National Institute for Health and Care Excellence

FINAL

Safeguarding adults in care homes

[C] Tools to support recognition and reporting of safeguarding concerns

NICE guideline NG189

Evidence reviews

February 2021

Final

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

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Review question

What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

Introduction

Tools to support recognition and reporting of safeguarding concerns are important because this is the means by which safeguarding concerns can be identified and addressed. The Care Quality Commission standards *What can you expect from a good care home?* include the expectation that staff in care homes have the confidence to report concerns about the care that colleagues, carers and other professionals give.

Chapter 14 of the Care Act Statutory Guidance sets out the key safeguarding responsibilities of local authorities and other agencies, including regulated care providers. Paragraph 14.11 specifically outlines the requirement for adult safeguarding to include information on '*what to do to raise a concern about the safety or well-being of an adult'.* How to recognise and report a safeguarding concern should be something which all stakeholders know about – this includes not only care home staff, managers and service providers but also care home residents and their family, friends and advocates.

It is recognised that, prior to the Care Act 2014, many local authorities operated on the basis of thresholds for accepting safeguarding referrals and that this contributed to inconsistencies and ambiguity within reported safeguarding statistics (for example, where a care home provider operated services across a number of different local authorities, there might be different thresholds in each authority and therefore different expectations about what should and should not be reported). The Care Act 2014 and its associated guidance now supports opportunity for earlier discussions and information gathering prior to the start of section 42 enquiries, but there remains a need for additional clarity to support greater consistency in both the recognition and the reporting of safeguarding concerns.

Summary of the protocol

Please see

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

Table 1: Summary of the protocol (PICO table)

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

	• People working in care homes. • Providers of services in care homes. • Practitioners in local authorities and local health organisations. • Members of Safeguarding Adults Boards.

Intervention	Intervention 1
	• Tools, guidance or approaches to support the recognition of safeguarding concerns, for example:
	  ○ Practice guidance for recognising safeguarding concerns (for example, web based resources or threshold guidance published centrally by ADASS or locally by individual local authorities).
	
	Intervention 2
	• Tools, guidance or approaches to support or improve reporting processes, for example:
	  ○ Practice guidance for reporting safeguarding concerns (for example, web based resources or threshold guidance published by ADASS or by individual local authorities for local guidance on progressing safeguarding concerns).
	  ○ Provider processes for reporting abuse (for example, internal incident log, reporting system or electronic record for external/ head office review).
	  ○ Anonymised/ confidential routes for reporting.

Comparison	Comparison 1 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 1 compared with each other. Comparison 2 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 2 compared with each other. For the diagnostic component of the review (objective 2) the reference standard cited in the included studies will be used for example, the findings of a safeguarding review or a police report, which confirm abuse.
Outcome	**Critical** • Morbidity related to safeguarding incidents. • Mortality related to safeguarding incidents. • Health and social care related quality of life. • Reports of proven safeguarding concerns. **Important** • satisfaction with the intervention (guidance). For the diagnostic component (objective 2): **Critical** • Sensitivity and specificity of tools or guidance for identifying abuse or neglect or a safeguarding concern. • Positive and negative likelihood ratios (FP, FN, TP, TN).

ADASS: Association of Directors of Adult Social Services; FN: false negative; FP: false positive; TN: true negative; TP: true positive.

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

Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual. Methods for this review question are described in the review protocol in appendix A and the methods document with specific details about the application of the AGREE II tool described here.

There was no research evidence identified for this review and as per the protocol, existing health and social care guidance documents were therefore included on the basis of the committee's opinion that these would provide the 'next best' available source of evidence. The committee wanted to draw conclusions about the quality of the tools (or 'health and social care guidance documents') through a transparent review and then use extracted data as a basis for recommendations about recognising and reporting safeguarding concerns.

A systematic search designed with advice from the committee was conducted to identify documents to support recognition and reporting. The committee agreed to prioritise the inclusion of national (as opposed to local or regional) guidance documents because they thought these were more generally relevant and they hypothesised that the methodology used to develop the documents would be more robust than those developed locally. The term 'guidance' is used in this review as an overarching descriptive term for the variety of documents, frameworks, tools or guides included in this review.

Application of the AGREE II tool

Having been screened on the basis of title and abstract and then full text, the included documents were critically appraised by 2 reviewers using the Appraisal of Guidelines for Research and Evaluation (AGREE) II instrument. The AGREE II instrument is an internationally validated tool that is used to assess the methodological rigour and transparency of clinical practice guidelines but used successfully in clinical and non-clinical areas across the healthcare continuum, including for health promotion, public health, screening, diagnosis, treatment or interventions. The health and social care guidance documents included in this review have all been produced with the intention of guiding practitioners and others in recognising and reporting abuse and neglect and assisting decisions about the best course of action and in this sense were considered by the committee as being appropriate for inclusion in the evidence base and assessed using AGREE II. However, the fact that the quality of these documents has been assessed by an instrument designed for use in clinical practice should be borne in mind reading this evidence review. For example, some of the terminology used by AGREE II is health focussed, such as 'patient' and 'health question'. We did not change these terms because they form part of this validated instrument but we acknowledge that they are at odds with the ethos of social care and the general practice context for this guideline. Where the tool refers to patient, we interpreted this as 'person' and where it mentions health question we interpreted this as 'safeguarding question'.

Scoring the included documents

The AGREE II instrument consists of 23 questions over the following 6 domains: scope and purpose, stakeholder involvement, rigour of development, clarity of presentation, applicability, and editorial independence. Each of the 23 AGREE II items were rated on a 7-point scale (1 indicating strong disagreement and 7 indicating strong agreement). An overall rating for each of the 6 AGREE II domains was then calculated by summing all the scores of

the individual items in a domain and then calculating the total as a percentage of the maximum possible score for that domain, as follows:

$$\frac{\text{Obtained score} - \text{Minimum possible score}}{\text{Maximum possible score} - \text{Minimum possible score}} \times 100$$

An overall rating for all domains was then determined (score 1 to 7) and finally an overall percentage rating was calculated for each guidance document based on the following equation: (overall score – 1)/6. High quality guidance documents were defined as those with an overall score of 70% or greater; moderate quality was defined as a score between 40% and 69%; and low quality as a score less than 40%. In the context of this review, the different scores can be interpreted as follows:

High quality – appropriate methods and rigorous and transparent strategies in the development process were reported and followed and there is the assurance that the potential biases of guidance development have been addressed adequately.

Moderate quality – some of the methods and strategies indicate the potential biases of the development process are unclear or have not been reported, this is likely to impact on the certainty in the action recommended in the guidance document.

Low quality – significant and important methods and strategies that indicate the potential biases of the development process have not been reported, this is very likely to impact on the certainty in the action recommended in the guidance document.

AGREE II methodology also suggests that a judgement should be made on whether the 'reviewer' would recommend the guideline for use or not. However, the committee saw no benefit in having this judgement made by the NGA technical team or reported to them since they were interested in a synthesis of data from all included documents rather than recommending one or other of them for future use. They felt that the strength of their recommendations would be owing to the synthesis of advice from all the included documents and strengthened by their own expertise and experience.

Data extraction

Relevant data were extracted from each included guidance document, which comprised of advice about how to recognise and report safeguarding concerns in care homes. Different concepts relating to recognition and reporting of different types of abuse and neglect were identified, given an overall 'median' AGREE II rating and presented to the committee in evidence statements (see appendix F for further details). The median score for each evidence statement was calculated by identifying the overall scores for the guidance documents informing each evidence statement, arranging them in order from the smallest to the largest and then selecting the median point (that is, when there was an odd number of scores, the median score was the middle number; when there was an even number of scores, the median was the mean of the 2 middle scores). In the interests of consistency and for ease of interpretation, the same cut-offs of low, medium and high were applied for these median ratings of concepts, or 'themes', as for the ratings of the individual documents. Therefore, high quality resulted from a median score of 70% or greater; moderate quality resulted from a score between 40% and 69%; and low quality for scores less than 40%.

In terms of interpreting the quality assessment of the included guidance documents in accordance with the AGREE II methodology, the committee, through consensus, prioritised the individual domains of the AGREE II tool. This was not for the purpose of influencing any 'weighting' in the calculation of overall scores but instead formed part of committee considerations during their discussions. Their priorities were in the following descending

order: stakeholder involvement, rigour of development, editorial independence, and applicability. Scope and purpose, and clarity of presentation were deprioritised.

The committee agreed that stakeholder involvement should be prioritised because this focuses on the individuals involved in the development of the guidance and the extent to which the guidance represents the views of the intended users. Given the importance of the Making Safeguarding Personal framework and involving the person at the centre of the safeguarding concern, the committee agreed that this domain should be given the highest priority and guidance documents demonstrating stakeholder involvement would be given greater weight to inform the committee's recommendations. The committee also agreed to prioritise rigour of development, which evaluates the methods used to identify relevant evidence, the methods used to synthesise the data and how the data were linked to and informed the statements reported in the guidance documents. This enabled the committee to determine how reliable the methods were and the level of confidence they could place on the guidance document statements. The committee also agreed that editorial independence was important to help them make judgements about the reliability of the documents; editorial independence criteria identify how the guidance statements were formulated and whether they were unduly biased by competing interests of stakeholders who developed the guidance. Applicability relates to the factors associated with the implementation of the guidance into practice and any potential resource implications. The committee agreed that applicability was important when making their own recommendations, in terms of making feasible recommendations and taking into consideration the impact they might have on resources.

Evidence

Included studies

Ten publications were identified for this review, all 10 were guidance documents from various bodies involved in social care within the UK (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services, Local Government Association 2019; Association of Directors of Adult Social Services-North East 2011; Department of Health, Social Services and Public Safety 2009; Royal College of Nursing 2018; Skills for Care 2017; Social Care Institute for Excellence 2018; Social Care Institute for Excellence 2015; Social Care Wales 2019; Volunteer Now 2010).

Categories of relevant recommendations identified in the guidance documents included:

- Recognition
  - awareness
  - indicators of physical abuse
  - indicators of medication abuse
  - indicators of sexual abuse
  - indicators of psychological abuse
  - indicators of financial abuse
  - indicators of neglect
  - indicators of discriminatory abuse
  - indicators of institutional abuse
  - indicators of professional abuse
  - information gathering
  - principles of recognition.

- Reporting
  - confidentiality
  - contents of report
  - reporting procedure.

The included studies are summarised in Table 2.

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

Excluded studies

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

Summary of studies included in the evidence review

A summary of the guidance documents that were included in this review are presented in Table 2.

Table 2: Summary of included studies

Guidance	Title	Topics with relevant findings
Association of Directors of Adult Social Services, Local Government Association 2019	Making decisions on the duty to carry out Safeguarding Adults enquiries	Recognition • information gathering • principles of recognition. •
Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019	London multi-agency adult safeguarding policy & procedures	Recognition • indicators • information gathering. Reporting • confidentiality • reporting procedure.
Association of Directors of Adult Social Services-North East 2011	Safeguarding threshold guidance	Recognition • indicators.
Department of Health, Social Services and Public Safety 2009	Adult abuse: recognising adult abuse and what to do about it! Guidance for staff	Recognition • indicators • information gathering. Reporting • confidentiality • reporting procedure.
Royal College of Nursing 2018	Adult safeguarding: roles and competencies for healthcare staff	Recognition • principles of recognition. Reporting • reporting procedure.
Skills for Care 2017	What do I need to know about	Recognition

Guidance	Title	Topics with relevant findings
	safeguarding adults?	• indicators • information gathering. Reporting contents of report.
Social Care Institute for Excellence 2018	Adult safeguarding practice questions	Recognition • awareness.
Social Care Institute for Excellence 2015	At a glance 69: Safeguarding adults: Types and indicators of abuse	Recognition • indicators.
Social Care Wales 2019	The social care manager: Practice guidance for social care managers registered with Social Care Wales	Reporting • reporting procedure • contents of report.
Volunteer Now 2010	Safeguarding vulnerable adults: a shared responsibility	Recognition • indicators.

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

Quality assessment of studies included in the evidence review

See the evidence profiles in appendix F for further details.

Economic evidence

Included studies

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

Economic model

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

Evidence statements

Note that the quality of the included data is derived from the use of the AGREE II tool, which as described above in 'methods and process' was designed for use with systematically developed clinical practice guidelines. Not all the included guidance documents were developed with a view to meeting the AGREE standards and the committee took this into account in their interpretation.

Theme C1: Awareness

Data from 1 health and social care guidance document (Social Care Institute for Excellence 2018) suggested a number of actions to improve awareness about abuse and neglect in care homes. For example, practitioners should provide adults with care and support needs (and their families) with information about recognising warning signs of abuse and neglect. This

theme was rated as low quality because of a lack of information about the rigour of development, editorial independence or applicability of the guidance and some lack of clarity in the way advice is presented.

Theme C2: Indicators of abuse

Sub-theme C2.1: Physical and C2.2 medication: Data from 6 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services-North East 2011; Department of Health, Social Services and Public Safety 2009; Skills for Care 2017; Social Care Institute for Excellence 2015; Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate physical abuse; 3 of these documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services-North East 2011; Skills for Care 2017) also reported examples of indicators for medication abuse and the committee agreed that the 2 types of abuse should be presented together as they are related to one another. One document (Association of Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that is, lower level, significant, very significant and critical harm) to encourage a more consistent approach to safeguarding and to help professionals assess what action (if any) is required. This sub-theme was rated as low quality because of a lack of information about the scope and purpose, rigour of development, editorial independence, stakeholder involvement or applicability of the guidance and some lack of clarity in the way advice is presented.

Sub-theme C2.3: Sexual: Data from 6 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services-North East 2011; Department of Health, Social Services and Public Safety 2009; Skills for Care 2017; Social Care Institute for Excellence 2015; Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate sexual abuse. One document (Association of Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that is, lower level, significant, very significant and critical harm) to encourage a more consistent approach to safeguarding and to help professionals assess what action (if any) is required. This sub-theme was rated as low quality because of a lack of information about the scope and purpose, rigour of development, editorial independence, stakeholder involvement or applicability of the guidance and some lack of clarity in the way advice is presented.

Sub-theme C2.4: Psychological: Data from 6 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services-North East 2011; Department of Health, Social Services and Public Safety 2009; Skills for Care 2017; Social Care Institute for Excellence 2015; Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate psychological abuse. One document (Association of Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that is, lower level, significant, very significant and critical harm) to encourage a more consistent approach to safeguarding and to help professionals assess what action (if any) is required. This sub-theme was rated as low quality because of a lack of information about the rigour of development, editorial independence, stakeholder involvement or applicability of the guidance and some lack of clarity in the way advice is presented.

Sub-theme C2.5: Financial: Data from 6 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence,

National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services-North East 2011; Department of Health, Social Services and Public Safety 2009; Skills for Care 2017; Social Care Institute for Excellence 2015; Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate financial and material abuse. One document (Association of Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that is, lower level, significant, very significant and critical harm) to encourage a more consistent approach to safeguarding and to help professionals assess what action (if any) is required. This sub-theme was rated as low quality because of a lack of information about the scope and purpose, rigour of development, editorial independence, stakeholder involvement or applicability of the guidance and some lack of clarity in the way advice is presented.

Sub-theme C2.6: Neglect (including self-neglect): Data from 6 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services-North East 2011; Department of Health, Social Services and Public Safety 2009; Skills for Care 2017; Social Care Institute for Excellence 2015; Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate neglect. One document (Association of Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that is, lower level, significant, very significant and critical harm) to encourage a more consistent approach to safeguarding and to help professionals assess what action (if any) is required. This sub-theme was rated as low quality because of a lack of information about the scope and purpose, rigour of development, editorial independence, stakeholder involvement or applicability of the guidance and some lack of clarity in the way advice is presented.

Sub-theme C2.7: Discrimination: Data from 5 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services-North East 2011; Department of Health, Social Services and Public Safety 2009; Social Care Institute for Excellence 2015; Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate discrimination. One document (Association of Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that is, lower level, significant, very significant and critical harm) to encourage a more consistent approach to safeguarding and to help professionals assess what action (if any) is required. This sub-theme was rated as low quality because of a lack of information about the scope and purpose, rigour of development, editorial independence, stakeholder involvement or applicability of the guidance and some lack of clarity in the way advice is presented.

Sub-theme C2.8: Institutional and C2.9 professional: Data from 5 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019, Association of Directors of Adult Social Services-North East 2011, Department of Health, Social Services and Public Safety 2009, Social Care Institute for Excellence 2015, Volunteer Now 2010) reported examples of signs and symptoms that potentially indicate organisational abuse (also referred to as institutional abuse); one document (Association of Directors of Adult Social Services-North East 2011) also reported signs and symptoms that potentially indicate professional abuse. The committee agreed that the 2 types of abuse are related and should therefore be discussed together as organisational abuse. One document (Association of Directors of Adult Social Services-North East 2011) provided 4 different indicator levels (that is, lower level, significant, very significant and critical harm) to encourage a more consistent approach to safeguarding and to help professionals assess what action (if any) is required. These sub-themes were both rated as low quality because of a lack of information about the scope and purpose, rigour of development, editorial independence, stakeholder involvement or applicability of the guidance and some lack of clarity in the way advice is presented.

Sub-theme C2.10: Thresholds: Data from 1 health and social care guidance document (Association of Directors of Adult Social Services – North East 2011) defined 4 different levels of indicators of harm (lower level, significant, very significant, and critical harms) and the actions that should be taken to address each level of harm:

- Indicators of lower level harms could be addressed via internal processes (for example, disciplinary or care management).
- Indicators of significant or very significant harms should trigger a referral to safeguarding.
- Indicators of critical harms should be addressed as a potential criminal matter.

This sub-theme was rated as low quality because of a lack of information about the rigour of development, editorial independence and stakeholder involvement.

Theme C3: Information gathering

Data from 4 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Association of Directors of Adult Social Services, Local Government Association 2019; Department of Health, Social Services and Public Safety 2009; Skills for Care 2017) suggested a number of actions to be taken immediately after a concern has been raised or observed. For example, writing down carefully what the person at risk discloses using their own words, but not interviewing them, and preserving any physical evidence if a crime may have been committed and preserve evidence through recording. The guidance documents also provided examples of parties who may need to be informed or consulted about a concern depending on the context, including, for example, local authorities and the Office of the Public Guardian/DWP. This theme was rated as low quality because of limited information about the rigour of development, stakeholder involvement or applicability of the guidance and limited clarity in the way advice is presented.

Theme C4: Principles of recognition

Data from 2 health and social care guidance documents (Association of Directors of Adult Social Services, Local Government Association 2019; Royal College of Nursing 2018) suggested a number of actions to be taken in response to reports of abuse or neglect and other information that should be considered. For example, whether the concern affects children or any other adults at risk, or whether there have been repeat allegations. This theme was rated as moderate quality because of limited information about the rigour of development, editorial independence and or applicability of the guidance.

Theme C5: Confidentiality

Data from 2 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019; Department of Health, Social Services and Public Safety, 2009) suggested actions to be taken in relation to confidentiality. That is, providing the person at the centre of a concern with an explanation as to why any information disclosed by the person at the centre of the concern cannot be kept confidential, and that a line manager or designated safeguarding lead must be informed about a concern. This theme was rated as low quality because of a lack of information about the rigour of development and applicability of the guidance and some lack of clarity in the way advice is presented.

Theme C6: Contents of report

Data from 2 health and social care guidance documents (Skills for Care 2017, Social Care Wales 2019) suggested what details should be recorded and information reported about a

safeguarding concern. For example, the name and details of person at risk, what raised suspicions, whether a crime may have been committed. The guidance documents also highlighted the need for records and reports to be accurate, detailed, objective, timed, dated and signed and to comply with relevant procedures and legal requirements. This theme was rated as low quality because of a lack of information about the rigour of development, stakeholder involvement and applicability of the guidance and some lack of clarity in the way advice is presented.

Theme C7: Reporting procedure

Data from 4 health and social care guidance documents (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019, Department of Health, Social Services and Public Safety 2009, Royal College of Nursing 2018, Social Care Wales 2019) suggested a number of actions to improve procedures for reporting abuse and neglect. For example, if abuse is suspected the situation should be assessed to ensure no one is in immediate danger, and to encourage the person at risk to report the matter to police if a crime is suspected and not an emergency situation. This theme was rated as low quality because of limited information about the rigour of development, editorial independence, stakeholder involvement or applicability of the guidance and limited clarity in the way advice is presented.

The committee's discussion of the evidence

Interpreting the evidence

The outcomes that matter most

The following outcomes were identified as critical/important by the committee:

- Morbidity related to safeguarding incidents.
- Mortality related to safeguarding incidents.
- Health and social care related quality of life.
- Reports of proven safeguarding concerns.
- Satisfaction with the intervention (guidance).
- Sensitivity and specificity of tools or guidance for identifying abuse or neglect or a safeguarding concern.
- Positive and negative likelihood ratios (FP, FN, TP, TN).

However, no research evidence was identified so there were no data to address these outcomes. Instead, the committee agreed to use existing health and social care guidance documents to inform the recommendations about recognising and reporting safeguarding concerns. The committee agreed that standard general principles in recognising and reporting safeguarding concerns would improve outcomes for care home residents, including increased safety by reducing risk of harm, and improvements in health and well-being.

The quality of the evidence

The quality of the evidence was assessed using the AGREE II tool. This instrument is intended for use assessing the quality of systematically developed clinical practice guidelines, including assessments of methodological rigour and transparency. All supporting material published with the included health and social care guidance was reviewed to inform

quality assessment, however it was not feasible to contact the authors of each piece of guidance. Therefore, it is plausible that guidelines may have scored lower on quality assessments than the underlying methodology would warrant had authors made their full methodology available. The committee were aware of this in their discussions of the evidence.

The included guidance documents scored between 0% and 86% for stakeholder involvement, and between 0% and 25% for applicability. Nine guidance documents scored 0% for rigour of development. Four documents did not provide any details on the methods used to develop the guidance (Association of Directors of Adult Social Services-North East 2011, Department of Health, Social Services and Public Safety 2009, Skills for Care 2017, Social Care Institute for Excellence 2015, Social Care Wales 2019). Although 4 documents did not provide detailed methods on rigour of development (Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019, Royal College of Nursing 2018, Social Care Institute for Excellence 2018, Volunteer Now 2010) they did mention contributions from and consultation with advisory groups (including professionals from the health sector, housing, the police and social work and social care, and also from a legal perspective) and learning from safeguarding adults reviews in the development of the guidance document. The Association of Directors of Adult Social Services, Local Government Association (2019) (ADASS, LGA) document scored 5% for rigour of development because it was developed based on workshops held to support the work and provides a collective view from experts from different backgrounds. Notably, the workshops were informed by a regional review of safeguarding adults reviews, so this is an important contribution. All documents scored 7% for editorial independence.

Generally, the guidance documents were not assessed as having been developed by a broadly representative group of relevant professionals and did not show that the views of intended users (practitioners, people living in care homes, their families) were represented. It was unclear whether the likely barriers and facilitators to implementation, strategies to improve uptake, and resource implications of applying the guidance were considered. The methods used to formulate and update the recommendations, and details on whether a systematic process had been used to gather and synthesise the evidence, were not clearly described. Declaration of any bias or competing interests from guidance development group members were not clearly reported.

The included guidance documents scored between 29% and 81% for scope and purpose, and between 0% and 38% for clarity of presentation. Generally, the overall aim, specific health questions and target population for the documents were described, but details were sometimes limited. The documents did not present recommendations in a clear and concise structure and format.

In terms of an overall score, all of the guidance documents were deemed to be ‘low quality’. However, based on their own expertise, the committee judged that the guidance documents were relevant to this evidence review and agreed that the documents should be used as a basis to make recommendations. They were also aware of the potential limitations of the AGREE II tool as a means of assessing the included documents. As described above, AGREE II is intended for use assessing the quality of clinical practice guidelines. Whilst this was the best available tool for use in the context of NICE guideline development to support a systematic appraisal of the way in which the included guidance documents were developed, the committee recognised that the included documents were not developed to meet the standards set by AGREE II. For example, in many cases the documents did not report the methods and process used in their development (and authors were not contacted), which affected their quality rating. The committee however agreed the documents were the best available evidence and valued the fact that they were based on a range of information,

legislation, expert opinion, research, conference proceedings and findings from and experiences of safeguarding adults' reviews, all of which are considered highly appropriate evidence sources for informing learning and best practice about adult safeguarding. They also valued the use of AGREE II as a means of facilitating a consistent and transparent appraisal of certain aspects of the development of the guidance and they recognised that it has been instrumental in improving standards in guideline development in healthcare settings and could in turn be considered in the social care context when practice guidance is developed in the future.

Recommendations were made using the 10 included guidance documents. The recommendations covered all of the specified topic areas: Recognition – awareness (n=1 study); indicators of physical and medication abuse (n=6 studies); indicators of sexual abuse (n=6 studies); indicators of psychological abuse (n=6 studies); indicators of financial and material abuse (n=6 studies); indicators of neglect (n=6 studies); indicators of discrimination (n=5 studies); indicators of organisational abuse (n=5 studies); thresholds (n=1 study); information gathering (n=4 studies); principles of recognition (n=2 studies). Reporting – confidentiality (n=2 studies); contents of report (n=2 studies); reporting procedure (n=4 studies).

In their discussions and deliberations, the guideline committee took into account all relevant research and a range of guidance and arrangements known to its members. In addition to the ADASS, LGA (2019) document ("Making decisions on the duty to carry out Safeguarding Adults enquiries: Suggested framework to support practice, reporting and recording"), a further ADASS, LGA document ("Understanding what constitutes a safeguarding concern and how to support effective outcomes: Suggested multi-agency framework to support practice, recording and reporting", 2020) was identified after the development phase of this guidance and would not ordinarily be included. However, following consultation with stakeholders, the committee agreed to review this document to determine whether its contents would have any impact on their decisions about the recommendations included here. After careful consideration, the committee concluded that the framework does not conflict with the recommendations in this guideline. However, they agreed that it was appropriate to include a link to this, and other resources published on the Making Safeguarding Personal web pages, published by ADASS and LGA.

This guideline is primarily intended for care home staff and residents and, in line with the Care and Support Statutory Guidance, seeks to provide individuals with tools to address situations where a person's safety and dignity might have been compromised or insulted. The use of "consider" and "suspect" definitions will help care home staff and others to assess the situation and respond appropriately to the individual situation, including whether or not a referral to the local Authority is appropriate. It is up to the Local Authority to decide whether the 3 statutory criteria are met and whether a section 42 enquiry or other investigation is needed. As set out in the NICE Scope, the guidance does not cover the decisions about, or the conduct of section 42 enquiries.

Benefits and harms

Policy and procedure

Care home safeguarding policy and procedure

Recommendations based on data relating to contents of report

The guidance documents highlighted the need for clear arrangements to be in place in care homes explaining how to identify and respond to safeguarding concerns and how to report

concerns, including the details that should be recorded when reporting a safeguarding concern. Based on the evidence and drawing on their own expertise, the committee made recommendations reflecting the need for care homes and care home providers to have systems in place to track and monitor incidents, accidents, disciplinary action, complaints and safeguarding concerns in order to identify patterns of potential harm, the benefit of which would be to ensure that incidents are picked up systematically and safeguarding concerns will not be missed.

The guidance documents also highlighted the need to preserve evidence and records that may be required for safeguarding enquiries or investigations. Based on consensus, the committee therefore made a recommendation to emphasise that care homes should preserve evidence, including care records (for example, for local authority or police investigations). Based on their own expertise, the committee recognised that the quality of the details recorded may vary, which may in turn affect any further enquiries or investigations relating to the safeguarding concern. However, further recommendations made by the committee throughout the guideline (relating to, for example, gathering information and record keeping) should help to improve the quality of reporting to benefit any future safeguarding enquiries or investigations by providing clear and accurate information and evidence.

Care home whistleblowing policy and procedure

Recommendations based on data relating to contents of report

The committee made further recommendations based on the evidence highlighting the need for clear arrangements to be in place in care homes explaining how to respond to safeguarding concerns and how to report concerns. The recommendations were also based on the committee's own experience and expertise and reflected the need to be aware of the vulnerability of people who whistleblow (including care home residents) and that they are protected by law, and for care homes and care home providers to ensure that whistleblowers are not victimised and do not face negative consequences for reporting or disclosing a safeguarding concern. The barriers to reporting concerns in terms of whistleblowing have also been discussed in evidence review B: barriers and facilitators to the identifying abuse and neglect and addressed by recommendations about indicators of abuse and neglect in care homes, which were made with the aim of addressing underreporting, for example when care home staff feel isolated, or are wary of personal repercussions.

Overall, the committee considered that the anticipated benefits from promoting understanding of the vulnerability of care home residents and ensuring that a clear whistleblowing policy and procedure is in place are likely to outweigh the potential harms that can result from staff feeling afraid of the repercussions of whistleblowing and the long-lasting effects of whistleblowing on team dynamics and quality of care.

Indicators of individual abuse and neglect

The committee agreed to make recommendations relating to potential indicators of individual abuse and neglect covered by different areas of the Care Act 2014, and which are in line with the Department of Health and Social Care statutory guidance on adult safeguarding.

The committee did not want to agree recommendations setting out thresholds for exactly when a safeguarding concern should be raised with the local authority because this could imply a degree of certainty and rigidity where in fact a level of judgement and interpretation is more appropriate. Instead the committee agreed to set out a wide range of possible indicators against the different definitions of abuse and neglect under the Care Act 2014. Data about relevant indicators were extracted from the included guidance and presented to the committee for them to consider as a basis for making recommendations about

recognising and reporting abuse and neglect. It was noted that local authorities may wish to adapt and incorporate these indicators as part of their referral guidance or criteria.

The committee acknowledged that the statements from the guidance documents, based on data relating to principles of recognition and the tools that should be used to support recognition of safeguarding concerns (for example, practice tools such as the Power and Control Wheel, and research findings) were not relevant to care homes. Instead, the committee used the 4 indicator levels of harm identified from the guidance documents, along with general indicators, as a basis to make recommendations. The committee agreed to separate the indicators under each form of abuse and neglect into 2 categories, 1) Indicators which should lead the person to 'consider' that abuse or neglect might be taking place and to take appropriate action to seek advice from a designated safeguarding lead and/or from the local authority, record information, check whether other indicators have previously been recorded, discuss the welfare of the resident at risk with a manager or supervisor, monitor the situation carefully and/or mitigate any further risk and 2) indicators where the person 'suspects' that abuse or neglect is taking place and therefore follows safeguarding procedures as set out in the recommendations in the rest of the guideline. The committee also agreed that this approach would be particularly helpful to health and social care practitioners as it is similar to the approach for identification of suspected abuse as set out in NICE guideline 76, Child Abuse and Neglect.

The committee, were keen to highlight that some behavioural and emotional indicators may be due to past trauma, including historical incidents such as adverse childhood experiences or past experience of domestic violence or modern slavery. The committee agreed that indicators of domestic violence would be included within the sets of physical, sexual, psychological and financial abuse indicators and where the alleged perpetrator was someone who was personally connected to the care home resident.

The committee agreed that the recommendations may require care homes to do more to promote understanding of these indicators in each setting, but this will in turn help care homes manage safeguarding issues more proactively, dealing with early warning signs of potential abuse or neglect. Early action may in turn help reduce the numbers of formal investigations or enquiries the care home, local authority and others are involved in, as well as improving the quality and safety of care and support for care home residents.

Recommendations based on data relating to awareness

The committee wanted to use the indicators to make practitioners, care home residents or visitors to the care home aware of the circumstances when abuse or neglect may be taking place and help them make a decision about if and how to deal with this as a safeguarding concern. The committee were also keen to highlight that health and social care practitioners should provide information to care home residents (and their families and carers) on what abuse and neglect look like and how to recognise early warning signs and this was reflected in their recommendation. The committee made a recommendation to ensure that if a resident is in immediate danger or if there is a risk to other residents (for example, if the alleged abuser is someone in a position of trust) immediate actions are taken if abuse or neglect is suspected and this is reported as soon as is practical. Immediate actions should also be taken under circumstances where the care home resident does not want any safeguarding actions to be taken, but abuse or neglect is suspected.

Overall, the committee considered that the anticipated benefits resulting from providing care homes residents and their families and carers with information about abuse and neglect and how to recognise early warning signs are likely to outweigh the potential harms, because this is likely to promote understanding and increase awareness of what to look for at an early

stage to prevent any further harm and ensure the safety and well-being of individuals at risk through early intervention.

Neglect

Physical and medication abuse

The guidance documents presented potential signs of physical abuse (for example, fractures, minor bruising, reddening of the skin, minor cut of abrasion, pain) and levels of physical harm (that is, lower, significant, very significant, and critical) separately to potential signs of medication abuse (for example, recurring missed medication, deliberate maladministration of medication) The committee agreed with this distinction and therefore dealt with them separately in the recommendations. For example, they discussed how pressure sores and withholding food, drink or aids to independence are signs of neglect rather than physical abuse and therefore 'withholding of medication' was cited with the neglect indicators.

The majority of the indicator recommendations about physical abuse were based on the guidance documents, for example, consider physical abuse when residents have unexplained marks or injuries such as bruising, cuts, lesions, bald patches, burns and scalds (taken from the 'general indicators' of physical harm extracted from the guidance), or suspect physical abuse when residents flinch when approached, or change their behaviour (for example, acting subdued) in the presence of a particular person or are obviously being restrained without authorisation. The committee were also keen to emphasise the need to act immediately if an assault is witnessed or someone discloses that a resident has been assaulted to ensure that all residents are safe. The committee were also aware that injuries/abuse by other residents may not be taken seriously on all occasions and this should be reflected in the recommendations. As a result, the committee made a recommendation based on their own expertise, highlighting the need to be aware of situations where injuries may have been caused by other residents.

Sexual abuse

The guidance documents indicated possible signs of sexual abuse (for example, physical symptoms and sexual relationships between staff and service user), and levels of sexual harm. The majority of indicator recommendations about sexual abuse were based on these statements, highlighting certain behaviours (for example, if residents are spoken to or referred to using sexualised language), and unexplained changes in their behaviour (such as resisting being touched, becoming aggressive or withdrawn, and showing highly sexualised behaviours) for when sexual abuse should be considered. The committee discussed other potential indicators of sexual abuse based on the evidence and agreed to make a recommendation to suspect sexual abuse if a resident has an intimate relationship with a member of staff. The committee also agreed to make a recommendation to suspect sexual abuse when residents who lack capacity to consent to intimate or sexual relationships report or indicate possible signs of sexual abuse. For example, when residents have unexplainable physical symptoms that may be associated with sexual activity such as itching, bleeding or bruising to the genitals, anal area or inner thighs. Based on their own expertise, the committee were also keen to emphasise the need to consider family involvement and this was reflected in the indicator about suspecting sexual abuse when residents are involved in a sexual act with another person, including their husband, wife, partner or another resident.

Psychological abuse

Potential signs of psychological abuse (for example, compulsive behaviour, being withdrawn) and levels of psychological harm were reported in the guidance documents. The committee felt that some of the levels of psychological harm related more to the frequency/duration of the harm (for example, lower level psychological harms defined as single incidents of

rude/inappropriate verbal behaviour, withholding of information to disempower) rather than the severity or impact of harm. However, the committee felt that the guidance document statements were still pertinent and they therefore used the statements as a basis to make recommendations but related them more to severity or impact of harm.

The majority of indicator recommendations about psychological abuse were based on the guidance documents, highlighting that psychological abuse should be considered when residents have information about their own care systematically withheld from them by the care home, or residents show significant and otherwise unexplainable changes in their behaviour including, for example, becoming withdrawn, avoiding or being afraid or particular individuals. The committee also included a number of indicators based on their expertise and consensus, in particular consider psychological abuse when residents are deliberately and systematically isolated by other residents and/or staff. Suspect psychological abuse when residents are getting married or entering a civil partnership, if there are concerns that they have not consented or they do not have capacity to consent to this, because this could be a forced marriage.

Financial and material abuse

The committee discussed different examples of financial abuse and agreed that some of the statements presented from the guidance documents were not relevant to care home settings (for example, not paying bills, not having normal home comforts). As a result, the committee made recommendations on when to consider or suspect financial and material abuse based on only those examples relevant to care home settings and these formed the majority of indicator recommendations about financial and material abuse. The committee were keen to include resident's personal allowance in the recommendations. For example, consider financial and material abuse when the resident's family or others show unusual interest in their assets, or residents have unusual difficulty with their finances, and are uncharacteristically proactive of money and possessions; suspect financial and material abuse if a person's money, possessions or property are used by others which does not appear to benefit the person, for example, personal allowance being used to fund staff gifts, misuse of loyalty card points/benefits. The committee also included a number of indicators based on their expertise and consensus. In particular, suspect financial and material abuse when residents get married or enter a civil partnership, if they lack capacity to do this and may have been targeted or groomed by someone seeking to benefit through inheritance – this could be a predatory marriage, or if they change a will under duress or coercion.

Discriminatory abuse

Based on the guidance documents, which identified potential signs of discriminatory abuse (for example, denial of civil liberties and service users not receiving the care they need) and different levels of discrimination, the committee made recommendations on when discrimination should be considered and when it should be suspected. The committee were keen to include the protection of a resident(s) protected characteristics, and this was reflected in the recommendations relating to both when to consider and when to suspect discrimination. The majority of indicator recommendations for discrimination were based on the guidance document statements, such as consider discrimination when residents are denied choices about the care and support they are receiving that does not take account of their personal or cultural needs, or other needs associated with protected characteristics under the Equality Act 2010; suspect discrimination when residents are not treated equitably and do not have equal access to available services.

The committee were keen to further emphasise the position of resident(s) with protected characteristics and made recommendations based on their expertise to reflect this: consider

or suspect discrimination when residents show any of the indicators of psychological abuse stated above, if these are associated with protected characteristics.

The committee discussed the benefits and harms around the indicators of abuse and neglect. They recognised that it may be difficult to identify certain types of abuse, for example, recognising the difference between a poor service and organisational abuse. Similarly, it may be difficult to determine whether signs and symptoms may be because of abuse or another reason (for example, bruising as a result of an accident). The recommendations indicating when to consider and when to suspect abuse indicate the extent to which an indicator suggests abuse or neglect, with 'suspect' indicating a stronger likelihood of abuse. Providing different indicators of abuse or neglect and distinguishing between when to consider and when to suspect abuse or neglect are likely to improve early recognition of signs and symptoms and improve assessment of the seriousness of harm. This in turn is likely to improve consistency in identifying early warning signs which should promote speedier recognition and reporting of concerns. This will benefit individuals at risk of harm because warning signs are less likely to be missed and concerns are more likely to be reported and escalated appropriately, dependent on the seriousness of harm. However, the committee recognised that decisions on when to 'consider' and when to 'suspect' abuse will need some judgement from individuals and agencies in terms of other possible explanations for any signs, symptoms or behaviour change. The committee were also aware that the list of indicators for the different types of abuse is not exhaustive and therefore some judgement is also needed to identify other changes in behaviour that may be an indication of the different types of abuse. Providing common indicators and definitions should, however, help reduce ambiguity about what abuse and neglect look like which should improve accuracy in identifying abuse or neglect. Having clear definitions and examples of indicators to improve recognition of early warning signs of abuse and neglect should in turn help practitioners and care home staff to determine what information needs to be recorded and monitored.

The committee agreed that uncertainties around recognising abuse and neglect may in turn lead to signs being missed or signs being misinterpreted, which can lead to potential under- or over-reporting or referring concerns, either leaving individuals at risk of harm or individuals being 'over treated' when signs and symptoms may arise from causes other than abuse or neglect. However, discussions and recommendations made by the committee previously in this review in relation to situations where there is uncertainty about what constitutes a safeguarding concern, should help practitioners and care home staff reflect on practice and learn from or improve their practice.

Based on their own expertise and experience, the committee were also aware that the risk of abuse or neglect may be higher in care homes with high, ongoing staff turnover; these concerns have been addressed based on evidence review B: barriers and facilitators to identifying abuse and neglect.

Overall, the committee considered that the anticipated benefits resulting from providing examples of indicators of abuse and neglect and when to consider or suspect harm are likely to outweigh the potential harms, because this is likely to increase awareness of what to look for and help individuals determine what constitutes significant harm, ultimately ensuring the safety and well-being of individuals at risk by providing them with appropriate care.

Making sure people are safe

Recommendations based on data relating to reporting procedure

Immediate actions if you suspect abuse or neglect

Statements from the guidance documents presented to the committee highlighted the appropriate action, reporting and documentation to be taken after a safeguarding concern

has been identified (for example, ensure that no one is in immediate danger,). Based on their own expertise and the guidance documents, the committee discussed the parties who should be immediately informed of the safeguarding concern, (depending on the situation), including calling 999 if there is immediate danger to care home residents, and staying with the resident(s) at risk until help arrives. If a crime is suspected, but the situation is not an emergency, to encourage and support the person at risk to report the concern to the police, taking into consideration that some residents may not wish to report the concern are may not be able to report the concern themselves as a result of coercion, control, or undue influence or lack of capacity.

The committee were aware that there may be implications resulting from care homes consulting with other health and social care organisations and reporting a concern to the police, in terms of challenges with working with others, information sharing and also additional pressure on resources (for example, increased workloads). However, such challenges have been addressed and recommendations made based on evidence review F: barriers and facilitators to effective strategic partnership working.

Overall, the committee considered that the anticipated benefits from ensuring no one is in immediate danger and that care home staff are aware of the different organisations who should be immediately notified of a concern are likely to outweigh the potential harms; ensuring that those at risk are safeguarded and receive the care and support they need to ensure positive health and well-being.

Gathering information

The guidance documents highlighted the details that should be recorded following identification of a safeguarding concern and having made sure no one is in immediate danger, including, for example, writing down details of the person at risk and details on the alleged abuser(s). The guidance documents also highlighted the need to ascertain whether statutory criteria in sS42 (1) are met (need for care and support, experiencing or at risk of abuse or neglect and as a result of their needs is unable to protect themselves) to decide whether activity within the duty to make enquiries under sS42 (2) is triggered. Based on the evidence and their own expertise, the committee made recommendations to highlight the procedures for gathering information, including, for example, not interviewing the person at risk or any other person who has reported the abuse or neglect of the resident, but writing down what they disclose in their own words and recording what happened, when it happened, where it happened, and who was involved; encouraging the person at risk to preserve any evidence, and not contacting the alleged abuser(s).

The committee recognised the importance of gathering information in terms of the details that should be collected and that they should be accurate, detailed, objective, timed, dated and signed, and comply with relevant procedures and legal requirements. The benefit of which is that the right information is collected systematically, ensuring important details are not missed. Considering the outcomes that the person at risk would like to happen will be of benefit as this is likely to empower the person making the allegation and give them a sense of control. Inaccurate information or a disturbance of relevant evidence may jeopardise any further investigations, the disadvantage being that the alleged abuser(s) is incorrectly cleared when they have caused people harm, or that someone who has been wrongfully accused is incorrectly charged, with the potential hardship of losing their job. Clear guidance on gathering information is important to reduce potential harms, for example, how interviewing the person at risk, or any other person who has reported abuse or neglect of a resident(s), may introduce the use of leading questions. It may also result in adverse outcomes for the person at risk, or any other person reporting abuse or neglect of a resident(s), becoming stressed and anxious due to being interviewed, when they are already in a vulnerable situation, which may in turn influence how open they are prepared to be with their

descriptions or their wish to continue with the accusations. The harms in this are not only the direct stress and anxiety to the person at risk or any other person reporting abuse or neglect of a resident(s), but also the possible repercussions of someone who may abuse and neglect others in their care and not being held to account for this. Similarly, contact with the alleged abuser(s) may result in inadvertent disclosure of details or put the person at further risk of harm.

On balance, the committee considered that the anticipated benefits to both staff and care home residents in terms of safety, health and well-being resulting from the recommendations are likely to outweigh the potential harms. Ensuring that all relevant information and evidence is collected following correct procedures should help those involved with safeguarding decide on the actions to be taken and whether there is a need to move to a safeguarding investigation.

Confidentiality and reporting suspected abuse and neglect

The statements from the guidance documents highlighted explaining to a person at risk that a senior member of staff or designated officer must be informed when abuse or neglect is suspected and not promising to keep secrets or make promises that cannot be kept and this was reflected in the recommendations made by the committee for this review. Based on their own expertise, the committee made further recommendations as they were keen to emphasise the importance in reporting suspected abuse or neglect to a senior member of staff and the safeguarding lead as soon as is practical, unless the alleged abuser(s) is/are the only senior member of staff or the safeguarding lead. In instances where staff may not feel confident in reporting a safeguarding concern within their own organisation, the concern should be reported to the local authority, Care Quality Commission, or through a whistleblowing helpline, if available. I all instances the person at risk should be informed as to whom the concern is being reported to and why.

The committee were aware of the potential challenges faced by other staff when the alleged abuser(s) is/are a senior member of staff or the safeguarding lead. One of the disadvantages is that staff may not be aware of who to report concerns to under such circumstances and that it may be justified to share sensitive, personal information with other organisations where the interests of the person at the centre of the safeguarding concern and other care home residents outweighs the interest served by protecting confidentiality. Further disadvantages include the potential for some anxiety about disclosing information to others, particularly in situations where the alleged abuser(s) is/are a senior member of staff or safeguarding lead. However, concerns still need to be reported to the local authority or Care Quality Commission in order that they can take responsibility for deciding whether or not abuse or neglect has occurred.

Overall, the committee considered that the anticipated benefits of promoting awareness that concerns can be reported to agencies external to the care home are likely to outweigh the potential harms such as anxiety surrounding disclosing information to others, which may ultimately result in concerns not being reported. An awareness that suspected abuse or neglect should be reported and who to disclose the concerns to under different circumstances may improve the speed and quality of responses to safeguarding and ultimately provide appropriate care for the person at risk.

Linked to their discussions regarding immediate actions to take when abuse or neglect is suspected, the committee agreed that it was essential to draft a similar recommendation covering immediate actions to take when ‘consider’ indicators have been noted. The committee therefore used their own knowledge and expertise to draft a consensus based recommendation which outlines the steps that should be taken. It was agreed that this should be clearly linked to the recommendation on immediate actions to take when abuse or neglect

is suspected. This was achieved in the final point of the recommendation by highlighting the importance of making a decision as to whether there is now a serious concern regarding the possibility of abuse or neglect.

Responding to reports of abuse or neglect

Care homes safeguarding leads

Recommendations based on data relating to principles of recognition and awareness

The committee agreed that in situations where there is uncertainty about whether something should be reported as a safeguarding concern, care homes should treat it as a safeguarding concern, and they should not make the decision about making a safeguarding referral in isolation but should liaise with the local authority to make the decision. The discussions and recommendations made by the committee were based on their own expertise and the statements provided in the guidance documents, which suggested that patterns of harm should not be based on single incidents. The recommendations therefore reflected that when a safeguarding concern has been reported, this should be assessed in the broader context rather than in isolation to identify whether any other people are at risk of harm, whether there have been repeat allegations, if there could be a criminal offence, and if there is a current or past power imbalance in the relationship between the resident(s) and alleged abuser(s).

The recommendations also highlighted that if abuse or neglect is suspected, a safeguarding referral must be made to the local authority, in line with the Care Act 2014 and statutory guidance. The committee also emphasised the need to ensure that the person at risk is involved in discussions regarding the next steps in the process and is able to access communication support or independent advocacy in line with statutory requirements under the Mental Capacity Act, if this is needed. However, the committee were also keen to emphasise that the person at risk should be informed that any concerns will need to be reported to the local authority, informing them of who will be informed, why and when.

The committee recognised that there may be potential harms (or disadvantages) when there are uncertainties around whether something should be reported as a safeguarding concern, including an increase in reporting concerns that is not justified, or the suspension of staff that have not harmed and the likely stigma they may be exposed to as a result. It may also result in over 'treatment' of individuals. The recommendation highlighting that care homes should not make decisions in isolation but should discuss with the local authority is likely to result in improvements in the understanding of when and how to escalate issues, and should reduce the risk of important reporting and referral procedures not being adhered to. This will, in turn, result in improved reporting and referrals of abuse or neglect and increase the level of care afforded to individuals affected. It will also reduce the stress and uncertainty likely to manifest in staff if they do not know when, how or to whom to make these reports. This may further reduce the risk of 'under-referring', ultimately ensuring that individuals at risk of harm are receiving appropriate care and investigations take place.

On balance, the committee considered that the benefits are likely to outweigh the potential harms for staff, local agencies and care home residents, and improve the appropriate escalation of safeguarding concerns.

Local authorities

Recommendations based on data relating to principles of recognition and reporting procedure

The guidance documents outlined which factors should be considered when responding to safeguarding concerns, that is, whether the referral meets the criteria for a Section 42 (s42) enquiry or an 'other' safeguarding enquiry. The committee discussed the need for local

authorities to ensure that there are arrangements in place that enable care homes to consult with a social worker or other qualified safeguarding practitioner about safeguarding concerns without making a formal safeguarding referral. Based on consensus rather than statements from the guidance documents, the committee made recommendations to reflect their discussions.

The committee recognised the benefits from ensuring that a process is in place for care homes to discuss safeguarding concerns, such as the safeguarding process is more likely to escalate in a timely way to prevent further harm to care home residents. This has also been addressed in evidence review B: barriers and facilitators to the identifying abuse and neglect. The committee were aware that there may be disadvantages resulting from care homes consulting with other organisations, such as local authorities. There may be challenges with working with others, information sharing and also additional pressure on resources (for example, increased workloads). Such challenges have been addressed and recommendations made based on evidence review F: barriers and facilitators to effective strategic partnership working.

The committee were aware that there may be uncertainty about what should and should not be investigated as a safeguarding enquiry under the s42 duty or an 'other' safeguarding enquiry. Based on the evidence, their own expertise and knowledge of the Care Act 2014, the committee therefore made a recommendation emphasising the responsibility on the local authority to decide as quickly as possible whether the referral meets the legal criteria for a section 42 enquiry (that is, the person needs care and support; the person is experiencing or at risk of abuse or neglect; as a result of their needs, the person is unable to protect themselves).

The committee discussed the parties who should be informed when a safeguarding referral meets the s42 criteria and who the local authority should consult, depending on the type of abuse or situation (for example, the care home resident and their families, the police). Based on consensus rather than statements from the guidance documents, the committee made recommendations to reflect their discussions. The recommendations were designed to ensure that the local authority sets up an initial planning discussion about the safeguarding enquiry with the relevant people (including staff from the care home or care home provider, if appropriate) and also for them to appoint an enquiry lead to co-ordinate the work of the enquiry and act as the main point of contact. The benefits of the recommendations are likely to include clarity on who is involved in the safeguarding enquiry and ensure consistency during the enquiry with one person overseeing and co-ordinating the process.

The committee were also keen to emphasise that any decision should be communicated with both the care home residents and the care home safeguarding lead and that where a decision is made not to pursue section 42 enquiry consideration should still be given to the support needs of the individual and care home. Advice and support should be provided to help improve outcomes for the resident, for example, by reviewing the care and support plan.

On balance, the committee considered the recommendations should improve understanding about safeguarding referrals and should ensure that the correct procedures and pathways are followed. This should in turn ensure the provision of the most appropriate care for those at risk, providing benefits through increased safety and improvements in health and well-being, but also providing support to the care homes and staff.

Finally, the committee did not make a research recommendation about tools to support recognition and reporting of safeguarding concerns. This is because the tools themselves (or guidance documents) were judged, a priori, to be an acceptable source of evidence to answer this question and since eligible guidance documents were located and used as a basis for drafting recommendations the committee did not feel there was a gap in data, as

such. They did however recommend research on the specific issue of identifying self-neglect and this was on the basis of review A about the signs and symptoms of abuse and neglect. Review A is linked to this review in the sense that when it was found to be 'empty' the committee chose to draft their 'indicator' recommendations on this review instead. Further explanation is provided in review A as well as a description of the recommended

Indicators of organisational abuse and neglect

The committee were keen to make recommendations that describe indicators that should alert people to the possibility of organisational abuse in a care home. Organisational abuse is distinct from other types of abuse or neglect because it is not directly caused by individual action or inaction, instead it is a cumulative consequence of how services are managed, led and funded. Organisational abuse may be hidden or exacerbated as a result of closed cultures or disguised compliance. These recommendations also included detail regarding the immediate actions that should be taken if organisational abuse or neglect is a possibility, however they do not outline the steps that should be taken to raise a concern make a referral to the local authority or conduct an enquiry as the committee agreed that these processes will vary depending on the nature of the allegations, and the local arrangements in place for responding to these allegations.

The guidance documents highlighted potential indicators of institutional abuse and 4 different levels of professional and institutional abuse. For example, failure of professionals to support service user access, and a person not having personal clothing or possessions. The committee agreed to separate the indicators into 2 response categories: consider abuse and neglect and suspect abuse and neglect. The first category (consider), comprises of indicators which should lead the person to 'consider' that organisational abuse or neglect might be taking place and recommends the appropriate actions to take, including raising the matter with the care home manager (unless they are believed to be part of the problem, in which case the matter should be raised with a group manager, regional manager, owner, or board of trustees), in writing if possible; explaining the impact that the identified practice is having (or is likely to have) on care home residents; requesting a response within a specified period of time (for example, 2 weeks); and, if the manager agrees to make changes, monitoring the situation to ensure that any promised changes are implemented. The recommendation also states that if no improvements are apparent after these steps have been taken, then the level of concern should be increased to 'suspect'. In this second category (suspect), the listed indicators highlight where the person should 'suspect' that organisational abuse or neglect is taking place and which should lead the person to contact the local authority to make an adult safeguarding referral, or if an unsatisfactory response is received, to report the matter to the Care Quality Commission.

As a result of the large number of recommendations made by the committee for indicators of organisational abuse and neglect, and to improve the readability and usability of the recommendations, the committee agreed to organise them into categories to reflect overarching themes of the recommendations (for example, quality of care and service provision). The committee did not feel that this was necessary for other sections because it may be more confusing and would not improve readability. The committee included a number of indicator recommendations based on the evidence, for example, to consider organisational abuse when meaningful and structured activities for residents are neither available nor accessible, or to suspect organisational abuse where there is evidence that incidents were deliberately not recorded.

The committee also included a number of indicator recommendations about organisational abuse and neglect based on their own expertise. For example, consider organisational abuse where the care home does not explain the concepts of safeguarding to residents to understand what safeguarding is and what organisational abuse and neglect are because

without an understanding of their rights and choices, residents will not recognise that they are being abused or neglected. Helping residents to understand what safeguarding is and what organisational abuse and neglect look like should enable residents to raise or report concerns and make safeguarding referrals. Other recommendations based on the committee's expertise include considering organisational abuse when there are inconsistent patterns of safeguarding concerns logged. The committee felt this was important to include because such inconsistencies may indicate that only 1 or 2 members of staff are taking responsibility for safeguarding issues rather than the whole team of staff.

Other consensus based recommendations include considering organisational abuse when a care home admits or accepts referrals for residents that staff do not have the skills to care for. The committee agreed that this was important to include because it may indicate wilful neglect - the care home accepts a referral knowing that they cannot meet the individual needs of the residents. This has direct implications on the care of the individual in terms of receiving the level of support they need, but also suggests potential risks to existing residents because staff may need to focus their attention on the incoming person at the expense of the level of care provided to other residents.

The committee also agreed that it was important to recognise that complaints of victimisation from care home residents, or their family or friends could be an indicator of organisational abuse or neglect; particularly when these occur repeatedly. As a result, the committee agreed to draft a recommendation highlighting this possibility.

Overall, the committee considered that the anticipated benefits from promoting understanding of potential indicators of organisational abuse are likely to outweigh the potential harms by helping care homes manage safeguarding issues more proactively and dealing with early warning signs of potential organisational abuse or neglect. Early action may in turn help reduce the numbers of safeguarding enquiries in which the care home, local authority and others are involved. It is also expected to improve the quality and safety of care and support for care home residents and reduce the risk of harm to them resulting in cumulative poor practice in the care home, which might otherwise be dismissed or overlooked.

Cost-effectiveness and resource use

The committee acknowledged that the recommendations may have implications for care home resources but agreed that these would not be significant and that the recommendations should already be in place in some or most care home settings.

Recommendations about what to consider as indicators of abuse do not explicitly represent a choice between competing courses of action although the actions that follow from a suspicion could potentially have implications for the cost-effective use of scarce resources. A risk averse "better safe than sorry" approach could lead to the over-reporting or over-referring of concerns which could potentially affect staff morale without necessarily producing commensurate gain in the welfare of vulnerable adults. On the other hand, it may be that the adverse effects on welfare of missed abuse and neglect are so traumatic that such an approach would be justified on cost-effectiveness grounds.

This review did not have the quantitative evidence that would be required for a formal consideration of cost-effectiveness for indicators of abuse. In order to mitigate the risks of under and over referring of concerns, the committee distinguished between indicators that should be considered as abuse or neglect or, more strongly, indicators where abuse or neglect should be suspected. They believed that their recommendations would promote better recognition of abuse and neglect and thereby promote timelier referrals, with the potential to avert "downstream" costs and future harms.

Other factors the committee took into account

The quality ratings of the themes informed the committee's discussions to some extent although they were aware that the included guidance documents were not necessarily designed to meet the standards set by AGREE II. Ultimately their decisions about using the themes as a basis for recommendations had more to do with the relevance of the data, whether they were reported consistently across documents, their fit with relevant legislative requirements and the convergence with their own experiential knowledge. In addition, the committee requested a peer review of the indicator recommendations from an academic and chair of Safeguarding Adults Boards with expertise across extensive Safeguarding Adults Reviews. Feedback indicated support for the choice of indicators and the division between consider and suspect. However, advice was also provided to emphasise that regardless of the perceived seriousness, action should be taken in response to all indicators. The committee agreed with this and amended the explanation supporting the use of the indicators accordingly. The peer review feedback also led the committee to make consensus recommendations about self-neglect, which until then had been lacking because the issue, specifically in the context of care homes, was not covered by the health and social care guidance documents included in the review.

References

Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019

Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, London multi-agency adult safeguarding policy and procedures. London: Association of Directors of Adult Social Services 2019

Association of Directors of Adult Social Services, Local Government Association 2019

Association of Directors of Adult Social Services, Local Government Association, Making decisions on the duty to carry out Safeguarding Adults enquiries. Suggested framework to support practice, reporting and recording. London: Association of Directors of Adult Social Services 2019

Association of Directors of Adult Social Services 2011

Association of Directors of Social Services, Safeguarding threshold guidance. London: Association of Directors of Adult Social Services 2011

Department of Health, Social Services and Public Safety 2009

Department of Health, Social Services and Public Safety, Adult abuse. Recognising adult abuse and what to do about it! Guidance for staff. Belfast: Department of Health, Social Services and Public Safety 2009

Royal College of Nursing 2018

Royal College of Nursing, Adult safeguarding: roles and competencies for healthcare staff. London: Royal College of Nursing 2018

Skills for Care 2017

Skills for Care, What do I need to know about safeguarding adults? Support document for 'Key questions for adult social care workers'. Leeds: Skills for Care 2017

Social Care Institute for Excellence 2018

Social Care Institute for Excellence, Adult safeguarding practice questions. London: Social Care Institute for Excellence 2018

Social Care Institute for Excellence 2015

Social Care Institute for Excellence, At a glance 69: Safeguarding adults: Types and indicators of abuse. London: Social Care Institute for Excellence 2015

Social Care Wales 2019

Social Care, Wales, The social care manager: Practice guidance for social care managers registered with Social Care Wales, 2019

Volunteer Now 2010

Volunteer Now, Safeguarding vulnerable adults. A shared responsibility. Standards and guidance for good practice. Belfast: Volunteer Now, 2010

Appendices

Appendix A – Review protocol

Review protocol for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

Table 3: Review protocol for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

ID	Field (based on PRISMA-P)	Content
0.	PROSPERO registration number	CRD42019160532
1.	Review title	Tools to support recognition and reporting of safeguarding concerns.
2.	Review question	What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?
3.	Objective	• To determine the effectiveness of different tools, guidance or ways of working for supporting the recognition of a safeguarding concern (as distinct from an incident of poor practice or low quality care). • To determine the diagnostic accuracy of different tools, guidance or ways of working for supporting recognition of a safeguarding concern (as distinct from an incident of poor practice or low quality care). • To determine the effectiveness of different tools, guidance or ways of working for supporting or improving safeguarding reporting processes.
4.	Searches	• ASSIA • Embase • IBSS • MEDLINE • Medline-In-Process • PsycINFO • Sociological Abstracts • Social Services Abstracts • Social Policy and Practice

ID	Field (based on PRISMA-P)	Content
		Searches will be restricted by: Date - From 2008 English language Human studies The searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies for MEDLINE database will be published.
5.	Condition or domain being studied	Safeguarding concerns in care homes.
6.	Population	Inclusion: • Adults accessing care and support in care homes (whether as residents, in respite or on a daily basis). • Family, friends and advocates of adults accessing care and support in care homes. • People working in care homes. • Providers of services in care homes. • Practitioners in local authorities and local health organisations. • Members of Safeguarding Adults Boards. Exclusion: The scope of the guideline is safeguarding adults living in or using care homes. Therefore, people under 18 years of age who are accessing support in care homes are excluded.

7.	Intervention/Exposure/Test	Intervention 1
		• Tools, guidance or approaches to support the recognition of safeguarding concerns, for example:
		  ○ Practice guidance for recognising safeguarding concerns (for example, web based resources or threshold guidance published centrally by ADASS or locally by individual local authorities).
		
		Intervention 2
		• Tools, guidance or approaches to support or improve reporting processes, for example:
		  ○ Practice guidance for reporting safeguarding concerns (for example, web based resources or

ID	Field (based on PRISMA-P)	Content
		threshold guidance published by ADASS or by individual local authorities for local guidance on progressing safeguarding concerns). ○ Provider processes for reporting abuse (for example, internal incident log, reporting system or electronic record for external/ head office review). ○ Anonymised/ confidential routes for reporting.
8.	Comparator/Reference standard/Confounding factors	Comparison 1 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 1 compared with each other. Comparison 2 • Practice as usual. • 'Natural history' (no service) control. • Different kinds of intervention 2 compared with each other. For the diagnostic component of the review (objective 2) the reference standard cited in the included studies will be used, for example, the findings of a safeguarding review or a police report, which confirm abuse.
9.	Types of study to be included	• Experimental studies (where the investigator assigned intervention or control) including: ○ Randomised controlled trials ○ Non-randomised controlled trials (for example, case control, case series [uncontrolled longitudinal study]) ○ Before and after study or interrupted time series. • Observational studies (where neither control nor intervention were assigned by the investigator) including: ○ Prospective cohort studies. ○ Retrospective cohort studies. ○ Cross-sectional study. ○ Review on associations. ○ Before and after study or interrupted time series. ○ Systematic reviews of studies using the above designs. • Systematic reviews of studies using the above designs.

ID	Field (based on PRISMA-P)	Content
		• Practice guidelines for identifying and progressing safeguarding concerns. Specifically, for the diagnostic component (objective 2), studies of care homes where the tools or guidance have been used and which provide evidence of whether a safeguarding concern was proven: • Cohort studies (prospective study designs will be prioritised over retrospective designs). • Cross-sectional studies. Systematic reviews and meta-analyses of these study types.
10.	Other exclusion criteria	Inclusion: • Published full-text papers. • Studies conducted in the UK and the following high income (according to the World Bank) countries, will be prioritised: Europe, including the Republic of Ireland, Australia and Canada. If no studies are identified from these countries then studies from all high income countries (according to the World Bank) will be considered. This includes studies conducted in the US. • Studies conducted in care homes will be prioritised. If no studies are identified, which were conducted in care homes then studies from congregate settings (excluding acute hospital settings) will be considered. Exclusion: • Articles published before 2008. The committee relate the cut off year to the significant practice changes occurring when the Mental Capacity Act was implemented. • Papers that do not include methodological details will be excluded because they do not provide sufficient information to evaluate risk of bias/quality of study. • Non-English language articles. • Conference abstracts.
11.	Context	No previous guideline will be updated by this review question.
12.	Primary outcomes (critical outcomes)	**Critical** • Morbidity related to safeguarding incidents. • Mortality related to safeguarding incidents. • Health and social care related quality of life. • Reports of proven safeguarding concerns.

ID	Field (based on PRISMA-P)	Content
		For the diagnostic component (objective 2): • Sensitivity and specificity of tools or guidance for identifying abuse or neglect or a safeguarding concern. • Positive and negative likelihood rations (FP, FN, TP, TN).
13.	Secondary outcomes (important outcomes)	Satisfaction with the intervention (the guidance).
14.	Data extraction (selection and coding)	Screening on title and abstract and full text will be conducted by the systematic reviewer using the criteria outlined above. Because this question was prioritised for economic analysis formal dual weeding (title and abstract) of 10% of items will be undertaken. Any discrepancies will be resolved through discussion between the first and second reviewers or by reference to a third person, for example topic advisor or senior systematic reviewer. The systematic reviewer will also carry out data extraction, which will be recorded on a standardised form (see Developing NICE guidelines: the manual section 6.4). NGA STAR software will be used for study sifting, data extraction, recording quality assessment using checklists and generating bibliographies/citations. Overall quality control will be done by the senior systematic reviewer.
15.	Risk of bias (quality) assessment	Risk of bias will be assessed using the appropriate checklist as described in appendix H of Developing NICE guidelines: the manual. This includes the use of AGREE II to assess the methodological quality of practice guidelines https://www.agreetrust.org/agree-ii/The risk of bias across all available evidence was evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group http://www.gradeworkinggroup.org/.
16.	Strategy for data synthesis	If pairwise meta-analyses are undertaken, they will be done using Cochrane Review Manager (RevMan). 'GRADEpro' will be used to assess the quality of evidence for each outcome in quantitative studies. If diagnostic accuracy measures are not reported but can be calculated, this will be done. Where 4 or more unbiased studies are included (for example, there is no suggestion that the estimates of accuracy are systematically incorrect) then diagnostic meta-analysis will be conducted using either

ID	Field (based on PRISMA-P)	Content			
		the hierarchical summary ROC model (when multiple thresholds/different definitions of the presence of a safeguarding concern are used in the included studies) or the bivariate model (when the same threshold/definition of the presence of a safeguarding concerns is used in the included studies). Where fewer than 4 studies are included the univariate model will be conducted.			
17.	Analysis of sub-groups	Subgroup analysis will be conducted wherever possible, for example if appropriate data is reported in relation to different characteristics of service users (for example, dementia status, age and learning disability of service users living within or using care homes) or different care settings (for example, nursing home, care home or residential learning dis ability service). The drafted recommendations will be applied to the whole population unless we find clear evidence of a difference for a particular subgroup.			
18.	Type and method of review	☒	Intervention		
		☐	Diagnostic		
		☐	Prognostic		
		☐	Qualitative		
		☐	Epidemiologic		
		☐	Service Delivery		
		☐	Other (please specify)		
19.	Language	English			
20.	Country	England			
21.	Anticipated or actual start date	March 2019			
22.	Anticipated completion date	October 2020			
23.	Stage of review at time of this submission	Review stage	Started	Completed	
		Preliminary searches	☑	☑	
		Piloting of the study selection process	☑	☑	
		Formal screening of search results against eligibility criteria	☑	☑	

ID	Field (based on PRISMA-P)	Content		
		Data extraction	☑	☑
		Risk of bias (quality) assessment	☑	☑
		Data analysis	☑	☑
24.	Named contact	**5a. Named contact** National Guideline Alliance **5b. Named contact e-mail** SafeguardingAdults@nice.org.uk **5c. Organisational affiliation of the review** National Institute for Health and Care Excellence (NICE) and National Guideline		
25.	Review team members	From the National Guideline Alliance: • Jennifer Francis [Technical lead] • Ted Barker [Technical analyst] • Fiona Whiter [Technical analyst] • Paul Jacklin [Health economist] • Elise Hasler [Information scientist]		
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.		
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.		
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10107		

ID	Field (based on PRISMA-P)	Content	
29.	Other registration details	N/A	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42019160532	
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.	
32.	Keywords	Safeguarding in care homes, abuse and neglect in care homes.	
33.	Details of existing review of same topic by same authors	Not an update.	
34.	Current review status	☐	Ongoing
		☒	Completed but not published
		☐	Completed and published
		☐	Completed, published and being updated
		☐	Discontinued
35.	Additional information		
36.	Details of final publication	www.nice.org.uk	

GRADE: Grading of Recommendations Assessment, Development and Evaluation; NGA: National Guideline Alliance; NHS: National health service; NICE: National Institute for Health and Care Excellence; RoB: risk of bias;

Appendix B – Literature search strategies

Literature search strategies for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

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

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

#	Searches
	discriminat$ or depriv$) adj abus$).tw.
49	(domestic$ adj violen$).tw.
50	(modern$ adj3 slave$).tw.
51	(neglect or self-neglect or self neglect).tw.
52	((significant$ or persistent$ or deliberat$ or inflict$ or unexplained or non-accident$ or nonaccident$ or non-natural$) adj (injur$ or trauma$)).tw.
53	(safeguard$ or safe-guard$ or safe guard$).mp.
54	27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53
55	Elder Abuse/ use ppez
56	(elder abuse/ or elderly abuse/) use emczd
57	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj (abus$ or mistreat$ or neglect$ or self-neglect$)).mp.
58	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj3 (abus$ or mistreat$ or neglect$ or self-neglect$)).tw.
59	55 or 56 or 57 or 58
60	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
61	(adult$ adj3 (safeguard$ or safe-guard$ or safe guard$ or protection$)).mp.
62	((vulnerable$ adult$ or vulnerable people$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj3 protect$).mp.
63	60 or 61 or 62
64	((abuse$ or neglect$ or self-neglect$ or violen$ or safeguard$) adj5 (dementia$ or alzheimer$ or learning disab$ or learning impair$ or learning disorder$ or intellectual disab$ or intellectual impair$ or mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$ or disabl$ adult$ or disabl$ people$ or disabl$ person$ or disabl$ population$)).tw.
65	(26 and 54) or 59 or 63 or 64
66	Confidentiality/ use ppez
67	confidentiality/ use emczd
68	(anonym$ adj3 (study or studies or survey$ or questionnaire$ or interview$ or form or report$ or submit$ or submission$)).tw.
69	(confidential$ or anonymity).tw.
70	66 or 67 or 68 or 69
71	Documentation/ use ppez
72	(documentation/ or medical documentation/) use emczd
73	*Decision Support Systems, Clinical/ use ppez
74	*clinical decision support system/ use emczd
75	((detect$ or identif$ or screen$) adj2 (tool$ or scale$ or instrument$ or benchmark$)).tw.
76	((incident$ or complaint$) adj (report$ or track$ or log or system)).tw.
77	(threshold$ and (concern$ or investigat$ or prevent$ or protect$)).tw.
78	(threshold$ adj (tool$ or framework$ or guid$ or score$)).tw.
79	(checklist$ adj5 risk$).tw.
80	decision making.kw.
81	71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80
82	"Organization and Administration"/ use ppez
83	clinical supervision/ use emczd
84	((clinical$ or professional$) adj supervision$).tw.
85	(supervision$ adj4 (staff$ or work$ or peer or training or education or handling or risk$ or right$)).tw.
86	(supervision$ and training).tw.
87	(supervision$ adj (program$ or session$)).tw.
88	(teamcoach$ or team-coach$ or team coach$ or teamlearn$ or team-learn$ or team learn$).tw.
89	(team$ adj5 intervention$).tw.
90	82 or 83 or 84 or 85 or 86 or 87 or 88 or 89
91	Organizational policy/ use ppez
92	Organizational culture/ use ppez
93	organization/ use emczd
94	policy/ use emczd
95	standard/ use emczd
96	((policy$ or policies$) adj2 procedure$).tw.
97	Mandatory Reporting/ use ppez
98	mandatory reporting/ use emczd
99	voluntary reporting/ use emczd
100	(report$ adj (protocol$ or procedur$ or policy or policies or process$ or guideline$ or law$ or requirement$ or system$)).tw.
101	(report$ adj3 (abus$ or neglect$ or self-neglect$ or mistreat$ or safeguard$)).tw.
102	((mandat$ or compulsory or voluntary) adj3 report$).tw.
103	91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102
104	(Patient Advocacy/ or Consumer Advocacy/) use ppez
105	(patient advocacy/ or consumer advocacy/) use emczd

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

Database(s): Medline & Embase (Multifile)

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

Date of last search: 3rd December 2019

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

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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

#	Searches
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.
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$ population$)).tw.
63	(family adj violence$).tw,kw.
64	55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63
65	(elderly or old age or aged or older adult$ or frail or vulnerabl$ or mental health or mental-health or residential or institution$ or respite$ or long term$ or long-term$ or nursing home$1 or care home$1 or home care$).m_titl.
66	(abuse$ or restrain$ or violen$ or rape or neglect$ or selfneglect$ or self-neglect$ or slave$ or safeguard$ or safe-guard$ or mistreat$ or protect$ or harm$).m_titl.
67	Health Planning Guidelines/ use ppez
68	exp Practice Guidelines/ use emczd
69	practice guideline.pt.
70	guideline.pt.
71	guideline$.ti.
72	(guidance$ or framework$ or standard$).ti.
73	67 or 68 or 69 or 70 or 71 or 72
74	64 or (26 and 54) or (54 and 65) or (26 and 66)
75	73 and 74
76	(adult$ adj (safeguard$ or safe-guard$ or safe guard$ or protection$)).m_titl.
77	75 or 76
78	limit 77 to yr="2008 -Current"
79	limit 78 to english language

Database(s): Cochrane Library

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

Date of last search: 3rd December 2019

#	Searches
#1	MeSH descriptor: [Long-Term Care] this term only
#2	(((long term* or long-term*) NEXT care)):ti,ab,kw

#	Searches
#3	MeSH descriptor: [Respite Care] this term only
#4	((respite* NEXT care)):ti,ab,kw
#5	MeSH descriptor: [Institutional Practice] this term only
#6	MeSH descriptor: [Nursing Homes] explode all trees
#7	MeSH descriptor: [Group Homes] this term only
#8	MeSH descriptor: [Residential Facilities] explode all trees
#9	MeSH descriptor: [Homes for the Aged] this term only
#10	((nursing NEXT home*)):ti,ab,kw
#11	((care NEXT home*)):ti,ab,kw
#12	(((elderly or old age) NEAR/2 home*)):ti,ab,kw
#13	(((nursing or residential) NEXT (home* or facilit*))):ti,ab,kw
#14	((“home* for the aged” or “home* for the elderly” or “home* for older adult*”)):ti,ab,kw
#15	(residential aged care):ti,ab,kw
#16	(("frail elderly" NEAR/2 (facilit* or home or homes))):ti,ab,kw
#17	((residential NEXT (care or facilit* or institution* or setting* or service* or provider*))):ti,ab,kw
#18	(((long-term or long term) NEAR/2 (facility or facilities))):ti,ab,kw
#19	((mental health NEXT (facilit* or institution* or setting* or service*))):ti,ab,kw
#20	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
#21	MeSH descriptor: [Physical Abuse] this term only
#22	MeSH descriptor: [Restraint, Physical] this term only
#23	MeSH descriptor: [Violence] this term only
#24	MeSH descriptor: [Sex Offenses] this term only
#25	MeSH descriptor: [Rape] this term only
#26	MeSH descriptor: [Domestic Violence] this term only
#27	MeSH descriptor: [Spouse Abuse] this term only
#28	MeSH descriptor: [Intimate Partner Violence] this term only
#29	MeSH descriptor: [Human Rights Abuses] explode all trees
#30	(((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv*) NEAR/1 abus*)):ti,ab,kw
#31	((domestic* NEXT violen*)):ti,ab,kw
#32	((modern* NEAR/3 slave*)):ti,ab,kw
#33	((neglect or self-neglect or self neglect)):ti,ab,kw
#34	(((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) NEXT (injur* or trauma*))):ti,ab,kw
#35	((safeguard* or safe-guard* or safe guard*)):ti,ab,kw
#36	#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
#37	MeSH descriptor: [Elder Abuse] this term only
#38	(((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR/3 (abus* or mistreat* or neglect* or self-neglect*))):ti,ab,kw
#39	#37 OR #38
#40	(("adult* social* care*" or "adult* protective* service*" or "elder* protective* service*")):ti,ab,kw
#41	((adult$ NEAR/3 (safeguard$ or safe-guard$ or safe guard$ or protection$))):ti,ab,kw
#42	(((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) NEAR/3 protect*)):ti,ab,kw
#43	#40 OR #41 OR #42
#44	((((abuse* or neglect* or self-neglect* or violen* or safeguard*) NEAR/5 (dementia* or alzheimer* or “learning disab*” or “learning impair*” or “learning disorder*” or “intellectual disab*” or “intellectual impair*” or “mentally ill” or “mentally disabl*” or “disabl* adult*” or “disabl* people*” or “disabl* person*” or “disabl* population*”))):ti,ab,kw
#45	#20 AND #36
#46	#39 OR #43 OR #44 OR #45
#47	MeSH descriptor: [Confidentiality] this term only
#48	((anonym* NEAR/3 (study or studies or survey* or questionnaire* or interview* or form or report* or submit* or submission*))):ti,ab,kw
#49	((confidential* or anonymity)):ti,ab,kw
#50	MeSH descriptor: [Documentation] this term only
#51	MeSH descriptor: [Decision Support Systems, Clinical] this term only
#52	(((detect* or identif* or screen*) NEAR/2 (tool* or scale* or instrument* or benchmark*))):ti,ab,kw
#53	(((incident* or complaint*) NEXT (report* or track* or log or system))):ti,ab,kw
#54	((threshold* and (concern* or investigat* or prevent* or protect*))):ti,ab,kw
#55	((threshold* NEXT (tool* or framework* or guid* or score*))):ti,ab,kw
#56	((checklist* NEAR/5 risk*)):ti,ab,kw
#57	MeSH descriptor: [Organization and Administration] this term only
#58	(((clinical* or professional*) NEXT supervision*)):ti,ab,kw
#59	((supervision* NEAR/4 (staff* or work* or peer or training or education or handling or risk* or right*))):ti,ab,kw
#60	((supervision* and training)):ti,ab,kw
#61	((supervision* NEXT (program* or session*))):ti,ab,kw

#	Searches
#62	((teamcoach* or team-coach* or “team coach*” or teamlearn* or team-learn* or “team learn*”)):ti,ab,kw
#63	((team* NEAR/5 intervention*)):ti,ab,kw
#64	MeSH descriptor: [Organizational Policy] this term only
#65	MeSH descriptor: [Organizational Culture] this term only
#66	(((policy* or policies*) NEAR/2 procedure*)):ti,ab,kw
#67	MeSH descriptor: [Mandatory Reporting] this term only
#68	((report* NEXT (protocol* or procedur* or policy or policies or process* or guideline* or law* or requirement* or system*))):ti,ab,kw
#69	((report* NEAR/3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*))):ti,ab,kw
#70	(((mandat* or compulsory or voluntary) NEAR/3 report*)):ti,ab,kw
#71	MeSH descriptor: [Patient Advocacy] this term only
#72	MeSH descriptor: [Consumer Advocacy] this term only
#73	((advoca* NEAR/10 (abus* or neglect* or self-neglect* or safeguard*))):ti,ab,kw
#74	((advoca* NEAR/5 (partnership* or famil* or relative* or friend* or volunteer* or caregiver* or nurs* or social worker* or staff* or resident*))):ti,ab,kw
#75	((advoca* NEXT (group* or role* or support* or organi?ation* or service* or program* or scheme* or team* or skill*))):ti,ab,kw
#76	((independen* NEXT advoca*)):ti,ab,kw
#77	(ombudsman* or ombudsmen*):ti,ab,kw
#78	(((case or care or consensus* or family or group* or protect*) NEXT conference*)):ti,ab,kw
#79	(((multiagenc* or multi-agenc* or “multi agenc*” or multidisciplin* or multi-discplin* or “multi disciplin*”) NEAR/2 conference*)):ti,ab,kw
#80	((“secondary data analys*” or “secondary analys*”)):ti,ab,kw
#81	(((respond* or describ* or manag* or identif* or report* or document* or prevent* or evaluat* or understand* or recogni* or awareness or action) NEAR/4 incident*)):ti,ab,kw
#82	(((recog* or respond* or manag*) NEAR/3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*))):ti,ab,kw
#83	#47 OR #48 OR #49 OR #50 OR #51 OR #52 OR #53 OR #54 OR #55 OR #56 #57 OR #58 OR #59 OR #60 OR #61 OR #62 OR #63 OR #64 OR #65 OR #66 OR #67 OR #68 OR #69 OR #70 OR #71 OR #72 OR #73 OR #74 OR #75 OR #76 OR #77 OR #78 OR #79 OR #80 OR #81 OR #82
#84	#46 AND #83 Publication Year from 2008 to current

Database(s): Cinahl Plus

Date of last search: 3rd December 2019

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

#	Searches
S68	TI ((mandat* or compulsory or voluntary) N3 report*) OR AB ((mandat* or compulsory or voluntary) N3 report*)
S67	TI (report* N3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*)) OR AB (report* N3 (abus* or neglect* or self-neglect* or mistreat* or safeguard*))
S66	TI (report* N1 (protocol* or procedur* or policy or policies or process* or guideline* or law* or requirement* or system*)) OR AB (report* N1 (protocol* or procedur* or policy or policies or process* or guideline* or law* or requirement* or system*))
S65	(MH "Mandatory Reporting") OR (MH "Voluntary Reporting")
S64	TI ((policy* or policies*) N2 procedure*) OR AB ((policy* or policies*) N2 procedure*)
S63	(MH "Organizational Culture") OR (MH "Organizational Policies")
S62	TI (team* N5 intervention*) OR AB (team* N5 intervention*)
S61	TI (teamcoach* or team-coach* or team coach* or teamlearn* or team-learn* or team learn*) OR AB (teamcoach* or team-coach* or team coach* or teamlearn* or team-learn* or team learn*)
S60	TI (supervision* N1 (program* or session*)) OR AB (supervision* N1 (program* or session*))
S59	TI (supervision* and training) OR AB (supervision* and training)
S58	TI (supervision* N4 (staff* or work* or peer or training or education or handling or risk* or right*)) OR AB (supervision* N4 (staff* or work* or peer or training or education or handling or risk* or right*))
S57	TI ((clinical* or professional*) N1 supervision*) OR AB ((clinical* or professional*) N1 supervision*)
S56	(MH "Clinical Supervision")
S55	TI (checklist* N5 risk*) OR AB (checklist* N5 risk*)
S54	TI (threshold* N1 (tool* or framework* or guid* or score*)) OR AB (threshold* N1 (tool* or framework* or guid* or score*))
S53	TI (threshold* and (concern* or investigat* or prevent* or protect*)) OR AB (threshold* and (concern* or investigat* or prevent* or protect*))
S52	TI ((incident* or complaint*) N1 (report* or track* or log or system)) OR AB ((incident* or complaint*) N1 (report* or track* or log or system))
S51	TI ((detect* or identif* or screen*) N2 (tool* or scale* or instrument* or benchmark*)) OR AB ((detect* or identif* or screen*) N2 (tool* or scale* or instrument* or benchmark*))
S50	(MH "Decision Support Systems, Clinical")
S49	(MH "Documentation")
S48	TI (confidential* or anonymity) OR AB (confidential* or anonymity)
S47	TI (anonym* N3 (study or studies or survey* or questionnaire* or interview* or form or report* or submit* or submission*)) OR AB (anonym* N3 (study or studies or survey* or questionnaire* or interview* or form or report* or submit* or submission*))
S46	(MH "Privacy and Confidentiality")
S45	S38 OR S42 OR S43 OR S44
S44	S19 AND S35
S43	TI ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*)) OR AB ((abuse* or neglect* or self-neglect* or violen* or safeguard*) N5 (dementia* or alzheimer* or learning disab* or learning impair* or learning disorder* or intellectual disab* or intellectual impair* or mentally-ill or mentally ill or mentally-disabl* or mentally disabl* or disabl* adult* or disabl* people* or disabl* person* or disabl* population*))
S42	S39 OR S40 OR S41
S41	TI ((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 protect*) OR AB ((vulnerable* adult* or vulnerable people* or incompetent* or incapacitat* or older adult* or older people*) N3 protect*)
S40	TI (adult* N3 (safeguard* or safe-guard* or safe guard* or protection*)) OR AB (adult* N3 (safeguard* or safe-guard* or safe guard* or protection*))
S39	TI (adult* social* care* or adult* protective* service* or elder* protective* service*) OR AB (adult* social* care* or adult* protective* service* or elder* protective* service*)
S38	S36 OR S37
S37	TI ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*)) OR AB ((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) N3 (abus* or mistreat* or neglect* or self-neglect*))
S36	(MH "Elder Abuse")
S35	S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34
S34	TI (safeguard* or safe-guard* or safe guard*) OR AB (safeguard* or safe-guard* or safe guard*)
S33	TI ((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) N1 (injur* or trauma*)) OR AB ((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) N1 (injur* or trauma*))
S32	TI (neglect or self-neglect or self neglect) OR AB (neglect or self-neglect or self neglect)
S31	TI (modern* N3 slave*) OR AB (modern* N3 slave*)
S30	TI (domestic* N1 violen*) OR AB (domestic* N1 violen*)
S29	TI ((physical* or emotional* or sexual* or psychological* or financial* or organi?tional* or institutional* or discriminat* or depriv*) N1 abus*) OR AB ((physical* or emotional* or sexual* or psychological* or financial* or organi?tional* or institutional* or discriminat* or depriv*) N1 abus*)
S28	(MH "Patient Abuse")
S27	(MH "Human Trafficking")

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

Database(s): Cinahl Plus

Date of last search: 3rd December 2019

#	Searches
S53	S52 Limiters - Publication Year: 2008-2019; English Language
S52	S48 OR S49 OR S50 OR S51
S51	S3 AND S38 AND S46
S50	S3 AND S22 AND S47
S49	S3 AND S22 AND S38
S48	S3 AND S45
S47	TI (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*)
S46	TI (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*)
S45	S39 OR S40 OR S41 OR S42 OR S43 OR S44
S44	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*))
S43	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*)
S42	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*))
S41	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*)
S40	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*))
S39	(MH "Elder Abuse")
S38	S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37
S37	TI (safeguard* or safe-guard* or safe guard*) OR AB (safeguard* or safe-guard* or safe guard*)
S36	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*))
S35	TI (neglect or self-neglect or self neglect) OR AB (neglect or self-neglect or self neglect)

#	Searches
S34	TI (modern* N3 slave*) OR AB (modern* N3 slave*)
S33	TI (domestic* N1 violen*) OR AB (domestic* N1 violen*)
S32	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*)
S31	(MH "Patient Abuse")
S30	(MH "Human Trafficking")
S29	(MH "Intimate Partner Violence")
S28	(MH "Domestic Violence")
S27	(MH "Neglect (Omaha)") OR (MH "Self Neglect")
S26	(MH "Rape")
S25	(MH "Sexual Abuse")
S24	(MH "Restraint, Physical")
S23	(MM "Violence")
S22	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 OR S19 OR S20 OR S21
S21	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*))
S20	TI ((long-term or long term) N2 (facility or facilities)) OR AB ((long-term or long term) N2 (facility or facilities))
S19	TI (residential N1 (care or facilit* or setting*)) OR AB (residential N1 (care or facilit* or setting*))
S18	TI ("frail elderly" N2 (facilit* or home or homes)) OR AB ("frail elderly" N2 (facilit* or home or homes))
S17	TI residential aged care OR AB residential aged care
S16	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*)
S15	TI ((nursing or residential) N1 (home* or facilit*)) OR AB ((nursing or residential) N1 (home* or facilit*))
S14	TI ((elderly or old age) N2 home*) OR AB ((elderly or old age) N2 home*)
S13	TI (care N1 home*) OR AB (care N1 home*)
S12	TI (nursing N1 home*) OR AB (nursing N1 home*)
S11	(MH "Housing for the Elderly")
S10	(MH "Residential Facilities")
S9	(MH "Nursing Homes+")
S8	(MH "Institutionalization")
S7	TI (respite* N1 care) OR AB (respite* N1 care)
S6	(MH "Respite Care")
S5	TI ((long term* or long-term*) N1 care) OR AB ((long term* or long-term*) N1 care)
S4	(MH "Long Term Care")
S3	S1 OR S2
S2	TI (guideline* or guidance* or framework* or standard* or tool* or threshold*)
S1	(MH "Practice Guidelines")

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

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

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

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

#	Searches
1	((long term$ or long-term$) adj care).mp.
2	(respite$ adj care).mp.
3	(nursing adj home$1).mp.
4	(care adj home$1).mp.
5	((elderly or old age) adj2 home$1).mp.

#	Searches
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 discriminat$ or depriv$) adj abus$).mp.
15	(neglect or self-neglect or self neglect).mp.
16	((domestic$ or partner$) adj violen$).mp.
17	(modern$ adj3 slave$).mp.
18	((significant$ or persistent$ or deliberat$ or inflict$ or unexplained or non-accident$ or nonaccident$ or non-natural$) adj (injur$ or trauma$)).mp.
19	(safeguard$ or safe-guard$ or safe guard$).mp.
20	14 or 15 or 16 or 17 or 18 or 19
21	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj (abus$ or mistreat$ or neglect$ or self-neglect$)).mp.
22	((elder$ or aged or old-age$ or older adult$ or old people$ or older people$ or geriatric$ or resident$) adj3 (abus$ or mistreat$ or neglect$ or self-neglect$)).tw.
23	((abuse$ or neglect$ or self-neglect$ or violen$ or safeguard$) adj5 (dementia$ or alzheimer$ or learning disab$ or learning impair$ or learning disorder$ or intellectual disab$ or intellectual impair$ or mentally-ill or mentally ill or mentally-disabl$ or mentally disabl$ or disabl$ adult$ or disabl$ people$ or disabl$ person$ or disabl$ population$)).mp.
24	(adult$ social$ care$ or adult$ protective$ service$ or elder$ protective$ service$).mp.
25	(adult$ adj3 (safeguard$ or safe-guard$ or safe guard$ or protection$)).mp.
26	((vulnerable$ adult$ or vulnerable people$ or incompetent$ or incapacitat$ or older adult$ or older people$) adj3 protect$).mp.
27	(family adj violence$).mp.
28	21 or 22 or 23 or 24 or 25 or 26 or 27
29	(elderly or old age or aged or older adult$ 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.
30	(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$).m_titl.
31	guideline$.mp.
32	(guidelines$ or guidance$ or framework$ or standard$).ti.
33	31 or 32
34	28 or (13 and 20) or (20 and 29) or (13 and 30)
35	33 and 34
36	limit 35 to yr="2008 -Current"
37	limit 36 to english language

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

Date of last search: 3rd December 2019

Economics Search

Database(s): Medline & Embase (Multifile)

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

Date of last search: 4th December 2019

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

#	Searches
1	*Long-Term Care/ use ppez
2	*long term care/ use emczd
3	((long term$ or long-term$) adj care).tw.
4	Respite Care/ use ppez
5	respite care/ use emczd
6	(respite$ adj care).tw.
7	institutional practice/ use ppez

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

#	Searches
	institution$ or respite$ or long term$ or long-term$ or nursing home$1 or care home$1 or home care$).m_titl.
66	(abuse$ or restrain$ or violen$ or rape or neglect$ or selfneglect$ or self-neglect$ or slave$ or safeguard$ or safe-guard$ or mistreat$ or protect$ or harm$).m_titl.
67	Economics/ use ppez
68	Value of life/ use ppez
69	exp "Costs and Cost Analysis"/ use ppez
70	exp Economics, Hospital/ use ppez
71	exp Economics, Medical/ use ppez
72	Economics, Nursing/ use ppez
73	Economics, Pharmaceutical/ use ppez
74	exp "Fees and Charges"/ use ppez
75	exp Budgets/ use ppez
76	health economics/ use emczd
77	exp economic evaluation/ use emczd
78	exp health care cost/ use emczd
79	exp fee/ use emczd
80	budget/ use emczd
81	funding/ use emczd
82	budget*.ti,ab.
83	cost*.ti.
84	(economic* or pharmaco?economic*).ti.
85	(price* or pricing*).ti,ab.
86	(cost* adj2 (effective* or utilit* or benefit* or minimi* or unit* or estimat* or variable*)).ab.
87	(financ* or fee or fees).ti,ab.
88	(value adj2 (money or monetary)).ti,ab.
89	or/67-88
90	26 and 54 and 89
91	64 and 89
92	54 and 65 and 89
93	26 and 66 and 92
94	90 or 91 or 92 or 93
95	limit 94 to yr="2014 -Current"
96	Quality-Adjusted Life Years/ use ppez
97	Sickness Impact Profile/
98	quality adjusted life year/ use emczd
99	"quality of life index"/ use emczd
100	(quality adjusted or quality adjusted life year*).tw.
101	(qaly* or qal or qald* or qale* or qtime* or qwb* or daly).tw.
102	(illness state* or health state*).tw.
103	(hui or hui2 or hui3).tw.
104	(multiattibute* or multi attribute*).tw.
105	(utilit* adj3 (score*1 or valu* or health* or cost* or measur* or disease* or mean or gain or gains or index*)).tw.
106	utilities.tw.
107	(eq-5d* or eq5d* or eq-5* or eq5* or euroqual* or euro qual* or euroqual 5d* or euro qual 5d* or euro qol* or euroqol*or euro quol* or euroquol* or euro quol5d* or euroquol5d* or eur qol* or eurqol* or eur qol5d* or eurqol5d* or eur?qul* or eur?qul5d* or euro* quality of life or european qol).tw.
108	(euro* adj3 (5 d* or 5d* or 5 dimension* or 5dimension* or 5 domain* or 5domain*)).tw.
109	(sf36 or sf 36 or sf thirty six or sf thirtysix).tw.
110	(time trade off*1 or time tradeoff*1 or tto or timetradeoff*1).tw.
111	Quality of Life/ and ((quality of life or qol) adj (score*1 or measure*1)).tw.
112	Quality of Life/ and ec.fs.
113	Quality of Life/ and (health adj3 status).tw.
114	(quality of life or qol).tw. and Cost-Benefit Analysis/ use ppez
115	(quality of life or qol).tw. and cost benefit analysis/ use emczd
116	((qol or hrqol or quality of life).tw. or *quality of life/) and ((qol or hrqol* or quality of life) adj2 (increas* or decreas* or improv* or declin* or reduc* or high* or low* or effect or effects or worse or score or scores or change*1 or impact*1 or impacted or deteriorat*)).ab.
117	Cost-Benefit Analysis/ use ppez and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
118	cost benefit analysis/ use emczd and cost-effectiveness ratio*.tw. and (cost-effectiveness ratio* and (perspective* or life expectanc*)).tw.
119	*quality of life/ and (quality of life or qol).ti.
120	quality of life/ and ((quality of life or qol) adj3 (improv* or chang*)).tw.
121	quality of life/ and health-related quality of life.tw.
122	Models, Economic/ use ppez
123	economic model/ use emczd
124	care-related quality of life.tw,kw.
125	((capability$ or capability-based$) adj (measure$ or index or instrument$)).tw,kw.

#	Searches
126	social care outcome$.tw,kw.
127	(social care and (utility or utilities)).tw,kw.
128	96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120 or 121 or 122 or 123 or 124 or 125 or 126 or 127
129	26 and 54 and 128
130	64 and 128
131	54 and 65 and 128
132	26 and 66 and 128
133	129 or 130 or 131 or 132
134	95 or 133

Database(s): CRD: NHS Economic Evaluation Database (NHS EED), HTA Database

Date of last search: 4th December 2019

Line	Search
1	MeSH DESCRIPTOR Long-Term Care EXPLODE ALL TREES
2	((((long term* or long-term*) NEAR1 care)))
3	MeSH DESCRIPTOR Respite care EXPLODE ALL TREES
4	((respite* NEAR1 care))
5	MeSH DESCRIPTOR institutional practice EXPLODE ALL TREES
6	MeSH DESCRIPTOR Nursing Homes EXPLODE ALL TREES
7	MeSH DESCRIPTOR Group Homes EXPLODE ALL TREES
8	MeSH DESCRIPTOR residential facilities EXPLODE ALL TREES
9	MeSH DESCRIPTOR homes for the aged EXPLODE ALL TREES
10	((nursing NEAR1 home*))
11	((care NEAR1 home*))
12	(((elderly or old age) NEAR2 home*))
13	((((nursing or residential) NEAR1 (home* or facilit*)))
14	((home* for the aged or home* for the elderly or home* for older adult*))
15	(residential aged care)
16	(("frail elderly" NEAR2 (facilit* or home or homes)))
17	((residential NEAR1 (care or facilit* or institution* or setting* or service* or provider*)))
18	(((long-term or long term) NEAR2 (facility or facilities)))
19	(((mental health or mental-health) NEAR1 (facilit* or institution* or setting* or service*)))
20	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19
21	MeSH DESCRIPTOR Physical Abuse EXPLODE ALL TREES
22	MeSH DESCRIPTOR Restraint, Physical EXPLODE ALL TREES
23	MeSH DESCRIPTOR Violence EXPLODE ALL TREES
24	MeSH DESCRIPTOR Sex Offenses EXPLODE ALL TREES
25	MeSH DESCRIPTOR Rape EXPLODE ALL TREES
26	MeSH DESCRIPTOR Domestic Violence EXPLODE ALL TREES
27	MeSH DESCRIPTOR Spouse Abuse EXPLODE ALL TREES
28	MeSH DESCRIPTOR Intimate Partner Violence EXPLODE ALL TREES
29	MeSH DESCRIPTOR Human Rights Abuses EXPLODE ALL TREES
30	(((physical* or emotional* or sexual* or psychological* or financial* or organisational* or organizational* or institutional* or discriminat* or depriv*) NEAR1 abus*))
31	((domestic* NEAR1 violen*))
32	((modern* NEAR3 slave*))
33	((neglect or self-neglect or self neglect))
34	(((significant* or persistent* or deliberat* or inflict* or unexplained or non-accident* or nonaccident* or non-natural*) NEAR1 (injur* or trauma*)))
35	((safeguard* or safe-guard* or safe guard*))
36	#21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35
37	MeSH DESCRIPTOR Elder Abuse EXPLODE ALL TREES
38	(((elder* or aged or old-age* or older adult* or old people* or older people* or geriatric* or resident*) NEAR3 (abus* or mistreat* or neglect* or self-neglect*)))
39	((adult* social* care* or adult* protective* service* or elder* protective* service*))
40	((adult* NEAR3 (safeguard* or safe-guard* or safe guard* or protection*)))
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

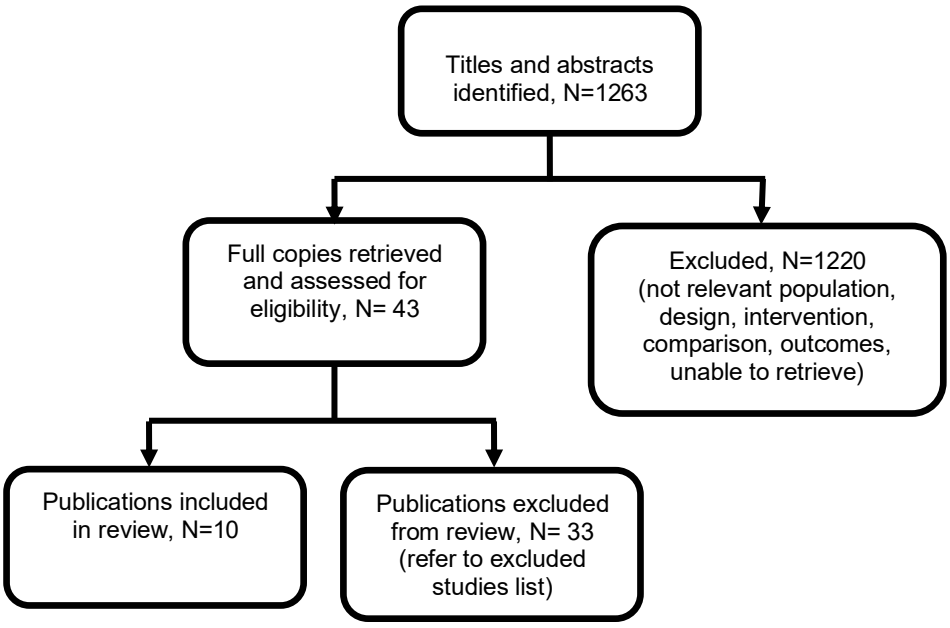
Line	Search
	institution* or respite* or long term* or long-term* or nursing home* or care home* or home care*)):TI
46	((abuse* or restrain* or violen* or rape or neglect* or selfneglect* or self-neglect* or slave* or safeguard* or safe-guard* or mistreat* or protect* or harm*)):TI
47	#20 AND #36
48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

1

Appendix C – Evidence study selection

Study selection for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

Figure 1: Study selection flow chart



Appendix D – Evidence tables

Evidence tables for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

Table 4: Evidence tables for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II

Full citation Local Government Association; Association of Directors of Adult Social Services, Making decisions on the duty to carry out Safeguarding Adults enquiries: suggested framework to support practice, reporting and recording, 31p., 2019
 	
Ref Id 1150966
 	
Country/ies where study carried out UK
 	
Study type Guidance
 	
Aim of the study To provide supporting information on decision making in relation to whether or not a reported safeguarding adults concern needs an enquiry under the Section 42 (S42) duty of Care Act, 2014.
 	
Study dates November 2018.
	This guidance is aimed in particular at local authorities but also more broadly, at sectors and organisations involved with referrals of safeguarding adults concerns.	**Data relating to recognition of safeguarding concerns and information gathering – broad principles**
		
		• Recognition about whether a situation meets the 3 statutory criteria under s42 of the Care Act to undertake an enquiry. That is, whether there is 'reasonable cause to suspect' that an adult:
		  • has needs for care and support
		  • is experiencing, or is at risk of abuse or neglect, and
		  • as a result of their needs is unable to protect themselves (pp. 18).
		
		• Information gathering (to ascertain whether the statutory criteria in s42(1) are met) must take place in order to decide whether activity within the duty to make enquiries under s42(2) is triggered and is consistent with the rights of the person (pp.18)
		• Consider the full breadth of parties that may need to be informed or consulted depending on the context including the local authority, appropriate voluntary organisations, the police, organisation commissioning care, the Office of the Public Guardian/DWP, helplines or internet support, GPs or other healthcare professionals, the CQC or other regulators
			Scope and purpose (43%)
			The overall objective of the guidance and the population for whom the guidance was aimed at were described in some detail. However, the health question was not explicitly stated.
			
			Stakeholder involvement (57%)
			The professionals involved in the development of the guidance were clearly described, and the views of the target population were sought to some extent. The target users were discussed, but details were limited.
			
			Rigour of development (5%)
			The guidance is based on the Care Act and statutory guidance and drew on various sources (including safeguarding workshops) and expert input. However the process of formulating statements and core principles was not described and benefits and harms of statements were not considered. The publication is described as providing a 'collective view' from a group including practitioners, an expert by experience and a lawyer. The group provided 'valuable input' and feedback on early drafts so it is not clear that this represents independent external review. There was no mention in the document of a procedure for updating the guidance.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II

Source of funding
 	
No sources of funding reported.
		(pp. 21).
		
		Data relating to recognition of safeguarding concerns – guiding principles to support a judgement to make a s42 enquiry
		
		• Identify the type of safeguarding concern:
		  ○ abuse (physical, discriminatory and organisational abuse)
		  ○ neglect (including acts of omission, self-neglect, self-harm and risk of suicide)
		  ○ exploitation (sexual, psychological, financial or material abuse, including modern day slavery, coercion or controlling behaviours) (pp.19).
		
		• Objectively assess observations, third party reports and other corroborative information gathered using practice tools (for example, power and control wheel/DASHRIC, clutter rating index) or eligibility thresholds for services (for example, social care outcomes or continuing healthcare decision support tool descriptors) to reduce the appearance of bias or subjectivity. In addition, use research findings to demonstrate why suspicions are reasonable (pp. 19).
		• Identify whether there are any observable patterns:
		  ○ take into account whether a concern affects children or any other adults at risk.
		  ○ consider whether there have been repeat allegations (pp. 19).
			Clarity of presentation (14%)
			Statements are generally clear but key statements are not easily identifiable. Underpinning data are provided in separate appendices and other supporting resources are available. The link between the evidence sources and the final guidance including any weighting of information is unclear.
			
			Applicability (11%)
			The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. There was some discussion on how the statements can be put into practice, but this was limited. The potential resource implications, and monitoring/auditing criteria were not discussed.
			
			Editorial independence (7%)
			The guidance does not include a detailed statement about funding or the interests of the committee.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		• Consider if the concern may constitute a criminal offence and if there is a current or past relationship of trust, commercial or contractual relationship, familial or intimate relationship between the adult and alleged perpetrator (pp. 19). **Data relating to procedures for reporting safeguarding concerns - who needs to be informed** •	
Full citation Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police 2019 **Ref Id** 1150967 **Country/ies where study carried out** UK (London) **Study type** Guidance. **Aim of the study**	The guidance is aimed at people and organisations working with adults at risk of abuse and neglect.	**Data relating to recognition of indicators of harm** • Potential causes for concern (as opposed to signs only of poor care): a series of medication errors, an increase in number of A&E visits, especially if the same injuries happen more than once, changes in the behaviour and demeanour, nutritionally inadequate food, signs of neglect (for example, dirty clothes), repeated missed visits by a Home Care Agency, an increase in the number of complaints received about the service, an increase in the use of agency or bank staff, a pattern of missed GP or dental appointments, an unusually high or unusually low number of safeguarding alerts (pp. 92). **Data relating to recognition of safeguarding concerns - information gathering** • Take steps to preserve any physical evidence if a crime may have been	**Scope and purpose (76%)** The overall objective of the guidance and the population for whom the guidance was aimed at were clearly defined. However, the health question was not clearly stated. **Stakeholder involvement (48%)** The professionals involved in the development of the guidance were clearly described, and the target users of the guideline were defined. The views and preferences of the target population were considered, but details were limited. **Rigour of development (0%)** Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described in detail, and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication (although the authors did state that the document had been reviewed from a legal perspective), and there was no mention of a procedure for updating

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
To improve safeguarding of adults at risk of abuse in London and encourage continued development of best practice. **Study dates** Not reported. **Source of funding** No sources of funding reported.		committed and preserve evidence through recording (pp. 63). • Do not interview the person, but establish the basic facts avoiding asking the same questions more than once (pp. 64). **Data relating to confidentiality of reporting safeguarding concerns** • Promises should not be made to the person at the centre of the concerns in relation to keeping confidential what they tell say; it should be explained to the person at the centre of the concerns who will be informed of the concerns and why. It should be explained that the person's wishes will be respected where possible, but that referrals and actions can be taken without their consent. The person at the centre of the concerns should be told what action will be taken (pp. 64). **Data relating to procedures for reporting safeguarding concerns** • Encourage and support the adult at the centre of the safeguarding concern to report the matter to the police if a crime is suspected and not an emergency situation (pp. 63). • The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk (pp. 63). • Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger (pp. 63).	the guidance. **Clarity of presentation (10%)** Statements are presented but are somewhat vague. The different options are not discussed and the key statements are not easily identifiable. **Applicability (0%)** The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. Detailed discussions on how the statements can be put into practice were not provided. The potential resource implications, and monitoring/auditing criteria were not discussed. **Editorial independence (7%)** The guidance does not include a detailed statement about funding or the interests of the committee.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
Full citation Association of Directors of Social Services, Safeguarding threshold guidance, 7p., 2011 **Ref Id** 1020333 **Country/ies where study carried out** England (North East) **Study type** Guidance. **Aim of the study** To provide a set standard for safeguarding adults at risk across the North East of England using a clear baseline. **Study dates** Not reported. **Source of funding** No sources of funding reported.	The guidance is aimed at professionals working with adults living in the North East of England who are at risk of harm.	**Data relating to recognition of indicators of harm - response** • Lower level harms could be addressed via internal processes (for example, disciplinary or care management) (pp. 4). • Significant or very significant harms should trigger a referral to safeguarding (pp. 4). • Critical harms should be addressed as a potential criminal matter (pp. 4). **Data relating to recognising indicators of physical harm** • Lower level physical harms - staff error causing no or little harm, minor events that still meet criteria for incident reporting, isolated service user on service user incident, single inexplicable very light marking (pp. 4). • Significant physical harms - inexplicable marking or lesions, cuts or grip marks on multiple occasions (pp. 4). • Very significant physical harms - inappropriate restraint, withholding of food/drink/aids to independence, inexplicable fractures, assault (pp. 4). • Critical physical harms - grievous bodily harm/assault with a weapon leading to permanent damage or death (pp. 4). **Data relating to recognising indicators of medication harm** • Lower level medication harms - user does not receive prescribed medication but with no harm (pp. 4). • Significant medication harms - recurring	**Scope and purpose (29%)** The overall objective of the guidance was described. However, the health question and population for whom the guideline was aimed at were not clearly described. **Stakeholder involvement (0%)** No information was provided on the professionals who were involved in the development of the guidance, and it is unclear whether there was any involvement by adults at risk. The target users for the guidance is alluded to but not explicitly stated. **Rigour of development (0%)** Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. There was no mention of a procedure for updating the guidance. **Clarity of presentation (38%)** statements are fairly vague, but the key statements are easily identifiable. The different options are not clearly presented. **Applicability (21%)** The guidance did not present a systematic discussion of facilitators and barriers to the guideline or advice for implementation. No information was provided on potential resource implications of applying statements, or on monitoring/auditing criteria. However, discussions were provided on how the statements can be put into practice. **Editorial independence (7%)** The guidance does not include a detailed statement about funding or the interests of the committee.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		missed medication affecting more than one user and/or cause some harm (pp. 4). • Very significant medication harms - deliberate maladministration of medication or covert administration when not medically authorised (pp. 4). • Critical medication harms - pattern of recurring errors or an incidence of very significant harm which results in ill-health or death (pp. 4). **Data relating to recognising indicators of sexual harm** • Lower level sexual harms - isolated incident of teasing or low-level unwanted sexualised attention (pp. 4). • Significant sexual harms - recurring sexualised touch or masturbation without consent, being subject to indecent exposure, sexualised behaviour which causes distress to person at risk (pp. 4). • Very significant sexual harms - attempted penetration of any means without consent, being forced to look at pornographic material without consent (pp. 4). • Critical sexual harms - sex in a relationship characterised by inequality (for example, staff and service user), rape, voyeurism (pp. 4). **Data relating to recognising indicators of psychological harm** • Lower level psychological harms - single incidents of rude/inappropriate verbal behaviour, withholding of information to disempower (pp. 4). • Significant psychological harms - denying	

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		choices or opinions, frequent verbal outbursts (pp. 4). • Very significant psychological harms - humiliation or emotional blackmail (pp. 4). • Critical psychological harms - denial of basic human rights, vicious personalised verbal attacks (pp. 4). **Data relating to recognising indicators of financial harm** • Lower level financial harms - money not recorded safely/properly, adult not routinely involved in decisions about how their money is spent (pp. 4). • Significant financial harms - adult's money kept in joint bank account with unclear arrangements/denied access (pp. 4). • Very significant financial harms - misuse of adult's property or possessions (pp. 4). • Critical financial harms - fraud or theft (pp. 4). **Data relating to recognising indicators of neglect** • Lower level neglect harms - isolated missed home visit, one meal/drink assistance missed with no harm (pp. 4). • Significant neglect harms - recurrent missed home visits, hospital discharge without adequate planning but no harm (pp. 4). • Very significant neglect harms - ongoing lack of care leading to harm (for example, pressure wounds) (pp. 4). • Critical neglect harms - failure to arrange access to life saving services or to intervene in dangerous situations (pp. 4).	

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		Data relating to recognising indicators of discriminatory harm • Lower level discriminatory harms - incidents of teasing motivated by prejudiced attitudes, isolated short term incident of care planning that does not address an adult's specific diversity associated need (pp. 4). • Significant discriminatory harms - inequitable access to services because diversity issue or recurring failure to meet specific support needs relating to diversity (pp. 4). • Very significant discriminatory harms - denial of civil liberties, humiliation or threats relating to diversity (pp. 4). • Critical discriminatory harms - hate crime resulting in injury or fear for life (pp. 4). **Data relating to recognising indicators of institutional harm** • Lower level institutional harms - lack of opportunities to engage in leisure and social activities, involvement in running of service, care planning not person centred (pp. 4). • Significant institutional harms - rigid routines, dignity being undermined (pp. 4). • Very significant institutional harms - bad practice not reported, unsafe/unhygienic living environments (pp. 4). • Critical institutional harms - misuse of position of power, over-medication/inappropriate restraint (pp. 4). **Data relating to recognising indicators of professional harm** • Lower level professional harms - service	

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		users living together are incompatible, outmoded care practice not causing significant harm, denying access to services like advocacy (pp. 4). • Significant professional harms - failure to whistle blow when appropriate, failure to refer disclosure of abuse (pp. 4). • Very significant professional harms - punitive response to challenging behaviours from service users, failure to support user access to care (pp. 4). • Critical professional harms - entering sexual relationship with a patient/client (pp. 4).	
Full citation Northern Ireland. Department of Health, Social Services, Public, Safety, Great Britain Northern Ireland Office, Adult abuse: recognising adult abuse and what to do about it!: guidance for staff, 17p., 2009 **Ref Id** 1006082 **Country/ies where study carried out** Northern Ireland. **Study type** Guidance. **Aim of the study** To provide advice to anyone employed or working in a voluntary capacity, permanently or occasionally, with vulnerable	The guidance is aimed at everyone employed or working in a voluntary capacity, permanently or occasionally, with vulnerable adults in any setting or context.	**Data relating to recognition of indicators of physical abuse** • Possible signs of physical abuse include fractures, bruising, burns, pain, marks, not wanting to be touched (pp. 5). **Data relating to recognition of indicators of psychological abuse** • Possible signs of psychological abuse include being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus (pp. 5). **Data relating to recognition of indicators of financial or material abuse** • Possible signs of financial or material abuse include having unusual difficulty with finances, not having enough money, being	**Scope and purpose (29%)** The overall objective of the guidance and the health question were not clearly defined. However, the authors did provide a description of the population for whom the guidance was aimed at (providing a definition for vulnerable adults). **Stakeholder involvement (14%)** The authors did not refer to the professionals involved in the development process and did not capture the views of the target population. The target users were defined, although the information was limited. **Rigour of development (0%)** No details were provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication, and there was no mention of a procedure for updating the guidance.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
adults in any setting or context on how to be alert to signs of abuse and what to do and not to do if abuse is suspected. **Study dates** Not reported. **Source of funding** No sources of funding reported.		too protective of money and things they own, not paying bills, not having normal home comforts (pp. 6). **Data relating to recognition of indicators of sexual abuse** • Possible signs of sexual abuse include physical symptoms including genital itching, or soreness of having a sexually transmitted disease, using bad language, not wanting to be touched, behaving in a sexually inappropriate way, changes in appearance (pp. 6). **Data relating to recognition of indicators of neglect** • Possible signs of neglect include having pain or discomfort, being very hungry, thirsty or untidy, failing health, changes in behaviour (pp. 7). **Data relating to recognition of indicators of discriminatory abuse** • Possible signs of discriminatory abuse include the person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish (pp. 7). **Data relating to procedures in reporting suspected abuse** • If abuse is suspected, ensure that no one is in immediate danger (pp. 10).	**Clarity of presentation (0%)** Statements are brief and not clearly explained or presented. **Applicability (0%)** The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. No discussions were provided on how the statements can be put into practice, the potential resource implications, or monitoring/auditing criteria. **Editorial independence (7%)** The guidance does not include a detailed statement about funding or the interests of the committee.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		• If abuse is suspected, the person at the centre of the concern should be aware that they will be kept involved at every stage, that they will be told the outcome and who will do this (pp. 10). **Data relating to recognition of abuse and information gathering** • If abuse is suspected, the person at the centre of the concern should not be pressed for more detail (pp. 11). • If abuse is suspected, personal investigations should not be attempted and the alleged abuser should not be contacted (pp. 11). • If abuse is suspected, medical and forensic evidence might be needed and the person at the centre of the concern should be encouraged not to wash or bathe because this could disturb evidence (pp. 11). **Data relating to confidentiality in reporting suspected abuse** • If abuse is suspected, it should be explained to the person at the centre of the concern that a line manager or designated officer must be informed, and this should be done immediately (pp. 11). • If abuse is suspected, promises to keep secrets or making promises that cannot be kept should not be made to the person at the centre of the concern (pp. 11).	
Full citation	The guidance is aimed at health and social care professionals working with	**Data relating to recognition of potential signs of abuse - principles**	**Scope and purpose (57%)** The overall objective of the guidance was defined and the population for whom the

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
Royal College of Nursing, Adult safeguarding: roles and competencies for healthcare staff, 44, 2018 **Ref Id** 1019760 **Country/ies where study carried out** UK **Study type** Guidance. **Aim of the study** To provide all health and social care professionals working in any healthcare setting with the competencies needed to support adult safeguarding. **Study dates** Not reported. **Source of funding** Supported by NHS England and NHS Wales.	individuals aged 18 years who may be at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves.	• Core competencies for all staff working in health settings include recognising potential indicators of adult abuse, harm and neglect (pp. 14). • Core competencies for all registered healthcare staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role): identify risks and contribute to risk assessments (pp. 18). **Data relating to reporting procedures** • Core competencies for all staff working in health settings include: an awareness of appropriate action including reporting and documenting concerns safely and seeking advice (pp. 14). • Core competencies for all registered healthcare staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role): able to present safeguarding concerns verbally and in writing for professional and legal purposes (pp.18).	guidance was aimed at was provided, although the detail provided was limited. The health question was clearly stated. **Stakeholder involvement (57%)** The authors referred to the professionals involved in the development of the guidance, and the target users were clearly defined. However, it was not clear whether the guidance sought the views and preferences of the target population. **Rigour of development (0%)** No details were provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. There was no mention of a procedure for updating the guidance. **Clarity of presentation (19%)** Statements are specific and concise, but key statements are not easily identifiable, and different options are not presented. **Applicability (18%)** The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. Limited discussions were provided on how the statements can be put into practice, and the potential resource implications of applying statements were considered to some extent. No information was provided on monitoring/auditing criteria. **Editorial independence (7%)** The guidance does not include a detailed statement about the role of the funding body or the interests of the committee.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
Full citation Skills for Care, what do I need to know about safeguarding adults? Key questions for workers in adult social care, 18, 2017 **Ref Id** 1005616 **Country/ies where study carried out** UK **Study type** Guidance. **Aim of the study** To provide information on safeguarding adults for adult social care managers and staff. **Study dates** Not reported. **Source of funding** No sources of funding reported.	The guidance is aimed at social care managers and staff working with adults who may be at risk of harm.	**Data relating to recognising indicators of physical abuse or neglect** • Possible indicators of abuse or neglect include: disclosure, seeming under the control of others, unexplained injuries (for example, loss of hair, bruises, bites, burn or scald marks), pressure ulcers, missing money or possessions, pain around genital/anal/breast areas, blood-stained underwear, pain and discomfort when walking or sitting, dirty clothing or bedding, taking the wrong dosage of medication or medication not given, anxiety, lack of confidence or low self-esteem, disturbed sleep, rigid routines, verbal abuse and disrespect, exclusion from activities/services, few or no personal belongings, avoiding eye contact/hesitant to talk to strangers or law enforcers, buying things they don't need or investing in things they don't understand (pp. 7). **Data relating to recognition of abuse or neglect and information gathering** • Write down carefully what a person at risk tells you, using their own words (pp. 11). • Evidence should be preserved where possible (for example, don't wash clothing or injuries) and if you suspect physical or sexual abuse is suspected, encourage the person at the centre of the concern not to wash until they have spoken to someone (pp. 11). • Make notes of any money or possessions and when and where they were last seen (pp. 11).	**Scope and purpose (57%)** The overall objective of the guidance was not clearly defined. However, clear descriptions of the health question and population for whom the guidance was aimed at were provided. **Stakeholder involvement (0%)** The authors did not refer to the professionals involved in the development process and did not capture the views of the target population. The target users were not clearly defined. **Rigour of development (0%)** Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication, and there was no mention of a procedure for updating the guidance. **Clarity of presentation (19%)** Statements are somewhat vague and the different options are not clearly presented. The key statements are not easily identifiable. **Applicability (0%)** The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. No discussions were provided on how the statements can be put into practice, the potential resource implications, or monitoring/auditing criteria. **Editorial independence (7%)** The guidance does not include a detailed statement about funding or the interests of the

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		• Ask the person at risk what they want done but tell the person at risk you have a responsibility to report concerns and tell them who will be informed of the concerns, why and when (pp. 11). **Data relating to reporting of abuse or neglect - contents** • Reporting should include name and details of person at risk, your name, contact details and where you work, nature of suspected abuse/neglect, what raised suspicions, dates/places/times you suspect abuse may have occurred, whether you feel there is an imminent danger to anyone, whether you feel a crime may have been committed (pp. 11).	committee.
Full citation Social Care Institute for Excellence, Adult safeguarding practice questions, 2018 **Ref Id** 1019757 **Country/ies where study carried out** UK **Study type** Guidance.	The guidance is aimed at frontline practitioners and managers working with adults who have care and support needs and who may be at risk of abuse or neglect.	**Data relating to recognition of potential warning signs of abuse** • Practitioners in any setting can help by providing information for adults with care and support needs (and their families) on what abuse looks like and how to recognise potential warning signs (pp. 5).	**Scope and purpose (81%)** The overall objective of the guidance was clearly defined and a clear description of the population for whom the guidance was aimed at was provided. The health question was not explicitly stated but can be inferred from the introduction. **Stakeholder involvement (86%)** The authors referred to the professionals involved in the development process, and the guidance was commented upon and strengthened by an advisory group which included people with care and support needs and carers. The target users were clearly defined. **Rigour of development (0%)** No details were provided on the methods used to develop the guidance. The process of

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
Aim of the study To provide guidance to frontline practitioners and managers who work with adults who have care and support needs and who may be at risk of abuse or neglect. **Study dates** Not reported. **Source of funding** No sources of funding reported.			formulating statements was not described and benefits and harms of statements were not considered. The guidance was commented upon by an advisory group including Department of Health officials and representatives of Making Safeguarding Personal, but no further details were provided. There was no mention of a procedure for updating the guidance. **Clarity of presentation (10%)** Statements are brief and not clearly explained or presented. **Applicability (0%)** The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. No discussions were provided on how the statements can be put into practice, the potential resource implications, or monitoring/auditing criteria. **Editorial independence (7%)** The guidance does not include a detailed statement about funding or the interests of the committee.
Full citation Social Care Institute for Excellence, Safeguarding adults: types and indicators of abuse, 6, 2015 **Ref Id** 941162 **Country/ies where study carried out**	**Population** The briefing is aimed at social workers, local authority staff and their partners, chairs and members of Safeguarding Adults Boards working with people with care and support needs, such as older people or people with disabilities, who are more likely to be abused or	**Data relating to recognising indicators of physical abuse** • Possible indicators of physical abuse include: no explanation for injuries or inconsistency with the account of what happened; injuries are inconsistent with the person's lifestyle; bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps; frequent injuries; unexplained falls; subdued or changed behaviour in the presence of a particular person; signs of	**Quality assessment with AGREE II** **Scope and purpose (5%)** The overall objective of the guidance and the health question were not clearly stated. Details on the population for whom the guidance was aimed at were limited. **Stakeholder involvement (0%)** The professionals involved in the development of the guidance and the target users of the guideline were not described. The views of the target population and other stakeholders were not considered.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
UK **Study type** Briefing/guidance. **Aim of the study** To provide details for people who come into contact with people with care and support needs to recognise possible indicators of abuse and identify abuse. **Study dates** Not reported. **Source of funding** No sources of funding reported.	neglected.	malnutrition (pp. 1). **Data relating to recognising indicators of sexual abuse** • Possible indicators of sexual abuse include: bruising, particularly to the thighs, buttocks and upper arms and marks on the neck; torn, stained or bloody underclothing; bleeding, pain or itching in the genital area; unusual difficulty in walking or sitting; foreign bodies in genital or rectal openings; infections, unexplained genital discharge, or sexually transmitted diseases; pregnancy in a woman who is unable to consent to sexual intercourse; the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude; incontinence not related to any medical diagnosis; self-harming; poor concentration, withdrawal, sleep disturbance; excessive fear/apprehension of, or withdrawal from, relationships; fear of receiving help with personal care; reluctance to be alone with a particular person (pp. 2). **Data relating to recognising indicators of psychological abuse** • Possible indicators of psychological abuse include: an air of silence when a particular person is present; withdrawal or change in the psychological state of the person; insomnia; low self-esteem; uncooperative and aggressive behaviour; a change of appetite, weight loss/gain; signs of distress: tearfulness, anger; apparent false claims, by someone involved with the person, to attract	**Rigour of development (0%)** Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described in detail, and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication and there was no mention of the guidance being updated. **Clarity of presentation (19%)** Statements are specific, but the key statements are not easily identifiable. The different options are not clearly presented. **Applicability (0%)** The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. There was no discussion on how the statements can be put into practice, and monitoring/auditing criteria were not discussed. **Editorial independence (7%)** The guidance does not include a detailed statement about funding or the interests of the committee.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		unnecessary treatment (pp. 3). **Data relating to recognising indicators of financial abuse** • Possible indicators of financial or material abuse include: missing personal possessions; unexplained lack of money or inability to maintain lifestyle; unexplained withdrawal of funds from accounts; power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity; the person allocated to manage financial affairs is evasive or uncooperative; the family or others show unusual interest in the assets of the person; a lack of clear financial accounts held by a care home or service (pp. 3). **Data relating to recognising indicators of discriminatory abuse** • Possible indicators of discriminatory abuse include: the person appears withdrawn and isolated; expressions of anger, frustration, fear or anxiety; the support on offer does not take account of the person's individual needs in terms of a protected characteristic (pp. 4). **Data relating to recognising indicators of institutional abuse** • Possible indicators of institutional abuse include: lack of flexibility and choice for people using the service; inadequate staffing levels; people being hungry or dehydrated; poor standards of care; lack of personal clothing and possessions and communal use of personal items; lack of adequate	

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		procedures; poor record-keeping and missing documents; absence of visitors; few social, recreational and educational activities; public discussion of personal matters; unnecessary exposure during bathing or using the toilet; absence of individual care plans; lack of management overview and support (pp. 5). **Data relating to recognising indicators of neglect/self-neglect** Possible indicators of neglect/self-neglect include: poor environment – dirty or unhygienic; poor physical condition and/or personal hygiene; pressure sores or ulcers; malnutrition or unexplained weight loss; untreated injuries and medical problems; , inability or unwillingness to take medication or treat illness or injury; inconsistent or reluctant contact with medical and social care organisations; accumulation of untaken medication; uncharacteristic failure to engage in social interaction; inappropriate or inadequate clothing; inability to avoid self-harm, inability or unwillingness to manage personal affairs, hoarding (pp. 5 to 6).	
Full citation Social Care, Wales, The social care manager: practice guidance for social care managers registered with Social Care Wales, 28, 2019 **Ref Id** 1163565 **Country/ies where study carried out** UK (Wales)	**Population** This guidance is aimed at social care managers registered with Social Care Wales, and employers.	**Data relating to procedures in reporting concerns** • Where harm or abuse may have taken place or where there is risk of harm, immediate action must be taken and relevant procedures followed. • Contribute to monitoring and evaluation of internal safeguarding procedures to ensure effectiveness and promote improvement (pp. 14). **Data relating to reporting concerns – contents of reporting** • Records and reports must be accurate, detailed, objective, timed, dated and signed,	**Quality assessment with AGREE II** **Scope and purpose (76%)** The overall objective of the guidance and the population for whom the guidance was aimed at were clearly defined. However, the health question was not clearly stated. **Stakeholder involvement (22%)** The professionals involved in the development of the guidance were not described, but the target users of the guideline were defined. The views of the target population and other stakeholders were considered, but details were limited.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
Study type Guidance. **Aim of the study** To provide details on the role of social care managers in the provision of high quality care and support services, and what individuals, families and the public can expect from social care managers. **Study dates** Not reported. **Source of funding** Sponsored by the Welsh Government.		and comply with relevant procedures and legal requirements (pp. 12).	**Rigour of development (0%)** Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described in detail, and benefits and harms of statements were not considered. It was unclear whether the guidance had been externally reviewed by experts prior to its publication (although the authors did state that the document had been reviewed from a legal perspective). Although there was mention of the guidance being updated from time to time, no details were provided. **Clarity of presentation (19%)** Statements are specific, but the key statements are not easily identifiable. The different options are not clearly presented. **Applicability (11%)** The guidance did not present a systematic discussion of facilitators and barriers to the guidance or advice for implementation. There was some discussion on how the statements can be put into practice, but this was limited. The potential resource implications, and monitoring/auditing criteria were not discussed. **Editorial independence (7%)** The guidance does not include a detailed statement about funding or the interests of the committee.
Full citation Volunteer Now, Safeguarding	The guidance is aimed at voluntary, community and independent organisations	**Data relating to recognising indicators of psychological abuse**	**Scope and purpose (29%)** The overall objective of the guidance was clearly described. However, details on the

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
vulnerable adults: a shared responsibility - standards and guidance for good practice in safeguarding vulnerable adults, 2010 **Ref Id** 1007425 **Country/ies where study carried out** Northern Ireland **Study type** Guidance. **Aim of the study** To provide standards and guidance for organisations working with vulnerable adults in voluntary, community and independent sectors. **Study dates** April 2009. **Source of funding** Department of Health, Social Services and Public Safety (DHSSPS).	working with vulnerable adults (aged 18 years and over) at risk of harm.	• Possible signs of psychological abuse include being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus (pp. 3). **Data relating to recognising indicators of financial abuse** • Possible signs of financial abuse include having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills, not having normal home comforts (pp. 3). **Data relating to recognising indicators of sexual abuse** • Possible signs of sexual abuse include physical symptoms including genital itching, or soreness of having a sexually transmitted disease, using bad language, not wanting to be touched, behaving in a sexually inappropriate way, changes in appearance (pp. 4). **Data relating to recognising indicators of neglect** • Possible signs of neglect include having pain or discomfort, being very hungry, thirsty or untidy, failing health, changes in behaviour (pp .4). **Data relating to recognising indicators of discriminatory abuse**	health question and population for whom the guidance was aimed at was limited. **Stakeholder involvement (62%)** Detailed descriptions of the professionals who were involved in the development of the guidance and the target users of the guidance were provided. However, it was unclear whether there was any involvement by adults at risk in the guidance process. **Rigour of development (0%)** Details were not provided on the methods used to develop the guidance. The process of formulating statements was not described and benefits and harms of statements were not considered. There was no mention of a procedure for updating the guidance. **Clarity of presentation (19%)** Statements are specific, but the key statements are not easily identifiable. The different options are not clearly presented. **Applicability (25%)** The guidance did not present a detailed systematic discussion of facilitators and barriers to the guidance or advice for implementation. Details were not provided on potential resource implications of applying statements, or on monitoring/auditing criteria, although this was limited. However, there was some discussion on how the statements can be put into practice. **Editorial independence (7%)** The guidance does not include a detailed statement about the role of the funding body or the interests of the committee.

Study details	Population	Summary of data from existing health and social care guidance	Quality assessment with AGREE II
		• Possible signs of discriminatory abuse include the person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish (pp. 4). **Data relating to recognising indicators of institutional abuse** • Possible signs of institutional abuse include the person not having personal clothing or possessions, there being no care plan, they are often admitted to hospital, there are instances of staff having treated them badly or in a way that causes harm, poor staff morale, high staff turnover, lack of clear lines of accountability and consistency of management (pp. 4). **Data relating to recognising indicators of physical abuse** • Possible signs of physical abuse include fractures, bruising, burns, pain, marks, not wanting to be touched (pp. 3).	

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Appendix E – Forest plots

Forest plots for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

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

Appendix F – Summary tables showing data from existing health and social care guidance with AGREE-II quality ratings

Summary of data tables for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

Table 5: Summary of data table: Theme C1. Awareness

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=1 • Social Care Institute for Excellence, 2018	Practitioners in any setting can help by providing information for adults with care and support needs – and their families – on what abuse looks like and how to recognise potential warning signs.	LOW 33% (33)

Table 6: Summary of data table: Theme C2. Indicators of abuse

Guidance information	Summary of data	AGREE-II overall rating (median and range)
Sub-theme C2.1: Physical		
N=6 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of	Indicators of lower level physical harms include staff error causing no or little harm, minor events that still meet criteria for incident reporting, isolated service user on service user incident, single inexplicable very light marking. Indicators of significant physical harms include inexplicable marking or lesions, cuts or grip marks on multiple occasions.	LOW 17% (0-50)

Guidance information	Summary of data	AGREE-II overall rating (median and range)
Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • SCIE 2015 • Volunteer Now, 2010	Indicators of very significant physical harms include inappropriate restraint, withholding of food/drink/aids to independence, inexplicable fractures, assault. Indicators of critical physical harms include grievous bodily harm/assault with a weapon leading to permanent damage or death. Other possible general indicators of physical harm include bruising, burns, cuts, welts, burns and/or marks on the body, the person at risk not wanting to be touched, loss of hair, no explanation for injuries or inconsistency with the account of what happened, injuries are inconsistent with the person's lifestyle, frequent injuries, unexplained falls, subdued or changed behaviour in the presence of a particular person, signs of malnutrition.	
Sub-theme C2.2: Medication		
N=3 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Skills for Care, 2017	Indicators of lower level medication harms include person at risk does not receive prescribed medication but with no harm. Indicators of significant medication harms include recurring missed medication affecting more than one user and/or causing some harm. Indicators of very significant medication harms include deliberate maladministration of medication or covert administration when not medically authorised. Indicators of critical medication harms include a pattern of recurring errors or an incidence of very significant harm which results in ill-health or death.	LOW 17% (17-33)
Sub-theme C2.3: Sexual		
N=6 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London,	Indicators of lower level sexual harms include isolated incidents of teasing or low-level unwanted sexualised attention. Indicators of significant sexual harms include recurring sexualised touch or masturbation without consent, being subject to indecent exposure, sexualised behaviour which causes distress to person at risk.	LOW 17% (0-50)

Guidance information	Summary of data	AGREE-II overall rating (median and range)
Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015	Indicators of very significant sexual harms include attempted penetration of any means without consent, being forced to look at pornographic material without consent. Indicators of critical sexual harms include sex in a relationship characterised by inequality (for example, staff and service user), rape, voyeurism. Other possible general indicators of sexual harm include genital bleeding, pain or itching, having infections or unexplained genital discharge or sexually transmitted diseases, using bad language, not wanting to be touched, behaving in a sexually inappropriate way and changes in appearance, bruising (particularly to the thighs, buttocks and upper arms and marks on the neck), torn, stained or bloody underclothing, unusual difficulty in walking or sitting, foreign bodies in genital or rectal openings, pregnancy in a woman who is unable to consent to sexual intercourse, incontinence not related to any medical diagnosis, self-harming, poor concentration, withdrawal, sleep disturbance, excessive fear/apprehension of or withdrawal from, relationships, fear of receiving help with personal care, reluctance to be alone with a particular person.	
Sub-theme C2.4: Psychological		
N=6 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010	Indicators of lower level psychological harms include single incidents of rude/inappropriate verbal behaviour, withholding of information to disempower. Indicators of significant psychological harms include denying choices or opinions, frequent verbal outbursts. Indicators of very significant psychological harms include humiliation or emotional blackmail. Indicators of critical psychological harms include denial of basic human rights, vicious personalised verbal attacks. Other possible general indicators of psychological harm include people being withdrawn or too eager to do anything they are asked or change in the psychological state of a person, showing compulsive behaviour, not being able to do things they used to do, not being able to concentrate or focus, an air of silence when a particular person is present, insomnia, low self-esteem, uncooperative and aggressive behaviour, a	LOW 17% (0-50)

Guidance information	Summary of data	AGREE-II overall rating (median and range)
• SCIE, 2015	change of appetite, weight loss/gain, signs of distress, tearfulness, anger, apparent false claims by someone involved with the person to attract unnecessary treatment.	
Sub-theme C2.5: Financial		
N=6 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015	Indicators of lower level financial harms include money not being recorded safely/properly; adult not routinely involved in decisions about how their money is spent. Indicators of significant financial harms include adult's money kept in joint bank account with unclear arrangements/denied access. Indicators of very significant financial harms include misuse of adult's property or possessions. Indicators of critical financial harms include fraud or theft. Other possible general indicators of financial harm include a person having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills and not having normal home comforts, buying things they don't need or investing in things they don't understand, having few or no personal belongings, missing personal possessions, unexplained withdrawal of funds from accounts, power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity, the person allocated to manage financial affairs is evasive or uncooperative, the family or others show unusual interest in the assets of the person, a lack of clear financial accounts held by a care home or service.	LOW 17% (0-50)
Sub-theme C2.6: Neglect (including self-neglect)		
N=6 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019	Indicators of lower level neglect include isolated missed home visit, one meal/drink assistance missed with no harm. Indicators of significant neglect include recurrent missed home visits, hospital discharge without adequate planning but no harm.	LOW 17% (0-50)

Guidance information	Summary of data	AGREE-II overall rating (median and range)
• Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015	Indicators of very significant neglect include ongoing lack of care leading to harm (for example, pressure wounds). Indicators of critical neglect include a failure to arrange access to life saving services or to intervene in dangerous situations. Other possible general indicators of neglect/self-neglect include dirty or inappropriate or inadequate clothes, being very hungry/thirsty (or malnutrition or unexplained weight loss), untidy, poor environment – dirty or unhygienic, poor physical condition and/or personal hygiene, pressure sores or ulcers, untreated injuries and medical problems, inability or unwillingness to take medication or treat illness or injury, inconsistent or reluctant contact with medical and social care organisations, accumulation of untaken medication, uncharacteristic failure to engage in social interaction, inability to avoid self-harm, inability or unwillingness to manage personal affairs, hoarding.	
Sub-theme C2.7: Discrimination		
N=5 • Association of Directors of Adult Social Services-North East, 2011 • Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015	Indicators of lower level discrimination include incidents of teasing motivated by prejudiced attitudes; isolated short term incident of care planning that does not address an adult's specific diversity associated need. Indicators of significant discrimination include inequitable access to services because diversity issue or recurring failure to meet specific support needs relating to diversity. Indicators of very significant discrimination include denial of civil liberties, humiliation or threats relating to diversity. Indicators of critical discrimination include hate crime resulting in injury or fear for life. Other possible general indicators of discrimination include a person being made to dress differently from how they wish, the person appears withdrawn and isolated, expressions of anger or frustration or fear or anxiety, the support on offer does not take account of the person's individual needs in terms of a protected characteristic.	LOW 17% (0-50)

Guidance information	Summary of data	AGREE-II overall rating (median and range)
Sub-theme C2.8: Institutional		
N=5 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Association of Directors of Adult Social Services-North East, 2011 • Skills for Care, 2017 • Volunteer Now, 2010 • SCIE, 2015	Indicators of lower level institutional harms include a lack of opportunities to engage in leisure and social activities, involvement in running of service, care planning not person centred. Indicators of significant institutional harms include rigid routines, dignity being undermined. Indicators of very significant institutional harms include bad practice not reported, unsafe/unhygienic living environments. Indicators of critical institutional harms include misuse of position of power, over-medication/inappropriate restraint. Other possible general indicators of institutional harm include person not having personal clothing or possessions and communal use of personal items, the person is often admitted to hospital, there are instances of staff having treated them badly or in a way that causes harm, poor staff morale, high staff turnover or inadequate staffing levels, lack of clear lines of accountability and consistency of management, lack of flexibility and choice for people using the service, people being hungry or dehydrated, poor standards of care, lack of adequate procedures, poor record-keeping and missing documents, absence of visitors, few social or recreational and educational activities, public discussion of personal matters, unnecessary exposure during bathing or using the toilet, absence of individual care plans.	LOW 17% (0-50)
Sub-theme C2.9: Professional		
N=1 • Association of Directors of Adult Social Services-North East, 2011	Indicators of lower level professional harms include the groups of service users living together are incompatible, outmoded care practices not causing significant harm, denying access to services like advocacy. Indicators of significant professional harms include failure to whistle blow when appropriate, failure to refer disclosure of abuse.	LOW 17% (17)

Guidance information	Summary of data	AGREE-II overall rating (median and range)
	Indicators of very significant professional harms include punitive response to challenging behaviours from service users, failure to support user access to care. Indicators of critical professional harms include entering sexual relationship with a patient/client.	
Sub-theme C2.10: Thresholds		
N=1 • Association of Directors of Adult Social Services-North East, 2011	Indicators of lower level harms could be addressed via internal processes (for example, disciplinary or care management). Indicators of significant or very significant harms should trigger a referral to safeguarding. Indicators of critical harms should be addressed as a potential criminal matter.	LOW 17% (17)

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2 **Table 7: Summary of data table: Theme C3. Information Gathering**

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=4 • Association of Directors of Adult Social Services, Local Government Association, 2019 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019	Do not interview a person, attempt to contact the alleged abuser or investigate the situation yourself but establish the basic facts while avoiding asking the same questions more than once. Take steps (for example encourage the person not to wash or bathe because this could disturb evidence) to preserve any physical evidence if a crime may have been committed and preserve evidence through recording. Write down carefully what a person at risk tells you, using their own words. Ask the person at risk what they want you to do but tell them that you have a responsibility to report your concerns and tell them who you will tell, why and when.	LOW 25% (0-50)

Guidance information	Summary of data	AGREE-II overall rating (median and range)
• Department of Health, Social Services and Public Safety, 2009 • Skills for Care, 2017	From the information gathered, ascertain whether the statutory criteria in S42 (1) are met (need for care and support, experiencing or at risk of abuse or neglect and as a result of their needs is unable to protect themselves) to decide whether activity within the duty to make enquiries under S42 (2) is triggered and is consistent with the rights of the person. Consider the full breadth of parties that may need to be informed or consulted depending on the context including the local authority, appropriate voluntary organisations, the police, organisation commissioning care, the Office of the Public Guardian/DWP, helplines or internet support, GPs or other healthcare professionals, the CQC or other regulators.	

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2 **Table 8: Summary of data table: Theme C4. Principles of recognition**

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=2 • Association of Directors of Adult Social Services, Local Government Association, 2019 • Royal College of Nursing, 2018	Recognition should identify the type of safeguarding concern (abuse, neglect or exploitation) and take into account whether a concern affects children or any other adults at risk, if there have been repeat allegations, if there is a possibility of a criminal offence and if there is a current or past relationship of trust. Objectively assess observations, third party reports and other corroborative information gathered, using practice tools (for example, power and control/wheel, DASHRIC [stalking and honour based violence risk checklist], clutter rating index) or eligibility thresholds for services (for example, social care outcomes or continuing healthcare decision support tool descriptors) to reduce the appearance of bias or subjectivity. In addition, use research findings to demonstrate why suspicions are reasonable. After a risk is recognised and preliminary information is gathered, decide whether the statutory criteria in S42(1) are met and whether activity within the duty to make enquiries under S42(2) is triggered and is consistent with the rights of the person.	MODERATE 41.5% (33-50)

Table 9: Summary of data table: Theme C5. Confidentiality

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=2 • Department of Health, Social Services and Public Safety, 2009 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019	If you suspect abuse you should explain that you must tell your line manager or designated officer and then inform them immediately. If you suspect abuse you should not promise to keep secrets or make promises you cannot keep.	LOW 16.5% (0-33)

Table 10: Summary of data table: Theme C6. Contents of report

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=2 • Skills for Care, 2017 • Social Care Wales, 2019	Reporting should include the name and details of person at risk, your name, contact details and where you work, nature of suspected abuse/neglect, what raised suspicions, dates/places/times you suspect abuse may have occurred, whether you feel there is an imminent danger to anyone, whether you feel a crime may have been committed. Records and reports must be accurate, detailed, objective, timed, dated and signed, and comply with relevant procedures and legal requirements.	LOW 17% (17-33)

Table 11: Summary of data table: Theme C7. Reporting procedure

Guidance information	Summary of data	AGREE-II overall rating (median and range)
N=4 • Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019 • Department of Health, Social Services and Public Safety, 2009 • Royal College of Nursing, 2018 • Social Care Wales, 2019	Where harm or abuse may have taken place or where there is risk of harm, immediate action must be taken and relevant procedures followed. If you suspect abuse you should ensure no one is in immediate danger. Encourage and support the person at risk to report the matter to police if a crime is suspected and not an emergency situation. Contribute to monitoring and evaluation of internal safeguarding procedures to ensure effectiveness and promote improvement.	33% (0-50)

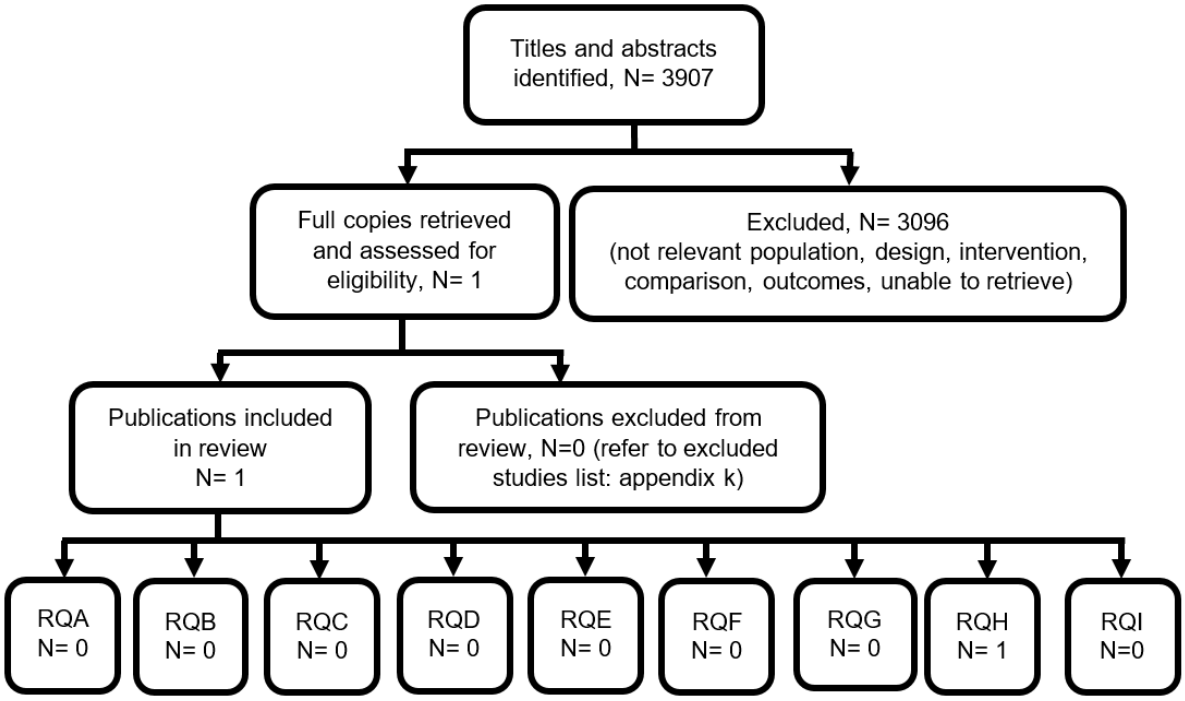
ADASS: Association of Directors of Adult Social Services; CQC: Care Quality Commission; DHSS: Department of Health, Social Services and Public Safety; DWP: Department for Work and Pensions; GP: General Practitioner; LGA: Local Government Association; Met: Metropolitan; NHS: National Health Service; RCN: Royal College of Nursing; SCIE: Social Care Institute for Excellence

Appendix G – Economic evidence study selection

Economic evidence study selection for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

A global economic literature search was undertaken for safeguarding adults in care homes. This covered all 16 review questions, which were reported in 9 evidence reports in this guideline. As shown in Figure 4 below, no economic evidence was identified which was applicable to this evidence review.

Figure 2: Economic study selection flowchart



Appendix H – Economic evidence tables

Economic evidence tables for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

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

Appendix I – Economic evidence profiles

Economic evidence profiles for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

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

Appendix J – Economic analysis

Economic evidence analysis for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

No economic analysis was conducted for this review question.

1 Appendix K – Excluded studies

2 Excluded studies for review question C: What tools and ways of working support 3 effective or accurate recognition and reporting of safeguarding concerns in 4 care homes?

5 **Table 12: Excluded studies and reasons for their exclusion**

Study	Reason for exclusion
Abrams, R. C., Reid, M. C., Lien, C., Pavlou, M., Rosen, A., Needell, N., Eimicke, J., Teresi, J., The Abrams geriatric self-neglect scale: introduction, validation and psychometric properties, International Journal of Geriatric Psychiatry, 33, e73-e84, 2018	Not guidance (validation of a self-neglect scale); not in the context of care homes/congregate settings (community-dwelling older people).
Almeida, I., Bauto, R. V., Gama, A. R., Ramalho, A., Costa, J., Fernandes, M. B., Guarda, R., Quintas, J., Saavedra, R., Assessment guideline for elder domestic violence (AGED), Annals of Medicine, 51 (Supplement 1), S189-S190, 2019	Study design does not meet eligibility criteria - conference abstract.
Association of Directors of Adult Social, Services, Out-of-area safeguarding adults arrangements: guidance for inter-authority safeguarding adults enquiry and protection arrangements, 22, 2016	Guidance relating to responding to safeguarding concerns, but local level advice (that is, not published for national or regional implementation).
Association of Directors of Adult Social, Services, Local Government, Association, Making Safeguarding Personal: for Safeguarding Adults Boards, 30, 2017	Resource to support Safeguarding Adults Boards and partners in developing and promoting Making safeguarding Personal; no relevant outcomes in relation to recognition or reporting of safeguarding concerns.
Association of Directors of Social, Services, Safeguarding adults: a national framework of standards for good practice in adult protection work, 60p., 2005	National framework comprising best practice examples for safeguarding adults; published pre-2008.
Association of Directors of Social, Services, ADSS position statement: safeguarding adults, 4p., 2007	Not guidance - position statement on safeguarding adults, discusses legislation and serious case review guidance; published pre-2008.
Barnett, D., The straightforward guide to safeguarding adults: from getting the basics right to applying the Care Act and criminal investigations, 312, 2019	Study design does not meet protocol eligibility criteria – book.
Care Quality, Commission, Relationships and sexuality in adult social care services: guidance for CQC inspection staff and registered adult social care providers, 13, 2019	Guidance on sexuality and relationships, not recognition and reporting of safeguarding concerns; no relevant outcomes.
Care Services Improvement Partnership Valuing People Support Team, Safeguarding adults with learning disabilities: information for partnership boards, 37p., 2007	Not guidance (information pack discussing approaches to safeguarding adults with learning disabilities); published pre-2008.
Care Services Improvement Partnership Valuing People Support Team, Safeguarding adults with learning disabilities: keeping people safe: easy read summary, 12p., 2007	Not guidance (easy read summary on safeguarding adults with learning disabilities); published pre-2008.

Study	Reason for exclusion
Commission for Social Care, Inspection, Association of Directors of Adult Social, Services, Association of Chief Police, Officers, Safeguarding adults protocol and guidance, 24p., 2007	Protocol describing roles and process for safeguarding adults; published pre-2008.
Daly, J. M., Butcher, H. K., Evidence-Based Practice Guideline: Elder Abuse Prevention, Journal of gerontological nursing, 44, 21-30, 2018	Study outcomes do not meet protocol eligibility criteria - no relevant outcomes reported.
Dauenhauer, J., Heffernan, K., Caccamise, P. L., Granata, A., Calamia, L., Siebert-Konopko, T., Mason, A., Preliminary Outcomes from a Community-Based Elder Abuse Risk and Evaluation Tool, Journal of Applied Gerontology, 38, 1445-1471, 2019	Study population and outcomes do not meet protocol eligibility criteria - community-dwelling population; frequency data and reduction in risk of abuse level.
Gahan, L., Gaffy, E., Dow, B., Brijnath, B., Advancing methodologies to increase end-user engagement with complex interventions: The case of co-designing the Australian elder abuse screening instrument (AuSI), Journal of Elder Abuse & NeglectJ Elder Abuse Negl, 31, 325-339, 2019	Study does not meet protocol eligibility criteria - research to develop a screening tool.
Galpin, D,, Morrison, L., National competence framework for safeguarding adults, 51p., bibliog., 2010	National competence framework for safeguarding adults, including examples of serious case reviews; no relevant outcomes in relation to recognition and reporting of safeguarding concerns.
Great Britain Crown Prosecution Service, Guidance on prosecuting crimes against older people, 40p., 2008	Guidance on prosecuting crimes against older people; no relevant outcomes relating to recognition and reporting of safeguarding concerns.
Great Britain Department of Health, Care and support statutory guidance: issued under the Care Act 2014, 506, 2014	Statutory guidance, cannot be assessed using AGREE II.
Great Britain Department of Health, Safeguarding adults: the role of health service practitioners, 62p., 2011	Guidance on the role of health service practitioners in safeguarding adults across different settings, including multi-agency procedures; no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Great Britain Department of Health, Safeguarding adults: the role of health service managers and their boards, 32p., 2011	Guidance on safeguarding adults in the NHS in terms of local implementation; no relevant outcomes in relation to recognition and reporting of safeguarding concerns.
Great Britain Department of Health, Safeguarding adults: the role of NHS commissioners, 35p., 2011	Guidance on safeguarding adults in the NHS in terms of local implementation; no relevant outcomes in relation to recognition and reporting of safeguarding concerns.
Local Government Association, Association of Directors of Adult Social Services, Making decisions on the duty to carry out Safeguarding Adults enquiries: suggested framework to support practice, reporting and recording, 31, 2019	Duplicate to study already included.
Local Government, Association, Guidance for	Guidance based on sections of statutory

Study	Reason for exclusion
providers on developing internal audit adult safeguarding policies and procedures, 12, 2014	guidance to local authorities, providing statements of requirement (not regional/national); no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Local Government, Association; Association of Directors of Social, Services, Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services, 21p., 2013	Advice and guidance on recent changes in safeguarding adults documentation, and what has been learned - local level advice (that is, not regional/national).
Romeo, Lyn, Safeguarding Adults Protocol: pressure ulcers and the interface with a Safeguarding Enquiry, 28, 2018	Guidance for prevention of pressure ulcers as a result of neglect and discussion on safeguarding concern assessment guidance, but no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Royal College of General, Practitioners, Safeguarding Adults at Risk of Harm Toolkit, 2017	Toolkit for GPs on safeguarding adults in general practice; not in the context of care homes/congregate care settings.
Scotland Scottish Government, Working with children and adults who may be at risk of self-harm: practice guidance on information sharing, protection and confidentiality, 12p., 2012	Guidance on information sharing, protection and confidentiality; not recognition and reporting of safeguarding concerns.
Scottish Independent Advocacy, Alliance, Elder abuse advocacy guidelines: a companion to the code of practice for independent advocacy, 30p., 2008	Roles and responsibilities of advocates for older people experiencing abuse; no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Skills For, Care, A guide to adult safeguarding for social care service providers, 16, 2018	Guide to adult safeguarding in general and local level advice (that is, not regional/national); no relevant outcomes in relation to recognising and reporting safeguarding concerns.
Social Care Institute For, Excellence, Adult safeguarding: sharing information, 2015	Guide on information sharing to prevent abuse and neglect/joint working - local level advice (that is, not regional/national); no relevant outcomes in relation to recognition and reporting safeguarding concerns.
Social Care Institute For, Excellence, Safeguarding adults: sharing information, 32, 2019	Guide on information sharing to prevent abuse and neglect/joint working - local level advice (that is, not regional/national); no relevant outcomes in relation to recognition and reporting safeguarding concerns.
Social Care Institute For, Excellence, Gorczynska, T., Thompson D., Practice guidance on the involvement of Independent Mental Capacity Advocates (IMCAs) in safeguarding adults, 2009	Guidance on the role and responsibilities of IMCAs; no relevant outcomes in relation to not support and recognition of safeguarding concerns.
Social Care Institute For, Excellence, Pan London Adult Safeguarding Editorial, Board, Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse, 105p., 2011	SCIE (2011) replaced by Stanforth (2015) – updated version replacing Stanforth (2015) has been included – see ADASS (2019).
Stanforth, L., London multi-agency adult safeguarding policy and procedures, 140, 2015	Updated version replacing Stanforth (2015) has been included - see ADASS (2019).

1 Economic studies

2 No economic evidence was identified for this review.

3

Appendix L – Research recommendations

Research recommendations for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

No research recommendations were made for this review question.

Appendix M – AGREE II quality assessment

AGREE II table for review question C: What tools and ways of working support effective or accurate recognition and reporting of safeguarding concerns in care homes?

Table 13: AGREE II quality assessment of included guidelines

	Domains						
Guidance Reference	Scope and purpose, %	Stakeholder involvement, %	Rigour of development, %	Clarity of presentation, %	Applicability, %	Editorial independence, %	Overall score
Association of Directors of Adult Social Services, Local Government Association, 2019	43%	57%	5%	14%	11%	7%	50%
Association of Directors of Adult Social Services, Social Care Institute for Excellence, National Health Service London, Metropolitan Police, 2019	76%	48%	0%	10%	0%	7%	33%
Association of Directors of Adult Social Services-North East, 2011	29%	0%	0%	38%	21%	7%	17%
Department of Health, Social Services and Public Safety, 2009	29%	14%	0%	0%	0%	7%	0%
Royal College of Nursing, 2018	57%	57%	0%	19%	18%	7%	33%
Social Care Institute for Excellence, 2018	81%	86%	0%	10%	0%	7%	33%
Skills for Care, 2017	57%	0%	0%	19%	0%	7%	17%
Social Care Wales, 2019	76%	29%	0%	19%	11%	7%	33%
Volunteer Now, 2010	29%	62%	0%	19%	25%	7%	50%
Social Care Institute for Excellence, 2015	5%	0%	0%	19%	0%	7%	0%