidence in this sub-theme was also judged to be very low.
  - 37 ○ Understanding the impact of safeguarding allegations on staff. The overall confidence
  - 38 in this sub-theme was also judged to be very low.

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

### 3 **Economic evidence**

#### 4 **Included studies**

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

#### 7 **Economic model**

8 No economic modelling was undertaken for this review because the committee agreed that  
9 other topics were higher priorities for economic evaluation. Furthermore, only a qualitative  
10 review was being undertaken for this question and therefore there was no effectiveness evi-  
11 dence available to inform economic modelling.

### 12 **The committee's discussion of the evidence**

#### 13 **Interpreting the evidence**

#### 14 ***The outcomes that matter most***

15 This review focused on identifying the support and information that people feel they need  
16 when a safeguarding concern is raised within a care home setting; and exploring people's  
17 lived experience and the extent to which they perceive their support and information needs to  
18 have been addressed in relation to safeguarding concerns in care homes.

19 To address these issues, the review was designed to include qualitative data and as a result  
20 the committee could not specify in advance the data that would be located. Instead they  
21 identified the following main themes to guide the review. However, not all the themes may be  
22 found in the literature and the list was not exhaustive so additional themes may have been  
23 identified:

- 24 • Perceived ability or readiness of safeguarding leads in care homes to provide per-  
25 sonalised support to those affected when a safeguarding concern is raised.
- 26 • Perceived ability or readiness of safeguarding leads in care homes to provide acces-  
27 sible information and keep people informed of progress when a safeguarding concern  
28 is raised.
- 29 • Lived experiences about and satisfaction with the support and information people  
30 have received in the context of a safeguarding concern, including the perceived ac-  
31 cessibility of information.
- 32 • The need for tailored information and support depending on the nature of people's  
33 involvement in safeguarding concerns in care homes.
- 34 • Preferences about the format of information and the nature of support provided to  
35 people affected by safeguarding concerns.
- 36 • Views and preferences about the timing of information and support provided to peo-  
37 ple affected by safeguarding concerns.
- 38 • Views and preferences about the extent and nature of involvement with the safe-  
39 guarding process.

1 The evidence review identified data that did not fully reflect the themes set out in the proto-  
2 col. However, the themes that did emerge from the data related to support for and experi-  
3 ences of service users, their friends, family, and advocates; support for practitioners and pro-  
4 viders; and provider and local authority relationships, and the committee were able to make a  
5 number of recommendations in relation to these.

## 6 ***The quality of the evidence***

7 Evidence was available from 3 qualitative studies which explored the views of managers,  
8 registered nurses and care workers working in specialist secure and semi-secure residential  
9 units for people with mental health problems and with learning disabilities, or explored the  
10 views of domiciliary and residential carers working in care homes (both with and without  
11 nursing).

12 The evidence was assessed using GRADE-CERQual methodology and the overall confi-  
13 dence in the evidence was found to range from very low to low. As a result, the recommen-  
14 dations were made partly based on these statements, but supplemented with the commit-  
15 tee's own expertise. The evidence was downgraded because of methodological limitations,  
16 including, for example, providing limited detail on data collection and methods of analysis, or  
17 recruitment and sampling strategies. The evidence was also downgraded because of the rel-  
18 evance of the findings; 2 studies included findings from non-congregate settings (that is, the  
19 studies were not set exclusively in care homes). However, the committee recognised that  
20 some themes identified in the study still applied to care home settings and they agreed the  
21 data from other settings could be extrapolated to inform the recommendations.

22 The evidence was also downgraded because of the adequacy of data; as the themes were  
23 supported by findings from only 1 study which provided generally thin data. Some of the find-  
24 ings were also downgraded on the basis of coherence as there were often concerns regard-  
25 ing the interpretation and exploration of data.

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

## 34 ***Benefits and harms***

### 35 ***Policy and procedure***

### 36 ***Safeguarding Adults Boards***

#### 37 *Recommendations based on data relating to different types of support available*

38 The evidence presented to the committee highlighted a lack of understanding and knowledge  
39 by healthcare professionals in terms of providing holistic support to the person at risk. The  
40 strength of the evidence was considered to be very low and the committee also drew on their  
41 own expertise and experience to supplement the limited evidence, to make recommenda-  
42 tions to reflect the need for Safeguarding Adults Boards to ensure that different partner or-  
43 ganisations are working together to provide support to care home residents during safe-  
44 guarding care home enquiries.

45 Overall, the committee agreed that the potential benefits far outweigh the disadvantages,  
46 providing support to care home residents through the safeguarding enquiry is likely to greatly

1 improve consistency across partner organisations and ensure that those at risk of harm re-  
2 ceive the relevant support they need and are entitled to.

### 3 ***Working with the resident at risk during a safeguarding enquiry***

#### 4 **Sharing information**

##### 5 *Recommendations based on data relating to services users feeling in control*

6 The strength of the evidence presented to the committee was considered to be very weak,  
7 but suggested that service users may feel that once the safeguarding investigation has be-  
8 gun, they no longer have a say in the process. Based on their own expertise and knowledge,  
9 the committee were aware that the lack of inclusion of care home residents in the safeguard-  
10 ing process may have serious human rights implications and lack compliance with other legal  
11 requirements. They were therefore keen to reflect Making Safeguarding Personal by recom-  
12 mending that at the beginning of all safeguarding enquiries, the enquiry lead asks the resi-  
13 dent at risk whether they would like to be kept up-to-date during the enquiry, how much detail  
14 they would like, what format they would like this in, and who they would like to contact them.  
15 They also recommended that where police are involved in an enquiry, the enquiry lead  
16 should hold early discussions with the case officer to clarify the rules of communication and  
17 information recording. Based on the limited evidence, which was supported by their own ex-  
18 pertise, the committee were keen to emphasise that personalised support should be provided  
19 to those at the centre of a safeguarding concern, but noted that there may be communication  
20 difficulties that need to be addressed. They discussed the importance of providing support  
21 such as information on how decisions are made or how care home residents can be enabled  
22 to maintain involvement throughout the safeguarding process. The committee also noted the  
23 importance of accessible information and the use of tools that are tailored to the individual,  
24 for example to help care home residents with visual impairment, literacy difficulties or learn-  
25 ing disabilities. The committee agreed that emphasising the importance of this type of sup-  
26 port could minimise the risk that a care home resident feels that they have no control over  
27 the safeguarding process.

28 Based on their own knowledge and experience, the committee also agreed that it is im-  
29 portant for safeguarding enquiries to conclude with a report summarising the findings, which  
30 would include details on actions taken to date and the rationale for these, or the rationale for  
31 why certain actions were not undertaken. In response to the evidence presented to them as  
32 well as their own expertise the committee agreed to draft a recommendation specifying that  
33 safeguarding enquiry leads provide feedback to the resident, their families and appropriate  
34 advocates. This should provide a summary of the enquiry and include information on relevant  
35 outcomes and recommendations made by the safeguarding enquiry lead. Ensuring that care  
36 home residents, and their families and/or appropriate advocates are involved throughout the  
37 process and providing them with relevant information at the enquiry's conclusion will enable  
38 them to make an informed decision regarding further action.

39 Overall, the committee agreed that the potential benefits of providing such support and in-  
40 formation are likely to outweigh any disadvantages, as providing care home residents and  
41 their families and representatives with relevant information and involving them throughout the  
42 process will help to ensure that care home residents preferences and desired outcomes are  
43 remain at the centre of the decision-making process and clearly guide the how an enquiry  
44 proceeds.

#### 45 **Support during an enquiry or investigation**

##### 46 *Recommendations based on data relating to different types of support available*

1 The evidence presented to the committee highlighted the value that care home residents  
2 place on support received from 'external' individuals (for example, friends, relatives, advo-  
3 cates), particularly in terms of the impact they can have on whether the outcomes that a care  
4 home resident hopes for are achieved. Based on the evidence and also their own expertise  
5 because of the very low confidence in the evidence, the committee agreed to make recom-  
6 mendations to reflect the need to ask care home residents if they would like access to 'exter-  
7 nal' support during an enquiry (in addition to any legal rights to advocacy) and if so who they  
8 would like that person to be.

9 The committee emphasised the importance of providing this 'external' support, whether  
10 through formal advocates or friends and family, as they recognised that safeguarding enquiry  
11 processes can be complex and challenging. The committee were keen to emphasise in their  
12 recommendations that all practitioners involved in a safeguarding enquiry should be aware of  
13 the fact that any resident, regardless of mental capacity, may benefit from support. The  
14 committee acknowledged that there may be disadvantages associated with some support  
15 systems, for example, informal advocates may not have the necessary knowledge or experi-  
16 ence to understand the safeguarding process. However, the committee agreed that such  
17 sources of support are still of value and emphasised that providing informal advocates with  
18 timely and relevant information will enable them to fulfil this role more easily. This discussion  
19 was reflected in the committee's recommendation to provide information and support to in-  
20 formal advocates chosen by the person at risk.

21 The committee also agreed that it was important to recognise that there may be cases where  
22 a resident is suspected of causing harm to another resident. Although no evidence relating to  
23 this was identified the committee felt that this was an important issue to highlight in their rec-  
24 ommendations and to emphasise that the resident suspected of causing harm is also entitled  
25 to support during an enquiry or investigation. The committee therefore drafted a consensus  
26 based recommendation emphasising the need for care homes to support all residents in-  
27 volved in a safeguarding concerns and manage any risks between those residents whilst an  
28 enquiry or investigation takes place.

29 Overall, the committee agreed that the potential benefits of providing support to informal ad-  
30 vocates outweigh any disadvantages, as providing guidance on who could or should be in-  
31 volved during each stage of an enquiry will lead to greater consistency in approaches and  
32 ensure that those at risk of harm receive support that they feel comfortable accessing and is  
33 of the most benefit to them, in addition to any entitlement to support to which they are legally  
34 entitled.

#### 35 *Recommendations based on data relating to consistency and duration of support available*

36 The overall confidence in the evidence presented to the committee was considered to be  
37 very low, but suggested variation across the country in the quality of support available to in-  
38 dividuals during safeguarding enquiries, particularly for people who fund their own care.  
39 Based on this evidence but also drawing on their own expertise, the committee agreed to  
40 make a recommendation emphasising that people who self-fund their care should have ac-  
41 cess to the same support as those whose care is publicly funded. The evidence also indicat-  
42 ed variability in the duration of support available with some individuals receiving only short-  
43 term support that that is limited to the safeguarding enquiry itself.

44 Based on their own knowledge and expertise, the committee were aware that safeguarding  
45 enquiries do not always achieve the outcomes most important to the person at the centre of  
46 the safeguarding concern, and that this can leave them feeling vulnerable and unsupported.  
47 The committee also recognised that variation in support provided may not reduce the risk of  
48 harm or may not enable them to recover. and there may be a need for ongoing support tai-  
49 lored to the person at risks' particular needs. As a result, the committee were keen to em-

1 phasise the importance of providing support, both during the enquiry, and on a longer-term  
2 basis if needed to help the person at risk understand any decisions and actions resulting  
3 from it and to ensure that the persons ongoing support needs are met and that any ongoing  
4 risks are addressed and minimised where possible. This could include both emotional and  
5 practical support as well as specific actions such as updating the care and support plan or  
6 protection plan or conducting risk assessments. In recognition of the potential for longer-term  
7 emotional impacts, the committee agreed to draft a recommendation emphasising the bene-  
8 fits that can be achieved by referral to further support services, such as local mental health  
9 services. The committee acknowledged that providing longer-term support is likely to have  
10 resource implications; however the committee agreed that the potential benefits from this are  
11 likely to outweigh any disadvantages, as ensuring that all residents at risk have consistent  
12 access to support that can be tailored to their individual circumstances and can be provided  
13 on a longer timescale than that of the immediate enquiry will help to protect residents from  
14 further harm, lead to improved practice as well as improved wellbeing amongst care home  
15 residents.

16 The committee also discussed the impact that prior experiences of abuse or neglect can  
17 have on care home residents and agreed that these effects may persist in the long-term. The  
18 committee therefore decided to draft a recommendation stating the importance of support for  
19 care home residents in such a situation. The committee also agreed that engaging with the  
20 resident on this was more likely to be successful if discussions were led by someone with  
21 whom the resident had a positive relationship.

## 22 ***How care home providers and managers should support care home staff during an*** 23 ***enquiry***

### 24 **Supporting staff who are under investigation**

#### 25 *Recommendations based on data relating to managers' concerns regarding support provided* 26 *to staff and communication with affected staff*

27 The evidence presented to the committee included data suggesting that care home manag-  
28 ers feel that it is difficult to provide support to staff facing allegations, particularly when an  
29 enquiry or investigation takes a long time to conclude (that is, after a number of years) or re-  
30 sults in there 'being no case to answer' and the staff member is able to return to work. The  
31 evidence also reflected concerns regarding how best to communicate with members of staff  
32 under investigation. The overall confidence in the evidence was considered low, so the  
33 committee also drew on their own expertise to strengthen their discussions. The committee  
34 agreed that a long timescale for an investigation can have a detrimental impact on the care  
35 home as a business and its staff, an impact that it is not always recognised or acknowledged  
36 by stakeholders. The evidence suggested that staff who were suspended but have been  
37 cleared to return to work may find it difficult to reintegrate into the care home. The loss of  
38 such staff is likely to have a negative impact on the quality of care provided. This could be  
39 mitigated against by ensuring that regular communication between managers and staff takes  
40 place during an investigation and that affected staff are provided with support both during an  
41 investigation and on their return to work.

42 As a result, the committee agreed to make recommendations stating that care home provid-  
43 ers and managers should ensure that staff under investigation are informed about potential  
44 sources of support such as an Employee Assistance Programme, occupational health ser-  
45 vices where available, or professional counselling services. In cases where staff have been  
46 suspended the committee agreed that care home providers and managers should ensure  
47 that a nominated person maintains regular contact with the staff member. The committee  
48 agreed that staff under suspension should be able to request a change in the nominated per-  
49 son if they believe there to be a conflict of interest. The committee went on to recommend

1 that where the police are involved, care home providers and managers should provide them  
2 with the details of the nominated person, but emphasised that this person should not have  
3 any direct involvement with the investigation.

4 The committee acknowledged the potential psychological and emotional impact that an in-  
5 vestigation can have on the staff member under investigation, particularly if they feel isolated  
6 and unsupported. The committee also acknowledged that a safeguarding investigation can  
7 have a negative impact on the care home business and other staff working there. The com-  
8 mittee agreed that this can lead to a reluctance amongst care home providers and managers  
9 to report new safeguarding concerns and a desire to conduct investigations internally. The  
10 committee agreed that the potential benefits of providing this type of support was likely to  
11 outweigh any disadvantages, as promoting awareness of this should help to maintain the  
12 wellbeing of those members of staff who are affected by the investigation which should in  
13 turn ensure that care home managers, staff and providers are willing to report safeguarding  
14 concerns.

#### 15 *Recommendations based on data relating to the need for long-term support*

16 Evidence suggested that long-term support may be needed by members of staff suspended  
17 from work because of safeguarding allegations made against them, particularly when return-  
18 ing to work. Overall confidence in the evidence was low, but the committee were keen to  
19 provide guidance on how these members of staff should be supported and agreed to make  
20 recommendations reflecting the need for care home providers and managers to arrange re-  
21 turn-to-work meetings for under suspension, once an enquiry or investigation has concluded.  
22 The committee agreed that this ensures that staff have an opportunity to discuss and resolve  
23 any concerns they may have regarding their re-integration into the work place and can be  
24 used to agree a programme of guidance and support.

25 Based on their own knowledge and expertise, the committee were aware of the negative im-  
26 pacts of safeguarding enquiries and investigations on staff at the centre of the allegations.  
27 Suspended staff may be anxious returning to work, particularly if they have felt isolated and  
28 unsupported by colleagues, or have been moved to an alternative care home. The committee  
29 agreed that returning staff may be viewed differently by their colleagues and residents in the  
30 care home and drafted a recommendation to ensure that care home providers and managers  
31 take action to prevent and mitigate against discriminatory behaviour towards that staff mem-  
32 ber.

33 Overall, the committee agreed that the potential benefits far outweigh the disadvantages;  
34 signposting staff to counselling services during the enquiry or investigation and agreeing a  
35 programme of guidance and support to re-integrate them back into work should ensure their  
36 well-being is protected as much as possible.

#### 37 **Supporting care home staff**

##### 38 *Recommendations based on data relating to support across the care home*

39 The evidence presented to the committee was limited but suggested that support and infor-  
40 mation may be needed by individuals other than those directly involved in a safeguarding in-  
41 vestigation. The committee discussed the impact that safeguarding investigations can have  
42 on all care home staff (such as staff refusing to interact with the person who had made alle-  
43 gations of abuse or neglect) and ways in which the process could be made less challenging.  
44 The committee made recommendations based on the limited evidence but also on their own  
45 expertise to reflect that care homes should encourage a more positive culture. For example,  
46 team meetings could be used to discuss safeguarding issues and for care home managers to  
47 clearly explain to other members of staff the investigation process. Arrangements could also  
48 be put in place to ensure staff cover for any staff absences resulting from the investigation,

1 for example, where staff may have been suspended due to allegations. The committee were  
2 also keen to emphasise the need to observe requirements around confidentiality and what  
3 information can be shared with staff, and this was reflected in the recommendations made by  
4 the committee for care home managers (unless they are under investigation themselves) to  
5 find out from the local authority what information can be shared with staff at each stage of the  
6 safeguarding enquiry, and to communicate as much as possible with staff about the enquiry.

7 The committee recognised the benefits of encouraging a more positive culture among care  
8 home staff, discussing safeguarding issues to provide an opportunity to reflect on practice  
9 and learn from mistakes.

10 Based on the evidence relating to ‘support across the care home’, but also their own exper-  
11 tise and experience, the committee were also aware of the negative impact of safeguarding  
12 investigations on care homes. The evidence indicated that investigations may foster negativ-  
13 ity towards the care home resident disclosing a safeguarding concern because staff may be-  
14 come anxious working with them for fear of allegations against them. Similarly, members of  
15 staff at the centre of the allegations may be viewed negatively, all of which may impact on  
16 the quality of care provided to care home users. The committee recommended that if the  
17 care home manager is under investigation, the care home or care home provider should put  
18 an acting manager in their place to ensure that residents and staff are no longer at risk of  
19 harm and to ensure the continuity of care within the care home.

20 The committee were in agreement that support across the care home is equally important in  
21 cases where organisational abuse or neglect is identified. Although the evidence available  
22 did not address this issue, the committee used their own knowledge and expertise to draft a  
23 consensus based recommendation which emphasised the importance of collective support  
24 for residents, staff, or other individuals with links to the care home.

25 Overall, the committee agreed that the potential benefits far outweigh the disadvantages, by  
26 making care home managers aware of the impact on care home staff and residents, and  
27 communicating with staff and providing them with information relating to external support or  
28 advice should help mitigate some of the difficulties associated with safeguarding investiga-  
29 tion process.

30 *Recommendations based on data relating to long-term effects of safeguarding investigations*

31 The evidence indicated that negative effects of safeguarding investigations can often be  
32 long-term, including concerns by staff about their job security and this may in turn affect the  
33 quality of care provided to care home residents. Although the strength of the evidence was  
34 considered to be low, the committee agreed that the findings presented were credible as they  
35 aligned with their own experiences, and were keen to emphasise the need for care home  
36 managers to be aware that investigations are stressful and may impact on staff morale. The  
37 committee discussed the need for care home managers (unless they are under investigation  
38 themselves) to lead by example by being open and transparent and provide opportunities for  
39 staff to discuss concerns (where this is possible), offer additional supervision to affected  
40 staff, and reinforcing good practice when it is observed.

41 Based on their own expertise and knowledge, the committee also recognised that percep-  
42 tions towards care home residents may change once a safeguarding concern has been dis-  
43 closed and that staff may feel anxious and unwilling to work alone with care home residents  
44 for fear of allegations. The committee therefore made recommendations for care home man-  
45 agers to provide support, additional training and supervision to address these concerns.

46 On balance the committee agreed that the potential benefits far outweigh the disadvantages;  
47 providing support to staff and focusing on good practice should help maintain the provision of  
48 good quality of care to care home users and help maintain staff morale.

1

2 ***How local authorities should support care homes during an enquiry***

3 *Recommendations based on data relating to communication with local authority safeguarding*  
4 *staff*

5 The committee agreed to make recommendations highlighting the need for local authorities  
6 to consider nominating a single point of contact to provide independent, balanced and in-  
7 formed advice on safeguarding, and to inform care home managers on the progress of the  
8 safeguarding enquiry. Although the strength of the evidence was considered weak, the  
9 committee agreed that it is important to make recommendations which reflected the evidence  
10 indicating that care providers view local authority staff as a key source of support and trans-  
11 parent advice during safeguarding investigations. To promote positive communications be-  
12 tween care homes and local authorities and to help alleviate any potential long-term effects  
13 of safeguarding enquiries, the committee were keen to recommend that local authorities pro-  
14 vide care homes with positive feedback when they handle safeguarding concerns well and to  
15 provide practical support to care home staff to help them with safeguarding enquiries.

16 The committee recognised that there may be variability in the relationships between care  
17 providers and the local authority and less positive relationships may exist. Based on their ex-  
18 pertise and experience, the committee agreed to make a recommendation highlighting the  
19 need for effective communication of the outcomes of safeguarding enquiries with commis-  
20 sioners to enable them to incorporate findings into their own decision-making process. This  
21 issue has also been addressed in evidence review B: barriers and facilitators to identifying  
22 abuse and neglect.

23 Overall, the committee agreed that the potential benefits from ensuring that local authorities  
24 work with care homes to provide support and advice far outweigh the disadvantages and  
25 should promote best practice.

26 *Recommendations based on data relating to understanding the impact of safeguarding alle-*  
27 *gations on the care home business*

28 The strength of the evidence was assessed as very low, however the findings suggested that  
29 local authority safeguarding staff have little understanding of the impact that safeguarding  
30 enquiries may have on a business when a member of staff is suspended in terms of financ-  
31 es, staff morale, and time input, particularly if the enquiries continue over a long period of  
32 time. Based on their own expertise and knowledge, the committee agreed that the Care Act  
33 2014 promotes proportionality of approaches to an enquiry and they were keen to make rec-  
34 ommendations to ensure that unnecessary burdens are not placed on care homes during an  
35 enquiry, which could lead to failure of the business or exhaustion of limited resources. The  
36 recommendations reflect that local authorities should be aware of the reputational impact on  
37 the care home's business and to ensure that their actions are timely and proportionate, and  
38 that a safeguarding enquiry or investigation may have an emotional and psychological impact  
39 on care home staff who may feel anxious about their job security. The committee also felt  
40 that it is important that local authorities have a single point of contact to keep the care home  
41 manager informed about the progress of the safeguarding enquiry because this may help  
42 alleviate some of the stress and anxiety associated with enquiries and help care home man-  
43 ager plan ahead in terms of additional resources that may be needed and the support that  
44 care home staff and residents may need.

45 The committee recognised that delays can occur during safeguarding enquiries, which in turn  
46 can create further stress and anxiety, and there may be resource implications if additional  
47 staff are needed to cover for a member of staff who has been suspended (this has been ad-  
48 dressed by the recommendations for 'supporting care home staff teams' stating that care

1 homes should put arrangements in place to ensure staff cover for any staff absences result-  
2 ing from the investigation).

3 Overall, the committee agreed that the potential benefits of promoting an understanding of  
4 the impact that safeguarding enquiries can have on the care home's business should far  
5 outweigh the disadvantages. The recommendations should ensure that these issues are ad-  
6 dressed in any safeguarding enquiry and this is likely to encourage arrangements to be put in  
7 place, which should in turn help mitigate the risk to financial sustainability and continued  
8 good practice.

## 9 **Cost-effectiveness and resource use**

10 This was a qualitative review and therefore it was not possible for the committee to formally  
11 address the cost-effectiveness of recommendations arising from the evidence. The commit-  
12 tee recognised that there would be resource implications arising from their recommendations  
13 in this area particularly with regard to the provision of on-going support after the conclusion  
14 of an enquiry. However, given the numbers to whom this recommendation could apply, the  
15 committee did not consider that their recommendations would represent a significant re-  
16 source impact overall and that their recommendation reflects current best practice. The  
17 committee considered that the recommendations for on-going support would be warranted  
18 on cost effectiveness grounds for the protection it would give to individuals from future harm.

19 The provision of service user appointed advocates could potentially have a resource impact  
20 but the recommendations allow friends or family members to fulfil this function in addition to  
21 formal ones. Again the committee considered that any uplift in resources would represent a  
22 cost effective use of resources for the important support provided to the person at the centre  
23 of the safeguarding concern.

24 The committee considered that other recommendations on information provision, communi-  
25 cation with staff, service users and their families and observing requirements around confi-  
26 dentiality would not have significant resource implications. Indeed, they thought communica-  
27 tion with staff and extra supervision to affected staff could be cost saving by promoting the  
28 retention of good staff.

## 29 **Other factors the committee took into account**

30 Given the limitations of the evidence, the committee drew on their own experience and ex-  
31 pertise to make social value judgements about what health and social care professionals and  
32 organisations should provide to ensure the safety of care home residents, which then in-  
33 formed the recommendations.

34 When making the recommendations, the committee also aimed to respect individual needs  
35 and basic human rights, at the same time aiming to provide the most benefit for the greatest  
36 number of people. The committee were aware that safeguarding adults involves a wider  
37 range of individuals and organisations (including the care homes and care home providers,  
38 individual health and social care practitioners who work with care home residents, and also  
39 local authorities and commissioners). The committee were also aware of the need to consid-  
40 er the inequalities that exist between different organisations to ensure fairness and least im-  
41 pact on resources. For example, different care homes will have varying levels of staffing and  
42 finances.

## 43 **References**

### 44 **Commission for Social Care Inspection 2008**

- 1 Commission for Social Care Inspection Safeguarding adults A study of the effectiveness of  
2 arrangements to safeguard adults from abuse. London: Commission for Social Care Inspec-  
3 tion, 2008
- 4 **Rees 2010**
- 5 Rees, P., and Manthorpe, J. Managers' and staff experiences of adult protection allegations  
6 in mental health and learning disability residential services. A qualitative study. British Jour-  
7 nal of Social Work 40(2): 513-529, 2010
- 8 **Simic 2012**
- 9 Simic, P., Newton, S., Wareing, D., "Everybody's business" – engaging the independent sec-  
10 tor. An action research project in Lancashire. Journal of Adult Protection 14(1): 22-34, 2012

# 1 Appendices

## 2 Appendix A – Review protocol

### 3 Review protocol for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?

5 **Table 3: Review protocol**

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	<a href="#">CRD42019160538</a>
1.	Review title	Support and information for all involved when a safeguarding concern is raised.
2.	Review question	What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?
3.	Objective	<ul style="list-style-type: none"> <li>• To identify the support and information that people feel they need when a safeguarding concern is raised within a care home setting.</li> <li>• To explore people’s lived experience and the extent to which they perceive their support and information needs to have been addressed in relation to safeguarding concerns in care homes.</li> </ul>
4.	Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Cochrane Database of Systematic Reviews (CDSR)</li> <li>• Cochrane Central Register of Controlled Trials (CENTRAL)</li> <li>• MEDLINE &amp; Medline in Process</li> <li>• Embase</li> <li>• CINAHL</li> <li>• PsycINFO</li> <li>• ASSIA</li> <li>• IBSS</li> <li>• Social Policy and Practice</li> </ul>

ID	Field (based on PRISMA-P)	Content
		<ul style="list-style-type: none"> <li>• Social Science Database</li> <li>• Social Services Abstracts</li> <li>• Sociological Abstracts.</li> </ul> <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> <li>• date limit - 2008 onwards (see rationale under Section 10)</li> <li>• English language</li> <li>• human studies.</li> </ul> <p>Other searches: Additional searching may be undertaken if needed (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	Support and information needs for people affected by safeguarding concerns in care homes.
6.	Population	<p>Inclusion:</p> <ul style="list-style-type: none"> <li>• Adults accessing care and support in care homes (whether as residents, in respite or on a daily basis).</li> <li>• Family, friends and advocates of adults accessing care and support in care homes.</li> <li>• People working in care homes.</li> <li>• Providers of services in care homes.</li> </ul> <p>Exclusion: The scope of the guideline is safeguarding adults in care homes. Therefore, people under 18 years of age who are accessing support in care homes are excluded.</p>
7.	Intervention/Exposure/Test	Support and information for people affected by safeguarding concerns in care homes.
8.	Comparator/Reference standard/Confounding	Not applicable in a qualitative review.

ID	Field (based on PRISMA-P)	Content
9.	factors  Types of study to be included	Inclusions: <ul style="list-style-type: none"> <li>• Systematic reviews of qualitative studies.</li> <li>• Studies reporting data gathered through semi-structured and structured interviews, focus groups, observations.</li> <li>• Surveys using open ended questions and a qualitative analysis of responses including, including Carers UK Survey, Health and Digital Behaviours Survey 2017 (Teva Pharmaceutical Industries), and Think Local Act Personal (TLAP) Care Act 2014 survey. Also, surveys conducted by Action on Elder Abuse and Age UK.</li> </ul> Exclusions: Purely quantitative studies (including surveys reporting only quantitative data).
10.	Other exclusion criteria	Inclusions: <ul style="list-style-type: none"> <li>• Published full-text papers.</li> <li>• Only studies conducted in the UK will be included. If insufficient* UK based studies are available then studies from the following high income (according to the World Bank) countries, will be considered: Europe, including the Republic of Ireland, Australia and Canada.</li> <li>• Studies conducted in care homes and congregate residential care settings.</li> </ul> *meaning fewer than a total of 5 studies providing rich data, covering all the populations of interest.           Exclusions: <ul style="list-style-type: none"> <li>• Articles published before 2008. The guideline committee relate the cut off year to the significant practice changes occurring when the Mental Capacity Act was implemented.</li> <li>• Studies conducted in acute hospital settings.</li> <li>• Papers that do not include methodological details will be excluded because they do not provide sufficient information to evaluate risk of bias/quality of study.</li> <li>• Conference abstracts.</li> </ul>

ID	Field (based on PRISMA-P)	Content
		<ul style="list-style-type: none"> <li>• Non-English language articles.</li> </ul>
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"> <li>• Perceived ability or readiness of safeguarding leads in care homes to provide personalised support to those affected when a safeguarding concern is raised.</li> <li>• Perceived ability or readiness of safeguarding leads in care homes to provide accessible information and keep people informed of progress when a safeguarding concern is raised.</li> <li>• Lived experiences about and satisfaction with the support and information people have received in the context of a safeguarding concern, including the perceived accessibility of information.</li> <li>• The need for tailored information and support depending on the nature of people's involvement in safeguarding concerns in care homes.</li> <li>• Preferences about the format of information and the nature of support provided to people affected by safeguarding concerns.</li> <li>• Views and preferences about the timing of information and support provided to people affected by safeguarding concerns.</li> <li>• Views and preferences about the extent and nature of involvement with the safeguarding process.</li> </ul>
13.	Secondary outcomes (important outcomes)	Not applicable.
14.	Data extraction (selection and coding)	<p>[Modify text if required] [NGA standard text]</p> <p>All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated.</p> <p>The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies</p>

ID	Field (based on PRISMA-P)	Content												
		<p>(see <a href="#">Developing NICE guidelines: the manual</a> section 6.4).</p> <p>Sifting, data extraction, appraisal of methodological quality and GRADE assessment will be done by the systematic reviewer.</p> <p>Dual sifting will not be undertaken for this question but any queries will be resolved through discussion with the senior systematic reviewer and the Topic Advisor. Quality control will be done by the senior systematic reviewer.</p>												
15.	Risk of bias (quality) assessment	The methodological quality of each study will be assessed using a preferred checklist. For full details please see appendix H of <a href="#">Developing NICE guidelines: the manual</a> .												
16.	Strategy for data synthesis	<p>The risk of bias across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) Confidence in the Evidence from Reviews of Qualitative Research' developed by the international GRADE working group <a href="https://www.cerqual.org">https://www.cerqual.org</a>.</p> <p>For a full description of methods see supplementary material A.</p>												
17.	Analysis of sub-groups	Not relevant because this is a qualitative review however, the review will include information regarding differences in views held between certain groups or in certain settings wherever possible (that is, if information in relation to this are reported by the included studies themselves).												
18.	Type and method of review	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>Intervention</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Diagnostic</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prognostic</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Qualitative</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Epidemiologic</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Service Delivery</td> </tr> </tbody> </table>	<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"/>	Intervention													
<input type="checkbox"/>	Diagnostic													
<input type="checkbox"/>	Prognostic													
<input checked="" type="checkbox"/>	Qualitative													
<input type="checkbox"/>	Epidemiologic													
<input type="checkbox"/>	Service Delivery													

ID	Field (based on PRISMA-P)	Content		
		<input type="checkbox"/>	Other (please specify)	
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	April 2019		
22.	Anticipated completion date	October 2020		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Piloting of the study selection process	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Formal screening of search results against eligibility criteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Data extraction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Risk of bias (quality) assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Data analysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24.	Named contact	5a. Named contact National Guideline Alliance.		
		5b Named contact e-mail <a href="mailto:SafeguardingAdults@nice.org.uk">SafeguardingAdults@nice.org.uk</a>		
		5c Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline Alliance.		
25.	Review team members	From the National Guideline Alliance: <ul style="list-style-type: none"> <li>• Jennifer Francis [Technical lead]</li> <li>• Ted Barker [Technical analyst]</li> </ul>		

ID	Field (based on PRISMA-P)	Content
		<ul style="list-style-type: none"> <li>• Fiona Whiter [Technical analyst]</li> <li>• Paul Jacklin [Health economist]</li> <li>• Elise Hasler [Information scientist].</li> </ul>
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 <a href="#">Developing NICE guidelines: the manual</a> . Members of the guideline committee are available on the NICE website: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10107">https://www.nice.org.uk/guidance/indevelopment/gid-ng10107</a> .
29.	Other registration details	
30.	Reference/URL for published protocol	<a href="https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019160538">https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019160538</a>
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"> <li>• notifying registered stakeholders of publication</li> <li>• publicising the guideline through NICE's newsletter and alerts</li> <li>• 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.</li> </ul>
32.	Keywords	Safeguarding in care homes, safeguarding adults, strategic partnership working, commu-

ID	Field (based on PRISMA-P)	Content	
		nication and information sharing.	
33.	Details of existing review of same topic by same authors	Not applicable.	
34.	Current review status	<input checked="" type="checkbox"/>	Ongoing
		<input 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	<a href="http://www.nice.org.uk">www.nice.org.uk</a>	

1 ASSIA: Applied Social Sciences Index and Abstracts; CDSR: Cochrane Database of Systematic Reviews; DARE: Database of Abstracts of Reviews of Effects; IBSS: International Bibliography of the Social Science; GRADE: Grading of Recommendations Assessment, Development and Evaluation; GRADE CERQual: GRADE Confidence in the  
2 Evidence from Reviews of Qualitative research; N/A: not applicable; NICE: National Institute for Health and Care Excellence; PRISMA: Preferred Reporting Items for Systematic  
3 Reviews and Meta-Analyses; PROSPERO: International prospective register of systematic reviews.  
4

## Appendix B – Literature search strategies

**Literature search strategies for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?**

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

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

Date of last search: 28th March 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?ational\$ or institutional\$ or discriminat\$ or depriv\$) adj abus\$).tw.

#	Searches
49	(domestic\$ adj violen\$).tw.
50	(modern\$ adj3 slave\$).tw.
51	(neglect or self-neglect or self neglect).tw.
52	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).tw.
53	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
58	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
59	55 or 56 or 57 or 58
60	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
61	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
62	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
63	60 or 61 or 62
64	Choice Behavior/ use ppez
65	Decision Making/ use ppez
66	Decision Support Techniques/ use ppez
67	decision making/ use emczd
68	decision support system/ use emczd
69	(decision\$ or choic\$ or preference\$).tw.
70	64 or 65 or 66 or 67 or 68 or 69
71	Patient Compliance/ use ppez
72	Informed Consent/ use ppez
73	Treatment Refusal/ use ppez
74	exp Consumer Behavior/ use ppez
75	exp Consumer Participation/ use ppez
76	exp Health Education/ use ppez
77	patient compliance/ use emczd
78	informed consent/ use emczd
79	treatment refusal/ use emczd
80	exp consumer attitude/ use emczd
81	exp consumer/ use emczd
82	exp health education/ use emczd
83	71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82
84	Communication/ use ppez
85	interpersonal communication/ use emczd
86	communicat\$.tw.
87	Patient Education as Topic/ use ppez
88	patient education/ use emczd
89	((patient\$ or consumer\$) adj3 (educat\$ or skill\$ or teach\$ or train\$ or coach\$)).tw.
90	84 or 85 or 86
91	87 or 88 or 89
92	(Information Centers/ or Information Services/ or Information Dissemination/) use ppez
93	(Libraries/ or Library Services/) use ppez
94	(information center/ or information service/ or information dissemination/) use emczd
95	library/ use emczd
96	(Pamphlets/ or exp internet/ or exp computers, handheld/ or mobile applications/ or social networking/ or electronic mail/ or text messaging/ or hotlines/) use ppez
97	(publication/ or internet/ or personal digital assistant/ or exp mobile phone/ or mobile application/ or social media/ or social network/ or blogging/ or e-mail/ or text messaging/ or hotline/) use emczd
98	(computer\$ adj3 (handheld or palm top or palmtop or pda or tablet\$)).tw.
99	((mobile\$ or portable) adj3 application\$).tw.
100	(app or apps or blog\$ or booklet\$ or brochure\$ or dvd\$ or elearn\$ or e-learn\$ or email\$ or e-mail\$ or e mail\$ or facebook or facetime or face time or forum\$ or handout\$ or hand-out\$ or hand out\$ or helpline\$ or hotline\$ or internet\$ or ipad\$ or iphone\$ or leaflet\$ or myspace or online or magazine\$ or mobile phone\$ or newsletter\$ or pamphlet\$ or palm pilot\$ or personal digital assistant\$ or pocket pc\$ or podcast\$ or poster? or skype\$ or smartphone\$ or smart phone\$ or social media or social network\$ or sms or text messag\$ or twitter or tweet\$ or video\$ or web\$ or wiki\$ or youtube\$ or diary or diaries or guidebook\$ or checklist\$ or check list\$ or written or write or ((fact\$ or instruction\$) adj sheet\$)).tw.
101	(helpline or help line or ((phone\$ or telephone\$) adj3 (help\$ or instruct\$ or interact\$ or interven\$ or mediat\$ or program\$ or rehab\$ or strateg\$ or support\$ or teach\$ or therap\$ or train\$ or treat\$ or workshop\$)) or ((phone or telephone\$) adj2 (assist\$ or based or driven or led or mediat\$))).tw.
102	patient education handout/ use ppez
103	(patient information/ or medical information/) use emczd

#	Searches
104	((medical or health or electronic or virtual) adj3 (communicat\$ or educat\$ or informat\$ or learn\$)).tw.
105	(information adj3 (need\$ or requirement\$ or support\$ or material\$ or electronic\$ or web\$ or print\$)).tw.
106	(Physician-Patient Relations/ or Hospital-Patient Relations/ or Nurse-Patient Relations/ or Professional-Patient Relations/ or exp Adaptation, Psychological/ or exp "Religion and Psychology"/ or Emotions/ or anxiety/ or fear/ or stress, psychological/) use ppez
107	(doctor patient relation/ or nurse patient relationship/ or human relation/ or adaptive behavior/ or adjustment/ or adjustment disorder/ or religion/ or emotion/ or anxiety/ or fear/ or mental stress/) use emczd
108	(exp Psychotherapy/ or exp Cognitive Therapy/ or exp Counseling/ or exp Self-Help Groups/ or exp Social Support/ or self care/) use ppez
109	(psychotherapy/ or psychology/ or cognitive therapy/ or counseling/ or self help/ or social support/ or self care/) use emczd
110	((community or lay or paid or support) adj (person or worker\$)).tw.
111	((consumer\$ or famil\$ or friend\$ or lay or mutual\$ or peer\$ or social\$ or voluntary or volunteer\$) adj3 (advice\$ or advis\$ or counsel\$ or educat\$ or forum\$ or help\$ or mentor\$ or network\$ or support\$ or visit\$)).tw.
112	((consumer\$ or famil\$ or peer\$ or self help or social\$ or support\$ or voluntary or volunteer\$) adj3 group\$).tw.
113	((consumer\$ or famil\$ or friend\$ or lay or mutual\$ or peer\$ or self help or social\$ or voluntary or volunteer\$) adj3 (intervention\$ or program\$ or rehab\$ or therap\$ or service\$ or skill\$ or treat\$)).tw.
114	((psychosocial\$ or psycho social\$) adj3 (assist\$ or counsel\$ or intervention\$ or program\$ or support\$ or therap\$ or treat\$)).tw.
115	((emotion\$ or network\$ or organi?ation\$ or peer\$) adj3 support\$).tw.
116	(group\$1 adj3 (advocacy or approach\$ or assist\$ or coach\$ or counsel\$ or educat\$ or help\$ or instruct\$ or learn\$ or module\$ or network\$ or participat\$ or program\$ or psychotherap\$ or rehab\$ or skill\$ or strateg\$ or support\$ or teach\$ or train\$ or workshop\$ or work shop\$)).tw.
117	(helpseek\$ or ((search\$ or seek\$) adj3 (care or assistance or counsel\$ or healthcare or help\$ or support\$ or therap\$ or treat\$))).tw.
118	supportive relationship\$.tw.
119	((patient\$ or consumer\$ or family or relative or carer or husband or wife or woman\$ or women\$ or personal or inter-personal or individual) adj1 decision\$).tw.
120	92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 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
121	70 and 83
122	90 and 91
123	120 or 121 or 122
124	26 and 54 and 123
125	59 and 123
126	63 and 123
127	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ popula-tion\$)).tw.
128	123 and 127
129	124 or 125 or 126 or 128
130	limit 129 to english language
131	limit 130 to yr="2008 -Current" General exclusions filter applied

### Database(s): Cochrane Library

Last searched on **Cochrane Database of Systematic Reviews**, Issue 3 of 12, Mar 2019,  
**Cochrane Central Register of Controlled Trials**, Issue 3 of 12, Mar 2019

Date of last search: 29<sup>th</sup> March 2019

#	Searches
#1	MeSH descriptor: [Long-Term Care] this term only
#2	((long term* or long-term*) NEXT care):ti,ab,kw
#3	MeSH descriptor: [Respite Care] this term only
#4	((respite* NEXT care):ti,ab,kw
#5	MeSH descriptor: [Institutional Practice] this term only
#6	MeSH descriptor: [Nursing Homes] explode all trees
#7	MeSH descriptor: [Group Homes] this term only
#8	MeSH descriptor: [Residential Facilities] explode all trees
#9	MeSH descriptor: [Homes for the Aged] this term only
#10	((nursing NEXT home*)):ti,ab,kw
#11	((care NEXT home*)):ti,ab,kw
#12	((elderly or old age) NEAR/2 home*)):ti,ab,kw
#13	((nursing or residential) NEXT (home* or facilit*)):ti,ab,kw
#14	((home* for the aged* or home* for the elderly* or home* for older adult*)):ti,ab,kw
#15	(residential aged care):ti,ab,kw
#16	((frail elderly" NEAR/2 (facilit* or home or homes))):ti,ab,kw
#17	((residential NEXT (care or facilit* or institution* or setting* or service* or provider*)):ti,ab,kw
#18	((long-term or long term) NEAR/2 (facility or facilities))):ti,ab,kw

#	Searches
#19	((mental health NEXT (facilit* or institution* or setting* or service*)):ti,ab,kw
#20	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
#21	MeSH descriptor: [Physical Abuse] this term only
#22	MeSH descriptor: [Restraint, Physical] this term only
#23	MeSH descriptor: [Violence] this term only
#24	MeSH descriptor: [Sex Offenses] this term only
#25	MeSH descriptor: [Rape] this term only
#26	MeSH descriptor: [Domestic Violence] this term only
#27	MeSH descriptor: [Spouse Abuse] this term only
#28	MeSH descriptor: [Intimate Partner Violence] this term only
#29	MeSH descriptor: [Human Rights Abuses] explode all trees
#30	((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv*) NEAR/1 abus*)):ti,ab,kw
#31	((domestic* NEXT violen*)):ti,ab,kw
#32	((modern* NEAR/3 slave*)):ti,ab,kw
#33	((neglect or self-neglect or self neglect)):ti,ab,kw
#34	((significant* or persistent* or deliberat* or inflict* or unexplained* or non-accident* or nonaccident* or non-natural*) NEXT (injur* or trauma*)):ti,ab,kw
#35	((safeguard* or safe-guard* or safe guard*)):ti,ab,kw
#36	#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
#37	MeSH descriptor: [Elder Abuse] this term only
#38	((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR/3 (abus* or mistreat* or neglect* or self-neglect*)):ti,ab,kw
#39	#37 OR #38
#40	((adult* social* care*" or "adult* protective* service*" or "elder* protective* service*")):ti,ab,kw
#41	((adult\$ NEAR/3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)):ti,ab,kw
#42	((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) NEAR/3 protect*)):ti,ab,kw
#43	#40 OR #41 OR #42
#44	MeSH descriptor: [Choice Behavior] this term only
#45	MeSH descriptor: [Decision Making] this term only
#46	MeSH descriptor: [Decision Support Techniques] this term only
#47	((decision* or choic* or preference*)):ti,ab,kw
#48	#44 OR #45 OR #46 OR #47
#49	MeSH descriptor: [Patient Compliance] this term only
#50	MeSH descriptor: [Informed Consent] this term only
#51	MeSH descriptor: [Treatment Refusal] this term only
#52	MeSH descriptor: [Consumer Behavior] explode all trees
#53	MeSH descriptor: [Community Participation] explode all trees
#54	MeSH descriptor: [Health Education] explode all trees
#55	#49 OR #50 OR #51 OR #52 OR #53 OR #54
#56	MeSH descriptor: [Communication] this term only
#57	(communicat*):ti,ab,kw
#58	#56 OR #57
#59	MeSH descriptor: [Patient Education as Topic] this term only
#60	((patient* or consumer*) NEAR/3 (educat* or skill* or teach* or train* or coach*)):ti,ab,kw
#61	#59 OR #60
#62	MeSH descriptor: [Information Centers] this term only
#63	MeSH descriptor: [Information Services] this term only
#64	MeSH descriptor: [Information Dissemination] this term only
#65	MeSH descriptor: [Libraries] this term only
#66	MeSH descriptor: [Library Services] this term only
#67	MeSH descriptor: [Pamphlets] this term only
#68	MeSH descriptor: [Internet] explode all trees
#69	MeSH descriptor: [Computers, Handheld] explode all trees
#70	MeSH descriptor: [Mobile Applications] this term only
#71	MeSH descriptor: [Social Networking] this term only
#72	MeSH descriptor: [Electronic Mail] this term only
#73	MeSH descriptor: [Text Messaging] this term only
#74	MeSH descriptor: [Hotlines] this term only
#75	((computer* NEAR/3 (handheld or palm top or palmtop or pda or tablet*)):ti,ab,kw
#76	((mobile* or portable*) NEAR/3 application*)):ti,ab,kw
#77	((app or apps or blog* or booklet* or brochure* or dvd* or elearn* or e-learn* or email* or e-mail* or e mail* or facebook or facetime or face time or forum* or handout* or hand-out* or hand out* or helpline* or hotline* or internet* or ipad* or iphone* or leaflet* or myspace or online or magazine* or mobile phone* or newsletter* or pamphlet* or palm pilot* or personal digital assistant* or pocket pc* or podcast* or poster* or skype* or smartphone* or smart phone* or social media or social network* or sms or text messag* or twitter or tweet* or video* or web* or wiki* or

#	Searches
	youtube* or diary or diaries or guidebook* or checklist* or check list* or written or write or ((fact* or instruction*) NEXT sheet*)):ti,ab,kw
#78	((helpline or help line or ((phone* or telephone*) NEAR/3 (help* or instruct* or interact* or interven* or mediat* or program* or rehab* or strateg* or support* or teach* or therap* or train* or treat* or workshop*)) or ((phone or telephone*) NEAR/2 (assist* or based or driven or led or mediat*)))):ti,ab,kw
#79	MeSH descriptor: [Patient Education as Topic] this term only
#80	((medical or health or electronic or virtual) NEAR/3 (communicat* or educat* or informat* or learn*)):ti,ab,kw
#81	((information NEAR/3 (need* or requirement* or support* or material* or electronic* or web* or print*)):ti,ab,kw
#82	MeSH descriptor: [Physician-Patient Relations] this term only
#83	MeSH descriptor: [Hospital-Patient Relations] this term only
#84	MeSH descriptor: [Nurse-Patient Relations] this term only
#85	MeSH descriptor: [Professional-Patient Relations] this term only
#86	MeSH descriptor: [Adaptation, Psychological] explode all trees
#87	MeSH descriptor: [Religion and Psychology] explode all trees
#88	MeSH descriptor: [Emotions] this term only
#89	MeSH descriptor: [Anxiety] this term only
#90	MeSH descriptor: [Fear] this term only
#91	MeSH descriptor: [Stress, Psychological] this term only
#92	MeSH descriptor: [Psychotherapy] explode all trees
#93	MeSH descriptor: [Cognitive Behavioral Therapy] explode all trees
#94	MeSH descriptor: [Counseling] explode all trees
#95	MeSH descriptor: [Self-Help Groups] explode all trees
#96	MeSH descriptor: [Social Support] explode all trees
#97	MeSH descriptor: [Self Care] this term only
#98	((community or lay or paid or support) NEXT (person or worker*)):ti,ab,kw
#99	((consumer* or famil* or friend* or lay or mutual* or peer* or social* or voluntary or volunteer*) NEAR/3 (advice* or advis* or counsel* or educat* or forum* or help* or mentor* or network* or support* or visit*)):ti,ab,kw
#100	((consumer* or famil* or peer* or self help or social* or support* or voluntary or volunteer*) NEAR/3 group*)):ti,ab,kw
#101	((consumer* or famil* or friend* or lay or mutual* or peer* or self help or social* or voluntary or volunteer*) NEAR/3 (intervention* or program* or rehab* or therap* or service* or skill* or treat*)):ti,ab,kw
#102	((psychosocial* or psycho-social*) NEAR/5 (assist* or counsel* or intervention* or program* or support* or therap* or treat*))
#103	((emotion* or network* or organisation* or organization* or peer*) NEAR/3 support*)):ti,ab,kw
#104	((group* NEAR/3 (advocacy or approach* or assist* or coach* or counsel* or educat* or help* or instruct* or learn* or module* or network* or participat* or program* or psychotherap* or rehab* or skill* or strateg* or support* or teach* or train* or workshop* or work shop*)):ti,ab,kw
#105	((helpseek* or ((search* or seek*) NEAR/3 (care or assistance or counsel* or healthcare or help* or support* or therap* or treat*)):ti,ab,kw
#106	(supportive relationship*):ti,ab,kw
#107	((patient* or consumer* or family or relative or carer or husband or wife or woman* or women* or personal or interpersonal or individual) NEAR/1 decision*)):ti,ab,kw
#108	#62 OR #63 OR #64 OR #65 OR #66 OR #67 OR #68 OR #69 OR #70 OR #71 OR #72 OR #73 OR #74 OR #75 OR #76 OR #77 OR #78 OR #79 OR #80 OR #81 OR #82 OR #83 OR #84 OR #85 OR #86 OR #87 OR #88 OR #89 OR #90 OR #91 OR #92 OR #93 OR #94 OR #95 OR #96 OR #97 OR #98 OR #99 OR #100 OR #101 #103 OR #104 OR #105 OR #106 OR #107
#109	#48 AND #55
#110	#58 AND #61
#111	#108 OR #109 OR #110
#112	#20 AND #36 AND #111
#113	#39 AND #111
#114	#43 AND #111
#115	((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR/5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally ill or mentally disab* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*)):ti,ab,kw
#116	#20 AND #111 AND #115
#117	#112 OR #113 OR #114 OR #116 Publication Year from 2008 to current

## Database(s): Cinahl Plus

Date of last search: 29<sup>th</sup> March 2019

#	Searches
S107	S56 OR S63 OR S80 OR S106 Limiters - Publication Year: 2008-2019; English Language
S106	S45 AND S105
S105	S81 OR S82 OR S83 OR S84 OR S85 OR S86 OR S87 OR S88 OR S89 OR S90 OR S91 OR S92 OR S93 OR S94 OR S95 OR S96 OR S97 OR S98 OR S99 OR S100 OR S101 OR S102 OR S103 OR S104

#	Searches
S104	TI ((patient* or consumer* or family or relative or carer or husband or wife or woman* or women* or personal or interpersonal or individual) N1 decision*) OR AB ((patient* or consumer* or family or relative or carer or husband or wife or woman* or women* or personal or interpersonal or individual) N1 decision*)
S103	TI supportive relationship* OR AB supportive relationship*
S102	TI (helpseek* or ((search* or seek*) N3 (care or assistance or counsel* or healthcare or help* or support* or therap* or treat*))) OR AB (helpseek* or ((search* or seek*) N3 (care or assistance or counsel* or healthcare or help* or support* or therap* or treat*)))
S101	TI (group* N3 (advocacy or approach* or assist* or coach* or counsel* or educat* or help* or instruct* or learn* or module* or network* or participat* or program* or psychotherap* or rehab* or skill* or strateg* or support* or teach* or train* or workshop* or work shop*)) OR AB (group* N3 (advocacy or approach* or assist* or coach* or counsel* or educat* or help* or instruct* or learn* or module* or network* or participat* or program* or psychotherap* or rehab* or skill* or strateg* or support* or teach* or train* or workshop* or work shop*))
S100	TI ((emotion* or network* or organi?ation* or peer*) N3 support*) OR AB ((emotion* or network* or organi?ation* or peer*) N3 support*)
S99	TI ((psychosocial* or psycho social*) N3 (assist* or counsel* or intervention* or program* or support* or therap* or treat*)) OR AB ((psychosocial* or psycho social*) N3 (assist* or counsel* or intervention* or program* or support* or therap* or treat*))
S98	TI ((consumer* or famil* or friend* or lay or mutual* or peer* or self help or social* or voluntary or volunteer*) N3 (intervention* or program* or rehab* or therap* or service* or skill* or treat*)) OR AB ((consumer* or famil* or friend* or lay or mutual* or peer* or self help or social* or voluntary or volunteer*) N3 (intervention* or program* or rehab* or therap* or service* or skill* or treat*))
S97	TI ((consumer* or famil* or peer* or self help or social* or support* or voluntary or volunteer*) N3 group*) OR AB ((consumer* or famil* or peer* or self help or social* or support* or voluntary or volunteer*) N3 group*)
S96	TI ((consumer* or famil* or friend* or lay or mutual* or peer* or social* or voluntary or volunteer*) N3 (advic* or advis* or counsel* or educat* or forum* or help* or mentor* or network* or support* or visit*)) OR AB ((consumer* or famil* or friend* or lay or mutual* or peer* or social* or voluntary or volunteer*) N3 (advic* or advis* or counsel* or educat* or forum* or help* or mentor* or network* or support* or visit*))
S95	TI ((community or lay or paid or support) N1 (person or worker*)) OR AB ((community or lay or paid or support) N1 (person or worker*))
S94	(MH "Support Groups+")
S93	(MH "Counseling+")
S92	(MH "Cognitive Therapy+")
S91	(MH "Psychotherapy+")
S90	(MH "Stress, Psychological")
S89	(MH "Anxiety")
S88	(MH "Fear")
S87	(MH "Emotions")
S86	(MH "Religion and Psychology+")
S85	(MH "Adaptation, Psychological+")
S84	(MH "Professional-Patient Relations")
S83	(MH "Nurse-Patient Relations")
S82	(MH "Guest Relations")
S81	(MH "Physician-Patient Relations")
S80	S45 AND S79
S79	S64 OR S65 OR S66 OR S67 OR S68 OR S69 OR S70 OR S71 OR S72 OR S73 OR S74 OR S75 OR S76 OR S77 OR S78
S78	TI (information N3 (need* or requirement* or support* or material* or electronic* or web* or print*)) OR AB (information N3 (need* or requirement* or support* or material* or electronic* or web* or print*))
S77	TI ((medical or health or electronic or virtual) N3 (communicat* or educat* or informat* or learn*)) OR AB ((medical or health or electronic or virtual) N3 (communicat* or educat* or informat* or learn*))
S76	TI (helpline or help line or ((phone* or telephone*) N3 (help* or instruct* or interact* or interven* or mediat* or program* or rehab* or strateg* or support* or teach* or therap* or train* or treat* or workshop*)) or ((phone or telephone*) N2 (assist* or based or driven or led or mediat*))) OR AB (helpline or help line or ((phone* or telephone*) N3 (help* or instruct* or interact* or interven* or mediat* or program* or rehab* or strateg* or support* or teach* or therap* or train* or treat* or workshop*)) or ((phone or telephone*) N2 (assist* or based or driven or led or mediat*)))
S75	TI (app or apps or blog* or booklet* or brochure* or dvd* or elearn* or e-learn* or email* or e-mail* or e mail* or facebook or facetime or face time or forum* or handout* or hand-out* or hand out* or helpline* or hotline* or internet* or ipad* or iphone* or leaflet* or myspace or online or magazine* or mobile phone* or newsletter* or pamphlet* or palm pilot* or personal digital assistant* or pocket pc* or podcast* or poster* or skype* or smartphone* or smart phone* or social media or social network* or sms or text messag* or twitter or tweet* or video* or web* or wiki* or youtube* or diary or diaries or guidebook* or checklist* or check list* or written or write or ((fact* or instruction*) N1 sheet*)) OR AB (app or apps or blog* or booklet* or brochure* or dvd* or elearn* or e-learn* or email* or e-mail* or e mail* or facebook or facetime or face time or forum* or handout* or hand-out* or hand out* or helpline* or hotline* or internet* or ipad* or iphone* or leaflet* or myspace or online or magazine* or mobile phone* or newsletter* or pamphlet* or palm pilot* or personal digital assistant* or pocket pc* or podcast* or poster* or skype* or smartphone* or smart phone* or social media or social network* or sms or text messag* or twitter or tweet* or video* or web* or wiki* or youtube* or diary or diaries or guidebook* or checklist* or check list* or written or write or ((fact* or instruction*) N1 sheet*))
S74	TI ((mobile* or portable) N3 application*) OR AB ((mobile* or portable) N3 application*)
S73	TI (computer* N3 (handheld or palm top or palmtop or pda or tablet*)) OR AB (computer* N3 (handheld or palm top or palmtop or pda or tablet*))

#	Searches
S72	(MH "Text Messaging")
S71	(MH "Email")
S70	(MH "Social Networking")
S69	(MH "Mobile Applications")
S68	(MH "Computers, Hand-Held+")
S67	(MH "Internet+")
S66	(MH "Pamphlets")
S65	(MH "Libraries") OR (MH "Library Services")
S64	(MH "Information Centers") OR (MH "Information Needs") OR (MH "Information Services")
S63	S45 AND S59 AND S62
S62	S60 OR S61
S61	TI ((patient* or consumer*) N3 (educat* or skill* or teach* or train* or coach*)) OR AB ((patient* or consumer*) N3 (educat* or skill* or teach* or train* or coach*))
S60	(MH "Patient Education")
S59	S57 OR S58
S58	TI communicat* OR AB communicat*
S57	(MH "Communication")
S56	S45 AND S48 AND S55
S55	S49 OR S50 OR S51 OR S52 OR S53 OR S54
S54	(MH "Health Education+")
S53	(MH "Consumer Attitudes")
S52	(MH "Consumer Participation")
S51	(MH "Treatment Refusal")
S50	(MH "Consent")
S49	(MH "Patient Compliance")
S48	S46 OR S47
S47	TI (decision* or choic* or preference*) OR AB (decision* or choic* or preference*)
S46	(MH "Decision Making") OR (MH "Decision Support Techniques")
S45	S38 OR S42 OR S43 OR S44
S44	S19 AND S35
S43	TI ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*)) OR AB ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*))
S42	S39 OR S40 OR S41
S41	TI ((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 protect*) OR AB ((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 protect*)
S40	TI (adult* N3 (safeguard* or safe-guard* or safe guard* or protection*)) OR AB (adult* N3 (safeguard* or safe-guard* or safe guard* or protection*))
S39	TI (adult* social* care* or adult* protective* service* or elder* protective* service*) OR AB (adult* social* care* or adult* protective* service* or elder* protective* service*)
S38	S36 OR S37
S37	TI ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*)) OR AB ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*))
S36	(MH "Elder Abuse")
S35	S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34
S34	TI (safeguard* or safe-guard* or safe guard*) OR AB (safeguard* or safe-guard* or safe guard*)
S33	TI ((significant* or persistent* or deliberat* or inflict* or unexplained* or non-accident* or nonaccident* or non-natural*) N1 (injur* or trauma*)) OR AB ((significant* or persistent* or deliberat* or inflict* or unexplained* or non-accident* or nonaccident* or non-natural*) N1 (injur* or trauma*))
S32	TI (neglect or self-neglect or self neglect) OR AB (neglect or self-neglect or self neglect)
S31	TI (modern* N3 slave*) OR AB (modern* N3 slave*)
S30	TI (domestic* N1 violen*) OR AB (domestic* N1 violen*)
S29	TI ((physical* or emotional* or sexual* or psychological* or financial* or organi?ational* or institutional* or discriminat* or depriv*) N1 abus*) OR AB ((physical* or emotional* or sexual* or psychological* or financial* or organi?ational* or institutional* or discriminat* or depriv*) N1 abus*)
S28	(MH "Patient Abuse")
S27	(MH "Human Trafficking")
S26	(MH "Intimate Partner Violence")
S25	(MH "Domestic Violence")
S24	(MH "Neglect (Omaha)") OR (MH "Self Neglect")
S23	(MH "Rape")
S22	(MH "Sexual Abuse")
S21	(MH "Restraint, Physical")
S20	(MM "Violence")

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

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

Date of last search: 29th March 2019

#	Searches
1	((long term\$ or long-term\$) adj care).mp.
2	(respite\$ adj care).mp.
3	(nursing adj home\$1).mp.
4	(care adj home\$1).mp.
5	((elderly or old age) adj2 home\$1).mp.
6	((nursing or residential) adj (home\$1 or facilit\$)).mp.
7	(home\$1 for the aged or home\$1 for the elderly or home\$1 for older adult\$).mp.
8	residential aged care.mp.
9	("frail elderly" adj2 (facilit\$ or home or homes)).mp.
10	(residential adj (care or facilit\$ or setting\$)).mp.
11	((long-term or long term) adj2 (facility or facilities)).mp.
12	((mental health or mental-health) adj (facilit\$ or institution\$ or setting\$ or service\$)).mp.
13	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
14	((physical\$ or emotional\$ or sexual\$ or psychological\$ or financial\$ or organi?ational\$ or institutional\$ or discrimi-nat\$ or depriv\$) adj abus\$).mp.
15	(neglect or self-neglect or self neglect).mp.
16	((domestic\$ or partner\$) adj violen\$).mp.
17	(modern\$ adj3 slave\$).mp.
18	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).mp.
19	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
20	14 or 15 or 16 or 17 or 18 or 19
21	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
22	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
23	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ popula-tion\$)).mp.
24	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
25	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
26	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
27	communicat\$.mp.
28	((patient\$ or consumer\$) adj3 (educat\$ or skill\$ or teach\$ or train\$ or coach\$)).mp.
29	(decision\$ or choic\$ or preference\$).mp.
30	(information cent\$ or information service\$ or information disseminat\$ or library or libraries or app or apps or blog\$ or booklet\$ or brochure\$ or dvd\$ or elearn\$ or e-learn\$ or email\$ or e-mail\$ or e mail\$ or facebook or facetime or face time or forum\$ or handout\$ or hand-out\$ or hand out\$ or helpline\$ or hotline\$ or internet\$ or ipad\$ or iphone\$ or leaflet\$ or myspace or online or magazine\$ or mobile phone\$ or newsletter\$ or pamphlet\$ or palm pilot\$ or personal digital assistant\$ or pocket pc\$ or podcast\$ or poster? or skype\$ or smartphone\$ or smart phone\$ or social media or social network\$ or sms or text messag\$ or twitter or tweet\$ or video\$ or web\$ or wiki\$ or youtube\$ or diary or diaries

#	Searches
	or guidebook\$ or checklist\$ or check list\$ or written or write or ((fact\$ or instruction\$) adj sheet\$)).mp.
31	(helpline or help line or ((phone\$ or telephone\$) adj3 (help\$ or instruct\$ or interact\$ or interven\$ or mediat\$ or program\$ or rehab\$ or strateg\$ or support\$ or teach\$ or therap\$ or train\$ or treat\$ or workshop\$)) or ((phone or telephone\$) adj2 (assist\$ or based or driven or led or mediat\$))).mp.
32	((medical or health or electronic or virtual) adj3 (communicat\$ or educat\$ or informat\$ or learn\$)).mp.
33	(information adj3 (need\$ or requirement\$ or support\$ or material\$ or electronic\$ or web\$ or print\$)).mp.
34	((community or lay or paid or support) adj (person or worker\$)).mp.
35	((consumer\$ or famil\$ or friend\$ or lay or mutual\$ or peer\$ or social\$ or voluntary or volunteer\$) adj3 (advise\$ or advis\$ or counsel\$ or educat\$ or forum\$ or help\$ or mentor\$ or network\$ or support\$ or visit\$)).mp.
36	((consumer\$ or famil\$ or peer\$ or self help or social\$ or support\$ or voluntary or volunteer\$) adj3 group\$).mp.
37	((consumer\$ or famil\$ or friend\$ or lay or mutual\$ or peer\$ or self help or social\$ or voluntary or volunteer\$) adj3 (intervention\$ or program\$ or rehab\$ or therap\$ or service\$ or skill\$ or treat\$)).mp.
38	((psychosocial\$ or psycho social\$) adj3 (assist\$ or counsel\$ or intervention\$ or program\$ or support\$ or therap\$ or treat\$)).mp.
39	((emotion\$ or network\$ or organi?ation\$ or peer\$) adj3 support\$).mp.
40	(group\$1 adj3 (advocacy or approach\$ or assist\$ or coach\$ or counsel\$ or educat\$ or help\$ or instruct\$ or learn\$ or module\$ or network\$ or participat\$ or program\$ or psychotherap\$ or rehab\$ or skill\$ or strateg\$ or support\$ or teach\$ or train\$ or workshop\$ or work shop\$)).mp.
41	(helpseek\$ or ((search\$ or seek\$) adj3 (care or assistance or counsel\$ or healthcare or help\$ or support\$ or therap\$ or treat\$))).mp.
42	supportive relationship\$.mp.
43	((patient\$ or consumer\$ or family or relative or carer or husband or wife or woman\$ or women\$ or personal or inter-personal or individual) adj1 decision\$).mp.
44	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
45	13 and 20 and ((27 and 28) or 29 or 44)
46	(21 or 22) and ((27 and 28) or 29 or 44)
47	23 and ((27 and 28) or 29 or 44)
48	(13 or 20) and (24 or 25 or 26) and ((27 and 28) or 29 or 44)
49	45 or 46 or 47 or 48
50	limit 49 to english language
51	limit 50 to yr="2008 -Current"

**Databases ASSIA, IBSS, Social Science Database Social Services Abstracts and Sociological Abstracts were also searched**  
Date of last search: 1st April 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: 4<sup>th</sup> 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.

#	Searches
20	(home\$1 for the aged or home\$1 for the elderly or home\$1 for older adult\$).tw.
21	residential aged care.tw.
22	("frail elderly" adj2 (facilit\$ or home or homes)).tw.
23	(residential adj (care or facilit\$ or institution\$ or setting\$ or service\$ or provider\$)).tw.
24	((long-term or long term) adj2 (facility or facilities)).tw.
25	((mental health or mental-health) adj (facilit\$ or institution\$ or setting\$ or service\$)).tw.
26	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25
27	Physical Abuse/ use ppez
28	physical abuse/ use emczd
29	Restraint, Physical/ use ppez
30	*Violence/ use ppez
31	*violence/ use emczd
32	emotional abuse/ use emczd
33	Sex Offenses/ use ppez
34	Rape/ use ppez
35	sexual abuse/ use emczd
36	rape/ use emczd
37	neglect/ use emczd
38	Domestic Violence/ use ppez
39	domestic violence/ use emczd
40	Spouse Abuse/ use ppez
41	Intimate Partner Violence/ use ppez
42	partner violence/ use emczd
43	exp Human Rights Abuses/ use ppez
44	exp human rights abuse/ use emczd
45	self neglect/ use emczd
46	abuse/ use emczd
47	patient abuse/ use emczd
48	((physical\$ or emotional\$ or sexual\$ or psychological\$ or financial\$ or organi?tional\$ or institutional\$ or discriminat\$ or depriv\$) adj abus\$).tw.
49	(domestic\$ adj violen\$).tw.
50	(modern\$ adj3 slave\$).tw.
51	(neglect or self-neglect or self neglect).tw.
52	((significant\$ or persistent\$ or deliberat\$ or inflict\$ or unexplained or non-accident\$ or nonaccident\$ or non-natural\$) adj (injur\$ or trauma\$)).tw.
53	(safeguard\$ or safe-guard\$ or safe guard\$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).mp.
58	((elder\$ or aged or old-age\$ or older adult\$ or old people\$ or older people\$ or geriatric\$ or resident\$) adj3 (abus\$ or mistreat\$ or neglect\$ or self-neglect\$)).tw.
59	(adult\$ social\$ care\$ or adult\$ protective\$ service\$ or elder\$ protective\$ service\$).mp.
60	(adult\$ adj3 (safeguard\$ or safe-guard\$ or safe guard\$ or protection\$)).mp.
61	((vulnerable\$ adult\$ or vulnerable people\$ or incompetent\$ or incapacitat\$ or older adult\$ or older people\$) adj3 protect\$).mp.
62	((abuse\$ or neglect\$ or self-neglect\$ or violen\$ or safeguard\$) adj5 (dementia\$ or alzheimer\$ or learning disab\$ or learning impair\$ or learning disorder\$ or intellectual disab\$ or intellectual impair\$ or mentally-ill or mentally ill or mentally-disabl\$ or mentally disabl\$ or disabl\$ adult\$ or disabl\$ people\$ or disabl\$ person\$ or disabl\$ popula-tion\$)).tw.
63	(family adj violence\$).tw,kw.
64	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63
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

#	Searches
77	exp economic evaluation/ use emczd
78	exp health care cost/ use emczd
79	exp fee/ use emczd
80	budget/ use emczd
81	funding/ use emczd
82	budget*.ti,ab.
83	cost*.ti.
84	(economic* or pharmaco?economic*).ti.
85	(price* or pricing*).ti,ab.
86	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
87	(financ* or fee or fees).ti,ab.
88	(value adj2 (money or monetary)).ti,ab.
89	or/67-88
90	26 and 54 and 89
91	64 and 89
92	54 and 65 and 89
93	26 and 66 and 92
94	90 or 91 or 92 or 93
95	limit 94 to yr="2014 -Current"
96	Quality-Adjusted Life Years/ use ppez
97	Sickness Impact Profile/
98	quality adjusted life year/ use emczd
99	"quality of life index"/ use emczd
100	(quality adjusted or quality adjusted life year*).tw.
101	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
102	(illness state* or health state*).tw.
103	(hui or hui2 or hui3).tw.
104	(multiattribute* or multi attribute*).tw.
105	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
106	utilities.tw.
107	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euro-roqol* or euro qol* or euroqol* or euro qol5d* or euroqol5d* 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

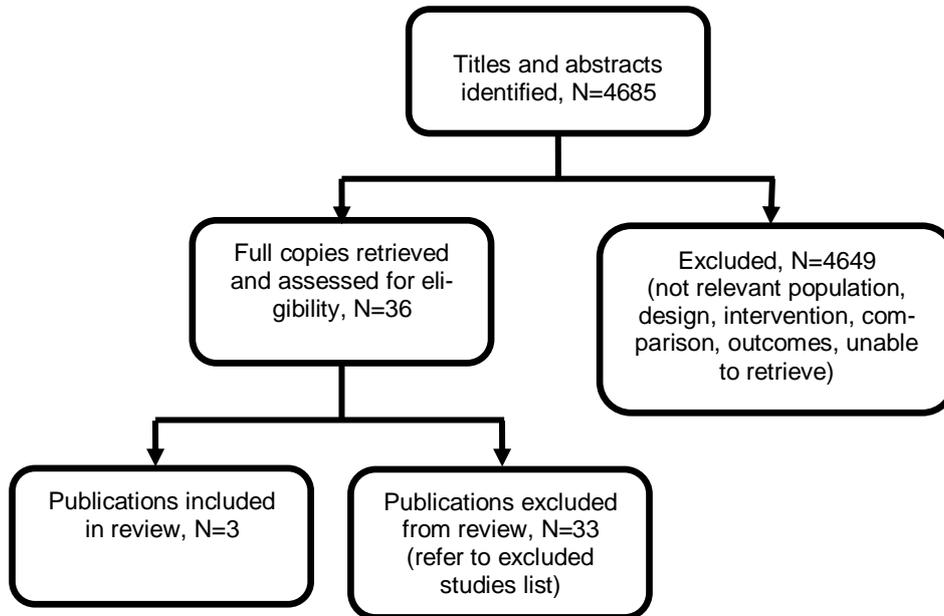
**Database(s): CRD: NHS Economic Evaluation Database (NHS EED), HTA Database**  
Date of last search: 4<sup>th</sup> December 2019

Line	Search
1	MeSH DESCRIPTOR Long-Term Care EXPLODE ALL TREES
2	(((((long term* or long-term*) NEAR1 care)))
3	MeSH DESCRIPTOR Respite care EXPLODE ALL TREES
4	((respite* NEAR1 care))
5	MeSH DESCRIPTOR institutional practice EXPLODE ALL TREES
6	MeSH DESCRIPTOR Nursing Homes EXPLODE ALL TREES
7	MeSH DESCRIPTOR Group Homes EXPLODE ALL TREES
8	MeSH DESCRIPTOR residential facilities EXPLODE ALL TREES
9	MeSH DESCRIPTOR homes for the aged EXPLODE ALL TREES
10	((nursing NEAR1 home*))
11	((care NEAR1 home*))
12	(((((elderly or old age) NEAR2 home*))
13	(((((nursing or residential) NEAR1 (home* or facilit*))
14	((home* for the aged or home* for the elderly or home* for older adult*))
15	(residential aged care)
16	((("frail elderly" NEAR2 (facilit* or home or homes)))
17	((residential NEAR1 (care or facilit* or institution* or setting* or service* or provider*))
18	(((((long-term or long term) NEAR2 (facility or facilities)))
19	(((((mental health or mental-health) NEAR1 (facilit* or institution* or setting* or service*))
20	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
21	MeSH DESCRIPTOR Physical Abuse EXPLODE ALL TREES
22	MeSH DESCRIPTOR Restraint, Physical EXPLODE ALL TREES
23	MeSH DESCRIPTOR Violence EXPLODE ALL TREES
24	MeSH DESCRIPTOR Sex Offenses EXPLODE ALL TREES
25	MeSH DESCRIPTOR Rape EXPLODE ALL TREES
26	MeSH DESCRIPTOR Domestic Violence EXPLODE ALL TREES
27	MeSH DESCRIPTOR Spouse Abuse EXPLODE ALL TREES
28	MeSH DESCRIPTOR Intimate Partner Violence EXPLODE ALL TREES
29	MeSH DESCRIPTOR Human Rights Abuses EXPLODE ALL TREES
30	(((((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv*) NEAR1 abus*))
31	((domestic* NEAR1 violen*))
32	((modern* NEAR3 slave*))
33	((neglect or self-neglect or self neglect))
34	(((((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) NEAR1 (injur* or trauma*))
35	((safeguard* or safe-guard* or safe guard*))
36	#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
37	MeSH DESCRIPTOR Elder Abuse EXPLODE ALL TREES
38	(((((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR3 (abus* or mistreat* or neglect* or self-neglect*))
39	((adult* social* care* or adult* protective* service* or elder* protective* service*))
40	((adult* NEAR3 (safeguard* or safe-guard* or safe guard* or protection*))
41	(((((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) NEAR3 protect*))
42	(((((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*))
43	((family NEAR1 violence*))
44	#37 OR #38 OR #39 OR #40 OR #41 OR #42 OR #43
45	((elderly or old age or aged or older adult* or frail or vulnerabl* or mental health or mental-health or residential or institution* or respite* or long term* or long-term* or nursing home* or care home* or home care*)):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 E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?**

**Figure 2: Study selection flow chart**



## Appendix D – Evidence tables

Evidence tables for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?

Table 4: Evidence tables

Study details	Participants	Methods	Findings	Limitations
<p><b>Full citation:</b></p> <p>Commission for Social Care Inspection, Safeguarding adults. A study of the effectiveness of arrangements to safeguard adults from abuse. Commission for Social Care Inspection: London 2008</p> <p><b>Ref Id:</b></p> <p>1003752</p> <p><b>Aim of the study:</b></p> <p>To examine the effectiveness of systems in place in England to help stop the abuse of adults and to support those who suffer abuse.</p> <p><b>Country/ies where study carried out:</b></p> <p>England</p> <p><b>Study dates:</b></p>	<p><b>Sample size</b></p> <ul style="list-style-type: none"> <li>care homes and adult placement schemes: n=68</li> <li>safeguarding cases from 5 study sites: n=30.</li> </ul> <p><b>Characteristics</b></p> <ul style="list-style-type: none"> <li>care home for older people: n=34</li> <li>care home for under 65s: n=30</li> <li>adult placement scheme: n=4.</li> </ul> <p>safeguarding cases: N=30</p> <p><u>Gender</u></p> <p>Male: n=14, female N=16</p> <p>Ethnic minority: n=5</p> <p>People with learning disabilities: n=9; older people, including some with mental health issues: n=14; people with physical disability: n=4; people with mental health problem: n=3</p> <p><u>Types of abuse</u></p> <p>physical abuse: n=7; neglect: n=6;</p>	<p><b>Setting</b></p> <p>Care homes and adult placement schemes.</p> <p><b>Sample selection</b></p> <p>Not reported.</p> <p><b>Data collection</b></p> <ul style="list-style-type: none"> <li>Performance of all regulated care services in England in respect to National Minimum Standards relating to protection from abuse and recruitment of staff.</li> <li>Fieldwork in 5 council areas, which included monitoring service user views and experiences of the systems put in place to protect them from abuse.</li> <li>Self-assessment reports from 150 English councils.</li> <li>Safeguarding findings from 23 in-depth CSCI council inspections of adult social services.</li> </ul>	<p>The authors reported data about the following themes and sub-themes:</p> <p>Support for and experiences of service users, their friends, family, and advocates:</p> <ul style="list-style-type: none"> <li>Feeling in control: once a safeguarding alert reaches the council, individuals involved are generally responded to promptly. Individuals can feel that once they are in the 'safeguarding system' they are carried along by the process and lose or lack control.</li> <li>Having your views heard: difficulties in service users voicing concerns, particularly for those with communication impairments, and the feeling by service users of not being heard.</li> <li>'External' support: people may find it very difficult to get help without the support of a third party. In the event of lack of confidence in people providing the services, individuals were more likely to turn to family and friends or other professionals. Support from a trusted friend, relative or advocate made a significant difference to the outcomes for people. "My advocate helped me through it – I would have been lost without her." (A person with learning disabilities) [Commission for Social Care Inspection 2008, p</li> </ul>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies)</b></p> <p><b>Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Was the research design appropriate to address the aims of the research?</b> Unclear. Only limited details regarding methodology are provided. However, a significant part of the report focuses on 'routine data' and there is no consideration of whether this is appropriate to the research aims - of which effectiveness is stated as key.</p> <p><b>Was the recruitment strategy appropriate to the aims of the research?</b> Unclear. No details on recruitment or sampling methods are provided.</p>

Study details	Participants	Methods	Findings	Limitations
<p>Not reported.</p> <p><b>Source of funding:</b></p> <p>Not reported.</p>	<p>financial abuse: n=7; sexual abuse: n=5; institutional abuse: n=1; discriminatory abuse: n=1.</p> <p><b>Inclusion criteria</b></p> <p>Not reported.</p> <p><b>Exclusion criteria</b></p> <p>Not reported.</p>	<ul style="list-style-type: none"> <li>94 themed inspections of care homes and adult placement schemes in 7 different areas including different council types (incorporating the 5 council fieldwork areas), substantiated by 250 more inspections across England involving further safeguarding questions during scheduled inspections.</li> </ul> <p><b>Data analysis</b></p> <p>Not reported.</p>	<ul style="list-style-type: none"> <li>p. 28]</li> <li>Holistic support: there may be a lack of awareness as to what alternatives are available to individuals and agencies to protect people at the centre of safeguarding concern and others who may be at risk. There may be a focus on getting the process right, rather than a more comprehensive approach to support the person in need.</li> <li>Consistency of support available: support needs to be more consistently available to all people at the centre of a safeguarding concern, including those who may not be eligible for council-funded care services.</li> <li>Duration of support: support should also be tailored to the personal needs of the individuals to provide longer term support if needed.</li> </ul>	<p><b>Were the data collected in a way that addressed the research issue?</b> Unclear. No clear description of data collection methods are provided; only references made to interviews and routine data.</p> <p><b>Has the relationship between researcher and participants been adequately considered?</b> No.</p> <p><b>Have ethical issues been taken into consideration?</b> Unclear. No details reported in regard to ethical issues.</p> <p><b>Was the data analysis sufficiently rigorous?</b> Unclear. Only limited details provided in relation to data analysis.</p> <p><b>Is there a clear statement of findings?</b> Yes.</p> <p><b>Value of research: (1. Contribution to literature and 2. Transferability)</b> Yes.</p> <p><b>Overall methodological concerns:</b> Serious.</p>
<p><b>Full citation:</b> Rees, P., and Manthorpe, J., Managers' and staff experiences of adult protection allegations</p>	<p><b>Sample size</b></p> <ul style="list-style-type: none"> <li>Residential unit managers: n=13</li> <li>Care workers: n=10</li> </ul>	<p><b>Setting:</b> Mental health and learning disability residential services.</p>	<p>The authors reported data about the following themes and sub-themes:</p> <p>Support for practitioners and providers:</p>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies)</b></p>

Study details	Participants	Methods	Findings	Limitations
<p>in mental health and learning disability residential services. A qualitative study. British Journal of Social Work 40(2), 513-529, 2010</p> <p><b>Ref Id:</b> 1005372</p> <p><b>Aim of the study:</b> To consider the result of adult protection investigations on staff of residential services accused of harm or abuse, investigated and then cleared, and for the managers of these services.</p> <p><b>Country/ies where study carried out:</b> England and Wales.</p> <p><b>Study dates:</b> Not reported.</p> <p><b>Source of funding:</b> Not reported.</p>	<p><b>Characteristics:</b> Not reported.</p> <p><b>Inclusion criteria:</b> Managers and care workers.</p> <p><b>Exclusion criteria:</b> Not reported.</p>	<p><b>Sample selection:</b> A convenience sample of 8 residential services in the independent sector in 4 local authority areas were contacted to request authorization to interview managers and employees. Three units approved, after which managers from these services were emailed and 13 agreed to be interviewed. 10 care workers from the same 3 services were contacted via their managers and agreed to take part in the research.</p> <p><b>Data collection:</b> Semi-structured interview schedule where the managers were "... asked to (i) outline their understanding of vulnerable adults' legislation; (ii) recount experiences in which legislation had been useful; (iii) recount experiences in which it had been disruptive; (iv) discuss ways in which it influences practice. Participants were encouraged to expand on any of the points made. The staff group was asked to discuss (i) the allegations made against them; (ii) the nature of the investigation; (iii) the effect that this had upon them personally; (iv) the effect it had on the care setting." (Authors: p. 517).</p>	<ul style="list-style-type: none"> <li>Managers concerns about staff involved and their ability to provide support: frustrations experienced by managers in not being able to support staff suspended because of allegations of abuse. Residential service managers recounted situations in which investigations and staff suspension lasted over 3 years, and which concluded in there being no case to answer. Protracted investigations were frustrating for managers "who were unable to support suspended staff ..." (Residential service managers). [Rees and Manthorpe 2010, p. 518] For example, 1 manager was reported to have had 'clandestine' contact with a suspended worker, "but this worried me greatly because I knew the trouble this could get me into ... (but) I knew they hadn't done what they were accused of and I didn't want to lose an excellent support worker." (Residential service manager). [Rees and Manthorpe 2010, p. 520]</li> <li>Support across the care home: support and information may be needed for a wide range of people, not just those directly involved in safeguarding investigations. Long-term effects: the negative effects of a safeguarding allegation/investigation can often be long-term and can result in anxiety and impact on the quality of care provided. Some managers and staff reported that the effects of a safeguarding allegation/investigation had a long-term impact. Some managers reported that their services were now stigmatised because of previous events whilst both managers and staff reported concerns regarding anxiety and the effects of this on care quality. For example, "I think that, unlike before, people are very unwilling to take risks- such as being alone with a client- for</li> </ul>	<p><b>Was there a clear statement of the aims of the research?</b> Yes.</p> <p><b>Was the research design appropriate to address the aims of the research?</b> Yes.</p> <p><b>Was the recruitment strategy appropriate to the aims of the research?</b> Yes. Convenience sampling used and residential services managers were contacted for authorisation to interview staff.</p> <p><b>Were the data collected in a way that addressed the research issue?</b> Yes. The authors used semi-structured interviews to collect data relating to vulnerable adults' legislation and experiences with allegations of abuse. However, the authors did not discuss saturation of data.</p> <p><b>Has the relationship between researcher and participants been adequately considered?</b> No. The author did not discuss the potential influence they may have had on the research.</p> <p><b>Have ethical issues been taken into consideration?</b> Yes. Ethics approval from</p>

Study details	Participants	Methods	Findings	Limitations
		<p><b>Data analysis</b></p> <p>Interviews were recorded and transcribed word for word. Data was analysed and common themes were extracted. As the dataset was small and resources were limited, a software package was not used.</p>	<p>fear of allegations ...” (Manager). [Rees and Manthorpe 2010, p. 521]</p> <p>“I review every decision I make in the minute detail, my head whirs ... it causes me great anxiety still.” (Staff member). [Rees and Manthorpe 2010, p. 523]</p> <ul style="list-style-type: none"> <li>• Need for long-term support: staff who have been suspended from work because of a safeguarding allegation may need long-term support whilst they are suspended and also when returning to work. For example, “It’s like you’re suspended ... you’re not suspended any more ... you can come back ... and that’s all there is to it. But that’s not realistic, is it?” (Staff member) [Rees and Manthorpe 2010, p. 522]</li> <li>• Communication with affected staff: good communications are needed with staff involved in safeguarding investigations and formal notification regarding the nature of the allegation is important. For example, “If I’d known what I was accused of I wouldn’t have worried because I would have known it was untrue, but I didn’t have a clue, and your mind just starts running away with you” (Practitioner). [Rees and Manthorpe 2010, p. 522]</li> <li>• Feelings of isolation and a perceived lack of support: Lack of information provided to staff suspended because of alleged abuse, and lack of support offered, which can result in distress and mental health problems. Some of the practitioners interviewed reported feelings of anger towards their employers. While most recognised that their employers’ hands were tied, many felt that more support could have been offered. For example, “Two and a half years on, I’m very bitter about that still’ ...” (Staff member). [Rees and Manthorpe 2010, p. 522]</li> </ul>	<p>the NHS or local authorities were not needed because the research was based in the independent sector. However, social sciences ethical principles were followed (Lewis 2009, p.66-7), such as getting informed consent and ethical approval from University of Glamorgan.</p> <p><b>Was the data analysis sufficiently rigorous?</b> Unclear - not enough information provided.</p> <p><b>Is there a clear statement of findings?</b> Yes.</p> <p><b>Is the research valuable for the UK? (1. Contribution to literature and 2. Transferability)</b> 1. Yes. 2. But, findings are not transferable as study is based in 1 part of the country.</p> <p><b>Overall methodological concerns:</b> Moderate.</p> <p><b>Other information</b> Potential respondent bias as care workers were approached on the basis of being investigated for abuse and subsequently cleared, which could have predisposed them to having strong opinions.</p>

Study details	Participants	Methods	Findings	Limitations
			<p>Provider and local authority relationships: Understanding the impact of safeguarding allegations on the care home business: safeguarding staff in local authorities may lack understanding of the impact of an investigation on the care home (in relation to finances, morale, and time), and on a staff member suspended because of safeguarding allegations (in terms of psychological or emotional effects).</p>	
<p><b>Full citation:</b> Simic, P., Newton, S., Wareing, D., “Everybody’s business” – engaging the independent sector. An action research project in Lancashire. <i>Journal of Adult Protection</i> 14(1), 22-34, 2012</p> <p><b>Ref Id:</b> 1005218</p> <p><b>Aim of the study:</b> To “... evaluate key organisational processes in managing “safeguarding” in relation to the independent sector, the local authority delivery arm for care.” (Authors, p.22).</p> <p><b>Country/ies where study carried out:</b> England (Lancashire).</p> <p><b>Study dates:</b> Not reported.</p> <p><b>Source of funding:</b> Not reported.</p>	<p><b>Sample size:</b> Telephone survey - domiciliary care: n=26; care home only: n=69; care home with nursing: n=22. This data is not reported here, but survey sample details provided for context as the headings for the topic sheets for each focus group were based on the survey findings.</p> <p>Focus groups - n= 8 to 10 per group. care homes group and domiciliary care group.</p> <p><b>Characteristics:</b> Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area). The focus groups comprised local authority staff and independent sector domiciliary and residential providers who had experience of investigations in the previous year. All attendees were Registered Managers or equivalent.</p> <p><b>Inclusion criteria:</b> Independent sector residential and domiciliary providers in a local authority area and local authority staff.</p> <p><b>Exclusion criteria:</b> Not reported.</p>	<p><b>Setting:</b> Lancashire County Council (provider sector).</p> <p><b>Sample selection:</b> “The sampling frame for the survey was a 1/5 stratified random sample taken from the CQC Lancashire provider list for the Lancashire County Council (LCC) area (by “care homes only”, “care homes with nursing”, and “domiciliary care”), for adults and older people”. (Simic 2012, pp. 24).</p> <p>The focus groups were conducted with providers who had experience of investigations in the previous year.</p> <p><b>Data collection:</b> Brief literature review; tele-phone survey of all providers; and focus groups (with a subset of independent sector providers who had experience of investigations and with council assessment staff).</p> <p>This fed-back into</p>	<p>The authors reported data about the following themes and sub-themes:</p> <p>Provider and local authority relationships:</p> <ul style="list-style-type: none"> <li>• Communication with local authority safeguarding staff: from local authority staff were viewed as a key source of support and important as they provided access to transparent advice. Participants suggest that “what would help would include better communications; one central point for genuinely independent, balanced, informed, advice; “phone a friend” (“rather than an enemy!”) for advice on alert.” (Simic 2012, p. 26)</li> <li>• Understanding the impact of safeguarding allegations on the care home business: safeguarding staff in local authorities may lack understanding of the impact of an investigation on the care home (in relation to finances, morale, and time), and on a staff member suspended because of safeguarding allegations (in terms of psychological or emotional effects). For example, “Even when it’s all died down, the inspection department never view the place in the same way ... that stigma is still attached and their attitude ... they never see it in the same light” (residential service manager). [Rees and Manthorpe 2010, p. 521]</li> <li>• Understanding the impact of safeguarding allegations on staff: local authorities may have</li> </ul>	<p><b>Limitations (assessed using the CASP checklist for qualitative studies)</b></p> <p><b>Clear statement of aims and appropriate methodology?</b> Yes.</p> <p><b>Was the research design appropriate to address the aims of the research?</b> Yes. The authors used individual providers (telephone survey) or focus group interviews to explore inter-agency working relationships.</p> <p><b>Was the recruitment strategy appropriate to the aims of the research?</b> Unclear. Sample selection and the recruitment strategy were not clearly reported.</p> <p><b>Were the data collected in a way that addressed the research issue?</b> Yes. Reflective practice loop: brief literature review, followed</p>

Study details	Participants	Methods	Findings	Limitations
		<p>the reference group and a review of local practice and procedures through the Safeguarding Board and “Learning Together” workshops, leading to a public joint statement and joint protocols around investigation.</p> <p><b>Data analysis:</b> The information was fed-back into the reference group and a review of local practice and procedures through the Safeguarding Board and “Learning Together”, workshops, leading to a public joint statement and joint protocols around investigation (Simic 2010; Wareing 2010).</p>	<p>a poor understanding of the emotional and psychological impact of an investigation on the staff member involved.</p>	<p>by a phone survey of all providers and focus groups. This was fed back to a reference group and a review of local practice and procedures. However, the authors did not discuss saturation of data.</p> <p><b>Has the relationship between researcher and participants been adequately considered?</b> No. The author did not discuss the potential influence they may have had on the research.</p> <p><b>Have ethical issues been taken into consideration?</b> No. The author did not mention ethical approval.</p> <p><b>Was the data analysis sufficiently rigorous?</b> Unclear - insufficient information provided.</p> <p><b>Is there a clear statement of findings?</b> Yes.</p> <p><b>Value of research: (1. Contribution to literature and 2. Transferability) 1.</b> This paper contributes to the research on the involvement of the independent sector in safeguarding. <b>2.</b> Finding are not transferable as it is based in 1 local authority area.</p>

Study details	Participants	Methods	Findings	Limitations
				<p><b>Overall methodological concerns:</b> Minor.</p> <p><b>Other information</b> Qualitative themes based on 2 focus groups. Focus of enquiry for each focus group based on survey findings, for which sample and data collection information is provided for context only. "The two focus groups (care homes group, domiciliary care group) were notable for their similarities on the substantive concerns, so results are reported together..." (Authors: p. 27).</p>

CQC: Care Quality Commission; CSI: Commission for Social Care Inspection; LCC: Lancashire County Council.

## **Appendix E – Forest plots**

**Forest plots for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?**

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

## Appendix F – GRADE-CERQual tables

GRADE-CERQual tables for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?

*Overarching theme E1: Lived experiences about and satisfaction with the support and information people have received in the context of a safeguarding concern, including the perceived accessibility of information*

**Table 5: Summary of evidence (GRADE-CERQual), Theme E1.1. Support for and experiences of service users, their friends, family, and advocates**

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
<b>Sub-theme E1.1.1 - Feeling in control</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Commission for Social Care Inspection 2008</li> </ul> <p>Performance of all regulated care services in England in respect to National Minimum Standards relating to protection from abuse and recruitment of staff.</p> <p>Fieldwork in 5 council areas, which included monitoring service user views and experiences of the systems put in place to protect them from abuse.</p> <p>Self-assessment reports from 150 councils in England.</p> <p>Safeguarding findings from 23 in-depth CSCI council inspections of adult social services.</p> <p>94 themed inspections of care</p>	<p>Data from 1 study indicate that service users sometimes feel that they have lost control once they are 'in the system'. Keeping them informed can help to mitigate against this. An example highlighted the case of a care home resident who was given medication he did not want; this was communicated to his wife who was advised to raise the concern with social services. Events were then taken out of the residents' hands, and he was unclear what had happened. The care home resident felt guilty that the outcome was not what he wanted and his wife felt she had not represented her husband's wishes well and had lost control of events. [No relevant quotes provided]</p>	<p>Serious concerns<sup>1</sup></p>	<p>Minor concerns<sup>2</sup></p>	<p>Moderate concerns<sup>3</sup></p>	<p>Serious concerns<sup>4</sup></p>	<p>VERY LOW</p>

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
homes and adult placement schemes in 7 different in England.						
<b>Sub-theme E1.1.2 - Having your views heard</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Commission for Social Care Inspection 2008</li> </ul> <p>Performance of all regulated care services in England in respect to National Minimum Standards relating to protection from abuse and recruitment of staff.</p> <p>Fieldwork in 5 council areas, which included monitoring service user views and experiences of the systems put in place to protect them from abuse.</p> <p>Self-assessment reports from 150 councils in England.</p> <p>Safeguarding findings from 23 in-depth CSCI council inspections of adult social services.</p> <p>94 themed inspections of care homes and adult placement schemes in 7 different in England.</p>	Data from 1 study indicate that it is important for service users' views 'to be heard.' An example highlighted the case of a care home resident who was given medication he did not want; this was communicated to his wife who was advised to raise the concern with social services. Events were then taken out of the residents' hands, and he was unclear what had happened. The care home resident and his wife recognised that when care staff are involved, potential risks to other care home residents also need to be taken into consideration, and the care home resident and his wife expected to be given information about what was "going on" and to have their views heard.[No quotes provided]	Serious concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	Serious concerns <sup>4</sup>	VERY LOW
<b>Sub-theme E1.1.3 - 'External' support</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Commission for Social Care Inspection 2008</li> </ul> <p>Performance of all regulated care services in England in respect to National Minimum Standards re-</p>	Data from 1 study suggest that support from an 'external' individual (for example, friend, relative, advocate) was valued by service users, and made a significant difference to the outcomes for service users. For example, "My advocate helped me through it – I	Serious concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	Serious concerns <sup>5</sup>	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
<p>lating to protection from abuse and recruitment of staff.</p> <p>Fieldwork in 5 council areas, which included monitoring service user views and experiences of the systems put in place to protect them from abuse.</p> <p>Self-assessment reports from 150 councils in England.</p> <p>Safeguarding findings from 23 in-depth CSCI council inspections of adult social services.</p> <p>94 themed inspections of care homes and adult placement schemes in 7 different in England.</p>	<p>would have been lost without her.” (A person with learning disabilities) [Commission for Social Care Inspection 2008, p. 28]</p>					
<b>Sub-theme E1.1.4 - Holistic support</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Commission for Social Care Inspection 2008</li> </ul> <p>Performance of all regulated care services in England in respect to National Minimum Standards relating to protection from abuse and recruitment of staff.</p> <p>Fieldwork in 5 council areas, which included monitoring service user views and experiences of the systems put in place to protect them from abuse.</p> <p>Self-assessment reports from 150 councils in England.</p> <p>Safeguarding findings from 23 in-</p>	<p>Data from 1 study suggest that whilst care professionals appear to be confident in reporting safeguarding concerns, they lack understanding and knowledge of appropriate methods to provide holistic support to the person to whom the concern relates. Managers and staff were much less confident about what other action they would take to support and protect the person concerned, and others who might be at risk, suggesting that there is a focus on getting the process right, rather than a more comprehensive approach to support the person who may be being abused. [No quotes provided]</p>	<p>Serious concerns<sup>1</sup></p>	<p>Minor concerns<sup>2</sup></p>	<p>Moderate concerns<sup>3</sup></p>	<p>Serious concerns<sup>4</sup></p>	<p>VERY LOW</p>

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
depth CSCI council inspections of adult social services.  94 themed inspections of care homes and adult placement schemes in 7 different in England.						
<b>Sub-theme E1.1.5 - Consistency of support available</b>						
1 study  Commission for Social Care Inspection, 2008 Performance of all regulated care services in England in respect to National Minimum Standards relating to protection from abuse and recruitment of staff.  Fieldwork in 5 council areas, which included monitoring service user views and experiences of the systems put in place to protect them from abuse.  Self-assessment reports from 150 councils in England.  Safeguarding findings from 23 in-depth CSCI council inspections of adult social services.  94 themed inspections of care homes and adult placement schemes in 7 different in England.	Data from 1 study appear to show that the quality of support offered to individuals during a safeguarding investigation varies across the country. Access to such support may be more difficult for people who fund their own care.  For people who experience abuse, assessments, planning processes, options available for support and reviews of progress were perceived to be too variable, although there is some good practice developing. This suggests that some people may not be protected from further abuse or helped to recover in the best way, particularly those people who have experienced institutional abuse in care settings. Support needs to be more consistently available for all people experiencing abuse, including those who would otherwise be ineligible for council-funded care services.[No quotes provided]	Serious concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	Serious concerns <sup>4</sup>	VERY LOW
<b>Sub-theme E1.1.6 - Duration of support</b>						
1 study  • Commission for Social Care Inspection 2008  Performance of all regulated care	Data from 1 study suggest that support should not necessarily be limited to the short-term.  The support provided to people after they experience abuse is	Serious concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	Serious concerns <sup>4</sup>	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
<p>services in England in respect to National Minimum Standards relating to protection from abuse and recruitment of staff.</p> <p>Fieldwork in 5 council areas, which included monitoring service user views and experiences of the systems put in place to protect them from abuse.</p> <p>Self-assessment reports from 150 councils in England.</p> <p>Safeguarding findings from 23 in-depth CSCI council inspections of adult social services.</p> <p>94 themed inspections of care homes and adult placement schemes in 7 different in England.</p>	<p>variable. The best councils were reported to have a wide choice of both short- and long-term support to draw on which could be tailored to personal needs. [No quotes provided]</p>					

CSCI: Commission for Social Care Inspection

<sup>1</sup> Serious concerns about methodological limitations of the evidence as per CASP qualitative checklist.

<sup>2</sup> 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).

<sup>3</sup> Moderate concerns about the relevance of data (study on which this finding is based included research in non-congregate care settings and it is not always possible to determine what settings the data related to).

<sup>4</sup> Serious concerns about the adequacy of data (only 1 study supported the review's findings (no relevant quotes provided).

<sup>5</sup> Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering thin data).

**Table 6: Summary of evidence (GRADE-CERQual), Theme E1.2. Support for practitioners and providers**

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
<b>Sub-theme E1.2.1 - Managers concerns about staff involved and their ability to provide support</b>						
1 study  <ul style="list-style-type: none"> <li>Rees and Manthorpe 2010</li> </ul> Semi-structured interviews with residential unit managers (n=13) and care workers (n=10).	<p>Data from 1 study indicate that some managers believe protracted safeguarding investigations hinder their ability to provide support to suspended staff.</p> <p>The most prominent issue was protracted investigations, Residential service managers recounted situations in which investigations and staff suspension lasted over 3 years, and which concluded in there being no case to answer. Protracted investigations were frustrating for managers “who were unable to support suspended staff ...” (Residential service managers). [Rees and Manthorpe 2010, p. 518]</p> <p>For example, 1 manager was reported to have had 'clandestine' contact with a suspended worker, “but this worried me greatly because I knew the trouble this could get me into . . . (but) I knew they hadn't done what they were accused of and I didn't want to lose an excellent support worker.” (Residential service manager). [Rees and Manthorpe 2010, p. 520]</p>	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Serious concerns <sup>4</sup>	LOW
<b>Sub-theme E1.2.2 - Support across the care home</b>						
1 study  <ul style="list-style-type: none"> <li>Rees and Manthorpe 2010</li> </ul>	Data from 1 study suggest that support and information may be needed for a wide range of peo-	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Serious concerns <sup>5</sup>	LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
Semi-structured interviews with residential unit managers (n=13) and care workers (n=10).	<p>ple, not just those directly involved in safeguarding investigations.</p> <p>All managers stated that the processes of adult safeguarding had been disruptive at times. They cited protracted investigations, even when the outcome was positive. One manager described staff refusing to interact with a person who had made allegations that resulted in long-term staff suspension, for fear of 'being next'. Three managers reported occasions on which protracted investigations fostered gossip and faction-fighting, undermining quality of care, while 1 manager discussed the difficulty of 12 staff being suspended for over 3 years, during which time the unit ran with temporary staff. [No quotes provided]</p>					
<b>Sub-theme E1.2.3 - Long-term effects</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Rees and Manthorpe 2010</li> </ul> <p>Semi-structured interviews with residential unit managers (n=13) and care workers (n=10).</p>	<p>Data from 1 study indicate that the negative effects of a safeguarding allegation/investigation can often be long-term.</p> <p>Some managers and staff reported that the effects of a safeguarding allegation/investigation had a long-term impact. Some managers reported that their services were now stigmatised because of previous events whilst both managers and staff reported concerns regarding anxiety and the effects of this on care quality.</p>	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Serious concerns <sup>4</sup>	LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	<p>For example, “I think that, unlike before, people are very unwilling to take risks- such as being alone with a client- for fear of allegations ...” (Manager). [Rees and Manthorpe 2010, p. 521]</p> <p>“I review every decision I make in the minute detail, my head whirs ... it causes me great anxiety still.” (Staff member). [Rees and Manthorpe 2010, p. 523]</p>					
<b>Sub-theme E1.2.4 - Need for long-term support</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Rees and Manthorpe 2010</li> </ul> <p>Semi-structured interviews with residential unit managers (n=13) and care workers (n=10).</p>	<p>Data from 1 study suggest that practitioners felt that long-term support from work colleagues while they were suspended from work because of allegations made against them was needed to help them return to work.</p> <p>For example, “It’s like you’re suspended ... you’re not suspended any more ... you can come back ... and that’s all there is to it. But that’s not realistic, is it?” (Staff member) [Rees and Manthorpe 2010, p. 522]</p>	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Serious concerns <sup>4</sup>	LOW
<b>Sub-theme E1.2.5 - Communication with affected staff</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>Rees and Manthorpe 2010</li> </ul> <p>Semi-structured interviews with residential unit managers (n=13) and care workers (n=10).</p>	<p>Data from 1 study suggest that staff involved in safeguarding investigations feel that communication should be better. Formal notification regarding the nature of the allegation is viewed as especially important.</p> <p>For example, “If I’d known what I was accused of I wouldn’t have worried because I would have known it was untrue, but I didn’t</p>	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Serious concerns <sup>4</sup>	LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	have a clue, and your mind just starts running away with you” (Practitioner). [Rees and Manthorpe 2010, p. 522]					
<b>Sub-theme E1.2.6 - Feelings of isolation and a perceived lack of support</b>						
1 study <ul style="list-style-type: none"> <li>Rees and Manthorpe 2010</li> </ul> Semi-structured interviews with residential unit managers (n=13) and care workers (n=10).	Data from 1 study indicate that staff may feel isolated and unsupported during a safeguarding investigation.  Some of the practitioners interviewed reported feelings of anger towards their employers. While most recognised that their employers' hands were tied, many felt that more support could have been offered. For example, “Two and a half years on, I'm very bitter about that still' ...” (Staff member). [Rees and Manthorpe 2010, p. 522]	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Minor concerns <sup>3</sup>	Serious concerns <sup>4</sup>	LOW

<sup>1</sup> Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist

<sup>2</sup> 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).

<sup>3</sup> Evidence from 1 study involving secure and semi-secure residential services.

<sup>4</sup> Serious concerns about the adequacy of data (only 1 study supported the review's findings, offering thin data).

<sup>5</sup> Serious concerns about the adequacy of data (only 1 study supported the review's findings; no relevant quotes provided).

**Table 7: Summary of evidence (GRADE-CERQual), Theme E1.3. Provider and local authority relationships**

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
<b>Sub-theme E1.3.1 - Communication with local authority safeguarding staff</b>						
<p>1 study</p> <ul style="list-style-type: none"> <li>• Simic 2012</li> </ul> <p>Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area.</p> <p>Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.</p>	<p>Data from 1 study indicate that providers view local authority staff as a key source of support in regards to safeguarding investigations. The ability to access transparent advice from these teams was seen as especially important.</p> <p>Participants suggest that “what would help would include better communications; one central point for genuinely independent, balanced, informed, advice; “phone a friend” (“rather than an enemy!”) for advice on alert.” (Simic 2012, p. 26)</p>	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	Serious concerns <sup>4</sup>	VERY LOW
<b>Sub-theme E1.3.2 - Understanding the impact of safeguarding allegations on the care home business</b>						
<p>2 studies</p> <ul style="list-style-type: none"> <li>• Rees and Manthorpe 2010</li> <li>• Simic 2012</li> </ul> <p>Semi-structured interviews with residential unit managers (n=13) and care workers (n=10).</p> <p>Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area.</p> <p>Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.</p>	<p>Data from 2 studies suggest that practitioners feel that safeguarding staff in local authorities have little understanding of the impact of an investigation on the care home as a business (for example, in relation to finances, morale, and time) and that this is not embedded in the investigation process. Business failure was reportedly a key concern for managers.</p> <p>It was evident that practitioners felt that there is little appreciation by safeguarding staff of the impact on a business (financial, morale, time input) when a member of staff is suspended nor ap-</p>	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Moderate concerns <sup>5</sup>	Serious concerns <sup>6</sup>	VERY LOW

Study information	Description of theme or finding	CERQUAL Quality Assessment				
		Methodological limitations	Coherence of findings	Relevance of evidence	Adequacy of data	Overall confidence
	preciation of the impact on the worker (psychological, emotional). Businesses operating on narrow margins would be more likely to fail or have limited resources unnecessarily exhausted was the key worry for managers. For example, "Even when it's all died down, the inspection department never view the place in the same way ... that stigma is still attached and their attitude ... they never see it in the same light" (residential service manager). [Rees and Manthorpe 2010, p. 521]					
<b>Sub-theme E1.3.3 - Understanding the impact of safeguarding allegations on staff</b>						
1 study <ul style="list-style-type: none"> <li>• Simic 2012</li> </ul> Telephone survey (1 in 5 random sample of all residential and domiciliary providers in a local authority area.  Follow-up focus groups (n=2) of local authority staff and independent sector domiciliary and residential providers.	Data from 1 study suggest that safeguarding staff in local authorities have a poor appreciation of the emotional and psychological impact of a safeguarding investigation on the staff member involved.	Moderate concerns <sup>1</sup>	Minor concerns <sup>2</sup>	Moderate concerns <sup>3</sup>	Serious concerns <sup>4</sup>	VERY LOW

<sup>1</sup> Moderate concerns about methodological limitations of the evidence as per CASP qualitative checklist

<sup>2</sup> 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).

<sup>3</sup> Moderate concerns about the relevance of data (data not exclusively related to care homes; 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes).

<sup>4</sup> Serious concerns about the adequacy of data (only 1 study supported the review's findings (no relevant quotes provided).

<sup>5</sup> Moderate concerns about the relevance of data (1 study was not exclusively related to care homes; 1 study included workers from domiciliary care, care homes, care homes with nursing across local authorities, not exclusively care homes).

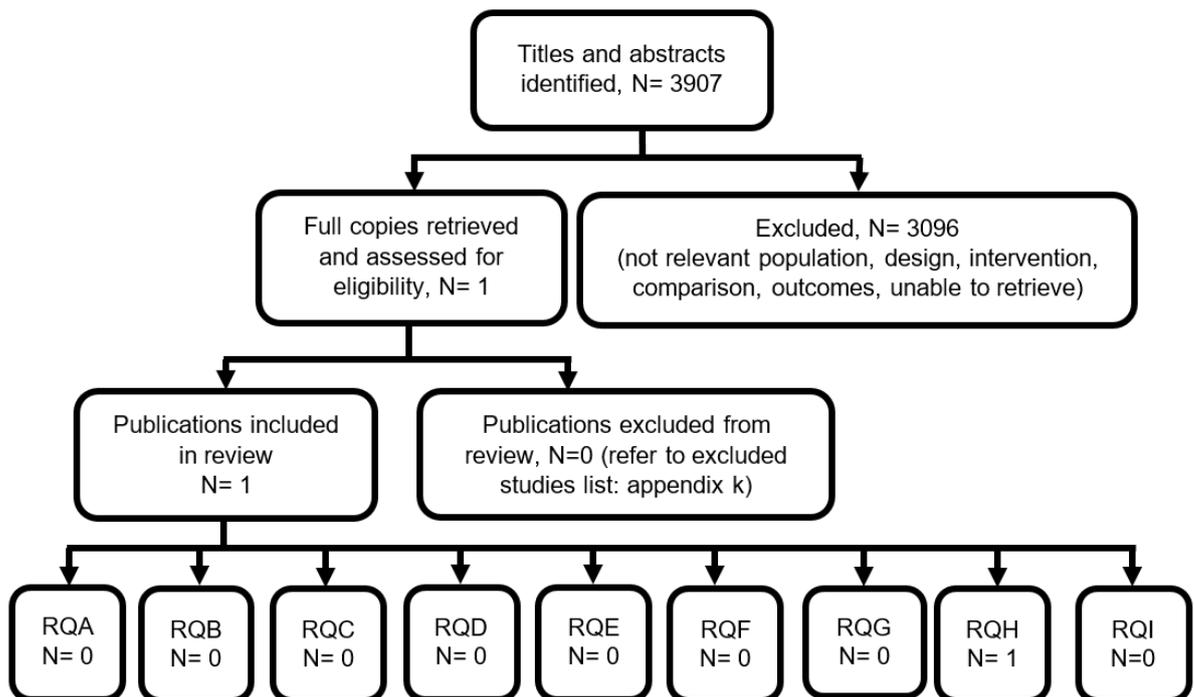
<sup>6</sup> Serious concerns about the adequacy of data (2 studies supported the review's finding; 1 study provided thin data; 1 study did not provide any relevant quotes).

## Appendix G – Economic evidence study selection

### Economic evidence study selection for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?

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

**Figure 3: Study selection flow chart**



## **Appendix H – Economic evidence tables**

**Economic evidence tables for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?**

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

## **Appendix I – Economic evidence profiles**

**Economic evidence profiles for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?**

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

## **Appendix J – Economic analysis**

**Economic analysis for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?**

No economic analysis was conducted for this review question.

## Appendix K – Excluded studies

**Excluded studies for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?**

**Table 8: Excluded studies and reasons for their exclusion**

Study	Reason for exclusion
Ash, A., A cognitive mask? Camouflaging dilemmas in street-level policy implementation to safeguard older people from abuse, <i>British Journal of Social Work</i> , 43, 99-115, 2013	Not about information and support.
Association of Directors of Adult Social Services, Carers and safeguarding adults: working together to improve outcomes, 30p., 2011	Study design does not meet eligibility criteria - not empirical research.
Ayalon, L., Lev, S., Green, O., Nevo, U., A systematic review and meta-analysis of interventions designed to prevent or stop elder maltreatment, <i>Age &amp; Ageing</i> , 45, 216-27, 2016	Not about information and support.
Baker, P. R. A., Francis, D. P., Hairi, N. N., Othman, S., Choo, W. Y., Interventions for preventing abuse in the elderly, <i>Cochrane Database of Systematic Reviews</i> , 2016 (8) (no pagination), 2016	Systematic review - 2 included UK studies checked for relevance.
Begley, E., O'Brien, M., Older people's views of support services in response to elder abuse in communities across Ireland, <i>Quality in Ageing and Older Adults</i> , 13, 48-59, 2012	Study setting does not meet eligibility criteria - conducted in Ireland.
Boland, B., Burnage, J., Chowhan, H., Safeguarding adults at risk of harm, <i>BMJ: British Medical Journal</i> , 346, 30-33, 2013	Study design and setting do not meet eligibility criteria - does not include methodological details ; unclear whether care homes or congregate settings.
Commission for Social Care Inspection, Raising voices: views on safeguarding adults, 2008	Study design and setting do not meet eligibility criteria - discussion paper; focus not on care homes or congregate 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, <i>British Journal of Social Work</i> , 48, 1014-1032, 2018	Study does not meet eligibility criteria - focus not on information and support in care homes or congregate settings.
Cornish, S., Preston-Shoot, M., Governance in adult safeguarding in Scotland since the implementation of the Adult Support and Protection (Scotland) Act 2007, <i>The Journal of Adult Protection</i> , 15, 223-236, 2013	Study does not meet eligibility criteria - focus not on information and support in care homes or congregate settings.
Crosby, G., The financial abuse of older people: a review from the literature, 2008	Study design does not meet eligibility criteria - literature review.
Daniel, B., Cross, B., Sherwood-Johnson, F., Paton, D., Risk and Decision Making in Adult Support and Protection Practice: User Views from Participant Research, <i>British Journal of Social Work</i> , 44, 1233-1250, 2014	Study does not meet eligibility criteria - focus not on information and support in care homes or congregate settings.
Dell, C., Fialk, R., Levine, A. M., Reingold, D., Solomon, J., Long-Term Care and Beyond: Re-	Study setting does not meet eligibility criteria - conducted in the US.

Study	Reason for exclusion
sponding to Elder Abuse, Care Management Journals, 10, 64-8, 2009	
Fraser-Barbour, E., On the ground insights from disability professionals supporting people with intellectual disability who have experienced sexual violence, JOURNAL OF ADULT PROTECTION, 20, 207-220, 2018	Study setting does not meet eligibility criteria - conducted in Australia.
Goldblatt, Ha., Band-Winterstein, T., Alon, S., Social Workers Reflections on the Therapeutic Encounter with Elder Abuse and Neglect, Journal of Interpersonal Violence, 33, 3102-3124, 2018	Study setting does not meet eligibility criteria - conducted in Israel.
Hopkinson, P. J., Killick, M., Batish, A., Simmons, L., Why didn't we do this before? the development of Making Safeguarding Personal in the London borough of Sutton, The Journal of Adult Protection, 17, 181-194, 2015	Study does not meet eligibility criteria - focus not on information and support in care homes or congregate settings.
Humphries, R., Adult safeguarding: early messages from peer reviews, JOURNAL OF ADULT PROTECTION, 13, 89-99, 2011	Study does not meet eligibility criteria - focus not on information and support in care homes or congregate settings.
Humphries, R., Adult safeguarding, JOURNAL OF ADULT PROTECTION, 13, 2011	Duplicate.
Improving Asp Participation Project, Team, Mackay, K., A project to support more effective involvement of service users in adult support and protection activity, 54, 2014	Study does not meet eligibility criteria - focus not on information and support in care homes or congregate settings.
Lev, S., Ayalon, L., Abu-Bader, A., Running between the raindrops: The obligation dilemma of the social worker in the nursing home, Health & Social Work, 40, 10-18, 2015	Study setting does not meet eligibility criteria - conducted in Israel.
Manthorpe, J., Abuse of vulnerable adults: what do we know about interventions?, COMMUNITY CARE, 2008	Study design does not meet eligibility criteria - commentary. Original research on which it was based is pre-2008.
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, Journal of Family Violence, 32, 383-397, 2017	Systematic review including 1 UK study - reference checked.
Mysyuk, Y., Westendorp, R. G. J., Lindenberg, J., Framing abuse: explaining the incidence, perpetuation, and intervention in elder abuse, International Psychogeriatrics, 25, 1267-74, 2013	Does not focus on information and support needs when a safeguarding concern is raised.
Sandmoe, A., Kirkevold, M., Identifying and handling abused older clients in community care: The perspectives of nurse managers, International Journal of Older People Nursing, 8, 83-92, 2013	Study setting does not meet eligibility criteria - conducted in Norway.
Sherwood-Johnson, F., Cross, B., Daniel, B., The experience of being protected, JOURNAL OF ADULT PROTECTION, 15, 115-126, 2013	Study does not meet eligibility criteria - focus not on information and support in care homes or congregate settings.
Social Care Institute for Excellence, Braye, S., Self-neglect and adult safeguarding: findings from research, 90p., bibliog., 2011	Study does not meet eligibility criteria - focus not on information and support in care homes or congregate settings. Not about information and

Study	Reason for exclusion
	support RECODE.
Social Care Institute For, Excellence, Faulkner Alison, Sweeney Angela, Prevention in adult safeguarding: a review of the literature, 59p., bibliog., 2011	Systematic Review: Included studies checked for relevance.
Tapper, L., Using family group conferences in safeguarding adults, JOURNAL OF ADULT PROTECTION, 12, 27-31, 2010	Study design does not meet eligibility criteria: not empirical research.
Townsley, R., Laing, A., Effective relationships, better outcomes: mapping the impact of the Independent Mental Capacity Advocate service (1st April 2009 to 31st March 2010), 118, 2011	Does not meet eligibility criteria: focus not about care homes or congregate settings.
Vandsburger, E., Curtis, V.S., Imbody Bethany A Professional Preparedness to Address Abuse and Neglect among Elders Living in the Rural South: Identifying Resiliency Where Stress Prevails, Ageing International, 37, 356-372, 2012	Study setting does not meet eligibility criteria - conducted in the US.
Wallcraft, J., Involvement of service users in adult safeguarding, Journal of Adult Protection, 14, 142-150, 2012	Not about information and support.
Whitelock, A., Safeguarding in mental health: towards a rights-based approach, JOURNAL OF ADULT PROTECTION, 11, 30-42, 2009	Study does not meet eligibility criteria - focus not about care home or congregate setting.
Whitelock, A., Safeguarding in mental health, The Journal of Adult Protection, 11, 2009	Duplicate.
Williams, J., Adult safeguarding in Wales: one step in the right direction, The Journal of Adult Protection, 19, 175-186, 2017	Study design does not meet eligibility criteria: not empirical research.

## Economic studies

No economic evidence was identified for this review question.

## **Appendix L – Research recommendations**

**Research recommendations for review question E: What are the perceived support and information needs for all involved when a safeguarding concern is raised within a care home setting?**

No research recommendations were made for this review question.