



An Roinn Sláinte
Department of Health

Department of Health

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

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Disclaimer

This work does not represent the opinions of the Minister for Health, the Department of Health, or Mazars, and any errors or omissions are the responsibility of the authors.

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Table of Acronyms

Term	Explanation
AACODS	Authority Accuracy Coverage Objectivity Date Significance
ABE	Achieving Best Evidence
ADASS	Association of Directors of Adult Social Services
ALRC	Australian Law Reform Commission
ASC	Adult Safeguarding Champions
ASSIA	Applied Social Sciences Index and Abstracts
ASU	Adult Safeguarding Unit
AXIS	Appraisal Tool for Cross-Sectional Studies
BC	British Columbia
BPFI	Banking and Payments Federation of Ireland
BSO	Business Services Organisation
CADTH	Canadian Agency for Drugs and Technologies in Health
CASP	Critical Appraisal Skills Programme
CHO	Community Healthcare Organisation
CIW	Care Inspectorate Wales
CLDT	Community Learning (Intellectual) Disability Teams
CLSC	Local Community Service Centres/Centre Local de Services Communautaires
CQC	Care Quality Commission
CRB	Criminal Records Bureau
CRPD	Convention on the Rights of Persons with Disabilities
CRU	Central Referral Unit
CUH	Cork University Hospital
DAPO	Designated Adult Protection Officer
DASS	Director of Adult Social Services
DBS	Disclosure and Barring Service
DCYA	Department of Children and Youth Affairs
DEASP	Department of Employment Affairs and Social Protection
DFI	Disability Federation of Ireland
DHSC	Department of Health and Social Care
DHSSPS	Department of Health, Social Services and Social Protection
DOH	Department of Health
DOJ	Department of Justice
DoLS	Deprivation of Liberty Safeguards

ECHR	European Convention on Human Rights
GP	General Practitioner
HIQA	Health Information and Quality Authority
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trusts
HSE	Health Service Executive
HSE NSO	National Safeguarding Office
HSE SPT	Safeguarding and Protection Teams
ICT	Information and communications technology
IHRC	Irish Human Rights and Equality Commission
IIROC	Investment Industry Regulatory Organization of Canada
IMHA	Independent Mental Health Advocacy
IO	Investigating Officer
IPA	Institute of Public Administration
IPRAS	Integrated Police Response for Abused Seniors
ISA	Independent Safeguarding Authority
LASP	Local Adult Safeguarding Partnerships
LRC	Law Reform Commission
LSAB	Local Safeguarding Adults Board
MHC	Mental Health Commission
MHLW	Ministry of Health, Labour and Welfare (Japan)
MSP	Making Safeguarding Personal
NAPC	National Adult Protection Coordinator
NASPD	National Advocacy Service for People with Disabilities
NCAT	New South Wales Civil and Administrative Tribunal
NCPOP	National Centre for the Protection of Older People
NCVTSS	National Centre for Violence and Traumatic Stress Studies
NDA	National Disability Authority
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NHS	National Health Service
NI	Northern Ireland
NIASP	Northern Ireland Adult Safeguarding Partnership
NICE	National Institute for Health and Care Excellence

NISB	National Independent Safeguarding Board
NPA	National Police Agency
NPSC	National Public Safety Commission
NSW	New South Wales
NTPF	National Treatment Purchase Fund
OAFEM	Older Adult Financial Exploitation Measure
OECD	Organisation for Economic Co-operation and Development
PAS	Personal Advocacy Service
PCCC	Primary, Community and Continuing Care service
PHA	Public Health Agency
PHN	Primary Health Networks
PHN	Public Health Nurse
PSNI	Police Service of Northern Ireland
RGN	Registered General Nurse
RQIA	Regulation and Quality Improvement Authority
RSB	Regional Safeguarding Boards
RTÉ	Raidió Teilifís Éireann
SAB	Safeguarding Adults Board
SCR	Serious Case Review
SWID	Social Work in Disability
TCD	Trinity College Dublin
UCD	University College Dublin
UK	United Kingdom
UN	United Nations
VCAT	Victorian Civil and Administrative Tribunal
VCH	Vancouver Coastal Health
WGEA	Workplace Gender Equality Agency
WHO	World Health Organization

APPENDIX 1: SPECIFIC TERMS OF REFERENCE OF THIS REVIEW

Specific terms of reference of the report	
1	Details of adult safeguarding structures and models in several countries
2	Details of the evolution / origin of adult safeguarding structures in these countries (to include situational factors – e.g. specific local adverse occurrences etc.)
3	Detailing health and social care’s involvement in adult safeguarding in these countries (and describes where responsibilities for social care differ), and identification of lead body/sector.
4	Where no concept of safeguarding exists, undergo the same analyses as specified in all requirements on this list for that alternate concept and associated structures, and explain the alternate concept for that country
5	Synthesis of available evidence to list what aggregated “international norms” exist in relation to adult safeguarding systems, structures, governance, policies, laws and processes.
6	Synthesis of relevant available evidence on primary causes of abuse of adults at risk.
7	Synthesising relevant available evidence relating to adult safeguarding interventions and approaches improving outcomes for adults at risk.
8	Synthesis of relevant available evidence on resource impacts/unit cost/ costs for safeguarding adults at risk.
9	Detailing available information on education and training relating to adult safeguarding in the defined countries
10	Detailing available information on regulation relating to adult safeguarding in the defined countries.

APPENDIX 2: LITERATURE APPRAISAL

Quality assessment of the 69 empirical papers was undertaken by two members of the research team. The Critical Appraisal Skills Programme (CASP) Appraisal Checklists (CASP, 2018) was used to appraise qualitative studies (n=37), case studies (n=2), intervention trials (n=1) and systematic reviews (n=6). The Appraisal Tool for Cross-Sectional Studies (AXIS) was used to appraise the 23 cross-sectional papers identified for this study (Downes et al., 2016). This quality appraisal involved an assessment of the credibility, dependability, confirmability and transferability for the qualitative studies (n=37) and each paper was rated as being of high, medium or low quality. The appraisal of the quantitative papers (n=32) involved assessment of validity, reliability and replicability and each paper was rated as being of high, medium or low quality.

For the grey literature, appraisal was undertaken by one member of the research team using the AACODS appraisal tool. This tool is designed to enable evaluation and critical appraisal of grey literature and involves assessment of authority, accuracy, coverage, objectivity, date and significance of the evidence (Tyndall, 2010), and each paper was rated as being of high, medium or low quality.

Qualitative (*n* = 37)

	Reference	Quality
1	Aspinal, F., Stevens M., Manthorpe J., Woolham J., Baxter C.R., Samsi K., Hussein S. and Ismail M. (2019). "Safeguarding and personal budgets: the experiences of adults at risk." <i>The Journal of Adult Protection</i> 21(3): 157-168.	High
2	Beaulieu M., Bédard-Lessard J., Carbonneau H., Éthier S., Fortier J., Morin C., Sévigny A., Lorrain J., Maillé I. and Salles, M. (2018) 'The Contribution of Canadian Non-Profit Organisations in Countering Material and Financial Mistreatment of Older Adults', <i>British Journal of Social Work</i> , 48(4), pp. 943-961.	High
3	Beaulieu, M., Côté, M. and Diaz, L. (2017) 'Police and partners: New ways of working together in Montréal', <i>Journal of Adult Protection</i> , 19(6), pp. 406-417.	Medium
4	Benbow, S. M., Bhattacharyya, S. and Kingston, P. (2019) 'Older adults and violence: an analysis of Domestic Homicide Reviews in England involving adults over 60 years of age', <i>Ageing & Society</i> , 39(6), pp. 1097-1121.	Medium
5	Bows, H. (2018). "Practitioner Views on the Impacts, Challenges, and Barriers in Supporting Older Survivors of Sexual Violence." <i>Violence Against Women</i> 24(9): 1070-1090.	High
6	Briggs, M. and A. Cooper (2018). "Making Safeguarding Personal: progress of English local authorities." <i>The Journal of Adult Protection</i> 20(1): 59-68.	High
7	Burns, J. (2018). "A peer approach to the evaluation of adult support and protection processes in North Ayrshire." <i>The Journal of Adult Protection</i> 20(3/4): 155-167.	High

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8	Carr, S., Hafford-Letchfield T., Faulkner A., Megele C., Gould D., Khisa C., Cohen R., and Holley J. (2019) "'Keeping Control": A user-led exploratory study of mental health service user experiences of targeted violence and abuse in the context of adult safeguarding in England', <i>Health & Social Care in the Community</i> , 27(5), pp. e781-e792.	High
9	Cooper, A., Cocker, C. and Briggs, M. (2018a) 'Making Safeguarding Personal and Social Work Practice with Older Adults: Findings from Local-Authority Survey Data in England', <i>British Journal of Social Work</i> , 48(4), pp. 1014-1032.	High
10	Couture, M., Israel S., Soulières M. and Sasseville M. (2019) 'Implementing a Systematic Screening Procedure for Older Adult Mistreatment Within Individual Clinical Supervision: Is It Feasible?', <i>Journal of Interpersonal Violence</i> , 34(13), pp. 2813-2833.	High
11	Dow, B., Gahan L., Gaffey E., Joosten M., Vrantsidis F. and Jarred M. (2019) 'Barriers to Disclosing Elder Abuse and Taking Action in Australia', <i>Journal of Family Violence</i> , pp. 1-9.	High
12	Fenge, L. A. and Lee, S. (2018). "Understanding the Risks of Financial Scams as Part of Elder Abuse Prevention." <i>British Journal of Social Work</i> 48(4): 906-923.	Medium
13	Hodges, Z. and Northway R. (2019). "Exploring professional decision making in relation to safeguarding: A grounded theory study of social workers and community nurses in community learning (intellectual) disability teams in wales." <i>Journal of Applied Research in Intellectual Disabilities</i> 32(2): 435-445.	High
14	Houston, S. and M. McColgan (2018). "Delivering social work education on inquiry reports addressing harm to vulnerable people: An exploratory study." <i>Journal of Social Work</i> 18(1): 66-84.	High
15	Iversen, M. H., Kilvik, A. and Malmedal, W. (2015). "Sexual Abuse of Older Residents in Nursing Homes: A Focus Group Interview of Nursing Home Staff." <i>Nursing Research & Practice</i> 2015: 1-6.	High
16	Jain B, Willoughby M, Winbolt M, Lo Giudice D. and Ibrahim J. (2018). "Stakeholder perceptions on resident-to-resident aggression: implications for prevention." <i>Australian health review: a publication of the Australian Hospital Association</i> 42(6): 680-688.	High

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17	Jessiman, T. and A. Cameron (2017). "The role of the appropriate adult in supporting vulnerable adults in custody: Comparing the perspectives of service users and service providers." <i>British Journal of Learning Disabilities</i> 45(4): 246-252.	High
18	Joseph, S., Klein S., McCluskey S., Woolnough P. and Diack L. (2019) 'Inter-agency adult support and protection practice', <i>Journal of Integrated Care</i> , 27(1), pp. 50-63.	High
19	Kirk, C. A., Killick C., Mcallister A. and Taylor B. (2019) 'Social workers' perceptions of restorative approaches with families in cases of elder abuse: a qualitative study', <i>Journal of Adult Protection</i> , 21(3), pp. 190-200.	High
20	Lindsey, J. (2019). "Testimonial injustice and vulnerability: a qualitative analysis of participation in the Court of Protection." <i>Social & Legal Studies</i> 28(4): 450-469.	Medium
21	Lonbay, S. P. and T. Brandon (2017). "Renegotiating power in adult safeguarding: The role of advocacy." <i>Journal of Adult Protection</i> 19(2): 78-91.	High
22	Lonbay, S. P. (2018). "'These are vulnerable people who don't have a voice': Exploring constructions of vulnerability and ageing in the context of safeguarding older people." <i>British Journal of Social Work</i> 48(4): 1033-1051.	High
23	Manthorpe, J. and S. Martineau (2017b). "Home pressures: failures of care and pressure ulcer problems in the community – the findings of serious case reviews." <i>Journal of Adult Protection</i> 19(6): 345-356.	High
24	Manthorpe, J. and S. Martineau (2017c). "Pressure points: Learning from Serious Case Reviews of failures of care and pressure ulcer problems in care homes." <i>Journal of Adult Protection</i> 19(5): 284-296.	High
25	Manthorpe, J. and S. Martineau (2019). "Mental health law under review: messages from English safeguarding adults reviews." <i>The Journal of Adult Protection</i> 21(1): 46-64.	High
26	McLaughlin, H., Robbins, R., Bellamy, C., Banks, C. and Thackray, D. (2018) 'Adult social work and high-risk domestic violence cases', <i>Journal of Social Work</i> , 18(3), pp. 288-306.	High

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27	Moore, S. (2017). "What's in a word? the importance of the concept of "values" in the prevention of abuse of older people in care homes." <i>The Journal of Adult Protection</i> 19(3): 130-145.	High
28	Moore, S. (2018c). "Through a glass darkly: exploring commissioning and contract monitoring and its role in detecting abuse in care and nursing homes for older people." <i>The Journal of Adult Protection</i> 20(2): 110-127.	High
29	Norrie C, Stevens M., Martineau S. and Manthorpe J. (2018) 'Gaining access to possibly abused or neglected adults in England: Practice perspectives from social workers and service-user representatives', <i>British Journal of Social Work</i> , 48(4), pp. 1071-1089.	High
30	Phelan, A., McCarthy, S. and McKee, J. (2018). "Safeguarding Staff's Experience of Cases of Financial Abuse." <i>British Journal of Social Work</i> 48(4): 924-942.	High
31	Purser K., Cockburn T., Cross C. and Jacmon H. (2018) 'Alleged Financial Abuse of Those under an Enduring Power of Attorney: An Exploratory Study', <i>British Journal of Social Work</i> , 48(4), pp. 887-905.	High
32	Sandmoe, A. and M. Kirkevold (2011). "Nurses' clinical assessments of older clients who are suspected victims of abuse: An exploratory study in community care in Norway." <i>Journal of Clinical Nursing</i> 20(1-2): 94-102.	High
33	Sandmoe, A., Kirkevold, M. and Ballantyne, A. (2011). "Challenges in handling elder abuse in community care. An exploratory study among nurses and care coordinators in Norway and Australia." <i>Journal of Clinical Nursing</i> 20(23-24): 3351-3363.	High
34	Shibusawa, T., Iwano S., Kaizu K. and Kawamuro Y. (2014) 'Self-reported abuse and mistreatment among Japanese elders receiving respite care', <i>Journal of Aggression, Maltreatment and Trauma</i> , 23(1), pp. 67-80.	High
35	Stevens, M., Woolham, J., Manthorpe, J., Aspinall, F., Hussein, S., Baxter, K., Samsi, K. and Ismail, M. (2018) 'Implementing safeguarding and personalisation in social work: Findings from practice', <i>Journal of Social Work</i> , 18(1), pp. 3-22.	High
36	Wyllie, A. and B. J. Saunders (2018). "'Everyone has an agenda': Professionals' understanding and negotiation of risk within the Guardianship system of Victoria, Australia." <i>Health and Social Care in the Community</i> 26(4): 581-589.	High

37	Zhang, W. (2019). "Perceptions of elder abuse and neglect by older Chinese immigrants in Canada." Journal of Elder Abuse & Neglect 31(4/5): 340-362.	High
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Case Studies (n = 2)

	Reference	Quality
1	Smith, D., Cunningham, N., Willoughby, M., Young, C., Odell, M., Ibrahim, J. and Bugeja, L. (2019) 'The epidemiology of sexual assault of older female nursing home residents, in Victoria Australia, between 2000 and 2015', Legal Medicine 36, pp. 89-95.	Medium
2	Storey, J. E. and Perka, M. R. (2018) 'Reaching Out for Help: Recommendations for Practice Based on an In-Depth Analysis of an Elder Abuse Intervention Programme', British Journal of Social Work, 48(4), pp. 1052-1070.	Medium

Systematic Reviews (n = 6)

	Reference	Quality
1	Donnelly, S (2019a) Mandatory reporting and adult safeguarding: a rapid realist review. JOURNAL OF ADULT PROTECTION V.21(5) pp.241-251	Medium
2	Fraga Dominguez, S., Storey, J. E. and Glorney, E. (2019) Help-seeking behaviour in victims of elder abuse: A systematic review. TRAUMA, VIOLENCE AND ABUSE 1-15	High
3	Pennington, C., Davey, K., Ter Meulen, R., Coulthard, E. and Kehoe, P. G. (2018) 'Tools for testing decision-making capacity in dementia', Age and Ageing, 47(6), pp. 778-784.	Medium

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4	Radermacher, H., Toh, Y. L., Western, D., Coles, J., Goeman, D. and Lowthian, J. (2018) Staff conceptualisations of elder abuse in residential aged care: A rapid review. AUSTRALASIAN JOURNAL ON AGEING V.37(4) pp.254-267	Medium
5	Rosen, T., Elman, A., Dion, S., Delgado, D., Demetres, M., Breckman, R., Lees, K., Dash, K., Lang, D., Bonner, A., Burnett, J., Dyer, C. B., Snyder, R., Berman, A., Fulmer, T., Lachs, M. S., & National Collaboratory to Address Elder Mistreatment Project Team (2019) Review of Programs to Combat Elder Mistreatment: Focus on Hospitals and Level of Resources Needed. JOURNAL OF THE AMERICAN GERIATRICS SOCIETY pp.1-19	High
6	Touza, C. and Prado, C. (2019) Prevention of elder abuse in long-term care facilities. EDUCATIONAL GERONTOLOGY V.45(8) pp.530-546	Medium

Trials (n = 1)

	Reference	Quality
1	Du Mont (2017) Determining the effectiveness of an elder abuse nurse examiner curriculum: A pilot study. NURSE EDUCATION TODAY V.55 pp.71-76	Medium


AXIS
Cross-Sectional (n = 23)

	Reference	Quality
1	Amegbor, P. M., Rosenberg, M. W. and Kuuire, V. Z. (2018) Does place matter? A multilevel analysis of victimisation and satisfaction with personal safety of seniors in Canada. HEALTH AND PLACE Vol.53 pp.17-25	High
2	Cooper, C., Marston, L., Barber, J., Livingston, D., Rapaport, P., Higgs, P., and Livingston, G. (2018b) Do care homes deliver person-centred care? A cross-sectional survey of staff-reported abusive and positive behaviours towards residents from the MARQUE (Managing Agitation and Raising Quality of Life) English national care home survey. PLoS ONE 13(3) pp.1-13	High
3	Goodridge, D., Heal-Salahub, J., PausJenssen, E., James, G., & Lidington, J. (2017) 'Peer bullying in seniors' subsidised apartment communities in Saskatoon, Canada: participatory research', Health & social care in the community, 25(4), pp. 1439-1447.	Medium
4	Houston A, Donnelly M. and O'Keeffe ST. (2018) Will-making in Irish nursing homes: Staff perspectives on testamentary capacity and undue influence. INTERNATIONAL JOURNAL OF LAW AND PSYCHIATRY V.56 pp.50-57	High
5	Kishimoto, Y., Terada, S., Takeda, N., Oshima, E., Honda, H., Yoshida, H., Yokota, O. and Uchitomi, Y. (2013) Abuse of people with cognitive impairment by family caregivers in Japan (a cross-sectional study). PSYCHIATRY RESEARCH V.209 pp.699-704	High
6	Koga, C., Hanazato M., Tsuji T., Suzuki N. and Kondo K. (2019) 'Elder Abuse and Social Capital in Older Adults: The Japan Gerontological Evaluation Study', Gerontology. DOI: 10.1159/000502544.	High
7	Malmedal, W., Ingebrigtsen, O. and Saveman, B.-I. (2009b) Inadequate care in Norwegian nursing homes – as reported by nursing staff. SCANDINAVIAN JOURNAL OF CARING SCIENCES V.23 pp.231-242	High

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8	Malmedal, W., Hammervold, R. and Saveman, B. (2009a) To report or not report? Attitudes held by Norwegian nursing home staff on reporting inadequate care carried out by colleagues. SCANDANAVIAN JOURNAL OF PUBLIC HEALTH V.37 pp.744-750	High
9	Malmedal, W., Hammervold, R. and Saveman, B.-I. (2014) The dark side of Norwegian nursing homes: factors influencing inadequate care. THE JOURNAL OF ADULT PROTECTION 16(3) pp.133-151	High
10	Manthorpe J., Stevens M., Martineau S. & Norrie C. (2017) Safeguarding practice in England where access to an adult at risk is obstructed by a third party: Findings from a survey. THE JOURNAL OF ADULT PROTECTION 19(6) pp.323-332	Medium
11	Montgomery, L., Hanlon, D. and Armstrong, C. (2017) 10,000 voices: service user's experiences of adult safeguarding. THE JOURNAL OF ADULT PROTECTION 19(5) pp.236-246	Medium
12	Moore, S. (2018b) Oops! It's happened again! Evidence of the continuing abuse of older people in care homes. THE JOURNAL OF ADULT PROTECTION 20(1) PP.33-46	Medium
13	Nakanishi, M., Hoshishiba, Y., Iwama, N., Okada, T., Kato, E., & Takahashi, H. (2009) Impact of elder abuse prevention and caregiver support law on system development among municipal governments in Japan. HEALTH POLICY V.90 pp 254-261	High
14	Nakanishi, M., Nakashima, T. and Honda, T. (2010) Disparities in systems development for elder abuse prevention among municipalities in Japan: Implications for strategies to help municipalities develop community systems. SOCIAL SCIENCE AND MEDICINE V.71 PP.400-404	High
15	Nakanishi, M., Nakashima, T., Sakata, N., Tsuchiya, N., & Takizawa, K. (2013) Community-based system, reports and substantiated cases of elder abuse: Disparities between municipalities and relating factors in Japan. JOURNAL OF AGING AND SOCIAL POLICY V.25 pp.234-247	High

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16	Nakanishi, M., Nakashima, T., Yamaoka, Y., Hada, K., & Tanaka, H. (2014) Systems development and difficulties in implementing procedures for elder abuse prevention among private community general support centres in Japan. JOURNAL OF ELDER ABUSE AND NEGLECT V.26 pp.31-43	High
17	Ochieng and Ward (2018) Safeguarding vulnerable adults training: assessing the effect of continuing professional development. NURSING MANAGEMENT 25(4) pp.30-35	Medium
18	Phelan, A., Fealy, G. and Downes, C. (2017) Piloting the older adult financial exploitation measure in adult safeguarding services. ARCHIVES OF GERONTOLOGY AND GERIATRICS V.70 pp.148-154	Medium
19	Sharp, C. A., Schulz Moore, J. S. and McLaws, M.-L. (2019) Two-hourly repositioning for prevention of pressure ulcers in the elderly: Patient safety or elder abuse? BIOETHICAL INQUIRY V.16 pp.17-34	Medium
20	Storey, J. E. and Prashad, A. A. (2018) Recognising, reporting and responding to abuse, neglect and self-neglect of vulnerable adults: an evaluation of the Re:Act adult protection worker based curriculum. JOURNAL OF ELDER ABUSE AND NEGLECT 30(1) pp.42-63	Medium
21	Toda, D., Tsukasaki, K., Itatani, T., Kyota, K., Hino, S., & Kitamura, T. (2018) Predictors of potentially harmful behaviour by family caregivers towards patients treated for behavioural and psychological symptoms of dementia in Japan. PSYCHOGERIATRICS	High
22	Weeks, L., Dupuis-Blanchard, S., Arseneault, R., MacQuarrie, C., Gagnon, D., & LeBlanc, G. M. (2018) Exploring gender and elder abuse from the perspective of professionals. JOURNAL OF ELDER ABUSE AND NEGLECT 30(2) pp.127-143	Medium
23	Yi & Hohashi (2018) Comparison of perceptions of domestic elder abuse among healthcare workers based on the Knowledge-Attitude-Behaviour (KAB) model. PloS ONE 13(11)	Medium

AACODS

Grey Literature (n = 39)

	Reference	Quality
1	Age UK (2018) Adult Safeguarding (England), London: Age UK. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/health-and-wellbeing/adult-safeguarding-policy-position-nov-2018-final.pdf	High
2	Alliance for the Prevention of Elder Abuse: Western Australia (2017) Elder Abuse Protocol: Guidelines for action, Vistoria Park: Alliance for the Prevention of Elder Abuse: Western Australia. Available at: https://publicadvocate.wa.gov.au/_files/Elder-Abuse-Protocols-2018.pdf .	High
3	Alzheimer Society of Ireland (2018) HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures FORMAL SUBMISSIONS, Dublin: Alzheimer Society of Ireland. Available at: https://alzheimer.ie/wp-content/uploads/2018/11/TFOTY5A.pdf	High
4	Attorney General's Department (n.d.) Protecting the Rights of Older Australians. Available at: https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Pages/default.aspx	High
5	Commonwealth of Australia (2019) Stocktake of elder abuse awareness, prevention and response activities in Australia, March 2019, Canberra: Australian Government Attorney-General's Department. Available at: https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Documents/Stocktake-of-elder-abuse-awareness-prevention-and-response-activities.pdf .	High
6	Council of Attorneys-General (2019) National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023, Canberra: Council of Attorneys-General. Available at: https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Documents/National-plan-to-respond-to-the-abuse-of-older-australians-elder.pdf	High

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7	Dean, A. (2019) Elder abuse: Key issues and emerging evidence, Victoria: Child Family Community Australia. Available at: https://aifs.gov.au/cfca/sites/default/files/publication-documents/51_elder_abuse_0.pdf	High
8	Department of Communities Tasmania (2019) Protect and Respect Older Tasmanians: Tasmania's Elder Abuse Prevention Strategy 2019 – 2022, Hobart: Department of Communities Tasmania. Available at: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/375125/Respect_and_Protect_Older_Tasmanians_Tasmanias_Elder_Abuse_Prevention_Strategy_20192022_Accessible_4.pdf	High
9	DoH Steering Group Policy Discussion Papers and Presentations (various dates) Dublin: Department of Health. Available at: https://www.gov.ie/en/publication/2861af-adult-safeguarding/?referrer=/blog/publications/time-to-move-on-from-congregated-settings-a-strategy-for-community-inclusion/#steering-group-policy-discussion-papers-and-presentations	High
10	Donnelly, S. and O'Brien, M. (2019) Falling Through the Cracks: The case for change. Key developments and next steps for Adult Safeguarding in Ireland, Dublin: University College Dublin.	High
11	Dow, B., Gaffy, E. and Hwang, K. (2018) Elder Abuse Community Action Plan for Victoria February 2018: National Ageing Research Institute Available at: https://www.nari.net.au/files/files/documents/elder_abuse_community_action_plan_for_victoria_feb_2018.pdf	High
12	Fighting Words (2019) Child and Vulnerable Adult Protection Policy and Procedures for Staff and Volunteers, Dublin: Fighting Words. Available at: https://www.fightingwords.ie/sites/default/files/ccp-guidelines.pdf	High
13	FMC Mediation and Counselling (2018) Elder Abuse Discussion Paper: Based on FMC's Respecting Elders service findings, Victoria: FMC Mediation and Counselling. Available at: https://elder-mediation.com.au/wp_files/wp-content/uploads/2018/06/Respecting-Elders-Report.pdf	High
14	Harvey, N., Taylor A., Livingstone C., Shears J., Greig F., Thompsell A., Garrett D., Fade P., Leach J., Shacklock., Harding L., Mills N. and Masters M. (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff London: Royal College of Nursing. Available at: https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf?la=en	High

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16	Health Information and Quality Authority and Mental Health Commission (2018a) Adult Safeguarding: Background document to support the development of national standards for adult safeguarding, Dublin: Health Information and Quality Authority. Available at: https://www.hiqa.ie/sites/default/files/2018-05/HIQA%20MHC%20Adult%20safeguarding%20background%20document.pdf	High
17	Health Information and Quality Authority and Mental Health Commission (2018b) Draft national standards for adult safeguarding: For public consultation 2018, Dublin: Health Information and Quality Authority & Mental Health Commission. Available at: https://www.hiqa.ie/reports-and-publications/consultation/draft-national-standards-adult-safeguarding (Accessed: 05/12/2019).	High
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19	HSE National Dementia Office and Alzheimer Society of Ireland (2018) Submission to the Department of Health on deprivation of liberty safeguard consultation, Dublin: National Dementia Office & Alzheimer Society of Ireland. Available at: http://hdl.handle.net/10147/623107	High
20	HSE National Safeguarding Office (2018) The National Safeguarding Office Report 2017: Health Service Executive (HSE). Available at: http://hdl.handle.net/10147/623066	High
21	HSE National Safeguarding Office (2019) The National Safeguarding Office Report 2018, Dublin: Health Services Executive. Available at: https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguarding%20report%202018.pdf	High
22	HSE National Safeguarding Office (2019) Final Draft HSE Adult Safeguarding Policy (2019), Dublin: National Safeguarding Office. Available at: https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/draft%20policy.pdf	High

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23	Inclusion Ireland (2018) Submission on the Draft HSE Adult Safeguarding Policy 2018, Dublin: Inclusion Ireland. Available at: https://www.inclusionireland.ie/sites/default/files/attach/basic-page/1651/submission-hse-safeguarding-policy.pdf	High
24	Joint Committee on Health (2017) Report on Adult Safeguarding, Dublin: Joint Committee on Health. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_health/reports/2017/2017-12-13_report-adult-safeguarding_en.pdf	High
25	Kaspiew, R., Carson R., Dow B., Qu L., Hand K, Roopani D, Gahan L. and O'Keeffe D. (2019) Elder Abuse National Research– Strengthening the Evidence Base: Research definition background paper, Southbank: Australian Institute of Family Studies. Available at: https://apo.org.au/sites/default/files/resource-files/2019/10/apo-nid261971-1390466.pdf	High
26	Law Reform Commission (2019a) A Regulatory Framework for Adult Safeguarding, Dublin: Law Reform Commission. Available at: https://www.lawreform.ie/_fileupload/Issues%20Papers/LRC%20IP%2018-2019%20A%20Regulatory%20Framework%20For%20Adult%20Safegaurding.pdf	High
27	Legal Aid New South Wales (n.d.) Elder Abuse Strategy 2018 – 2019, Sydney: Legal Aid New South Wales. Available at: https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0007/28438/2018_LA_Elder-Abuse-Strategy_FINAL.pdf	High
28	McCaughey, C., Laird, L. E. and Reid, B. (2018) 'GPs' Experiences of Managing Elder Abuse: A Qualitative Study', Journal of the All Ireland Gerontological Nursing Association, 5(1).	High
29	Nguyen, J. (2018) 'Multicultural Distinctions in the Reporting of Elder Abuse', Canadian Network for the Prevention of Elder Abuse. Available at: https://cnpea.ca/en/about-cnpea/blog/791-multicultural-distinctions-in-the-reporting-of-elder-abuse-2019].	High
30	New South Wales Government (2018b) Preventing and Responding to Abuse of Older People (elder abuse): NSW Interagency Policy, Sydney: NSW Government. Available at: https://www.facs.nsw.gov.au/__data/assets/pdf_file/0003/591024/NSW-Interagency-Policy-Abuse-of-Older-People.pdf	High

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31	Office of the Public Advocate (2019) Preventing Elder Abuse. Carlton: Office of the Public Advocate. Available at: https://www.publicadvocate.wa.gov.au/E/elder_abuse.aspx	High
32	Pond, D., Phillips J., Day J., McNeil K. (2019) Elder Abuse – People with Dementia, Sydney: NHMRC Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People. Available at: https://cdpc.sydney.edu.au/wp-content/uploads/2019/09/ElderAbuse_GPCareGuide_FINAL_30-Sep-19.pdf	High
33	Ries, N. and Mansfield, E. (2018) 'Elder abuse', Australian Journal for General Practitioners, 47, pp. 235-238.	High
34	Ries, N., Mansfield E., Anderson J. and McCarthy S. (2019) Identifying and Acting on Elder Abuse A Toolkit for Legal Practitioners. Available at: https://www.uts.edu.au/sites/default/files/article/downloads/Elder%20Abuse%20Toolkit.pdf	High
36	Ageing and Adult Safeguarding Regulations 2019. Available at: https://www.legislation.sa.gov.au/LZ/C/R/AGEING%20AND%20ADULT%20SAFEGUARDING%20REGULATIONS%202019/CURRENT/2019.159.AUTH.PDF	High
37	SWID (2018) SWID Submission on Draft HSE Adult Safeguarding Policy, Dublin: Irish Association of Social Workers. Available at: https://www.iasw.ie/download/513/SWID%20submission%20%20Safeguarding%20of%20VA%20policy%20Review%20Sept%202018%2002.pdf	High
38	Victoria State Government (2019a) Integrated model of care for responding to suspected elder abuse. Victoria: Victoria State Government. Available at: https://www2.health.vic.gov.au/ageing-and-aged-care/wellbeing-and-participation/preventing-elder-abuse/integrated-model-of-care-for-responding-to-suspected-elder-abuse	High

39	Wrexham County Borough Council (2018) Adult Services Interim Policy for Adult Safeguarding, Wrexham: Wrexham County Borough Council. Available at: https://www.wrexham.gov.uk/assets/pdfs/social_services/key_documents/interim_adult_safeguarding_policy.pdf	High
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APPENDIX 3: LITERATURE EXTRACTION TABLES

QUALITATIVE LITERATURE

Reference	Aspinal, F., Stevens M., Manthorpe J., Woolham J., Baxter C.R., Samsi K., Hussein S. and Ismail M. (2019). "Safeguarding and personal budgets: the experiences of adults at risk." The Journal of Adult Protection 21(3): 157-168.
Country	England
Evidence Type	Qualitative
Aim/focus	The purpose of this paper is to present findings from one element of a study exploring the relationship between personalisation, in the form of personal budgets (PBs) for publicly funded social care and safeguarding
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Adult safeguarding is the term used in England to describe the principles and procedures through which ‘adults at risk of harm’ (terminology introduced with the Care Act 2014) have their rights protected and risks of harm addressed. Personal budgets, introduced in 2007 (HM Government, 2007), are the main mechanism used to promote personalisation in England. Cash-for-care schemes. Such schemes involve allocating money to people eligible for publicly funded social care that they use to plan and purchase their own care and support.

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	<p>Using a Direct Payment (DP), eligible individuals or a family member (proxy budget-holder) are able to buy services, equipment or directly employ their own care workers or personal assistants (PAs) (HM Government, 2014).</p> <p>The amount of the PB is determined by an assessment undertaken by a social worker or care manager and is intended to be sufficient to meet assessed and eligible social care needs.</p> <p>Individuals or a family member (proxy budget-holder) can pay for their own personal care needs or they can choose to have a 'managed' PB whereby the local authority commissions (arranges and pays from the allocation) services on their behalf. A combination of these is also possible.</p> <p>The Care Act 2014 emphasises the importance of local authorities providing comprehensive information about available services and support, accessing care and support, funding and/or signposting to financial advice and raising safeguarding concerns.</p>
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Social workers</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Local councils with social services responsibilities (Local Authorities) have lead responsibility but it is shared across statutory organisations such as the NHS and police services.</p>
<p>Education and training in country – any description of national training programmes</p>	<p>No info</p>

<p>for HSCPs and/or vulnerable adults</p>	
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Care Act 2014</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The findings were presented under 3 main themes:</p> <p><u>Level of information and awareness</u>: Interview participants had varying levels of awareness of how their support was funded, the risks they faced, and the safeguarding concern and resulting investigation they had recently experienced.</p> <p><u>Safeguarding concerns and processes</u>: Eight participants reported multiple incidents of abuse occurring over the same time period.</p> <p><u>Choice and control</u>: Some participants described improved choice because of PBs and DPs, while others felt that decisions were still being made about them rather than with them.</p> <p><u>General Findings</u>:</p> <ul style="list-style-type: none"> - Not all participants supported by PBs felt equipped to address safeguarding concerns - Participants felt they had not received enough or timely information or reported that the information they were given was confusing, particularly in relation to funding choices and awareness of risk and duties as an employer

	<p>The research indicates that involvement and choice in the safeguarding process were constrained by wider organisational imperatives and responsibilities, such as the need to ensure the safety of others at risk of harm.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Requirement to provide information to service users in a timely and accessible way. Practitioners need to check that the information has been understood and ensure that people know how to seek support if they need it.</p> <p>Participants suggested that emotional support from elsewhere (i.e. other than from their care worker) during the safeguarding process would improve their confidence in dealing with similar situations in the future should they arise and in choosing care workers. It is important that staff involved in safeguarding ensure emotional support is available to enable people to rebuild confidence in their existing and new care workers and to sustain good relationships with social workers.</p> <p>Findings from the practitioner interviews in this study (see Stevens et al., 2016) stressed the importance of monitoring for financial irregularities as indicators of both financial and other forms of abuse; which may have to be borne in mind when highlighting the potential for choice and control.</p> <p>New research would be helpful in understanding how MSP approaches are potentially changing such conversations.</p>

Reference	Beulieu M., Bédard-Lessard J., Carbonneau H., Éthier S., Fortier J., Morin C., Sévigny A., Lorrain J., Maillé I. and Salles, M. (2018) 'The Contribution of Canadian Non-Profit Organisations in Countering Material and Financial Mistreatment of Older Adults', <i>British Journal of Social Work</i> , 48(4), pp. 943-961..
Country	Canada (Québec)
Evidence Type	Qualitative
Aim/focus	<p>Focus on describing and understanding the practice of NPOs, which illustrates how NPOs complement other services, including social workers for Public Health and Social Services (PHSS).</p> <p>This paper focuses on two of five objectives of the ABAM-MF (see below) project.</p> <ol style="list-style-type: none"> 1. To define the specific characteristics of Non-Profit Organisations (as an organisation as well as a company comprising salaried practitioners) in countering material or financial Mistreatment of Older Adults (MOA) through the description of their actions. 2. To define the specific characteristics of volunteering in this field through the description of these actions. <p>The research project Volunteering to Counter Material or Financial Mistreatment of Older Adults (ABAM-MF) (2015–18) aims to document the actions of these organisations, including those with volunteers. The research focuses on material and financial (MOA).</p>
Appraisal value (High, Med, Low)	High

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<p>Info on the safeguarding model – governance (policy, standards and legislation)</p>	<p>In Canada, the thirteen jurisdictions have developed their own separate response to MOA (social policies, health-care policies, services, laws, etc.).</p> <p>In Québec, the responsibility of responding to MOA is shared between public services (such as health and social services, the police force, the public curator’s office, etc.), community services (or non-profit organisations (NPOs)) and the private sector. The inter-sectoral approach, led by nineteen regional co-ordinators (many of whom are trained social workers), was developed in response to the observation that no single professional or agency can successfully counter MOA alone. This approach also recognises a continuum of services which includes prevention, detection, intervention and co-ordination.</p>
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Non-Profit Organisations</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>No info</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Social workers are recognised as professionals under the Professional Code of Québec and are trained to evaluate the social functioning of users of the Public Health and Social Services (PHSS)</p> <p>In terms of prevention, NPOs offer training to professionals from the medical and social services fields. They carry out information workshops and conferences, and promote the cause through communication tools, as well as animate training workshops with professionals in contact with older adults. Volunteers act as ombudspersons and educate health-</p>

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	<p>care users about their rights, the law and policy. They participate in discussion forums events focused on MOA. They provide information on prevention to older adults with dementia.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>The Québec government adopted the first co-ordinated Government Action Plan to Counter Elder Abuse in 2010.</p> <p>The second edition of the Government Action Plan was published in June 2017.</p> <p>Guide de référence pour contrer la maltraitance envers les personnes aînées (the Reference Guide to Counter Mistreatment of Older Adults)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Results are presented according to three roles:</p> <p>Prevention: Our results demonstrate the importance of fun activities and of offering concrete examples to make it easier to reach out to older adults.</p> <p>Although NPOs receive or initiate awareness activities, volunteers are central to their development and delivery. Therefore, a ‘social justice-oriented practice happens in a number of ways, including education and consciousness-raising among clients’</p> <p>Detection: NPOs are less active in detection than prevention.</p> <p>NPOs are more likely to identify situations of MOA in prevention activities (such as workshops or friendly phone calls) or recreational activities (weekly lunches), as well as through direct calls or referrals from other organisations. This is an undocumented element in the existing research.</p> <p>In relation to the detection of MOA, volunteers support indirect initiatives, such as participating in community luncheons, making friendly phone calls or talking openly with older adults during prevention activities.</p>

	<p>Intervention: ‘Specialised’ NPOs are more focused on intervention than their ‘collaborative’ counterparts, which offer referrals to the PHSS network, especially to social workers, the legal sector or public security, which will be discussed later.</p> <p>General Findings:</p> <ul style="list-style-type: none"> - The study highlights the diversity of NPOs in countering material and financial MOA. ‘Specialised’ NPOs are heavily involved in prevention, detection and intervention. Contrarily, NPOs with a broader mandate, containing multiple components including countering MOA, focus more on prevention and reacting to situations of MOA. Thus, the legitimacy of a more sustained detection and intervention mostly goes hand in hand with the specialisation of NPOs. - The study also identified that the roles of volunteers vary whether the NPO is ‘specialised’ or ‘collaborative’, which influences the profile of the volunteers being recruited. ‘Specialised’ NPOs tend to recruit volunteers with specific professional experiences, as they offer more developed detection services and intervention. Conversely, ‘collaborative’ NPOs tend to place more emphasis on volunteers’ personal abilities and motivation to engage in the organisation’s mission. Volunteers with such a profile generally prefer to assume a role in the prevention of MOA. - The volunteers working directly with the clientele are especially dedicated to raising awareness and referring situations of MOA, which have been detected through prevention activities. <p>The role of the volunteers in intervention remains the most contrasted theme between the five participating NPOs. Our results show that volunteers are committed to intervention, particularly based on previous professional experiences.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>None</p>

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Reference	Beaulieu, M., Côté, M. and Diaz, L. (2017) 'Police and partners: New ways of working together in Montréal', Journal of Adult Protection, 19(6), pp. 406-417.
Country	Canada
Evidence Type	Qualitative
Aim/focus	This paper aims to present the Integrated Police Response for Abused Seniors (IPRAS) model while paying particular attention to the inter-agency component, which highlights new ways in which collaboration is being developed between police officers and their partners in Montréal, Québec (Canada). The overall process for developing, testing and evaluating the IPRAS model is also introduced. Findings which were derived from the evaluation of the model's pilot project provide the opportunity to discuss the facilitating elements, challenges and conditions required for enhancing inter-agency collaboration practices that include police involvement.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	The paper presents the IPRAS practice model which was permanently adopted by the Service de police de la Ville de Montréal (SPVM) (City of Montréal Police Service) in March 2016. The IPRAS is a police practice model aimed to empower police officers to recognise elder abuse situations and to take action in partnership with public health, social and justice services, as well as non-profit organisations (NGOs)
HSCP involvement – which disciplines are mentioned in	Police

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the paper e.g. social workers, nurses,	
Lead body on safeguarding (national lead and/or local lead)	No info
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	No info
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	In Canada, the Québec government adopted new political guidelines in 2010 through the Governmental Action Plan to Counter Elder Abuse (Government of Québec, 2010)
Economic eval.	None
Key findings	<p>The facilitating elements to support police involvement in inter-agency practices include implementing a coordination structure regarding abuse cases as well as designating clear guidelines of the roles of both the police and their partners.</p> <p>The critical challenges involve staff turnover, time management and the exchange of information. It was recognised by all involved that it is crucial to collaborate while prioritising resource investment and governmental support, with regards to policy and financing, as well as adequate training.</p>

	<p><u>Main findings for data collection, year 1: diagnostic of police practices and needs:</u> The analysis of previous findings identified three major needs required in order to fulfil the IPRAS Model and inter-agency collaboration:</p> <ol style="list-style-type: none">1. Foster dialogue between partners and a better understanding of their respective contributions;<ul style="list-style-type: none">- The SPVM discussed and agreed on ways to facilitate joint intervention in criminal and non-criminal abuse situations with three key partners of the local and regional units in the pilot project: community-based organisations with an older adults mandate; public health and social services centres; and the Crime Victims Assistance Centre (CAVAC), working mainly with regional investigation units. Regarding the CAVAC, the agreement included a follow-up for older adults who were victims of non-criminal forms of abuse (such as many forms of verbal abuse).2. Promote better communication between the police and the network of health and social services (mitigate barriers for sharing information);<ul style="list-style-type: none">- A coordination structure for managing elder abuse cases within the SPVM was therefore created. This structure was developed in accordance with the intervention levels already in place in the police service (local, regional and headquarter). Inspired by the role of coordinators and the “champions” derived from the consulted scientific literature, “resource officers” were appointed within each level and their role was defined regarding inter-agency collaboration.3. Develop and strengthen the operational relationships with partners.<ul style="list-style-type: none">- By using an existing Operating Model from conjugal and intra-family violence as reference, the SPVM was able to adapt it for intervening with abused elders in a format already familiar to officers. <p><u>Main findings of data collection, years 2 and 3: evaluation of the model’s pilot project:</u></p> <ul style="list-style-type: none">- The pilot project allowed the SPVM to reinforce collaborative practices with its main partners and to mobilise new ones.
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	<ul style="list-style-type: none"> - Established or reinforced relationships between personnel from the public sector and community-based services strengthened intervention practices implemented in teams of two (police officers and public or community-based practitioners) and teams of three (police officers as well as public and community-based practitioners). - Working in partnerships was also enhanced by other practices that allowed the identification of a contact person within the police service and agencies. - Sharing the same working space proved to be another facilitating factor of inter-agency practices. <p>Staff turnover and organisational change → the challenge of maintaining continuity with regards to the common understanding of approaches and practices and demanding an ongoing effort to identify key partners.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Governmental action plans and policies must support and promote inter-agency approaches by giving clear guidelines on the roles and responsibilities of all actors and on protocols for developing inter-agency working models on municipal, provincial and national levels. These policies should shed some light on mechanisms for sharing information between sectors and agencies and should establish the financial support needed to develop and maintain collaborative initiatives.</p> <p>Further evaluations of the model should be implemented, notably to assess its direct impact on older adults at risk of, or currently experiencing, situations of abuse.</p>

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Reference	Benbow, S. M., Bhattacharyya, S. and Kingston, P. (2019) 'Older adults and violence: an analysis of Domestic Homicide Reviews in England involving adults over 60 years of age', <i>Ageing & Society</i> , 39(6), pp. 1097-1121.
Country	England
Evidence Type	Qualitative
Aim/focus	<ol style="list-style-type: none"> 1. Extract learning relevant to health and social care practitioners working with older adults in the community (e.g. general practitioners (GPs), community nurses) and in hospitals (e.g. staff in emergency departments): they encounter victims and perpetrators, and carry out risk assessments. 2. Investigate if there are distinctive features in domestic homicides involving older adults: is age a significant risk factor in domestic homicides? 3. Contribute to the research literature by investigating a group of victims and perpetrators of violence who have attracted relatively little research attention previously. Older victims and perpetrators are involved in a small proportion of incidents of domestic violence and domestic homicide and their particular characteristics may therefore be obscured.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	None

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HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	No info
Lead body on safeguarding (national lead and/or local lead)	No info
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	No info
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Section 9 of the Domestic Violence, Crime and Victims Act (2004) – Statutory Domestic Homicide Reviews (DHR) are carried out under this legislation
Economic eval.	None
Key findings	Within the context of the key victim–perpetrator relationship, four themes stood out. These are: <ol style="list-style-type: none"> 1. Mental illness of the perpetrator. 2. Drug and/or alcohol abuse.

	<p>3. Financial issues.</p> <p>4. History of DA in this or other family relationships.</p> <p>The same recommendations generated from Domestic Homicide Reviews are made repeatedly and in different parts of the country, suggesting that authorities are not learning from Reviews or are failing to change practice as a result.</p> <p>Our analysis suggests that there is insufficient evidence to conclude that ageing <i>per se</i> is a significant risk factor. The significant factor that emerges from the analysis is the role of assumptions / prejudices / stereotypes about older age which influence risk assessments and management of potentially abusive situations. Our analysis finds that age <i>per se</i> is not a significant factor in domestic homicide apart from the way that stereotypes and assumptions about age influence the health and social care assessments made and interventions offered.</p> <p>Failure to involve older parents of psychotic adult children in their care was a feature in our Reports.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Terminology needs to be standardised, and training/education regarding risk assessment needs to be improved in relation to age, myths around ageing/dementia and stresses of caring. Management of mental illness is a key factor. A central repository of DHR Reports accessible for research and subject to regular review would contribute to maximising learning and improving practice.</p> <p>Training of health and social care professionals needs to address the complexities of caring and the myths and stereotypes that distort risk assessments of older adults: in particular, the myths that people with dementia are predisposed to violence and that frail older adults are not physically capable of extreme violence. Insidious and institutional ageism obscures the important messages for policy makers, researchers and academics, and health and social care practitioners.</p>

	<p>A repository of DHR Reports is essential to facilitate annual review and research, and maximise learning. Training about domestic violence and Intimate Partner Violence needs to address the particular features relevant to older adults, caring situations and assessment of risk in respect of older adults.</p>
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Reference	Bows, H. (2018). "Practitioner Views on the Impacts, Challenges, and Barriers in Supporting Older Survivors of Sexual Violence." <i>Violence Against Women</i> 24(9): 1070-1090.
Country	England and Wales
Evidence Type	Qualitative
Aim/focus	<p>This article presents the findings of an empirical study designed to extend knowledge and understanding of sexual violence against older people before considering implications for policy, practice, and for future research.</p> <p>This study aimed to address the current gaps in knowledge through qualitative interviews with practitioners working in sexual violence organizations to examine practitioner perceptions of the effects of sexual violence on people aged 60 and over, the impact that age has on experience and challenges this creates in accessing and providing support services, and the current gaps in service provision.</p>
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	No info

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Lead body on safeguarding (national lead and/or local lead)	No info
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	No info
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	No info
Economic eval.	None
Key findings	<p>The starkest finding was the poverty of practice experience in supporting older survivors of sexual violence.</p> <p><u>Effects of Sexual Violence on Older People:</u> Practitioners described observing a range of overlapping physical and emotional effects of sexual violence with subsequent lifestyle-related effects for older survivors leading to social isolation.</p> <p>Practitioners’ understandings of coping strategies identified pathogenic strategies that masked rather than addressed the experiences of sexual violence.</p> <p><u>Challenges in Providing Support to Older Survivors:</u> 3 broad sets of challenges –</p>

	<p>Physical: Difficult for victim to access support, difficult to undergo forensic assessment (due to physical impairment associated with age)</p> <p>Emotional: practitioners felt that emotional challenges were magnified for some older survivors because the prevailing cultural norms in their earlier lives serve to inhibit disclosure or discussion of sexual violence – stigma</p> <p>Social/cultural: Ageist beliefs and attitudes presented further barriers for older people in accessing support following sexual violence. Lack of awareness, together with ageist attitudes depicting older people as vulnerable, frail, and undesirable created barriers to providing support. Older people may be uncomfortable sharing highly sensitive and distressing experiences with younger counsellors or support workers who may be a similar age to their children or grandchildren.</p> <p>One further specific challenge:</p> <p>The challenge of supporting individuals living with dementia:</p> <ul style="list-style-type: none">- A key concern was that they may not be believed when they disclosed abuse, their accounts dismissed by carers, family, or professional bodies.- Inherent ethical dilemmas of working with people who struggle to remember the details of the sexual violence.- Complexities of gaining consent to perform a forensic medical examination when the victim may not have the capacity to give their own consent.- Concern about a lack of clear guidance or training in relation to managing these challenges where practitioners felt the least confident in their knowledge of how best to support survivors and the most appropriate services to refer to. <p>Gaps in service provision identified:</p> <ul style="list-style-type: none">- Lack of awareness among older people of the existence of support services – responsibility for this lack of awareness is multifaceted but all felt that they or their organisation have a role to play in raising awareness
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	<ul style="list-style-type: none">- Insufficient collaboration, locally and nationally, between age-related organizations such as Age UK, rape crisis centres, SARCs, and domestic violence organizations <p>Gap in services for minority groups of older survivors, including men and older people from black and minority ethnic (BME) groups.</p>
Recommendations for policy, practice, education and research	<p>Learning from safeguarding reviews and best practice knowledge needs to be disseminated and shared between social care, health, criminal justice, sexual violence and age-related agencies, and practitioners who may come into contact with older survivors of sexual violence.</p> <p>There is a need for further research, which examines the coping strategies of older survivors.</p> <p>All 23 practitioners suggested that joint campaigns and joint training to raise awareness and encourage cross referrals between organizations may encourage older people affected by sexual violence to engage with services.</p> <p>A shift is required in social and cultural attitudes to older age and gender that continue to stifle public discussion and awareness of sexual violence against older people, placing a very high price on personal disclosure.</p>

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Reference	Briggs, M. and A. Cooper (2018). "Making Safeguarding Personal: progress of English local authorities." The Journal of Adult Protection 20(1): 59-68.
Country	England
Evidence Type	Qualitative
Aim/focus	The paper reports on the findings of a survey of 115 (76 per cent) of English local authorities in 2016 which compared progress on the implementation of the Making Safeguarding Personal (MSP) approach in local authorities through their Adult Social Care departments and in relation to their area Safeguarding Adults Boards (SABs) and partner organisations. The purpose of this paper is to evaluate the survey in relation to personalised social care and its impact on organisations, their staff and service users, and conclude with wider implications and recommendations for further work.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>“making safeguarding personal means it should be person-led and outcome-focussed. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety” (Care Act, 2014)</p> <p>MSP is an extension of the personalisation of social care approach which itself is now part of the mainstream of local authorities’ systems and culture.</p>
HSCP involvement – which disciplines are mentioned in	Social workers

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the paper e.g. social workers, nurses,	
Lead body on safeguarding (national lead and/or local lead)	Local authorities
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Care Act 2014 – endorses the Making Safeguarding Personal (MSP) programme which is sector-led
Economic eval.	None
Key findings	The results pointed to the impression that the majority of local authorities had completed the first step of introducing MSP, i.e. they had trained their workers and modified their systems. Most local authorities were moving into the next phase of embedding user-focussed work into their practice and culture, and were at various points along that journey. However, most had still to engage partner organisations beyond a mere acceptance of MSP as “a good thing”.

	<p>Evidence was reported to support the finding that “an MSP approach appears to take up no more time than a traditional approach” and “seems to lead to better outcomes for service users and can save time and resources in the long run as people are able to manage their own safety a lot better” (Cooper et al., 2016, p. 7).</p> <p>Most local authorities had rewritten their procedures to promote a user-focussed approach and many had prioritised good user outcomes over and above the time it took to reach them.</p> <p>There was a reported distinct move to outcome-based performance dashboards which combine a mix of qualitative and quantitative data and were presented regularly to SABs, management and staff. While these appeared to be locally driven, there was a call for at least a baseline dashboard which could be published nationally.</p> <p>Councils that engaged better with their neighbours and were outward facing and collaborative appeared to be further on with MSP than those who were fairly isolated, regardless of resources.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Further research should be conducted to find the relative merits of the wide array of IT systems used across local authorities and learn from the feedback gained through this survey’s findings.</p> <p>Guidance should be developed tailored to the main SAB partners which showed what MSP would look like when translated into their own organisations.</p> <p>Standard information should be developed in different formats which could be used to raise awareness of MSP among organisations, workers and the public.</p> <p>There is a need for first-hand evidence from people who have been subject to the MSP approach.</p>

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Reference	Burns, J. (2018). "A peer approach to the evaluation of adult support and protection processes in North Ayrshire." The Journal of Adult Protection 20(3/4): 155-167.
Country	Scotland
Evidence Type	Qualitative
Aim/focus	By adopting a "peer approach," the purpose of this paper is to evaluate the adult support and protection process in North Ayrshire from the perspective of patients, service users and carers.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>An ASP inquiry is initiated when a Council "knows or believes that the person is an adult at risk; and that it might need to intervene (under the Act or otherwise) in order to protect the person's well- being, property or financial affairs" (Scottish Government, 2014, p. 32).</p> <p>An ASP investigation: "An adult protection investigation will generally be necessary where the information gathered as part of an adult protection inquiry suggests that the adult is at risk of harm and the council may need to take action to protect them" (Scottish Government, 2014, p. 36).</p> <p>An ASP case conference: referred to as "Meeting of Agencies with the Adult at Risk" within the Code, this is a multidisciplinary meeting convened to review the findings of the investigation and take joint decisions on the most appropriate course of action. Each case conference produces a plan for the adult at risk.</p>
HSCP involvement – which disciplines are mentioned in	Social workers

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<p>the paper e.g. social workers, nurses,</p>	
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>North Ayrshire Adult Protection Committee (NAAPC) has been in place for eight years and is responsible for the local enactment of the Adult Support and Protection National Priority Working Group on Service User and Care Engagement Final Report (2014)</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>No info</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Adult Support and Protection National Priority Working Group on Service User and Care Engagement Final Report (2014) Adult Support and Protection (ASP) Code of Practice (Scottish Government, 2014)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Importantly given the purpose of ASP processes, 10 of 12 participants reported feeling safer after the ASP process.</p> <p>The results suggest there is good work taking place across the ASP process.</p> <p>Participants generally reported being treated respectfully by the practitioners with whom they came into contact, for the most part were clear on the process and purpose and felt safer as a result of the process.</p>

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	<p>Participants described a variability of the inquiry and investigation stages, particularly around the clarity of purpose of the processes.</p>
Recommendations for policy, practice, education and research	<p>Further work may be required to explore how helpful or otherwise the information leaflet on ASP is in explaining the ASP process to people, especially given that the first two phases – inquiry and investigation – have been at times described to be somewhat opaque.</p> <p>Improve the use of advocacy services.</p> <p>Improvements needed in the timeous provision of paperwork – including agendas, reports and invitations – not only to allow preparation but to ensure people do not miss the date of the case conference.</p> <p>Recommendation for ongoing systematic evaluation of service user experiences.</p>

Reference	Carr, S., Hafford-Letchfield T., Faulkner A., Megele C., Gould D., Khisa C., Cohen R., and Holley J. (2019) “Keeping Control”: A user-led exploratory study of mental health service user experiences of targeted violence and abuse in the context of adult safeguarding in England', Health & Social Care in the Community, 27(5), pp. e781-e792.
Country	England
Evidence Type	Qualitative
Aim/focus	<p>The research is intended to support relevant mental health and adult safeguarding practitioners and agencies to understand the role that targeted violence and abuse plays in mental health service users' lives and their help-seeking and prevention behaviour, from the perspective of service users themselves.</p> <p>This study aimed to explore mental health service user concepts and experiences of targeted violence and abuse; where mental health service users go to get support if they are afraid, threatened or have been victims of targeted violence and abuse; and the responses of adult safeguarding, mental health and other relevant practitioners.</p>
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Local authorities have statutory obligations to provide multi-agency Safeguarding Adults Boards in their area, to include the police, the NHS and other local stakeholders such as housing.
HSCP involvement – which disciplines are mentioned in	Social workers, Mental Health Nursing, Safeguarding Lead

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the paper e.g. social workers, nurses,	
Lead body on safeguarding (national lead and/or local lead)	No info
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	No info
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Care Act 2014
Economic eval.	None
Key findings	<p>The service users and practitioner participants agreed that mental health service users may not think adult safeguarding or disability hate crime definitions apply to them and that reduced services (austerity) may increase the risk of individuals in crisis to being exposed to targeted violence and abuse in their neighbourhoods.</p> <p>Interviewees who reported incidents of targeted violence or abuse found responsible services to be “fragmented”, with health and social work professionals sometimes “passing the buck” resulting in long response delays and lack of support.</p>

	<p>Reporting, self-worth and “psychiatric disqualification” as problems.</p> <p>Several practitioner and stakeholder participants reported that partnership working in mental health and adult safeguarding can mean that nobody takes ownership.</p> <p>Practitioner participants generally perceived risk from others as being about coercive control by family or friends, abuse by neighbours and financial exploitation. “Mate crime” was seen by most social workers as difficult to address because of the belief that individuals rely on the people who are exploiting or abusing them, and therefore reluctant to report the abuse or pursue a criminal case.</p> <p>Many practitioner participants agreed that closed environments such as wards, poor supported accommodation or housing, deprived neighbourhoods, social isolation and disconnected communities were circumstances that increased vulnerability to targeted violence and abuse.</p> <p>The institutionalisation and desensitisation of mental health ward staff was seen by some as risking the safety of patients.</p> <p>Practitioners reported difficulties in being able to take individual responsibility for responding to reports of targeted violence and abuse in fragmented systems and structures with imprecise lines of reporting. “Blame Cultures” – hard to take responsibility</p> <p>Mental health service users have little awareness of adult safeguarding, their legal rights or how to raise a concern.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>An increased awareness of what adult safeguarding is in relation to “hate crime” is needed so that mental health professionals with responsibility for adult safeguarding are in a position to fulfil the safeguarding legislation and criminal justice policy imperatives for people with mental health problems who are victims of targeted violence and abuse.</p> <p>Further clarity is needed on how adult safeguarding functions to protect people who experience targeted violence and abuse, including neglect, in mental health services and settings.</p>

Mental health service users' experiences and concepts of risk from others, vulnerability and neglect should be central to adult safeguarding, and experiences of targeted violence and abuse in defining disability hate crime.

Histories of trauma, multi-factorial abuse, living with fear and stigma as well as mental distress, "psychiatric disqualification" and individual blaming should be addressed in adult safeguarding practice in mental health. This implies that mental health adult safeguarding should be trauma-informed.

Service users reported wanting mental health and adult safeguarding practitioners to listen and believe them; be accountable and responsible; to take ownership of the issue; and help them pursue justice. They recommended having independent peer workers and advocates who can provide person-centred and consistent support for navigating complex mental health, adult safeguarding and criminal justice processes to resolution stage.

Establishing collective and individual responsibility between agencies and individual practitioners, sharing information, trauma-informed working, developing a common language and open cultures are needed if adult safeguarding is to be person-centred, accessible and effective for people with mental health problems who are at risk or victims of targeted violence and abuse. Staff need to feel supported and confident to take responsibility, raise concerns and challenge bad practice.

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Reference	Cooper, A., Cocker, C. and Briggs, M. (2018a) 'Making Safeguarding Personal and Social Work Practice with Older Adults: Findings from Local-Authority Survey Data in England', British Journal of Social Work, 48(4), pp. 1014-1032.
Country	England
Evidence Type	Qualitative
Aim/focus	In 2016, a national 'temperature check' or review of MSP implementation took place, based on survey data collected from 76 per cent (115/ 152) of English local authorities. This paper reports on the findings and explores how this approach is relevant to social workers and their safe- guarding practice with older adults.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	The Care Act 2014 placed adult safe- guarding on a statutory footing in England. It introduced different ways of working in adult safeguarding practice, including promoting the MSP approach.
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers

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<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>The Making Safeguarding Personal (MSP) programme was developed and led by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA).</p> <p>Local authorities identified as the lead agency in the national government guidance <i>No Secrets</i> (Department of Health and Home Office, 2000).</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Safeguarding Adults Boards (SABs) have incorporated MSP into their multi-agency training plans and programmes.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Care Act 2014</p> <p>Mental Capacity Act 2005</p>
<p>Economic eval.</p>	<p>The study finding that the MSP approach appears to be more cost-effective should incentivise further implementation.</p>
<p>Key findings</p>	<p>The overall findings from the ‘temperature check’ showed that MSP was being implemented across England, but local authorities were at different stages of development.</p> <p>The study showed that social workers were enthusiastic about MSP, but implementation and culture change were affected by a variety of different factors, including local authority systems and structures; the support of leaders, managers and partners in implementing MSP; service capacity; and input to develop the skills and knowledge necessary to improve social work safeguarding practices. There are specific challenges in using MSP for social work with older</p>

	<p>adults, particularly regarding mental capacity issues for service users, communication skills and the need to combat ageism in service delivery.</p> <p>Social workers reported to reacting positively to adopting MSP. However, respondents reported that social workers' enthusiasm appeared to be moderated by staff shortages, systems that were not suited to a person-centred approach and organisational inertia.</p> <p>There was evidence that adopting MSP resulted in a more efficient use of resources, as MSP did not involve more time commitment than other safeguarding approaches.</p> <p>Where there were reports of resistance to implementing MSP, this was said to be due to: an attachment to pre-Care Act 2014 ways of working, concerns about the time it takes to engage people in conversations about what they want from safeguarding activity, risk-averse attitudes and reluctance to ask people for feedback on the services, such as: 'The staff culture of "I know best" still exists.'</p> <p>There is ongoing recognition that MSP led to better experience and outcomes in safeguarding for people and their families, including older adults, with people increasingly being asked what outcomes they want.</p> <p>Where safeguarding responsibilities are dispersed throughout the teams, there is more likelihood of consistency of the practitioner relationship with the person.</p> <p>The information systems used to record information and capture data seem to be a determining factor in prompting social workers to apply MSP consistently in their practice, and this was reported as being a major barrier or enabler.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Social workers need to develop specialist expertise to address the challenges associated with using MSP with older people (i.e. working with people who lack mental capacity, which becomes more prevalent with ageing; communication skills; ageism; and dependency) and achieve improved outcomes.</p>

	<p>Social workers should explore mental capacity at the beginning of any safeguarding work with older people, through identifying their views and wishes.</p> <p>Communications skills are needed to navigate “difficult conversations”.</p>
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Reference	Couture, M., Israel S., Soulières M. and Sasseville M. (2019) 'Implementing a Systematic Screening Procedure for Older Adult Mistreatment Within Individual Clinical Supervision: Is It Feasible?', Journal of Interpersonal Violence, 34(13), pp. 2813-2833.
Country	Canada
Evidence Type	Qualitative
Aim/focus	<p>The purpose of this pilot study was to evaluate the implementation process of a new systematic screening procedure for older adult mistreatment within pre-existing individual clinical supervision.</p> <p>More specifically, the study aimed at (a) evaluating the level of fidelity to the planned procedure, (b) testing the acceptability of the new procedure for participating clinical supervisors and social workers, and (c) to examine the feasibility of implementing a systematic screening procedure for older adult mistreatment within individual clinical supervision in home care.</p>
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>In Canada, health and social care are under provincial jurisdiction and the range of services differs from province to province. In Québec, local community service centres (CLSCs) offer frontline health and social services, including home care. The main purpose of home care is to provide interdisciplinary frontline services to maintain or improve people’s ability to remain at home safely according to their wishes and the feasibility to do so. Services available include professional services (e.g., medical, nursing, social work, etc.), home support (e.g., personal care, domestic help, etc.), and technical support (e.g., equipment, technical aids; Ministère de la santé et des services sociaux, 2003).</p>

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	<p>Generally, request for home care services for older adults are processed by a centralized intake. Eligible clients are then put on a wait list based on level of priority that determines the order in which they will be seen by an evaluation team responsible for making recommendations for a transfer to the appropriate division for case management.</p> <p>With consent of the client, family caregivers and clients are involved in the evaluation process and the development of the intervention plan. Social workers can have a more general role such as making global evaluations and providing case management services or have a more specialized role by providing in-depth psychosocial evaluations and support around the loss of autonomy and bereavement.</p>
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Social workers, home care professionals</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>No info</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>No info</p>
<p>Information on regulation – reference to regulatory bodies</p>	<p>None</p>

<p>or organisations (disciplinary boards, legislation)</p>	
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Results showed the procedure was judged acceptable because it sensitized social workers to risk factors, gave them time to reflect upon and discuss probable cases with their clinical supervisor.</p> <p>Participants admit that the screening procedure increased their sensitivity to risk factors and that usually, they are not on the lookout for clients presenting more subtle signs.</p> <p>Participants identified three main issues influencing to what extent the new systematic screening procedure could be successfully used within the local community service centres (CLSCs): older adult mistreatment is competing with other priorities; the procedure must go beyond screening, and there is a need to clarify where to record information regarding older adult mistreatment.</p> <p>The results from this study show that even with clinical supervision, home care professionals omitted to include crucial information regarding suspected older adult mistreatment cases.</p> <p>In regard to acceptability, clinical supervisors reported that the screening tool helped to structure the clinical supervision meetings but was not used systematically. Social workers felt it was more useful for less experienced workers.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Feasibility was mainly challenged by the fact that screening for older adult mistreatment competes with other organisational priorities. Future initiatives must develop strategies to counteract those barriers.</p> <p>Older adult mistreatment must be a priority set by upper management of health care establishments so that enough time can be allocated for screening. Government initiatives such as increased funding for prevention and intervention are essential.</p>

	<p>Clinical supervisors and social workers in home care must have a significant level of training regarding not only screening for older adult mistreatment but also managing this type of situation. In the same sense, tools and procedures developed for home care must not only cover screening but also interventions related to older adult mistreatment.</p>
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Reference	Dow, B., Gahan L., Gaffey E., Joosten M., Vrantsidis F. and Jarred M. (2019) 'Barriers to Disclosing Elder Abuse and Taking Action in Australia', Journal of Family Violence, pp. 1-9.
Country	Australia
Evidence Type	Qualitative
Aim/focus	This study aimed to understand older people's experiences of elder abuse and the barriers to reporting it.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	No info
Lead body on safeguarding (national lead and/or local lead)	No info

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<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>No info</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>None</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Four key barriers to disclosing and/or taking action emerged as themes from the data during the analysis – fear of negative consequences for the abuser, including homelessness, fear of negative consequences to themselves, belief that the abuse was not the perpetrator’s fault and what we have labelled stigma – the fear or experience of shame and embarrassment. The overarching explanatory category for these barriers was the power of kinship ties, particularly the parental bond.</p> <p>Many interviewees expressed discomfort at what they saw as extreme measures, such as taking out intervention orders or calling the police.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Policy and services need to recognize the unique characteristics of the parent-child relationship and the way they can affect an older person’s ability to seek help.</p>

Further work needs to be done to identify points of potential intervention or diffusion at an earlier stage in an abusive scenario, so that things are less likely to escalate to the situation where the action required – such as intervention orders, legal proceedings, or calling police – is extremely difficult for the older person to initiate and perceived as harmful for the perpetrator.

In order to intervene early, the stigma and shame surrounding elder abuse perpetrated by adult children needs to be addressed. Public awareness campaigns and educational resources targeted at older people may be one way of reducing stigma. However, these campaigns should be informed by older people themselves and feature the voices of people who have experienced abuse from their adult children and have been able to get the help they need.

Services may also be needed that help older people deal with the potential loss of relationships if that is the only alternative to abuse. Support groups for people who have experienced abuse by their adult children might be a starting point.

Broader social services need to be considered in responding to elder abuse, such as housing services, financial counselling and assistance.

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Reference	Fenge, L. A. and S. Lee (2018). "Understanding the Risks of Financial Scams as Part of Elder Abuse Prevention." British Journal of Social Work 48(4): 906-923.
Country	England
Evidence Type	Qualitative
Aim/focus	<p>This paper explores factors emerging from the international literature that may act as risk factors for scam involvement. The findings of a small exploratory qualitative study with older people and their carers (n=12) who have experienced financial scams will be discussed in relation to the emergent literature.</p> <p>Discuss key themes arising from the research in relation to the implications for social work practice and integrated working across health and social care.</p> <p>The aim of the explorative study was to gain insight into the experience of financial scams on older people, including how and why the individual first became involved with the scam, the frequency of contact and the impact on their lives and relationships, both materially and psychologically/emotionally.</p>
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	The 2014 Care Act specifically cites scams as a form of financial abuse (section 42(3)) and requires social workers and other professionals with safeguarding responsibilities to seek ways of preventing and protecting adults at risk.
HSCP involvement – which disciplines are mentioned in	Social workers

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the paper e.g. social workers, nurses	
Lead body on safeguarding (national lead and/or local lead)	No info
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	No info
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Care Act 2014 2017 Care Act Guidance (section 14)
Economic eval.	None
Key findings	<p>Vulnerability factors that appeared to make them susceptible to responding to a scam included loneliness and social isolation, rationalising ongoing scam involvement, and psychological and emotional factors.</p> <p>When vulnerability factors inter- sect with apparent ways of meeting needs such as loneliness, some individuals become increasingly at risk of scam involvement.</p>

<p>Recommendations for policy, practice, education and research</p>	<p>One way of reducing risk of scam involvement is to equip older people with increased knowledge and understanding of the risks posed by scams so that they are better able to protect themselves.</p> <p>It is important for social work professionals to be scam-aware and for agencies to have protocols and procedures in place, such as when older individuals make unusual or large bank transfers or withdrawals.</p> <p>Practitioners need to develop person-centred approaches in line with Making Safeguarding Personal policy to recognise the wider psycho-social elements involved in scam involvement.</p>
<p>Reference</p>	<p>Hodges, Z. and R. Northway (2019). "Exploring professional decision making in relation to safeguarding: A grounded theory study of social workers and community nurses in community learning (intellectual) disability teams in wales." Journal of Applied Research in Intellectual Disabilities 32(2): 435-445.</p>
<p>Country</p>	<p>Wales</p>
<p>Evidence Type</p>	<p>Qualitative</p>
<p>Aim/focus</p>	<p>This study sought to explore how nurses and social workers in Community Learning (Intellectual) Disability Teams (CLDTs) in Wales make decisions when safeguarding adults with intellectual disabilities.</p> <p>Specific questions to address:</p> <ul style="list-style-type: none"> • How do practitioners make decisions as to whether abuse has occurred? • What factors influence their decision making? <p>What actions are taken/not taken?</p>

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Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>Within Wales, this policy guidance (National Assembly of Wales (NAW), 2000) required regions to design and implement local guidance to ensure its translation into practice.</p> <p>Within Wales, each local authority area has a multi-agency community support team for adults with intellectual/learning disabilities (CLDTs) that provide an identified local point of contact for people with intellectual disabilities, their families and service providers. All such teams include social workers and intellectual (learning) disability community nurses.</p>
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Intellectual (learning) disability community nurses, social workers
Lead body on safeguarding (national lead and/or local lead)	Local Authorities
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	No info

<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Social Services and Well-being (Wales) Act 2014</p> <p>Mental Capacity Act 2005</p> <p>Policy frameworks No Secrets (Department of Health, 2000) and In Safe Hands (National Assembly for Wales, 2000) – England and Wales.</p> <p>All-Wales Interim Adult Protection Policies and Procedures (Social Services Improvement Agency, 2011)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Presented under key themes:</p> <ul style="list-style-type: none"> • The official line <p>This theme presents evidence that not only formal or published sources contribute to participants’ identification of the official line but that the interpretation of these sources and application to practice on a local or regional basis was also significant.</p> <ul style="list-style-type: none"> • Expectation and Perception <p>Whilst Local Authorities became the lead organization for adult protection in the community, under In Safe Hands (National Assembly of Wales (NAW), 2000), the expectation is that a range of organizations including the NHS and the Local Authority will work in partnership. This echoes the anticipation in policy guidance that good decisions are multidisciplinary decisions and multidisciplinary decisions are good decisions.</p> <p>It appeared to be a widespread expectation that all concerns about adult abuse should be directed to social services. Nurses and social workers identified the value of seeking a multidisciplinary team view before raising a formal alert if they became aware of potential abuse.</p> <ul style="list-style-type: none"> • Non-adult protection options

Where staff identified that alternative action to the adult protection process was required, this was usually for one reason namely that an alternative process or action was considered to be more appropriate and effective. One factor that may influence such a decision was the nature of the alleged abuse. Existing professional relationships with families also emerged as a factor that may exert an influence on decision making. Where participants described a strong relationship with the family of an adult with a ID, they were frequently more reluctant to initiate an adult protection alert, preferring instead to take alternative action or no action at all.

- Confidence and competence

Participants discussed how their awareness of policy and guidance combined with their practice experience to result in a competent decision. Staff consistently identified that managers had a considerable influence (usually positive) on their decision making and their individual adult protection practice.

- Sites of silence

The following sites of silence were identified: not asking further questions when potential abuse is identified, preservation of the relationship with the family, the absence of the adult with an ID in much of the discourse regarding relationships and “not my decision.”

- The project map

Acknowledging the four key themes, the official line, expectation and perception, non- adult protection options and confidence and competence, these combine to form a point at which a decision is needed as to how to proceed. In this research, and in the project map, this point is identified to be the tipping point: the core category. This is the point at which a nurse or social worker in a CLDT arrives at, and makes a decision whether or not to raise an adult protection alert. The key characteristics of the tipping point can be summarized as: practitioner discretion management decision.

Discussion:

	<p>Rather than nurses and social workers in CLDTs simply “implementing” policy as written a range of factors have been highlighted as exerting an influence on their decision making or “situated judgements” as to what action to take (or not take) when abuse is suspected; the use of professional judgement and discretion is evident.</p>
Recommendations for policy, practice, education and research	<p>Professional supervision in which the time and space are available for practitioners to critically reflect on, and learn from, their practice with the support of an experienced peer or manager would therefore seem essential to improving the confidence and competence of practitioners and to improving the overall quality of safeguarding practice.</p> <p>Practitioners need to actively seek the views of people with intellectual disabilities when there are concerns regarding potential abuse and both listen and act on their concerns.</p> <p>It is recommended that policy makers become aware of the factors identified in this study and use them to assist with the implementation of new safeguarding policies.</p> <p>There would also seem to be a pressing need to explore the role that people with intellectual disabilities themselves play when there are allegations of abuse; such research needs to reflect both the experience of being abused and of being an alleged abuser.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Houston, S. and M. McColgan (2018). "Delivering social work education on inquiry reports addressing harm to vulnerable people: An exploratory study." <i>Journal of Social Work</i> 18(1): 66-84.
Country	Northern Ireland
Evidence Type	Qualitative
Aim/focus	The aim of this study was to ascertain the views of relevant higher education co-ordinators on how their modules tackled the reports' findings and recommendations. More specifically, it sought to appraise their views on the factors influencing their engagement with the area; the approach taken to facilitating learning on this specialist domain of knowledge acquisition; and, as a result of these educational inputs, the issues raised concerning social work knowledge, skills and values.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	No info
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers

Lead body on safeguarding (national lead and/or local lead)	No info
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	<p>This paper discusses the education that social work students receive in training to become social workers. It looks at key social work programmes within Northern Ireland where risk, vulnerability, care, protection and safeguarding were essential elements of the curriculum, namely: (i) the two qualifying programmes in the region; (ii) two of the post-qualifying pathways; and (iii) one post-qualifying module.</p> <p>In relation to the qualifying level of training, both universities offered a broadly similar social work curriculum for undergraduate students reflecting their role as partners in the region’s ‘Social Work Degree Partnership’ (a consortium of higher education and agency stakeholders). By way of contrast, the post-qualifying programmes (dealing centrally with safeguarding practices) were more diverse in their focus. They were constituted as a master’s level, child care pathway (delivered by Queen’s and agency partners); a master’s level, mental health pathway (delivered by Queen’s and agency partners); and a master’s level module in initial professional development (offered by the University of Ulster and agency partners).</p>
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Hughes Report in Northern Ireland (1986) Victoria Climbié Report (House of Commons, 2003) Cleveland Report (Butler-Sloss, 1988)
Economic eval.	None
Key findings	Three key themes:

- The importance of the organizational context

The organizational context set important parameters, and provided key opportunities and constraints that moulded the co-ordinators' approach to the dissemination of information about the reports.

Teaching on the reports was meant to strengthen the arms of regulation, governance and safe practice within agencies.

- The focus on learning

Co-ordinators' preoccupation with achieving designated learning outcomes. It was not a matter of teaching a distinct module on the reports' findings but rather embedding them within a range of modules, each with their own specific learning outcomes.

- The development of social work competence.

A wide range of knowledge, skills and values emanating from the reports' recommendations. The focus on enhancing social work competence was meant to not only 'build confidence but also look at what could be done better'. Furthermore, although the issue of developing competence was stressed, it was underwritten by the message that 'we can't stop the fatalities'. Reassurance was needed to 'counter blame and mitigate the fear factor'. Yet, to enhance competence within students, it was stated that co-ordinators, too, needed to receive 'up-dated training on the reports'. The fact this was not happening, was seen as a key gap.

They were delivering modules shaped by centralised, 'top-down' directives on social work including the competencies that post-qualifying social workers had to meet. The focus on regulation and governance in social work had generated important issues for some of the co-ordinators. In this regard, they were concerned about the emergence of an overly bureaucratic model of social work.

Co-ordinators felt that much more time, space and resources were needed to cover the reports in the necessary detail. In particular, additional time was required to explore the emotional ramifications of the reports' findings. Large classes needed to be complemented by more opportunities for small group work and one-to-one tutorials.

	<p>It was evident that the region had not produced an integrated learning strategy on the reports to guide the co-ordinators in planning and designing the curriculum.</p> <p>These themes showed that the co-ordinators were delivering a complex area of knowledge. It was clear that they had given considerable thought to the essential messages from the reports even though the constraints of time and setting were apparent. Moreover, they employed a range of innovations in the way the reports were theorized and how the knowledge coming from them was disseminated. The importance of the ‘fear factor’ within students was a primary issue affecting teaching and learning strategies.</p> <p>The three overarching themes – addressing the importance of the organizational context, the focus on learning, and the development of social work competence – showed that the co-ordinators were delivering a complex area of knowledge. It was clear that they had given considered thought to the essential messages from the reports even though the constraints of time and setting were apparent. Moreover, they employed a range of innovations in the way the reports were theorized and how the knowledge coming from them was disseminated.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>We suggest that the results could act as a critical source for an action research project involving the module co-ordinators in the region, enabling them to further develop their approach to this area through a cyclical set of reflections aimed at enhancing how the reports are taught and considering strategies for measuring impact.</p> <p>Need for an integrated learning and evaluation strategy for the region, setting out tailored learning outcomes for different grades of multi-disciplinary staff and different programmes of care. The strategy might also consider ways of measuring the attainment of these learning outcomes, evaluating the impact of teaching on the student’s knowledge, skills and values. Different stakeholder groups – students, representatives from lead social work agencies, regulators, users and carers, and higher education institutions – might take this forward through a project management initiative.</p> <p>Encourage educators to commit, more fully, to a psychodynamic perspective.</p>



Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Iversen, M. H., Kilvik, A. and Malmedal, W. (2015). "Sexual Abuse of Older Residents in Nursing Homes: A Focus Group Interview of Nursing Home Staff." Nursing Research & Practice 2015: 1-6.
Country	Norway
Evidence Type	Focus group interview
Aim/focus	The objective of this study was to increase knowledge of staff experiences, thoughts and attitudes about sexual abuse against older residents in nursing homes.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nursing home staff, nurse
Lead body on safeguarding (national lead and/or local lead)	None

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>The participants agreed that the topic of sexual abuse should be included as part of the basic training of health professionals in order to create awareness of the issue. The informants believed that lack of education was caused by the anathema of the subject.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>National Centre on Elder Abuse (NCEA), Adult Protective Services (APS)</p>
<p>Economic eval.</p>	<p>The study highlights the need for education of all health care workers in Norway as well as more research on sexual abuse against older residents in nursing homes. There is a need for good policies and reporting systems, as an important step towards addressing sexual abuse of the aged in a more appropriate way.</p>
<p>Key findings</p>	<p>Sexual abuse of older residents is a taboo topic among health professionals. Acts of sexual abuse are difficult to imagine; it is hard to believe that it occurs. The fact that staff are not aware that it could happen, or have a hard time believing that it actually happens, can amplify the residents' vulnerable position as potential victims of abuse, and it makes it even more challenging to report or uncover such acts.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Further research must aim to reveal more about this taboo area. The focus group discussed the need for an information booklet about abuse of older persons in general, as well as specific information about sexual abuse. These booklets should be made available to educational institutions, as well as the practice field.</p>



Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Jain B, Willoughby M, Winbolt M, Lo Giudice D. and Ibrahim J. (2018). "Stakeholder perceptions on resident-to-resident aggression: implications for prevention." Australian health review : a publication of the Australian Hospital Association 42(6): 680-688.
Country	Australia
Evidence Type	Semi-structured telephone interviews
Aim/focus	The aim of this study was to explore key stakeholders', nurse managers, geriatric psychiatrists, risk assessors, coroners and specialists in injury prevention and aged care policy, knowledge and perceptions of resident-to-resident aggression (RRA) in Australian nursing homes.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Aged Care Act 1997, Coroners Act 2008
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nurse managers, geriatric psychiatrists, risk assessors, coroners and specialists in injury prevention and aged care policy

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	None
Economic eval.	None
Key findings	Just over half of senior managers familiar with the concept of RRA (n = 8; 53.3%) had witnessed an incident. Major themes included the nature and causes of RRA and attitudes and responses to RRA. Potential causes of RRA included maladaptation to nursing home life, transfer of pre-existing issues into the nursing home environment, physical environment and staffing-related issues. RRA was commonly viewed by participants as dangerous and unpredictable or, conversely, as expected behaviour in a nursing home setting. A person-centred care approach was considered most effective for

Recommendations for policy, practice, education and research

Future research that develops and tests interventions for RRA is imperative to improve the safety of both residents and staff. In addition, future qualitative research that explores the views of residents, families and direct care staff on RRA would assist in completing our understanding of this issue and informing appropriate prevention strategies

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Jessiman, T. and A. Cameron (2017). "The role of the appropriate adult in supporting vulnerable adults in custody: Comparing the perspectives of service users and service providers." British Journal of Learning Disabilities 45(4): 246-252.
Country	England
Evidence Type	Face-to-face or telephone interviews and focus groups
Aim/focus	This study focuses on the role of the AA in supporting vulnerable adults and seeks to examine what stakeholders would expect from an effective AA service
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	National Appropriate Adult Network, Police and Criminal Evidence Act
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social worker, appropriate adult

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Criminal Justice System (CJS), KeyRing Living Support Networks, Prison Reform Trust
Economic eval.	Professionals involved in commissioning and management of AA services should monitor whether the rights of vulnerable adults in custody are protected and better engage vulnerable adults beyond service delivery
Key findings	There is disparity between the expectations of professionals, and service users, on what comprises an effective service. Professionals tend to prioritise the availability and response time of AAs, while service users prioritise their personal attributes and demeanour.
Recommendations for policy, practice, education and research	This study recommends that AA services should try and engage more effectively with vulnerable adults



Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Joseph, S., Klein S., McCluskey S., Woolnough P. and Diack L. (2019) 'Inter-agency adult support and protection practice', Journal of Integrated Care, 27(1), pp. 50-63.
Country	Scotland
Evidence Type	Focus groups
Aim/focus	To disseminate the findings from a research study on the inter-agency working within adult support and protection (ASP) roles in the police, health and social care.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, psychiatric nurses, GPs
Lead body on safeguarding (national lead and/or local lead)	National and Local

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	The Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003, Adult Support and Protection (ASP) Act (Scottish Government) 2007
Economic eval.	None
Key findings	Local Authorities and Health Boards across Scotland, 2016 vision for Police Scotland (2016), Care Inspectorate Scotland's (2014)
Recommendations for policy, practice, education and research	None

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Kirk, C. A., Killick C., Mcallister A. and Taylor B. (2019) 'Social workers' perceptions of restorative approaches with families in cases of elder abuse: a qualitative study', Journal of Adult Protection, 21(3), pp. 190-200.
Country	Northern Ireland
Evidence Type	Focus group sessions
Aim/focus	This qualitative study explored professional perspectives on restorative approaches with families in elder abuse cases
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, adult services teams, community care services
Lead body on safeguarding (national lead and/or local lead)	National

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Northern Health and Social Care Trust (NHSCT), Women’s Aid voluntary organisation, Commissioner for Older People Northern Ireland (2016)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Given the challenging nature of safeguarding work, the knowledge, skills and values of the social work staff tasked with the role is key to its success</p> <p>This paper reports main findings under the themes of (1) Engaging Families and Service Users; (2) Managing Risk in Working with Families in Adult Safeguarding; and (3) Challenges for Professionals in Practice. A key finding was that professionals felt challenged personally and professionally in managing the risks and working with families in these highly complex cases</p>
<p>Recommendations for policy, practice, education and research</p>	<p>With the complexity of the adult safeguarding role, specialist post-qualifying training for social workers is required to build on the generic knowledge and interpersonal skills provided in qualifying training. In addition to therapeutic skills in working with families, generic skills in decision making and in the management of risk need to be developed at specialist</p>

	level if family work in adult safeguarding is to be most effective in safeguarding vulnerable clients and restoring a measure of family functioning.
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Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Lindsey, J. (2019). "Testimonial injustice and vulnerability: a qualitative analysis of participation in the Court of Protection." <i>Social & Legal Studies</i> 28(4): 450-469.
Country	England
Evidence Type	Observational research of COP case files, verbatim notes made during observations
Aim/focus	This article explores participation in Court of Protection (COP) proceedings by people considered vulnerable
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Court of Protection (COP) Rules 2017, Mental Health Capacity Act 2005, Rule 3A Court of Protection Rules (COPr) 2007, Rule 3A COPr, section 63A(4) Forced Marriage (Civil Protection) Act 2007
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nurse, social worker, care home staff
Lead body on safeguarding (national lead and/or local lead)	National

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<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>The European Court of Human Rights (ECtHR)</p>
<p>Economic eval.</p>	<p>The article proposes that the COPr should be amended to include a rebuttable presumption that a vulnerable person should give evidence in COP proceedings. This means that it would be assumed that the vulnerable person would provide evidence unless it was established that she was not competent.</p>
<p>Key findings</p>	<p>Using original data, I have highlighted the vulnerable person’s routine absence from COP proceedings. This is despite moves under the ECHR and other jurisdictions to facilitate participation. I have framed the vulnerable person’s absence as a form of testimonial injustice underpinned by attitudes which view mentally disabled adults as especially vulnerable</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Further research</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Lonbay, S. P. and T. Brandon (2017). "Renegotiating power in adult safeguarding: The role of advocacy." Journal of Adult Protection 19(2): 78-91.
Country	England
Evidence Type	A critical realist approach using a retroductive methodology. In-depth interviews which were semi-structured
Aim/focus	To consider the evidence around advocacy provision within adult safeguarding for older people
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Care Act 2014, The Care and Support Statutory Guidance (CSSG), “Making Safeguarding Personal” (MSP) work, Mental Capacity Act (2005), Mental Health Act (2007)
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, Independent mental capacity advocate (IMCA), Independent mental health advocates (IMHAs)
Lead body on safeguarding (national lead and/or local lead)	Local, Department of Social Work and Community, SCIE guidance, True Voice, Safeguarding Adult Boards

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	None
Economic eval.	None
Key findings	People, who may lack capacity to make some decisions around their care, may benefit from advocacy support in bridging health and social care services.
Recommendations for policy, practice, education and research	None

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Lonbay, S. P. (2018). "These are vulnerable people who don't have a voice': Exploring constructions of vulnerability and ageing in the context of safeguarding older people." British Journal of Social Work 48(4): 1033-1051.
Country	England
Evidence Type	A critical realist approach using a retroductive methodology. In-depth interviews which were semi-structured
Aim/focus	This article explored the involvement of older people in adult safeguarding and to gain a greater understanding of the key barriers to involvement in this area
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Safeguarding Adult Boards, WHO
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, Independent mental capacity advocate (IMCA), Independent mental health advocates (IMHAs)
Lead body on safeguarding (national lead and/or local lead)	Local

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<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Care Act 2014, Mental Health Capacity Act 2005</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>It is argued that older people are considered to be inherently vulnerable, and that this reduces their opportunities to be engaged in adult-safeguarding processes</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Shifts in social policy to move towards a recognition of shared vulnerability will help us to have a clearer understanding of the experiences of older people</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Manthorpe, J. and S. Martineau (2017b). "Home pressures: failures of care and pressure ulcer problems in the community – the findings of serious case reviews." Journal of Adult Protection 19(6): 345-356.
Country	England
Evidence Type	Identification of possible reports (Serious Case Reviews (SCRs) and Safeguarding Adult Reviews (SARs)), content analysis of terms, narrative review (noting salient context, findings, and recommendations) through to textual analysis.
Aim/focus	To present findings from a documentary analysis of SCRs and SARs to ascertain what recommendations are made about pressure ulcer prevention and treatment at home, in the context of safeguarding, and assessing what lessons may be learned by considering them as a group
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Home setting, Care home, GP, District Nursing Service, Staff Nurse Community and Hospital Services,

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Local</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Training be provided about the Mental Capacity Act 2005</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Local Safeguarding Adult Boards (including Nottinghamshire SAB 2011, 2013, Birmingham SAB 2012, Coventry SAB 2010, 2013, 2015, Cumbria SAB 2009, Essex SAB 2012, Isle of Wight SAB 2015, Worcestershire SAB 2010), NICE guidelines, Care Act 2014, London Guidelines (London, ADASS, 2015)</p>
<p>Economic eval.</p>	<p>The analysis indicates that problems in prevention and treatment are not only attributable to home care staff but to the extent to which they are supported by healthcare professionals. Overarching problems will remain if the wider problems of the sector are not addressed especially those which make communication, information sharing, accountability and resource provision difficult.</p>
<p>Key findings</p>	<p>Relevant SCRs (1 was a case summary) and 2 SARs covering pressure ulcers that had been acquired or worsened at home led into the individual’s circumstances, their acceptance of care and support, the actions of others in their family or professionals, and the events leading up to the death or harm.</p> <p>To follow guidance were noted among professionals, and problems within wider health and care systems were identified.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

	<p>Recommendations for training on pressure ulcers for home care workers, but also greater risk communication and better adherence to clinical guidelines.</p> <p>A small number focus on neglect by family members, others on self-neglect, including some vulnerable adults' lack of capacity to care for themselves or to access help.</p>
Recommendations for policy, practice, education and research	<p>While authors of future SARs may wish to ask further questions about local pressure ulcer care, SABs may wish to take more proactive approaches by scrutinising auditing and patient experience and taking a system overview</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Manthorpe, J. and S. Martineau (2017c). "Pressure points: Learning from Serious Case Reviews of failures of care and pressure ulcer problems in care homes." Journal of Adult Protection 19(5): 284-296.
Country	England
Evidence Type	Documentary analysis of all obtainable adult SCRs and SARs undertaken in England from 2003 to August 2016
Aim/focus	The purpose of this paper is to present findings from a documentary analysis of SCRs/SARs to investigate what recommendations are made about pressure ulcer prevention and treatment in a care home setting in the context of safeguarding.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Supported housing, dementia care, care homes, nursing home, GP

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	It recommended that self-funders must receive appropriate support from social work staff and other professionals, including contract monitoring staff
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Mid Staffordshire NHS Foundation Trust, Safeguarding Adults Board, Health and Social Care Information Centre, NHS Improvement 2010, Social Care Institute for Excellence (SCIE), Bedford Borough and Central Bedfordshire Safeguarding Adults Board 2009a, 2009b, Calderdale Safeguarding Adults Board 2014, Cumbria Safeguarding Adults 2009, East Sussex County Council 2005, Kent and Medway Safeguarding Vulnerable Adults Committee 2009, Nottinghamshire Safeguarding Adults Board 2010, 2011, Care Quality Commission, NICE guidelines, Care Act 2014, Care Standards Act 2000, West Midlands Strategic Health Authority 2011, Post-Care Act 2014
Economic eval.	None
Key findings	The Highlighted the risks of pressure ulcers among care home residents thus making problems in care quality particularly serious.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

	<p>Problems in prevention and treatment are not solely attributable to care home staff but to the extent to which they are supported by NHS professionals, and the wider problems of the sector which make communication, information sharing, accountability and resource provision difficult.</p> <p>Variations in recommendations about whether pressure ulcers should trigger a safeguarding enquiry but the evidence from SCRs mainly relates to the pre-Care Act implementation period.</p>
Recommendations for policy, practice, education and research	<p>National Institute for Health and Care Excellence (2014) recommends that practitioners consider using a validated scale to assess ulcer risk and support their clinical judgement, such as the Braden scale, Waterlow score, or Norton risk assessment scale. Those undertaking or commissioning Internal Management Reviews (prior to a SAR) and a SAR may wish to satisfy themselves that they have access to tissue viability expertise if they are investigating the prevention, care and treatment of pressure ulcers so that they can be confident that they can distinguish between poor practice, ill-designed systems, dilemmas, a lack of resources and positive risk taking. Future research could consider the findings of SARs, similar documents from the rest of the UK, and international perspectives</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Manthorpe, J. and S. Martineau (2019). "Mental health law under review: messages from English safeguarding adults reviews." The Journal of Adult Protection 21(1): 46-64.
Country	England
Evidence Type	Searches of a variety of sources were conducted to compile a list of relevant SARs. These are summarised and their contexts assessed for what they reveal about the use and coherence of mental health legislation. Internet searching of local authority sites and general search engines using the term "Safeguarding Adults Review" to cross-reference the already established collection.
Aim/focus	The purpose of this paper is to examine safeguarding adults reviews (SARs) that refer to mental health legislation in order to contribute to the review of English mental health law (2018).
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Sheltered accommodation, supported accommodation, nursing home staff, home setting, care home, nurses. Acute hospital staff, psychiatrist

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Department of Health and Social Care, Safeguarding Adults Boards, Social Care Institute for Excellence, NHS, Local Government and Social Care Ombudsman, Care Programme Approach, Approved Mental Health Professional service, Care Quality Commission, Mental Health Act 1983 and 2007, Care Act 2014, Mental Capacity Act 2005, Public Health Act 1936
Economic eval.	None
Key findings	The interaction of the statutes under consideration, in particular the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005, together with the Care Act 2014, presents challenges to practitioners and the efficacy of their application is variable.
Recommendations for policy, practice, education and research	SAR's recommendation that there should be a means (unspecified whether this should be encouraging or mandated) of alerting practitioners to carer status, where relevant. Improve systems around discharge and communication between medical and nursing staff within hospitals. A local SAB's response to a SAR may be insightful and so too its pursuit of the implementation of recommendations



Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	McLaughlin, H., Robbins, R., Bellamy, C., Banks, C. and Thackray, D. (2018) 'Adult social work and high-risk domestic violence cases', Journal of Social Work, 18(3), pp. 288-306.
Country	England
Evidence Type	Interviews and follow-up interviews, focus groups, multi-methods case study approach
Aim/focus	This article focuses on adult social work's response in England to protect individuals associated with high-risk domestic violence cases and the role and effectiveness of adult social workers contribution to the development of multi-agency risk and assessment conferences
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	The Local Government Association and Association of Directors of Adult Social Services 2013, Mental Health Capacity Act 2005
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers (adult and children), core statutory agencies representatives, health services, IDVAs, probation, housing provider representatives, voluntary sector members (Women's Aid, Relate, Women's Safety)

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>National and local</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>There is a need for domestic violence training to be part of the mandatory training for all adult social workers if they are to work effectively with adult domestic violence victims and to be able to operate within the local MARAC processes.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Her Majesty’s Inspectorate of Constabulary (HMIC, 2014a), NICE 2014, Local Government Association and Association of Director of Adult Social Services guide (LGA & ADASS, 2013), British Columbia Centre for Excellence for Women’s Health 2013, The House of Commons Home Affairs Committee 2008, Multi-Agency Public Protection Agency</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>MARACs are unable to provide the time for this level of multi-agency holistic analysis, synthesis of information, discussion and decisions on future interventions. Instead, they have become a managerialist response to a personal problem in a system that is in danger of becoming so overloaded it does not have time to reflect on its own effectiveness.</p> <p>The conclusions suggest that MARACs are in need of review and that adult social workers accept the need to be involved, they are uncertain of both their role in domestic violence and their contribution to MARACs and are confused with the need to operate a parallel domestic violence and adult safeguarding approach, which is further, complicated by issues of mental capacity. Multi-agency risk and assessment conferences are identified as overburdened, under-</p>

	<p>represented meetings staffed by committed managers. However, they are in danger of becoming managerial processes neglecting the service users they are meant to protect.</p>
Recommendations for policy, practice, education and research	<p>The article argues for a re-engagement of adult social workers with domestic violence that has increasingly become over identified with child protection. It suggests that multi-agency risk and assessment conferences may not remain fit for purpose and whether they still represent the best possible response to multi-agency coordination and practice in domestic violence. All the adult social care workers, irrespective of previous training, agreed that further training in domestic violence interventions would be beneficial.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Moore, S. (2017). "What's in a word? the importance of the concept of "values" in the prevention of abuse of older people in care homes. ." The Journal of Adult Protection 19(3): 130-145.
Country	England
Evidence Type	Semi-structured interviews that were digitally recorded and later transcribed for analysis where open coding was applied to interview scripts
Aim/focus	The purpose of this paper is to present some of the findings from an empirical, mixed methods research project that reveal the importance of the personal value frameworks held by individual staff in the prevention of abuse of older people in private sector care homes
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nursing home staff, care home proprietors, registered nurse, managers, healthcare assistants, support workers

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Inadequate training for staff
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Statutory Regulator and Commissioners of Health and Social Care, NHS Information Centre (2013), The Health and Social Care Information Centre, Institute of Public Care, Health Service Ombudsman
Economic eval.	None
Key findings	A significant number of respondents identified the importance of personal value frameworks among staff providing care as a potential contributory factor in the prevention of abuse of older people
Recommendations for policy, practice, education and research	Attempt to create care cultures in which the right care can be provided, but management scrutiny must be present. Unfavourable value judgements among staff clearly have the potential to influence the attitudes and subsequent actions of individual staff members, and may explain in part the range of cruel and sometimes premeditated abuse found to be taking place over the decades and occurring now in contemporary care homes



Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Moore, S. (2018c). "Through a glass darkly: exploring commissioning and contract monitoring and its role in detecting abuse in care and nursing homes for older people." The Journal of Adult Protection 20(2): 110-127.
Country	England
Evidence Type	Face-to-face semi-structured interviews
Aim/focus	The purpose of this paper is to present findings from face-to-face interviews undertaken with 16 care and nursing home managers employed in homes situated in two English local authorities. The research sought to explore managers' perceptions of the role of contract monitoring in the prevention of abuse.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Health and Social Care Act 2008, Care Standards Act 2000, National Minimum Standards (NMS), NHS and Community Care Act 1990
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Care Home Staff, Nurses

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	The NHS Information Centre (2012), The Health and Social Care Information Centre (2014a, b, 2015) and NHS Digital (2016), Care Quality Commission (CQC), Commission for Social Care Inspection (CSCI), Department of Health
Economic eval.	<p>Given the cost savings that local authorities have been required to make by central government in recent years, investment in the capacity and capability of their monitoring functions has likely not proliferated and developed in line with the expansion in the numbers of places in care homes that has occurred, an expansion that is set to continue as the population of older people who need such care grows, including many with dementia and multiple, complex, age-related pathologies unless alternative models of care are determined, which seems unlikely in the medium term.</p> <p>This growing trend, among the resident populations of older peoples’ care homes, exacerbated by a tendency of many local authorities to facilitate the admission of only the most dependent of older people to care and nursing homes, thereby containing their expenditure, is yet to be overcome</p>

Key findings	<p>The thematic analysis enabled the identification of five principle themes arising from the experiences of care managers.</p> <ul style="list-style-type: none">- Contract monitoring is superficial- Abuse happens behind closed doors and at night- Contract monitoring staff do not have a clue what working in a home is all about ... they do not really know what they are looking at- Only those directly receiving care can tell of the care they receive <p>You cannot monitor good quality care into a care home ... you have got to have good care staff to start with</p>
Recommendations for policy, practice, education and research	<p>The need for local authority contract monitoring functions to become effective will be more important if it is to inform the responses of the regulator, including influencing the likelihood of enforcement action being taken.</p> <p>Efforts to improve quality and ensure the absence of abuse by means of training, policies and procedures and comprehensive care plans were largely futile.</p> <p>Unless the fundamental causes of the poor care and abuse that clearly persists can be identified and addressed, abuse in care and nursing homes will continue.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Norrie C, Stevens M., Martineau S. and Manthorpe J. (2018) 'Gaining access to possibly abused or neglected adults in England: Practice perspectives from social workers and service-user representatives', <i>British Journal of Social Work</i> , 48(4), pp. 1071-1089.
Country	England
Evidence Type	Interviews
Aim/focus	This paper outlines current practices in England described by social workers in cases where these legal approaches are not considered relevant or applicable. This paper includes discussions of cases where a community-dwelling adults' capacity was unknown or thought to be fluctuating and access was required by professionals to ascertain their well-being.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, social worker assistants, service-user representatives, best interest assessors, GP, district nurses

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Multi-Agency Safeguarding Hub, RSPCA, Age UK, Women’s Aid (domestic-violence agency), Trading Standards, Victim Support, independent mental capacity advocacy services (IMCAs), Department of Work and Pensions, NHS, Care Act 2014, Adult Support and Protection (Scotland) Act 2007, Social Services and Well-being (Wales) Act 2014, Mental Capacity Act 2005, Mental Health Act 1983, Police and Criminal Evidence Act 1984, Care Bill, local safeguarding policies and human rights legislation, Social Care Institute for Excellence (SCIE) guidelines
Economic eval.	In situations where there is little opportunity to seek recourse to legal powers, the creativity of the practitioner, their working relationships and their use of self and others are stressed as relevant to promoting the well-being of older people at risk of neglect and abuse where access is denied.
Key findings	Making good decisions about case allocation, being creative in pursuing cases and fostering good multi-agency relationships were valued by practitioners. Some service-user representatives questioned the time and resources involved in managing these cases.

Recommendations for policy, practice, education and research

Policy makers may wish to consider developing guidelines for multi-agency partners outlining their responsibilities in such cases; practitioners may wish to consider whether offering an obstructer the services of an independent advocate would be useful. Improved co-ordination with banks in suspected financial-abuse cases might also be considered

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Phelan, A., McCarthy, S. and McKee, J. (2018). "Safeguarding Staff's Experience of Cases of Financial Abuse." British Journal of Social Work 48(4): 924-942.
Country	Northern Ireland
Evidence Type	Focus group, tape-recorded
Aim/focus	To examine how FA is experienced by Northern Ireland (NI) safeguarding staff and to identify current challenges in case management for vulnerable adults including older people.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Front line practitioners and relevant statutory and voluntary organisations
Lead body on safeguarding (national lead and/or local lead)	National

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>The lack of training and expertise in both asking the older person about finances and being able to decipher what could be FA was identified</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>NI Adult Safeguarding Partnership (NIASP), Health and Social Care Trusts (HSCTs), Regulation and Quality Improvement Authority (RIQA), Older Adult Financial Exploitation Measure</p> <p>Mental Capacity Act (NI) 2016, Judicature (Northern Ireland) Act 1978, Mental Health (Northern Ireland) Order 1986, Power of Attorney Enduring Power of Attorney (Northern Ireland) Order 1987</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Raising public awareness, facilitating financial literacy and a major shift in cultural change in attitudes towards family entitlement to finances are central objectives.</p> <p>A more pro-active policy in legal and financial institutions is required to prevent and intervene early in FA. Perpetrators need to be held accountable and criminal proceedings accelerated, as older people do not always have time on their side.</p> <p>Four areas of concern were identified; capacity issues, relationships, structural context and rural versus urban context. Changes are needed in areas such as social and cultural norms, legislation, policy and practice in order to enable social work practitioners to manage cases of financial abuse of older people in a more comprehensive way.</p>

**Recommendations for policy,
practice, education and
research**

Therefore, further research into the links between neuroscience, neuro-cognition evaluation and real-world functional assessment tools is essential to addressing elder abuse. Safeguarding the older person's finances for fees payment could be complicated by the trust accepting when families stated they could not, would not or avoided payment and this was then classified as a bad debt. Structural processes are important to challenge in combatting FA of older people.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Purser K., Cockburn T., Cross C. and Jacmon H. (2018) 'Alleged Financial Abuse of Those under an Enduring Power of Attorney: An Exploratory Study', British Journal of Social Work, 48(4), pp. 887-905.
Country	Australia
Evidence Type	Case study approach
Aim/focus	This article examines the issue of alleged elder financial abuse arising from the misuse of an enduring power of attorney (EPA) and the experiences of those vulnerable elders in attempting to access justice to gain information about their situation and/or to remedy the abuse. It also considers how these circumstances can be better managed, particularly from the perspective of professionals and service providers.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Staff nurse, Doctor

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Need for protocols and training—which should be developed in conjunction with other relevant disciplines with a view to designing and implementing best practice. Any training should highlight being cognisant of people’s own perceptions about what constitutes elder financial abuse and how this informs their actions and identify the need to preserve familial and relational supports
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	World Health Organization, Court of Protection, established under the Mental Capacity Act 2005 (UK), MMSE (Mini-Mental State Examination), The British Medical Association and the Law Society Australian Law Reform Commission (ALRC) Inquiry into Elder Abuse, English and Welsh Mental Capacity Act 2005 (UK), Mental Capacity Act 2005 (UK)
Economic eval.	None
Key findings	<p>The current research demonstrates a lack of understanding about executing, revoking and managing EPAs. This can have severe and detrimental implications for the principal across all facets of their life.</p> <p>The main identified themes address views about: the identification of abuse; the role ‘understanding’ about the EPA plays in either safeguarding from, or providing a vehicle for, abuse; the role of familial and relational support; the fundamental notion of capacity (one of the most common themes); and the ability to access justice through potential criminal and/or civil avenues after the abuse has occurred.</p>

Recommendations for policy, practice, education and research

It is imperative to better understand the concept of capacity, including how it is assessed and its impact on actions of attorneys, service providers and professionals

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Sandmoe, A. and M. Kirkevold (2011). "Nurses' clinical assessments of older clients who are suspected victims of abuse: An exploratory study in community care in Norway." Journal of Clinical Nursing 20(1-2): 94-102.
Country	Norway
Evidence Type	In-depth hermeneutic interviews with a thematic interview guide
Aim/focus	The aim of this study was threefold: (1) to explore how nurses in community care understood and experienced abuse of older clients in informal relationships, (2) how the nurses carried out and experienced clinical assessments in these cases and (3) the support they experienced to receive in conducting such assessments.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nurses, GP

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	The Elder Protective Services
Economic eval.	None
Key findings	<p>Some direction and recommendations by the Norwegian health authorities, e.g. requiring community care to develop procedures and guidelines for identifying and addressing older abuse, by adapting internationally recommended guidelines and other tools, would probably speed up the process, thus enhancing the service provided to older victims of abuse.</p> <p>This study revealed that nurses' clinical assessments of suspected abuse cases were dependent on several factors related to the nurses, the clients, the specific situations and the community care organisation. The finding in this study indicates the need for a framework that may facilitate the assessment of older clients suspected of abuse</p>

Recommendations for policy, practice, education and research

Recommend that confrontation of the perpetrator should be a task for professionals with expertise because of the risk of losing contact with the client

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Sandmoe, A., Kirkevold, M. and Ballantyne, A. (2011). "Challenges in handling elder abuse in community care. An exploratory study among nurses and care coordinators in Norway and Australia." Journal of Clinical Nursing 20(23-24): 3351-3363.
Country	Norway and Australia
Evidence Type	In-depth hermeneutic interviews with a thematic interview guide
Aim/focus	The aim of this study was to explore how nurses and care coordinators in community care in Norway and Australia experienced and handled cases of abused older clients, including the support they received in clinical interventions
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nurses, GP

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	The participants emphasised that regular contact with the Aged Rights Advocacy Service/Elder Protective Service through informational meetings and training was necessary for all staff in community care
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Toronto declaration, Abuse Prevention Program, Aged Rights Advocacy Service (ARAS), City Council of Oslo, Elder Protective Service, Helping Hand Aged Care, Centre for Aged Care Studies, ACAT, Office of Public Advocate, Guardianship Board for EPA, Alzheimer’s Association
Economic eval.	None
Key findings	<p>Community care agencies in both countries need to be aware of the huge impact of the managers’ involvement and the services’ responsibility and capacity to support professionals in the handling of elder abuse.</p> <p>Community care agencies in both countries struggle with similar problems in handling cases of abuse. The participants’ concerns were securing and supporting the older victim by individualising the intervention</p>

**Recommendations for policy,
practice, education and
research**

Community care agencies in both countries need to be aware of the huge impact of the managers' involvement and of the services' responsibility and capacity to support nurses in the handling of cases of abuse. Individual nurses must not be given responsibility for the handling of such problems; rather, issues related to these complex cases must be discussed and resolved in the service

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Shibusawa, T., Iwano S., Kaizu K. and Kawamuro Y. (2014) 'Self-reported abuse and mistreatment among Japanese elders receiving respite care', Journal of Aggression, Maltreatment and Trauma, 23(1), pp. 67-80.
Country	Japan
Evidence Type	Structured face-to-face interviews
Aim/focus	This study examines physical and psychological mistreatment reported by Japanese elders who received care from family members.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nurses, social workers, directors of geriatric facilities
Lead body on safeguarding (national lead and/or local lead)	No info

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Care Needs Certification Board, Conflict Tactics Scale Elder Abuse Prevention and Caregiver Support Law 2006, National Long-Term Care Insurance Law 2000, Geriatric Depression Scale (GDS)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The findings suggest the need for increased awareness of the needs of community-dwelling Japanese elders who are at risk for abuse, mistreatment, and depression.</p> <p>Among the 118 elderly respondents, 12% reported being hit or almost being hit by their caregivers. Close to 54% reported at least one type of psychological mistreatment. Men who received care from their spouses were most likely to report abuse. Elders who were victimized reported increased levels of depressive symptoms. Logistic regression analyses indicated associations between physical abuse and past conflicts with the caregiver. Psychological mistreatment was associated with receiving care from a spouse, past conflicts with the primary caregiver, and depression.</p>

**Recommendations for policy,
practice, education and
research**

The findings point to the need for further research on spousal caregiving relationships that will inform prevention and intervention programs. To provide effective interventions, it is important for service providers to understand the risk and protective factors that are specific to the type of caregiving relationships

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Stevens, M., Woolham, J., Manthorpe, J., Aspinall, F., Hussein, S., Baxter, K., Samsi, K. and Ismail, M. (2018) 'Implementing safeguarding and personalisation in social work: Findings from practice', Journal of Social Work, 18(1), pp. 3-22.
Country	England
Evidence Type	Interviews
Aim/focus	This paper reports on part of a research study carried out in three local authority adult social care departments in England, which explored links between adult safeguarding and personalisation.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Care Act 2014, No Secrets (Government Policy Guidance on Adult Safeguarding), Safeguarding Adults Boards' Annual Reports
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Managers, social workers, other staff working on safeguarding, NHS community nurses

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	English Department of Health,
Economic eval.	None
Key findings	Five main themes emerged from our analysis: contexts and risk factors; views about risks associated with Direct Payments, approaches to minimising risk; balancing risk and choice; and weaving safeguarding and personalisation practice. Social workers identified similar ranges and kinds of risks to those identified in the national evaluation of Individual Budgets. They described a tension between policy objectives and their exercise of discretion to assess and manage risks. For example, some described how they would discourage certain people from taking their personal budget as a Direct Payment or suggest they take only part of a personal budget as a Direct Payment.

Recommendations for policy, practice, education and research

This exploratory study supports the continued need for skilled social workers to deliver outcomes related to both safeguarding and personalisation policies. Implementing these policies may entail a new form of 'care and control', which may require specific approaches in supervision in order to ensure good practice is fostered and positive outcomes attained

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Wyllie, A. and B. J. Saunders (2018). "Everyone has an agenda': Professionals' understanding and negotiation of risk within the Guardianship system of Victoria, Australia." Health and Social Care in the Community 26(4): 581-589.
Country	Australia
Evidence Type	Face-to-face semi-structured interviews
Aim/focus	This article explores how issues of risk are perceived and negotiated in everyday practice
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Guardianship and Administration Act 1986 (Vic) ('The Act'), Mental Capacity Act 2005
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Health and social care practitioners, social workers, nurses
Lead body on safeguarding (national lead and/or local lead)	National

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Victorian Civil and Administrative Tribunal (VCAT), Victorian Office of the Public Advocate (OPA), State Welfare Department</p>
<p>Economic eval.</p>	<p>The sharing of responsibility for risk between professionals in the Guardianship system was found to largely occur through informal negotiation between professionals themselves, rather than through formalised agency agreements</p>
<p>Key findings</p>	<p>Risk was found to be a complex and subjective construct which can present both dangers and opportunities for Guardianship practitioners and their clients. While a number of participants reported that Guardianship might sometimes operate as an avenue for mitigating the fear and uncertainty of risk, most participants also valued positive risk-taking and were willing, in their clients' interests, to challenge conservative logics of risk.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>These findings highlight the need for further research which examines how service providers and policy makers can create spaces that support open discussions around issues of risk and address practitioners' sense of fear and vulnerability</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Zhang, W. (2019). "Perceptions of elder abuse and neglect by older Chinese immigrants in Canada." Journal of Elder Abuse & Neglect 31(4/5): 340-362.
Country	Canada
Evidence Type	Interviews, focus group discussion, participant observation and textual information in the form of written reports provided by participants, face-to-face interviews, telephone interviews, social media (WeChat or QQ) interviews
Aim/focus	This study investigates how older adults perceive elder abuse and neglect in the context of migration and ageing
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	UK's Action on Elder Abuse 1995, Canadian 2012 National Initiative for the Care of the Elderly,
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Not mentioned
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>WHO</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The study argues that culture is important in older immigrants' perceptions of elder abuse and neglect, yet individuals with the same cultural roots may differ in their conceptualizations. Further, such perceptions could change through interactions with peers and non-peers in the host society, and these, in turn, can be influenced by both cultural and structural factors.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Future studies could examine the perceptions of younger adults</p>

CASE STUDIES

Reference	Smith, D., Cunningham, N., Willoughby, M., Young, C., Odell, M., Ibrahim, J. and Bugeja, L. (2019) 'The epidemiology of sexual assault of older female nursing home residents, in Victoria Australia, between 2000 and 2015', Legal Medicine 36, pp. 89-95.
Country	Australia
Evidence Type	Case study (Retrospective documentary analysis)
Aim/focus	To examine the epidemiology of sexual assaults of older women (65+) residing in nursing homes in Victoria Australia between 2000 – 2015 who's assaults were referred to a clinical forensic examiner.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	The Aged Care Amendment (Security and Protection) Bill (Vic) In 2007, the Aged Care Amendment (Security and Protection) Bill (Vic) was introduced to provide new measures to protect aged-care residents including, but not limited to, a regime for compulsory reporting of physical and sexual assaults of people in aged care. Section 63-1AA of the Aged Care Act 1997 outlines the responsibilities of an approved provider relating to an allegation or suspicion of a reportable assault. If an allegation is received or suspected, the approved provider is responsible for reporting the allegation/suspicion as soon as reasonably practical, and in any case within 24 hours to the police and government department Secretary.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Forensic medicine</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Not mentioned</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>In Victoria, Australia, if a sexual assault is suspected or an allegation is received, the approved provider of the NH is responsible for reporting the concerns to police who will contact a clinical forensic medical examiner and request a forensic medical examination (FME) of the alleged victim (AV).</p> <p>There are two primary aims of a FME following an allegation of sexual assault: (i) to provide appropriate health care to the AV and, (ii) to assist in the investigation of the alleged incident (AI), including documentation of injuries and collection of forensic evidence</p>
<p>Economic eval.</p>	<p>Not mentioned</p>

<p>Key findings</p>	<p>The study identified 28 forensic medical examinations performed for alleged sexual assault. The alleged victims frequently had cognitive impairments; injuries were infrequent; and alleged victims were cooperative. The forensic medical examiner responded within 72 h of reporting; and frequently noted limitations to physical examinations of the alleged victim.</p> <p>The median age of the AV was 83 years (inter-quartile range 73–86 years) (Table 1). Where time of day was recorded (n=9, 32.1%), the majority of AI occurred in the morning (n=5, 17.9%) between 4:00am-10:30am. Location of the AI was recorded for 13 (46.4%) cases, the most frequent location being the AV’s bedroom (n=8, 28.6%). Where an AP was identified (n=15, 53.6%), all were male. Direct care staff (n=7, 25%) and residents (n=7, 25%) were equally identified. The remaining AP was a medical practitioner (n=1, 3.6%). There were two cases that reported two APs, but the AVs could not identify either perpetrator. Documentation in three case records showed that an AP (a direct care staff) was arrested and charged as a suspect of rape and indecent assault of four residents within the same NH. The nature of the FMEs for those AVs was a request by police to ascertain mental capacity. The examiner found each AV to be not mentally competent to make a police statement. One AV was a repeat victim described as having dementia and significant physical disabilities following a stroke leaving her immobile and unable to self-care.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>There are many unresolved issues including: incidence, levels of reporting, nature of investigations, responses required to assist the victim, and the interventions needed to prevent sexual assault. Better data is vital. This data should be standardized, validated, reliable, and gathered prospectively across Australia and internationally.</p> <p>Our research brings new information to this field, specifically highlighting how the NH setting adds unique complexity for the detection of victims. In the majority of cases examined, signs of general or genital injury were not found. Further, our findings of the AV’s post-assault emotional response, such as agitation; distress and confusion, can mirror symptoms of cognitive impairment. This highlights the potential difficulties for NH staff in distinguishing whether the behaviour is due to sexual assault.</p>

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Reference	Storey, J. E. and Perka, M. R. (2018) 'Reaching Out for Help: Recommendations for Practice Based on an In-Depth Analysis of an Elder Abuse Intervention Programme', British Journal of Social Work, 48(4), pp. 1052-1070.
Country	Canada
Evidence Type	Case study (Retrospective documentary analysis)
Aim/focus	This study investigates the first and longest-running social work intervention programme for elder abuse in Canada. The aim of this study is to provide a better understanding of the scope of the problem and needs of the population to inform programme development through the recommendations made.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	<p>The management of elder abuse in Canada varies provincially. With limited reporting of elder abuse to police (Wang et al., 2015), initial steps in the assessment and management of elder abuse often fall to social service organisations. The longest running community-based social service intervention programme for elder abuse in Canada is the Elder Abuse Resource and Support team (EARS) in Edmonton, Alberta.</p> <p>The programme started in 1989 and was developed by the non-profit community-based programme, Catholic Social Services in Edmonton. EARS was the first of its kind and established an intake line run by professionals from the human services field, to service vulnerable and abused seniors and provide a place where professionals, friends or family members could confidentially report elder abuse concerns. Once reported, a case worker is assigned to educate the senior on the signs and impact of elder abuse, provide resources and a safe place for them to speak to a professional and explore options for change. EARS's priority is to assess and manage cases as per the senior's wishes. However, in some instances, police partners lay criminal charges despite a senior's objections. In most cases, interventions and</p>

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	supports are voluntary, as each senior is respectfully assumed to be competent to make decisions about their own well-being, unless EARS is provided with information suggesting otherwise.
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social Workers
Lead body on safeguarding (national lead and/or local lead)	The management of elder abuse in Canada varies provincially. With limited reporting of elder abuse to police (Wang et al., 2015), initial steps in the assessment and management of elder abuse often fall to social service organisations.
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Not mentioned
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Not mentioned
Economic eval.	Not mentioned

Key findings

One hundred and sixty-four cases of elder abuse reported from January 2012 to April 2014 were examined.

Findings are presented under the following headings:

- Abuse characteristics
- Victim characteristics
- Perpetrator characteristics
- Case-management characteristics

Abuse was most often reported by professionals followed by the victim's family.

Emotional and financial abuse were common. Most striking was that, in about three-quarters of cases, poly-victimisation was present.

Half of cases involved chronic abuse and, in a quarter, abuse was escalating. This suggests that, once abuse has been reported, it is crucial that intervention occurs as soon as possible.

Cases typically involved one female victim who suffered from health problems and lived with others. The high prevalence of health problems indicates a high-needs population with limitations beyond the abuse experienced. This is of concern because only around half of victims had formal or informal support and a quarter of victims had neither. This suggests that case workers needed to implement a great deal of support for victims.

Victims were most often dependent on the perpetrator. The most common cohabitant for victims was the perpetrator.

Perpetrators were typically male adult children who perpetrated abuse alone. Perpetrator mental health and substance abuse problems are risk factors for elder abuse

In a third of cases, failed formal and informal intervention attempts had been made prior to the abuse being reported.

Recommendations for policy, practice, education and research

For intervention programmes where contact with the perpetrator is a possibility, detailed information is critical to staff safety. The collection of information on perpetrator characteristics related to violence risk (e.g. substance abuse, criminal history, abusive behaviour towards others), as well as information on the home environment and barriers to communication, can help to prevent staff from encountering situations where their safety is at risk.

Police partners also provided access to the perpetrator's criminal record. For social work teams, access to police officers, or ideally multidisciplinary teams that include police, would improve elder abuse management by enhancing access to information and safety.

Efforts need to be made to increase victim reporting.

Increasing victims' knowledge of the management process may help.

Intake practices should query the presence of all five types of elder abuse; probing should not cease after one type has been identified, as more types of abuse are likely to be present.

Organisations engaging in elder abuse intervention need to be aware of and strongly align themselves with other institutional supports to fulfil both victims' needs related to abuse and their health needs, since these can be risk factors for continued abuse. EARS found it beneficial to work in groups with social workers, police officers, nurses and mental health nurses, where only some team members would attend home visits so as not to overwhelm victims.

Those engaging in intervention should recognise that case resolution will likely require multiple attempts, necessitating persistence and patience.


SYSTEMATIC REVIEWS

Reference	Donnelly, S. (2019a) Mandatory reporting and adult safeguarding: a rapid realist review. <i>JOURNAL OF ADULT PROTECTION</i> V.21(5) pp.241-251
Country	Not applicable
Evidence Type	Scoping realist review
Aim/focus	<p>This paper sets out to critically analyse the concept of mandatory reporting in adult safeguarding in the jurisdictions of Australia, Canada, England, Northern Ireland and Scotland.</p> <p>The review sought to explore reporting models, legislation and the wider adult safeguarding literature in jurisdictions selected for their potential relevance to Ireland. The UK jurisdictions of Scotland, England and Northern Ireland were chosen for analysis, given the proximity of legal, policy and practice issues to those in Ireland. Jurisdictions in Australia and Canada were selected as these share similar common law traditions, but which offer alternative legislative and policy models in response to adult protection.</p>
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	<p>Australia:</p> <p>Responsibility for ageing and aged care rests mainly with the Commonwealth, legislation is in place at federal level to regulate the provision of services to older people (ALRC, 2017). The Aged Care Act 1997, and Aged Care Amendment (Security and Protection) 2007 sets quality standards and requires the protection of health and well-being of care</p>

recipients in residential care and in their homes, where the care provided is funded by the Commonwealth (Lacey, 2014). Mandatory reporting of allegations, or suspicions of physical or sexual assaults by staff in residential care facilities, is required by legislation.

Canada:

As with Australia, the Canadian response to adult safeguarding is subject to the division of powers between federal and provincial and territorial governments as set out under the Constitution Act 1867. At the federal level, a permissive reporting system is in place for banks and other financial institutions. Outside of this process, adult safeguarding is primarily addressed at the provincial and territorial level, with each of the thirteen jurisdictions adopting differing approaches. People living in residential care are subject to Protection for Persons in Care Act 2004, which operates in parallel with the Adult Protection Act 1989. Under the 2004 Act, a permissive reporting system applies to members of the general public, while service providers and administrators are subject to mandatory reporting duties

England:

In England, the Care Act 2014 can be described as a permissive reporting system framed by a duty to protect as required under the European Convention on Human Rights (ECHR), as translated by the Human Rights Act 1998. The Act makes it unlawful for a public authority to behave in a way which is incompatible with any right as described by the ECHR. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 provides for 'duty of candour.' This means that registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. There is a duty to respond which requires the local authority to carry out a needs assessment and provide support if the person is assessed as having eligible needs. There is also a duty placed on each professional to cooperate and share information. The Disclosure and Barring Service (DBS) was established under the Protection of Freedoms Act 2012 which mandates employers to inform the DBS if they have removed a member of staff, believing the staff member may have harmed a vulnerable adult or child

	<p>Northern Ireland</p> <p>The Northern Ireland Adult Safeguarding Partnership (NIASP) and five Local Adult Safeguarding Partnerships (LASPs) were established under the Adult Safeguarding in Northern Ireland, Regional and Local Partnership Arrangements (2010). The partnerships are tasked with the delivery of improving adult safeguarding outcomes through a strategic plan, operational policies and procedures and effective practice (Anand et al., 2014). A permissive reporting system is in place, with operational policies and procedures directing how safeguarding concerns should be addressed. These policies identify thresholds that enable referrals to be made to the Adult Protection Gateway Services, and a single point of contact for adult safeguarding referrals, set up in each Health and Social Care Trust</p> <p>Scotland</p> <p>The Adult Support and Protection (Scotland) Act 2007 places a duty to report on public bodies or office holders who know, or believe, a person is an adult at risk of harm, and that action needs to be taken to protect them (Mackay et al., 2012). There is a ‘duty of candour’ in health and social care settings, which creates a legal requirement for health and social care organisations to inform people and their families when they have been harmed (either physically or psychologically) as a result of the care or treatment they have received.</p>
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Not mentioned</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Not applicable</p>

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not applicable</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Reporting systems often traversed the complicated ethical terrain involving judgements about rights versus protection. One of the difficulties in assessing the merits of the reporting systems is in establishing causality in the midst of legal, organisational and professional decision-making processes.</p> <p>Four main reporting typologies that emerged from the synthesis of the literature on the chosen jurisdictions</p> <ol style="list-style-type: none"> 1) Universal mandatory reporting – all categories of people including the general public are obliged to report if they know or believe that an adult is at risk and that steps need to be taken to protect that person from harm then a report must be made. 2) Mandatory reporting – designated categories of people are obliged to report – referred to as ‘mandated reporters’ usually a named public body/office holder

	<p>3) Permissive, discretionary or voluntary reporting – individuals are not mandated to report by law. An individual uses their personal or professional judgment, based on individual circumstances, to determine whether or not to make a report about suspected or actual abuse or harm. Permissive reporting systems are often supported by mandated response processes where there is a duty to ‘make enquiries’ or to ‘investigate’ cases of suspected abuse/neglect.</p> <p>4) Combination of mandated and permissive reporting - there may be mandated reporting relating to certain types of abuse for example, sexual abuse or financial abuse or in relation to specified categories of abuse in certain settings such as residential/healthcare facilities or specified groups such as adults under Public Guardianship, but also permissive reporting relating to other types of abuse.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>The introduction of mandatory reporting may offer professionals increased powers to prevent and reduce the abuse of adults, but this could also change the dynamic of relationships within families, and between families and professionals.</p> <p>Adult safeguarding legislation must ensure that interventionist and compulsory measures to protect, do not excessively restrict the rights of the individual.</p>

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Reference	Fraga Dominguez, S., Storey, J. E. and Glorney, E. (2019) Help-seeking behaviour in victims of elder abuse: A systematic review. TRAUMA, VIOLENCE AND ABUSE 1-15
Country	Not relevant (systematic review)
Evidence Type	Systematic review
Aim/focus	This systematic literature review aimed to provide a synthesis of the published and unpublished research on elder abuse victims' help-seeking behaviour to inform practitioners and guide future research efforts.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Not applicable
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Not applicable
Lead body on safeguarding (national lead and/or local lead)	Not applicable

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not applicable</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not applicable</p>
<p>Economic eval.</p>	<p>Not applicable</p>
<p>Key findings</p>	<p>Research to date indicates that elder abuse victims face multiple barriers when seeking help. Barriers include fear of consequences for self and the perpetrator, individual feelings and external circumstances, knowledge about services, family barriers, the characteristics of their social networks, the perception of the abuse, and cultural, generational, or religious barriers.</p> <p>Some elder abuse victims only seek help when the abuse is perceived as unbearable or they fear for their safety.</p> <p>When elder abuse victims seek help, they do so from a variety of formal and informal sources.</p> <p>Rates of underreporting and barriers to help-seeking may vary by type of abuse and relationship with the perpetrator.</p> <p>There is a dearth of research about help-seeking facilitators, the characteristics of victims most likely to seek help, and the responses that elder abuse victims encounter when they seek help.</p>

	<p>The evidence regarding help-seeking behavior among victims of elder abuse is limited by the lack of specificity when framing help-seeking, which does not distinguish between informal and formal disclosure, and how these two processes relate to each other.</p> <p>The understanding of help-seeking in this context is further complicated by the definitional variation of elder abuse in terms of perpetrator relationship.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Awareness campaigns that rely on the attendance of older people to community centers and similar settings might miss those most at risk and should employ methods most likely to reach and resonate with older adults There should be a continued effort to extend the information about elder abuse to the general population because victims seek help from informal sources and might do so before contacting formal services.</p> <p>Awareness among professional services could also be enhanced to ensure that, should victims disclose abuse, it is responded to in a helpful and positive manner that facilitates further help-seeking behaviour. To assist professionals, who are often overburdened, training should be provided on how to adequately support and refer victims and be directed to pay increased attention to cases where the older person lacks other social support.</p> <p>One method to achieve professional awareness is through the use of a barriers checklist, proposed by Chokkanathan et al. (2014, p. 74) for professionals in their work with older people, with the aim of ensuring continued service engagement. This type of checklist could also inform mandatory reporting training for professionals (where appropriate, given legal requirements), so that not only are risk factors for abuse and the detection of abuse emphasized but also knowledge regarding the reasons why, or the situations in which, victims might attempt to hide the abuse.</p> <p>Policies should aim to create environments where victims feel safe to disclose abuse without fear of consequences. This could be achieved by implementing victim-centered interventions that are based on an assessment of the clients' needs and wishes, including the exploration and limiting of interventions that a victim perceives as negative to encourage engagement with services. Special attention should be paid to cases in which the perpetrator is a descendant of the</p>

victim, as the results of this review suggest that these are complex cases in which victims might want to protect and help their abusers because of parental duty or a general feeling of responsibility (Vrantsidis et al., 2016). In these circumstances, interventions need to be negotiated with the older person and victims need to be aware that seeking help will not automatically result in harm to them, the perpetrator, or their families (Wydall & Zerk, 2017). To achieve this, appropriate resources must be provided, such as affordable housing and interventions not only for the victim but also for the perpetrator where there may be mental health or substance abuse problems (Labrum & Solomon, 2018; Vrantsidis et al., 2016).

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Reference	Pennington, C., Davey, K., Ter Meulen, R., Coulthard, E. and Kehoe, P. G. (2018) 'Tools for testing decision-making capacity in dementia', <i>Age and Ageing</i> , 47(6), pp. 778-784.
Country	Application to UK legislation
Evidence Type	Systematic Review
Aim/focus	We evaluated published instruments designed to aid in the assessment of capacity, focusing on those meeting the UK legal requirements. We also consider further disease and culture-specific factors which may influence decision making.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	<p>Legal definitions of mental capacity vary internationally; in the UK, three separate pieces of legislation apply: the Adults with Incapacity (UK) Act 2000 [1], the Mental Capacity Act 2005 [2] for England and Wales, and the Mental Capacity Act (Northern Ireland) 2016 [3]. Whilst these are separate legal entities, their fundamental principles are very similar.</p> <p>The five key principles of the Mental Capacity Act 2005</p> <ul style="list-style-type: none"> • Capacity is presumed unless proven otherwise. • All practical steps to help a person to make a decision must be taken. • An irrational decision does not equate to the absence of capacity. • If a person lacks capacity, any decisions made must be in their best interests. • Any decision for an adult lacking capacity made must be the least restrictive option available for their basic rights and freedoms. <p>Requirements of the Adults with Incapacity Act (2000) regarding decisions taken on behalf of an adult lacking capacity</p>

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	<ul style="list-style-type: none"> • Decisions must be in their best interests. • Decisions must take account of their wishes, so far as these are known. • Decisions must take account of the views of relevant others. • Decisions must restrict freedom as little as possible while still achieving the desired benefit; and encourage the adult to exercise residual capacity.
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Capacity is traditionally evaluated during clinical assessments by psychiatrists and physicians</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Not mentioned</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not mentioned</p>

Economic eval.	Not mentioned
Key findings	<p>Different tools have been developed for different patient groups and decision-making scenarios. There is a significant variability in tool design and results. When considering which to use, the clinician or researcher should consider what their question is.</p> <p>Dedicated instruments exist for people with major mental health disorders, where exploration of potentially abnormal beliefs is required. Groups such as those with anorexia are particularly challenging to assess, as they are typically high functioning individuals, and their illness is part of their personal identity. Patients may fail a test of capacity due to fixed, abnormal illness-related beliefs, rather than impaired understanding, recall or communication.</p> <p>No current instrument is sufficiently flexible or broad in scope to consider individual and contextual factors in the assessment of capacity and for this reason expert judgement and due attention to patient values and narratives are essential.</p>
Recommendations for policy, practice, education and research	There is a pressing need for more research in this area but also for more widespread and thorough training for clinicians and researchers. There may even be scope to develop more standardised and universally agreed approaches to the assessment of capacity.

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Reference	Radermacher, H., Toh, Y. L., Western, D., Coles, J., Goeman, D. and Lowthian, J. (2018) Staff conceptualisations of elder abuse in residential aged care: A rapid review. AUSTRALASIAN JOURNAL ON AGEING V.37(4) pp.254-267
Country	Not applicable
Evidence Type	Rapid Review (systematic search strategy)
Aim/focus	The aim of the review was to explore how residential aged care facility staff and managers conceptualise and identify elder abuse.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Not mentioned
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not mentioned</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>A wide range of abuse was identified and described. The categories of abuse or delineations made were not consistent across studies.</p> <p>These findings indicate that conceptualisation of abuse is intricately associated with how someone interprets the reason for an act. While many studies identified structural and organisational issues (e.g. bureaucracy, lack of information-sharing and training, poor worker conditions) as responsible for abuse, a number of studies identified the tolerance for elder abuse as problematic</p> <p>Findings suggest that it is insufficient to note purely whether an act is, for example, of a physical, verbal or psychological nature, but whether it was done intentionally or as an act of commission or whether there was a lack of action.</p> <p>Furthermore, acts of commission and omission are ambiguous – Is a decision not to act an act of commission (active</p>

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	decision not to act) or an act of omission (a lack of the act)? Is a lack of action neglect? These grey areas pose dilemmas for researchers and care providers alike.
Recommendations for policy, practice, education and research	Greater understanding and reflection by service providers about the intention behind an act, the context in which an act takes place, and whether an act is by omission or commission may assist them to tease out a distinction between what is appropriate care from what is neglect and abuse, and ultimately identify the appropriate response.

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Reference	Rosen, T., Elman, A., Dion, S., Delgado, D., Demetres, M., Breckman, R., Lees, K., Dash, K., Lang, D., Bonner, A., Burnett, J., Dyer, C. B., Snyder, R., Berman, A., Fulmer, T., Lachs, M. S., & National Collaboratory to Address Elder Mistreatment Project Team (2019) Review of Programs to Combat Elder Mistreatment: Focus on Hospitals and Level of Resources Needed. JOURNAL OF THE AMERICAN GERIATRICS SOCIETY pp.1-19
Country	Not applicable
Evidence Type	Systematic Review
Aim/focus	To identify, characterize, and review existing programs dedicated to improving elder mistreatment identification, intervention, and prevention, with a focus on programs that integrate acute-care hospitals and may be implemented in low resource environments.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Not applicable
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Not mentioned

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<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>APS played a critical role in many of the programs we described. APS is a social services program provided by state and local government nationwide serving older adults and adults with disabilities. In all states, APS is charged with receiving and responding to reports of maltreatment and working closely with clients and a wide variety of allied professionals to maximize clients' safety and independence.</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Notably, however, 74% of programs were either educational or MDTs. Educational programs (53%) may have been most common because they were easier to implement or integrate into existing programs and less resource intensive than other approaches. Programs most commonly targeted professionals and professional students/trainees, and their utility was underscored by participant reports that the programs were helpful and necessary.</p> <p>Unfortunately, most of these educational programs involved one or a small number of training sessions, and their long-term impact or their effect on actual elder mistreatment prevention, identification, and intervention was not evaluated.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not mentioned</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>We found 116 articles describing 115 programs in this comprehensive systematic review of peer-reviewed literature.</p> <p>Seventy-seven percent of programs were developed in the United States, 8% in the United Kingdom, 7% in Canada, 3% in Australia, and 5% in other countries.</p> <p>43% of programs focused on improving prevention, 50% focused on identification, and 95% focused on intervention, with 66% having multiple focuses. The most common program types were: educational (53%), MDT (21%),</p>

	<p>psychoeducation/therapy/counseling (15%), and legal services/support (8%), with 20% of programs having components in multiple categories.</p> <p>This review represents, to our knowledge, the first report attempting to comprehensively describe published elder abuse programs without excluding those that had not undergone rigorous evaluation. As such, it offers an opportunity to broadly examine strategies used to combat this common, serious, and underappreciated phenomenon.</p> <p>More programs focused on intervening on existing mistreatment rather than prevention or identification. Financial exploitation and physical abuse were the most common types of abuse targeted, perhaps because they were perceived to be the most serious or common. Also, both lent themselves to collaborative solutions involving social services, law enforcement, healthcare, and financial services.</p>
Recommendations for policy, practice, education and research	<p>Our finding among all programs that resource-intensive strategies often had higher impact highlights the importance of future research examining the potential of programs to reduce healthcare and other costs associated with elder mistreatment. Though these studies have not yet been conducted, they are critical to developing a business case for communities and local governments as well as insurers, accountable care organizations, and hospitals to justify implementation of resource-intensive programs in low resource environments.</p>

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Reference	Touza, C. and Prado, C. (2019) Prevention of elder abuse in long-term care facilities. EDUCATIONAL GERONTOLOGY V.45(8) pp.530-546
Country	Not applicable
Evidence Type	Scoping review (with systematic search)
Aim/focus	The objective of this study was to investigate the types of interventions used to prevent elder abuse in long-term care facilities. These interventions are defined as any strategy that avoids potential mistreatment by caregivers or nursing care residents and reduces the recurrence of this problem.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	None

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Lead body on safeguarding (national lead and/or local lead)	None
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	None
Economic eval.	None
Key findings	<p>A comprehensive strategy was proposed to select as many articles on preventive interventions as possible. Nevertheless, a few studies have analyzed the effectiveness of these interventions, and most strategies have been implemented in countries with high economic incomes</p> <p>The results of the analysis of the selected articles showed that the proposed strategies focused on preventing 1. staff-to-resident abuse and 2. resident-to-resident aggression.</p> <p>Interventions identified to prevent staff to resident abuse were sub-categorised as follows:</p>

	<p>1. staff-to-resident abuse</p> <ul style="list-style-type: none"> • Educational interventions • Changes in organisational and environmental factors • Supervision and control mechanisms <p>The measures proposed to prevent staff-to-resident abuse were: 1. education and training, 2. creating and organizing the work environment and activities in nursing care facilities, 3. changing the organizational climate (interpersonal support, mutual learning, transparency, and implementation of person-centered care), 4. stimulating teamwork, 5. improving working conditions and valuing work activities, 6. increasing the effectiveness of supervision and control mechanisms (hiring supervisors with adequate experience and knowledge; implementing control actions outside the usual office hours, in more sectors of the institution and during periods of highest risk of abuse; analyzing the background of caregivers; and using surveillance systems). In addition, the authorities should improve the response to complaints by finding a balance between searching for offenders and assigning responsibilities, and increase transparency between caregivers and residents. A few reviews have recommended measures to prevent RRA. To a large extent, these measures are the same as those used to prevent cases of staff-to-resident abuse, including professional training, development of person-centered care practices, and the use of a multidisciplinary approach.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>The analysis of the reviewed articles demonstrates the need for a comprehensive approach, which considers the interactions between individual and contextual factors, and creation of relevant social policies in developing effective preventive strategies that target institutional neglect</p>

TRIALS

Reference	Du Mont (2017) Determining the effectiveness of an elder abuse nurse examiner curriculum: A pilot study. <i>NURSE EDUCATION TODAY</i> V. 55 pp.71-76
Country	Canada
Evidence Type	Intervention Trial (Single Arm Pre and Post)
Aim/focus	To pilot and evaluate a novel Elder Abuse Nurse Examiner Curriculum and its associated training materials for their efficacy in improving Sexual Assault Nurse Examiner (SANE)s' knowledge of elder abuse and competence in delivering care to abused older adults.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	Currently, Ontario's SA/DVTCs acute care services are staffed by specially trained nurses, the majority of whom are Sexual Assault Nurse Examiners (SANEs). The nurses collaborate with other providers in hospital, as well as agencies in the community, to deliver comprehensive care to victims of sexual assault and intimate partner violence (Du Mont and Parnis, 2002). They are all registered with the College of Nurses of Ontario. To complete SANE training, the nurse must complete 16 online learning modules (e.g., forensic evidence collection, strangulation, documentation and interpretation of injuries) and then attend a 30 h in class training to build on and reinforce the online learning (e.g., through discussion, case scenarios). In addition, there are clinical practice requirements under supervision of an already experienced SANE.

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	<p>Currently, SANE training in Ontario does not include specific training in the care of victims of elder abuse (Du Mont et al., 2014).</p>
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Nurses</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Lead body not mentioned. This paper describes programmes of the Ontario Sexual Assault and Domestic Violence Treatment Centres (SA/DVTCs) located within acute care services. These services are staffed by trained nurses who collaborate with other providers in the hospital as well as the community.</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>The Elder Abuse Nurse Examiner Curriculum was developed in multiple phases using a rigorous evidence-informed and competency-based approach described in detail in earlier publications (see Du Mont et al., 2015; Du Mont et al., 2016). 47 competencies were used to guide the content of the Elder Abuse Nurse Examiner Curriculum developed as part of curriculum development process including systematic review, on-line Delphi consensus survey of experts (Program Leaders of Ontario’s Sexual Assault and Domestic Violence Treatment Centres).</p> <p>The resulting Elder Abuse Nurse Examiner Curriculum, which had not been piloted or implemented in any jurisdiction prior to this study, is currently comprised of six sections, or content domains. The first domain provides an overview of ‘Older Adults and Abuse’, and is followed by five domains each of which is focused on one of five meta-competencies: Documentation, Legal, and Legislative Issues; Interview with Older Adult, Caregiver, and Other Relevant Contacts; Assessment; Medical and Forensic Examination; and Case Summary, Discharge Plan, and Follow-Up Care.</p>

<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>None mentioned</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The mean rating of participants' self-reported knowledge/expertise related to elder abuse significantly increased following the training session.</p> <p>There were significant improvements in the mean content domain scores for all six content domains reflecting positive change in self-reported knowledge and perceived skills-based competence.</p> <p>There were statistically significant improvements following training on 49 of the 52 individual knowledge and skills-based competence items.</p> <p>The items for which statistically significant improvements were not found following training were for the Medical and forensic examination domain “I am able to assess an older adult's living situation” and “I am able to photograph an older adult's injuries and other findings” and the Case summary, discharge plan, and follow-up care domain “I am able to create a summary of the case from the information gathered from the interviews and assessment”.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>The findings of our pilot study provide initial evidence of the efficacy of an Elder Abuse Nurse Examiner Curriculum and associated training in improving SANEs' knowledge about the abuse of older adults and ability to provide appropriate elder abuse care. The methods used to develop and pilot the curriculum could be replicated and/or adapted by medical and allied health programs developing region specific elder abuse training.</p>

CROSS-SECTIONAL STUDIES

Reference	Amegbor, P. M., Rosenberg, M. W. and Kuuire, V. Z. (2018) Does place matter? A multilevel analysis of victimisation and satisfaction with personal safety of seniors in Canada. HEALTH AND PLACE Vol.53 pp.17-25
Country	Canada
Evidence Type	Cross-Sectional
Aim/focus	Our study sought to examine placed-based variations in neighbourhood social capital, and socioeconomic characteristics and their implications for the incidence of victimization or abuse of seniors. In this study, we also examined the effect of neighborhood social capital, and economic factors on seniors' sense of personal safety from crime.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Not mentioned
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Not mentioned

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Lead body on safeguarding (national lead and/or local lead)	Not mentioned
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Not mentioned
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Not mentioned
Economic eval.	None
Key findings	<p>Canadian seniors living in rural population centers have stronger neighborhood social capital and higher neighborhood satisfaction relative to their counterparts living in urban centers. On the other hand, urban resident seniors have higher socioeconomic status (education and income) relative to seniors aging in rural areas.</p> <p>Place-based and individual level factors, as defined in this study, were also significant determinants of incidence of victimization and satisfaction with personal safety among Canadian seniors. The results of our multilevel mixed-effect analyses demonstrate that there are significant variations in incidence of victimization and satisfaction with personal safety from crime among older persons living across rural and urban centers in Canada.</p>

	<p>The variations in victimization and perceived personal safety are largely attributable to rural-urban differences in neighborhood social capital, neighborhood disorder and socioeconomic status.</p>
Recommendations for policy, practice, education and research	<p>There is a need for further research to consider how rural-urban differences in neighbourhood social capital, neighborhood disorder and socioeconomic status contribute incidence of victimization among Canadian seniors and their perceived sense of personal safety from crime; paying attention to the geographies of place and aging. Our study also demonstrates the relevance of both place-based and individual-level factors on incidence of victimization and perceived personal safety.</p> <p>As policy makers and stakeholders continue to advocate for healthy aging and “aging in communities”, there is the need to improve neighborhood resources that encourages older persons to actively engage with their neighbors and foster their integration in the places where they age. Similarly, there is the need to reduce socioeconomic disparities among the country's older population to ensure seniors have better sense of personal safety and provide adequate protection for seniors who may be vulnerable to crime or victimization due to their socioeconomic status.</p>

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Reference	Cooper, C., Marston, L., Barber, J., Livingston, D., Rapaport, P., Higgs, P., and Livingston, G. (2018b) Do care homes deliver person-centred care? A cross-sectional survey of staff-reported abusive and positive behaviours towards residents from the MARQUE (Managing Agitation and Raising Quality of Life) English national care home survey. PloS ONE 13(3) pp.1-13
Country	England
Evidence Type	Cross-Sectional
Aim/focus	To ascertain prevalence of staff anonymously-reported, perpetrated/witnessed abusive behaviours towards care home residents over 3 months.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Under section 42 of the Care Act (2014), safeguarding adults is a statutory duty in England. As nearly 15,000 care homes in England are registered with the Care Quality Commission (CQC)
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nursing

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Lead body on safeguarding (national lead and/or local lead)	Not mentioned
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Not mentioned
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Care Quality Commission (CQC) registration body for Care Homes in England
Economic eval.	None
Key findings	Just over half of respondents (N=1544) reported that potentially abusive or neglectful behaviour towards residents occurred at least sometimes. Some abuse or neglect was reported in all but one of the 92 care home units. Neglectful behaviours were most common, and very few care home workers reported actual or threatened physical abuse. While only 5% of carers interviewed reported verbal abuse, at least one carer endorsed this item in over half of the homes. As there may be under-reporting, due to fear of reprisal or lack of awareness of abuse or neglect occurring, these are likely minimum estimates of the prevalence of abuse and neglect.

	<p>Abuse or neglect, as hypothesised, was reported more in homes where staff experienced more burnout and depersonalisation feelings towards residents, mirroring findings with dementia family carers</p> <p>Positive care behaviours greatly outnumbered abusive or neglectful behaviours. Carers reported that most of the time, staff spoke nicely to residents, and spent quality time, trying to know them better. However, activities that took more planning and time involving families</p> <p>in care planning, and planning activities around a resident's interests were less frequent. A third of care workers reported that residents were rarely taken out of the home for their enjoyment. Perhaps staff lacked the time to plan activities, or this was not perceived as within their role or power.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Reducing abuse and neglect in care homes, requires, in our view, a systemic approach, where they are not perceived as the commission or omission of a direct carer, but as occurring in a system. In its widest view, this involves a society that has delegated care of the most vulnerable to carers undertaking challenging, stressful work for low pay with minimum training and support.</p> <p>Our study demonstrates that anonymous reporting of abuse by care home workers is acceptable and feasible, and it could be a new, useful indicator of care quality for home managers, regulatory bodies and researchers.</p> <p>Our study suggests that that future abuse interventions should focus on reducing staff burnout and depersonalisation; introducing true person-centred care by encouraging staff to explore residents' personal histories, current and past interests and build pleasant interactions into care, reducing objectification of residents would from our findings, be rational strategies.</p>

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Reference	Goodridge, D., Heal-Salahub, J., PausJenssen, E., James, G., & Lidington, J. (2017) 'Peer bullying in seniors' subsidised apartment communities in Saskatoon, Canada: participatory research', Health & social care in the community, 25(4), pp. 1439-1447.
Country	Canada
Evidence Type	Cross-sectional
Aim/focus	The objective of this project was to identify the types, prevalence and consequences of peer bullying for tenants of two low income senior apartment communities.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	The study took place in two public housing apartment buildings for low-income persons aged 55 years and older in Saskatoon, Canada. The buildings are under the jurisdiction of Saskatoon Housing Authority. Maintenance, hairdressing and reception staff are available weekdays. Occasional social programming is offered. Home care services are provided to eligible tenants through the public healthcare system.
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	None

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Lead body on safeguarding (national lead and/or local lead)	Older Adult Abuse Task Force, Saskatoon Council on Aging.
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Not mentioned
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Not mentioned
Economic eval.	None
Key findings	Findings (n = 49) indicated that 39% of tenants had witnessed peer bullying and 29% had experienced bullying by peers. The most common forms of peer bullying were deliberate social exclusion and hurtful comments. The majority of respondents indicated that bullying was a problem for seniors and that bullies hurt other people. Outcomes of bullying included feelings of dejection and difficulties conducting everyday activities.

**Recommendations for policy,
practice, education and
research**

Creating a respectful climate demands the engagement and commitment of tenants, staff and management to collaboratively construct and sustain a community that promotes dignity.

For larger senior housing buildings, smaller communities could be created within naturally occurring neighbourhoods such as halls or wings. Tenant committees could focus on recognising and rewarding respectful behaviour.

Training for both tenants and staff can facilitate problem-solving and conflict resolution skills.

Reference	Houston A, Donnelly M. and O'Keeffe ST. (2018) Will-making in Irish nursing homes: Staff perspectives on testamentary capacity and undue influence. INTERNATIONAL JOURNAL OF LAW AND PSYCHIATRY V.56 pp.50-57
Country	Ireland
Evidence Type	Cross-sectional
Aim/focus	We were concerned to ascertain how will-making in nursing homes happens, the extent to which nursing home staff are involved in the process; and, the prevalent views and beliefs among nursing home staff about will-making. We also sought to determine the extent to which staff in nursing homes had encountered practices in respect of will-making which gave rise to concern and how they had addressed these.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>Some jurisdictions, e.g. the United States and England and Wales, have tended to be more protective of freedom of testation, although even these jurisdictions now allow a testator's family members to make a court application if they consider that they were not properly provided for. Many European jurisdictions are more restrictive, imposing stringent and absolute legal obligations to benefit spouse and children. Ireland fits between the two dominant models. A testator's entitlement to dispose freely of his or her assets is restricted by the entitlement of his or her spouse to a 'legal right share' (of one half of the testator's estate if there are no children and one third of the estate if there are children). A testator's children do not have any automatic entitlement to a share although they can make an application to court on the basis that the testator has failed in his or her 'moral duty' to make proper provision.</p> <p>The Succession Act 1965 requires that, to be valid, a will must be made by a person who is of 'sound disposing mind'.</p>

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	The Assisted Decision-Making (Capacity) Act 2015 specifically excludes testamentary capacity from its ambit (s. 140). No principled reason was given for the exclusion and the operation of two separate standards is likely to cause confusion once the 2015 Act commences. A case may be made (along the lines made by the Law Commission of England and Wales) that a single standard should be applied, with any specific elements necessary for will-making being addressed in a Code of Practice (2017: 35).
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nursing (DON)
Lead body on safeguarding (national lead and/or local lead)	Not mentioned
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Not mentioned
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Not mentioned

Economic eval.	None
Key findings	<p>The findings of this study affirm that, as speculated above, issues of incapacity and undue pressure arise far more frequently than is evident from the still limited number of cases before the courts. They also suggest that nursing staff are not sufficiently well-informed regarding the relevant legal positions and that this can negatively impact on the way in which issues in relation to residents' will-making are addressed. The study also suggests at least some ambiguity regarding the nature of broader ethical duties owed to residents in respect of will making. Some of these problems derive, in part at least, from inadequate guidelines for staff regarding how to deal with will-making in residential care.</p>
Recommendations for policy, practice, education and research	<p>The results of this study indicate that will-making is not uncommon in nursing homes and that this issue can give rise to concerns among nursing home staff. In particular, a small but alarming number of cases were identified suggesting that residents, some of who may have lacked testamentary capacity, were subject to undue pressure to make or change a will. Our results also suggest that senior nursing staff in Irish nursing homes have some significant misapprehensions about their roles and responsibilities and those of doctors, solicitors and family members regarding will-making in the nursing home. These misapprehensions can result in nursing home residents being denied access to necessary supports, include legal advice, around will-making.</p> <p>It is important that clear and simple guidelines and education are provided to staff in both public and private nursing homes including advice on how to proceed where concerns about capacity and undue pressure arise.</p>

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Reference	Kishimoto, Y., Terada, S., Takeda, N., Oshima, E., Honda, H., Yoshida, H., Yokota, O. and Uchitomi, Y. (2013) Abuse of people with cognitive impairment by family caregivers in Japan (a cross-sectional study). PSYCHIATRY RESEARCH V.209 pp.699-704
Country	Japan
Evidence Type	Cross-sectional
Aim/focus	We investigated the prevalence of abusive behavior by family caregivers toward elderly persons with clinically mild cognitive dysfunction (CDR 0.5-1) in Japan to determine the prevalence of abuse in older people with mild cognitive impairment and mild dementia and the risk factors for abusive conflict.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None included
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Not mentioned

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Lead body on safeguarding (national lead and/or local lead)	Not mentioned
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Not mentioned
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Not mentioned
Economic eval.	None
Key findings	The prevalence of abusive behavior was 15.4%. Stepwise multiple regression analysis revealed that the sex of caregivers and scores on the Neuropsychiatric Inventory (NPI), Zarit Caregiver Burden scale, and Addenbrooke’s Cognitive Examination had significant effects on the m-CTS scores. We demonstrated that in Japan, caregivers of the elderly with even clinically mild cognitive dysfunction exhibit abusive behavior toward them. The severity of the disease might reflect the prevalence of and factors that affect the abusive conflict score.

**Recommendations for policy,
practice, education and
research**

Factors that affect the abusive behavior may change with the severity of disease, and this needs further study. In order to adequately assess abusive behavior by caregivers, it is important to consider the disease stage.

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Reference	Koga, C., Hanazato M., Tsuji T., Suzuki N. and Kondo K. (2019) 'Elder Abuse and Social Capital in Older Adults: The Japan Gerontological Evaluation Study', Gerontology. DOI: 10.1159/000502544.
Country	Japan
Evidence Type	Cross-sectional
Aim/focus	This study aims to clarify the prevalence of and the factors associated with elder abuse among independent older adults in Japan.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None included
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Not mentioned
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not mentioned</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The results of the present study suggest that participants who were women, aged < 75 years, married, needed daily support, and had low level of self-rated health, severe depression, and low level of community trust were more likely to experience elder abuse.</p> <p>The prevalence of elder abuse among independent older Japanese was 12.3% (11.1% in males and 13.3% in females)</p> <p>In the entire sample, physical, psychological, and financial abuses were reported to be 1.26, 11.12, and 1.45%, respectively. Factors associated with increased odds of experiencing abuse were being a woman, living with family members, having poor self-rated health, and having mild or severe depression. By contrast, age ≥85 years, being widowed, or unmarried, and having a positive view of community trust were associated with a lower risk of experiencing abuse.</p>

**Recommendations for policy,
practice, education and
research**

In conclusion, elder abuse is prevalent among independent older adults in Japan. While confirming the findings of others that certain demographic factors and poor health are associated with an increased risk of abuse, we also found that people who trust others in their community were less likely to be abused. Although further clarification of causation at both individual and community levels is needed, this study suggests that enriching social capital could make an important contribution to a population-based strategy to reduce the incidence of elder abuse.

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Reference	Malmedal, W., Ingebrigtsen, O. and Saveman, B.-I. (2009b) Inadequate care in Norwegian nursing homes – as reported by nursing staff. SCANDINAVIAN JOURNAL OF CARING SCIENCES V.23 pp.231-242
Country	Norway
Evidence Type	Cross-Sectional
Aim/focus	The aim of this study was to describe the frequency and types of inadequate care committed by staff in nursing homes. Another aim was to investigate if nursing staff reported differently depending on age, education level and years of experience working at nursing homes.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	In Norway, the municipalities are responsible for providing care for inhabitants in need. In 2006 about 216 000 people were 80 years or older (27), and 15% of them were residents in institutions for the elderly (28). In Norway, such institutions include nursing homes, homes for older persons and sheltered housing. This study covers only nursing homes. Almost all nursing homes in Norway are public, and about half of them are either in new buildings or fully modernized and restored (30). They consist of long-term care units, special care units for persons with dementia diseases, day care units and rehabilitation wards, and more than 95% of the beds are now in single rooms.
HSCP involvement – which disciplines are mentioned in	Nurses

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the paper e.g. social workers, nurses,	
Lead body on safeguarding (national lead and/or local lead)	Not mentioned
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Not mentioned
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Not mentioned
Economic eval.	None
Key findings	91% of the nursing staff reported that they had observed at least one act of inadequate care and 87% reported that they had committed at least one act of inadequate care. Acts of negligent and emotional character were most frequently reported, both as observed and committed. Depending on the higher educational level that the nursing staff had more acts of all types were observed and committed. The oldest staff and those with longest experience at the present nursing

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	home reported more observed and committed acts of physical character than did the others. The extent of inadequate care confirms that this is a common part of activities in nursing homes.
Recommendations for policy, practice, education and research	Further research concerning, e.g. how work-related issues impact on inadequate care, is needed in order to find the most appropriate interventions

Reference	Malmedal, W., Hammervold, R. and Saveman, B. (2009a) To report or not report? Attitudes held by Norwegian nursing home staff on reporting inadequate care carried out by colleagues. SCANDANAVIAN JOURNAL OF PUBLIC HEALTH V.37 pp.744-750
Country	Norway
Evidence Type	Cross-sectional
Aim/focus	The aims of this study are, first, to describe attitudes held by nursing home staff on reporting acts of inadequate care committed by their colleagues, and second, to investigate whether nursing staff have different attitudes depending on age, education, and length of experience of working in the healthcare services.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>Under the Norwegian National Health Personnel Act [21]: “Health personnel shall of their own accord provide information to the supervising authorities on matters that may endanger patients’ safety”</p> <p>The Norwegian Working Environment Act [15], which relates to, for example, the working environment, working hours, and employment protection, regulates the right to notify and protects against retaliation in connection with notification concerning censurable conditions at the working place</p> <p>The Working Environment Act protects the employee from retaliation in connection with notification, and obliges the employer to develop routines for internal notification or implement other measures that facilitate internal notification concerning censurable conditions</p>

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<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Nurses</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Not mentioned</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>There were significant differences between educational levels regarding the attitudes of staff towards reporting.</p> <p>The tendency was for staff educated to college level to agree more often that they would report on colleagues, that they felt brave enough to speak out, that speaking out was useful, and that they were less afraid of what would happen to them if they did.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not mentioned</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>A positive attitude towards reporting acts of inadequate care committed by their colleagues was held by the participants in this study. Compared with younger staff, the older staff seemed to be more reluctant to report colleagues, to feel less brave, to be more afraid of what would happen to them if they reported, and to agree that it is best to deal with such</p>

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	matters internally. Regarding education, it seemed that a higher educational level was related with a more positive attitude towards a willingness to report and less fear of negative sanctions.
Recommendations for policy, practice, education and research	Institutions need to develop and implement mechanisms for understanding and evaluating acts of inadequate care, and staff must be encouraged to speak out on behalf of residents rather than be punished for doing so.

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Reference	Malmedal, W., Hammervold, R. and Saveman, B.-I. (2014) The dark side of Norwegian nursing homes: factors influencing inadequate care. THE JOURNAL OF ADULT PROTECTION 16(3) pp.133-151
Country	Norway
Evidence Type	Cross-Sectional
Aim/focus	The purpose of this paper is to investigate factors that influence the probability that staff will commit acts of inadequate care, abuse, and neglect
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	Not mentioned
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nursing
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>In Norway, the municipalities are responsible for providing care for older adults. Provision of care in nursing homes is regulated by “regulation of quality of care” (Norwegian Ministry of Health and Care Services, 2003).</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Inadequate care of emotional character was reported to be committed by 30 per cent of the staff; 77 per cent reported inadequate care of negligent character, and 40 per cent reported having committed acts of physical character.</p> <p>The most consistent findings in our study are that resident aggression increases the probability of all three types of inadequate care, and that conflicts predict the types of inadequate care act committed depending on whether the conflicts are directly related to care-giving activities or not. When non-care-related conflicts are present, the probability of neglect and emotionally inadequate care increases, while the probability of acts of a physical character is not affected by non-care-related conflicts. Care-related conflicts increase the probability of acts of a physical and negligent character but not acts of an emotional character. Nursing home size and location, staff level of job satisfaction, education, and staffs’ age are also significant contributing factors but not for all types of inadequate care.</p>

Recommendations for policy, practice, education and research

An important element in nursing practice is to be able to recognize the occurrence of and understand the consequences of inadequate care, abuse, and neglect. Educational programmes which highlight topics such as ethics, communication skills, person-centred, integrity and identity-promoting care could be used to change the existing culture of care and routines; this could help to minimize the occurrence of inadequate care. In conclusion, further study of inadequate care, abuse, and neglect is clearly necessary.

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Reference	Manthorpe J., Stevens M., Martineau S. & Norrie C. (2017) Safeguarding practice in England where access to an adult at risk is obstructed by a third party: Findings from a survey. THE JOURNAL OF ADULT PROTECTION 19(6) pp.323-332
Country	England
Evidence Type	Cross-Sectional (with qualitative interviews)
Aim/focus	This paper reports and discusses the findings of a study that sought to examine current safeguarding practice in England where access to an adult at risk is obstructed by a third party. We refer to such obstructive behaviour as “hindering”. Our study focussed on hindering of access to adults at risk and what helps practitioners in such cases.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	The Care Act 2014 Mental Capacity Act 2005 This present study was informed by a government consultation in the development of the Care Bill 2013-2014 about the potential for a power of entry (Norrie et al., 2016). In response to this consultation about two-thirds of local authority professionals responding stated they were in favour of such a power. In a survey conducted by the College of Social Work, 84 per cent of the 300 practitioners responding supported the introduction of a power of entry (as reported by Valios, 2012).
HSCP involvement – which disciplines are mentioned in	Social Work

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<p>the paper e.g. social workers, nurses,</p>	
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Not mentioned</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>No info</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>The regulatory body in England (the Care Quality Commission) has powers of access to registered care settings, such as care homes.</p>
<p>Economic eval.</p>	<p>Despite a view that problems in gaining access were often an integral part of social work practice, many social workers and managers felt that these were a very costly element of their work in terms of hours spent or advice obtained. Protracted problems in gaining access could mean that individual cases necessitated substantial professional involvement, with multiple professionals, including doctors where mental health problems were involved, and much communication and debate. Many felt this to be “part and parcel of our job”.</p> <p>Some interviewees also described how such cases impacted on their other work despite their infrequency. Staff time within the service was not the only source of increased cost identified. Several social workers and managers described</p>

	<p>how it had been necessary to commission extra services in some cases to facilitate contact with the adult at risk. Again, no real details of this were provided, just “extra expenditure”. Social worker interviewees and survey respondents commented explicitly on the time rather than costs; managers may have been more conscious of the financial commitment.</p>
<p>Key findings</p>	<p>In summary, none of the survey respondents reported that data were being collected in their local authorities specifically in relation to obstruction by third parties. Estimates of numbers and frequency of hindering cases varied widely and may reflect very different thresholds. One of the reasons for this may be one of definition.</p> <p>Estimates of numbers and frequency of cases of obstruction varied widely. Most survey respondents and interview participants described situations where there had been some problems in accessing an adult at risk. Those that were serious and long-standing problems of access were few in number, but were time consuming and often distressing for the professionals involved.</p> <p>Several survey respondents and interview participants stressed the heavy demands placed on local authority and other bodies’ resources from a small number of cases where access problems were prolonged and concerns about serious abuse remained, although few identified that access was never gained. The question remains as to when hindering or obstruction becomes such a problem and the outcomes are so poor for the adult at risk (harm, death) that extra support is needed to provide greater resources or whether legal interventions should be considered.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>The campaigning group, Action on Elder Abuse (2016), continues to argue for a power of access, using powerful case study evidence. While only one respondent to our survey and one interviewee reported cases where access was never achieved, there were several descriptions of cases where access was an on-going problem, particularly in terms of the ability to undertake a confidential or private interview with the adult at risk. The extent of problems with access to adults at</p>

	risk is unlikely to be accurately reported without developmental work on definitions, thresholds and practice wisdom. It also needs more consideration by adults at risk, family members and public voices.
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Reference	Montgomery, L., Hanlon, D. and Armstrong, C. (2017) 10,000 voices: service user's experiences of adult safeguarding. THE JOURNAL OF ADULT PROTECTION 19(5) pp.236-246
Country	Northern Ireland
Evidence Type	Cross-Sectional
Aim/focus	The purpose of this paper is to describe a small scale pilot study undertaken in Northern Ireland to gather service user feedback from individuals who have been subject to adult safeguarding procedures
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	<p>Making Safeguarding Personal (MSP) approach, has provided the framework for adult safeguarding practice in England. In this approach, the complexity of adult safeguarding processes to deliver outcomes which are valued by service users has been identified.</p> <p>In Northern Ireland adult safeguarding has moved towards a more person-centred approach, with a drive to involve service users in shaping services. This approach is integral to the principles outlined in the framework for reform in HSC (DoH, 2016).</p> <p>Adult safeguarding in Northern Ireland is delivered through a framework of generic legislation, policy and procedures, utilised by professionals within the health, social care and criminal justice sectors. In 2006, building on the English “No Secrets” guidance, the Health and Social Care Board (HSCB) issued “Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance” (DHSSPS, 2006), which provided procedural guidelines and set minimum requirements for statutory sector organisations in identifying and responding to abuse. In the decade following this initial</p>

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	<p>policy there have been considerable changes to the ways in which harm and abuse have been conceptualised. The recently revised policy “Adult Safeguarding in Northern Ireland: Prevention and Protection in Partnership” (DHSSPS, 2015), places a stronger emphasis on a preventative agenda, providing a key role for community, voluntary and faith sector organisations. Safeguarding is envisaged in its widest sense, that is, as encompassing both activity which prevents harm from occurring in the first place and activity which protects adults at risk where harm has occurred or is likely to occur without intervention.</p> <p>A rights-based, empowering and person-centred approach is promoted, encouraging consent-driven practice and partnership with the wider public. This regional framework is delivered within a fully integrated HSC sector, structured within five geographically distinct HSC Trusts. The model of delivery is based on a degree of specialism: Adult Safeguarding Gateway teams manage referrals which are deemed to be high risk, with generic “locality” teams responding, at least in the first instance, to lower risk referrals.</p>
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Social Workers</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>The Northern Ireland Adult Safeguarding Partnership (NIASP) is a multi-agency, multi-disciplinary partnership, with functions similar to the English Safeguarding Adults Board. It is responsible for promoting and supporting a co-ordinated and multi-agency approach to adult safeguarding and for creating a culture of continuous improvement in service responses.</p>
<p>Education and training in country – any description of</p>	<p>Not mentioned</p>

<p>national training programmes for HSCPs and/or vulnerable adults</p>	
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>The Northern Ireland Adult Safeguarding Partnership (NIASP)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Analysis of quantitative data indicated that 56 per cent of respondents (N=35) felt listened to during meetings and conversations. Many positive examples of being listened to were offered.</p> <p>A further 20 per cent felt listened to but felt that their views did not affect safeguarding decisions.</p> <p>In total, 42 per cent of respondents indicated feeling supported by staff as the safeguarding investigation was carried out. However 11 per cent of respondents indicated that that they did not know what was happening during the safeguarding process and felt that the process dragged on.</p> <p>The majority of respondents indicated satisfaction with the outcome of the investigation. In particular, 74 per cent indicated that Social Workers and police officers enabled them to understand the investigation process. In total, 53 per cent of respondents agreed that people worked together to make things better.</p> <p>Finally, and perhaps most significantly, 67 per cent of the survey felt “quite a bit” or “completely” safe at the end of the safeguarding process.</p>

Recommendations for policy, practice, education and research

As the new regional safeguarding policy is being implemented in Northern Ireland (DHSSPS, 2015), opportunities have been sought for practitioners, managers and commissioners to listen to how service users and carers believed the service should be shaped.

The evaluation of this pilot project would suggest that the 10,000 Voices, adult safeguarding initiative succeeded in giving voice to service users, facilitating the collation of complex experiences and enabling insights to be gleaned and shared. It is hoped that as the initiative becomes embedded in routine practice, it will continue to inform and influence service delivery locally, thus shaping the future of adult safeguarding within Northern Ireland.

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Reference	Moore (2018) Oops! It's happened again! Evidence of the continuing abuse of older people in care homes. <i>THE JOURNAL OF ADULT PROTECTION</i> 20(1) PP.33-46
Country	England
Evidence Type	Cross-Sectional with qual interviews
Aim/focus	The purpose of this paper is to present findings from an empirical research project designed to enhance knowledge of the current extent and nature of abuse in contemporary care homes for older people.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	Not mentioned
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nursing
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Care Quality Commission</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>High numbers of care staff in all six care homes reported witnessing abuse, with between 66.7 and 89.7 per cent of respondents across the six homes confirming they had done so.</p> <p>Of all identified types of abuse witnessed within the six care homes, psychological abuse was most commonly reported (44.5 per cent), followed by neglect (36.3 per cent) and then physical abuse (19.2 per cent). There were no reports of either financial, sexual or other forms of abuse witnessed by respondents in this sample.</p> <p>Respondents had in many cases witnessed more than one type of abuse, and a significant majority had witnessed abuse occurring “repeatedly” (93 per cent) rather than on just one occasion (19.3 per cent) (sum exceeds 100 per cent because some respondents had witnessed repeated and repeated episodes of abuse). The majority of abuse was reported as witnessed during the daytime hours.</p>

	<p>Both the numerical data and textual descriptions secured by the research confirm that abusive practices continue to occur in some contemporary private sector care homes. Though these and many other examples were drawn from a relatively small number of respondents who had witnessed abuse in the care homes in which they had previously worked (n¼140), they do confirm that abuse of older people continues to occur. The data also suggests that the reality of care home life is clearly unpleasant for many older people and continues to evade detection not only by existing management arrangements within care homes, but also by safeguarding and contract monitoring functions of local authorities and clinical commissioning groups, and the activities of personnel of the statutory regulator. This is confirmed by the 81.6 per cent of respondents who identified that the homes in which they had witnessed abuse were rated as “good” by the Care Quality Commission at the time the abuse occurred.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>From a policy formulation point of view, it is also significant that the practices reported from this research by means of the anonymous questionnaire are occurring in modern care homes and are continuing despite the application of formal safeguarding policy and practice for what is now seventeen years, and given there was not a policy vacuum prior to the advent of “No Secrets”. Similarly, these practices are enduring despite formal regulation of the care home sector that has been in place since 1983, and scrutiny by contract monitoring personnel from local authorities, and latterly clinical commissioning groups, that has been in place since the marketisation of the care home sector in 1993 under the auspices of the NHS and Community Care Act 1990. That, this is the case, casts doubt upon the effectiveness of current, long-established mechanisms designed to combat abuse, for example the oft quoted requirements for more training for staff in care homes.</p> <p>There is, therefore, a need to acknowledge at central government level that current regulatory and safeguarding regimes continue to fail many of the older people living in care homes, their relatives and the public who no doubt scrutinise the Care Quality Commission quality ratings, drawing from them a false sense of security. It is clearly time to look to other fundamental, substantive theory for explanations of why abuse endures in care homes, and consequently, how it might be effectively countered. Though inspectors and contract monitoring staff, if suitably experienced and qualified, can</p>

	provide some guidance to care home owners and managers, it often fails to have any impact because the essential foundations of good, safe care are in part, or in whole, absent
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Reference	Nakanishi, M., Hoshishiba, Y., Iwama, N., Okada, T., Kato, E., & Takahashi, H. (2009) Impact of elder abuse prevention and caregiver support law on system development among municipal governments in Japan. HEALTH POLICY V.90 pp 254-261
Country	Japan
Evidence Type	Cross sectional
Aim/focus	Japan enacted the elder abuse law in April 2006. The present study was aimed to examine the progress of systems development and difficulties with implementing activities in municipal governments for dealing with elder abuse after the law.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>The Long Term Care Insurance programme commenced in 2000. This programme requires elder people to undergo a standardized assessment by care managers to determine their eligibility for services covered under LTCI. This assessment helps uncover elder abuse by family caregivers.</p> <p>Japan enacted the elder abuse prevention and caregiver support law in April 2006. The law defines an elderly person as anyone aged 65 or over. It set forth the roles and responsibilities of national and local governments as well as citizens for preventing elder abuse, protecting victims, and supporting caregivers in reducing their care burden, for the purpose of protecting elder rights. The law covers five types of elder abuse in both home care and institutional settings: physical abuse, caregiver neglect, psychological abuse, sexual abuse, and financial abuse. It emphasizes the roles and responsibilities of municipal governments in creating structures and environments that support the prevention of elder</p>

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	abuse in the community, as well as receiving and investigating reports of elder abuse and ensuring the safety of the victims.
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Public health nurses Social workers
Lead body on safeguarding (national lead and/or local lead)	Prefectural governments must provide municipal governments with assistance and information so that municipal governments can develop community systems that meet the requirements of the law. Along with enactment of the law, LTCI was reformed to create Comprehensive Community Care Centers in municipalities. These centers have functions ranging from the delivery of preventive care to the management of difficult cases, such as dementia care and elder abuse. They are usually staffed by public health nurses, social workers, and care managers. LTCI provides services, assists caregivers, and decreases caregiver burden
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	None

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Economic eval.	None
Key findings	<p>The law increased the implementation of activities related to reporting systems (46.2–49.1%) and activities for increasing awareness of elder abuse among service providers (30.7–35.8%). The most frequent activities with no plans for implementation were the establishment of intervention teams (43.7–55.5%) and multi-agency networks (47.7–64.2%). All groups reported difficulties carrying out home visits to investigate reported cases of abuse (53.6–61.5%) and difficulties approaching reported cases where there was resistance to outside support (42.4–76.6%).</p>
Recommendations for policy, practice, education and research	<p>The law was significant step in activities related to reporting systems and activities for increasing awareness among service providers. Further policy should address how to establish intervention teams and multi-agency networks, how to carry out home visits to investigate reports, and how to approach cases resistant to outside support.</p> <p>Although the elder abuse law seemed to be a significant step toward system development among municipalities, it lacks financial support and the progress of system development has varied among municipalities.</p>

Reference	Nakanishi, M., Nakashima, T. and Honda, T. (2010) Disparities in systems development for elder abuse prevention among municipalities in Japan: Implications for strategies to help municipalities develop community systems. SOCIAL SCIENCE AND MEDICINE V.71 PP.400-404
Country	Japan
Evidence Type	Cross sectional (repeated wave)
Aim/focus	The aims of this study were (1) to examine factors at baseline affecting disparities in the progress of systems development for elder abuse prevention among municipalities, and (2) to determine what kind of support municipalities request from prefectural or national governments to help municipalities develop systems for elder abuse prevention.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	In April 2006, Japan enacted the elder abuse prevention and caregiver support law. The Japanese community system for elder abuse prevention is characterized by national legislation but municipal administration and caregiver support, and intervention based on the Long-Term Care Insurance (LTCI) program. The local administration system in Japan consists of a 2-level hierarchical structure with prefectures as the large-area governmental units and municipalities as the basic governmental units. Prefectural governments must provide municipal governments with assistance and information so that municipal governments can develop community systems that meet the requirements of the law. The enactment of the Japanese elder abuse law had a significant impact on municipalities in creating reporting systems and increasing awareness of elder abuse among service providers 9 months after enactment.

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<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Five important agencies noted as integral to the community system for elder abuse prevention in Japan: Psychiatric agencies, Police, Ambulance services, Lawyers, Advocacy groups</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Prefectural governments must provide municipal governments with assistance and information so that municipal governments can develop community systems that meet the requirements of the law.</p> <p>The elder abuse law in Japan specifies that the role of the prefectural government is to provide municipal governments with assistance, information, and advice on implementing activities, but not with interventions.</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>None</p>
<p>Economic eval.</p>	<p>None</p>

<p>Key findings</p>	<p>The results highlight that the prefectural or national government should offer different types of support according to the kind of municipality: sharing and using experts in an extended association for municipalities with limited resources and smaller size (towns and villages) and aggregating information on difficult cases for larger municipalities (cities).</p> <p>In the 2 years since enactment of the law, municipalities that had advanced systems development had a higher reported rate of elder abuse in 2006. The results suggest that progress in systems development may be a function of the number of reports in a municipality.</p> <p>Advanced municipalities also had police and advocacy groups joining their networks in 2006. The participation of these agencies is essential because the older person’s vulnerability and loss of autonomy are the most important factors that affect elder abuse</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Further research should investigate specific strategies that the prefectural or national government can implement to help promote systems development for municipalities with low rates of reported cases of elder abuse, such as training programs to ensure that all care providers can recognize the signs and symptoms of elder abuse.</p>

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Reference	Nakanishi, M., Nakashima, T., Sakata, N., Tsuchiya, N., & Takizawa, K. (2013) Community-based system, reports and substantiated cases of elder abuse: Disparities between municipalities and relating factors in Japan. JOURNAL OF AGING AND SOCIAL POLICY V.25 pp.234-247
Country	Japan
Evidence Type	Cross sectional
Aim/focus	This study examines (1) the staffing and financial characteristics of systems for elder abuse detection and intervention in the municipal governments of Japan and (2) the relationship among the development of detection and intervention systems, the reporting rates of suspected elder abuse cases, and substantiated abuse rates in 927 municipalities across Japan.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>The Elder Abuse Prevention and Caregiver Support law came into effect in April 2006. Japan’s community-based system for elder abuse detection and intervention is based on national legislation, but it is administered by municipalities, with intervention being based on the LTCI program.</p> <p>Under the LTCI program, municipal governments have budgets for implementing a “community support project” that includes programs for the early detection of elder abuse and other types of advocacies.</p>
HSCP involvement – which disciplines are mentioned in	Not mentioned

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<p>the paper e.g. social workers, nurses,</p>	
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Although municipal governments manage the LTCI program as insurers, the provision of services is open to the private sector, including for profit companies, voluntary groups, and non profit organizations.</p> <p>The national government has not required that a particular standard be used to conduct assessments of suspected and substantiated elder abuse cases, which means that each municipal government has substantial discretion in how it evaluates abuse cases.</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>None</p>
<p>Economic eval.</p>	<p>The expense of a community support project should be less than 3% of the LTCI benefits of each municipal government.</p> <p>Per capita annual expenditures on the comprehensive support project and the community general support center’s catchment under the Long-Term Care Insurance (LTCI) program showed no significant association with the development of systems, the rate of suspected cases, or the number of substantiated cases.</p>

<p>Key findings</p>	<p>A significantly larger number of reports of suspected cases in the previous six months were observed among municipalities that had shown more progress in systems development.</p> <p>Progress in systems development was associated with a high level of staffing in municipal governments, even after controlling for demographic, organizational, and financial variables.</p> <p>Municipal governments may have difficulties in obtaining appropriate budgets for comprehensive support projects and community general support center’s catchments because the expense of each community support project is limited to up to 3% of the LTCI benefits of each municipal government. National social policy makers should examine strategies that would help municipalities assign sufficient staff to elder abuse detection and intervention programs.</p> <p>Progressive systems for the detection and intervention of elder abuse were significantly associated with a larger number of public officers than in non-progressive systems. Furthermore, greater rates of both suspected and substantiated cases of abuse were associated with progressive systems for elder abuse detection and intervention.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>National social policy makers should examine strategies that would help municipalities assign sufficient staff to elder abuse detection and intervention programs.</p>

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Reference	Nakanishi, M., Nakashima, T., Yamaoka, Y., Hada, K., & Tanaka, H. (2014) Systems development and difficulties in implementing procedures for elder abuse prevention among private community general support centres in Japan. JOURNAL OF ELDER ABUSE AND NEGLECT V.26 pp.31-43
Country	Japan
Evidence Type	Cross sectional
Aim/focus	The present study examines differences in systems development and difficulties in implementing procedures for elder abuse prevention in 1,119 private and 606 public community general support centers under the public long-term care insurance program in Japan.
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	<p>The Elder Abuse Prevention and Caregiver Support law was enacted on November 1, 2005, promulgated on November 8, 2005, and came into effect on April 1, 2006.</p> <p>Japan’s community-based system for elder abuse prevention is structured by national legislation but is administered by municipal administration, and intervention is based on the LTCI program.</p> <p>Each community general support centre must be staffed by a public health nurse, a certified social worker, and a chief care manager. Municipal governments can establish a community general support centre, or they can entrust the implementation of a Comprehensive Support Project to the private sector.</p>

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	As of October 1, 2009, all LTCI insurers had community general support centres in their communities. Of a total of 4,096 centres, 68.2% were operated by the private sector, including social welfare corporations, health care corporations, for-profit corporations, and non-profit corporations
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social work Public health nurse
Lead body on safeguarding (national lead and/or local lead)	The 2005 revision of the Long-Term Care Insurance law came into effect on April 1, 2006, to create community general support centres in municipalities. A community general support centre aims to provide comprehensive support for the improvement of health and medical care among local residents through the implementation of a Comprehensive Support Project, which includes the following components: (1) prevention of an insured person from being in a condition of need for long-term care, (2) comprehensive and continuous care management, (3) construction of multidisciplinary service networks in community areas, and (4) early detection of elder abuse and other advocacy
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies	None

<p>or organisations (disciplinary boards, legislation)</p>	
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The private community general support centres showed more difficulty implementing procedures than the public community general support centres. Controlling for the type of municipality, progress in systems development did not differ between the private and public community general support centres.</p> <p>The private community general support centres had significantly higher levels of difficulty implementing the items “Making information about individuals secure,” “Approaching victims who have low income or little property,” and “Approaching family caregivers who are experiencing financial challenges”. These procedures include collecting information, making judgments, and conducting interventions in elder abuse cases to an extent that exceeds the regular practice of private community general support centres under the LTCI program. Private centres may have an advantage in access to services provided by their parent agencies, but they are unable to address some aspects of elder abuse prevention.</p> <p>In contrast, public community general support centres are combined with the municipal governments, so they have an advantage in terms of access to administrative measures beyond the services provided under LTCI.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Policy efforts should address these difficulties in implementing procedures for elder abuse prevention among private community general support centres. Skill-training strategies to enable smooth coordination between private community general support centres and municipal governments should be examined, such as training professionals in recognizing, detecting, and reporting elder abuse, and providing support in cases of elder abuse</p> <p>Further research should examine how the characteristics of municipal governments are related to systems development in community general support centres</p>

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Reference	Ochieng and Ward (2018) Safeguarding vulnerable adults training: assessing the effect of continuing professional development. <i>NURSING MANAGEMENT</i> 25(4) pp.30-35
Country	England
Evidence Type	Cross sectional
Aim/focus	The broad aim of this project was to assess the effect of safeguarding of vulnerable adults continuing professional development (SOVACPD) training on nurses working in primary and secondary care.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nurses
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>The main aims of the SOVA-CPD course were: to improve leadership skills in safeguarding adults in participants’ practice areas and interdisciplinary working; to inform effective adoption of local and national safeguarding multidisciplinary guidelines; to improve adult safeguarding policy and practice in participants’ employing organisations’ guidance; and to achieve long-term improvements in the care and practice of safeguarding adults at risk.</p> <p>The course involves one day a month for seven months. The areas it covered included: safeguarding in clinical practice, Mental Capacity Act 2005 and the Mental Health Act 2007, learning disabilities, serious case reviews, legal and ethical aspects of safeguarding and communication, leadership and discharge planning.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not mentioned</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>All participants indicated that the training had increased their awareness of, and confidence to manage, safeguarding issues in their practice area.</p> <p>They also indicated how the training had enabled them to acquire a greater understanding of safeguarding issues, which include the Mental Capacity Act 2005, and this understanding gave them confidence in work-related issues, such as how to deal with vulnerable adults</p> <p>Despite the benefits of the SOVA-CPD, some participants described how the potential positive effects were curtailed by the inability and perceived unwillingness of managers to allow the learning to be implemented and cascaded.</p>

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	<p>Some participants had great difficulties in implementing and managing change in practice, and wanted follow-up after the training to share their experiences. Some participants suggested that organisational priorities and commitments undermined their ability to implement change, while others described what they perceived as a clash of priorities and cultures in their area of work. Some colleagues found it difficult to accept the new guidance and protocols they had introduced after the CPD training due to competing priorities.</p>
Recommendations for policy, practice, education and research	None

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Reference	Phelan, A., Fealy, G. and Downes, C. (2017) Piloting the older adult financial exploitation measure in adult safeguarding services. ARCHIVES OF GERONTOLOGY AND GERIATRICS V.70 pp.148-154
Country	Ireland
Evidence Type	Cross-sectional
Aim/focus	This paper presents the findings from a pilot study which examined the appropriateness of the OAFEM tool for use among health and social care professionals the Republic of Ireland.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>None</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The Older Adult Financial Exploitation Measure is considered appropriate to assist safeguarding personnel’s assessment of older people related to a suspicion of financial abuse.</p> <p>All of the 25 items on the OAFEM demonstrated positive responses to screening for financial abuse, with a total of 20 older people reporting ‘yes’ to one or more of the items.</p> <p>The sixteen SCWPOPs and SWs who participated in piloting the OAFEM also reported that they believed that the tool contained too many items –a full screening involved obtaining consent, capacity assessment, recording demographic data, and completing the 25 items – and that it too long to complete. 46.7% reported that completion took up to 30 min, 33.5 % reported it took between 30 and 45 min and 20% indicated that it took between 45 and 60 min.</p>

	<p>In the present study, only older people with normal cognitive functioning were screened and 40.4% provided responses that indicated a suspicion of FA in. This is noteworthy, as it tentatively points to the tacit and unidentified nature of financial abuse</p>
Recommendations for policy, practice, education and research	<p>This was a pilot study with a small sample, and it therefore has limited generalizability across wider populations. Thus, further research with a greater sample size is required.</p> <p>The potential for the shortened version of the OAFEM, containing just the first 6 questions, should be further examined with a larger population which would enable the tool to be more practical in use. In this context, the safeguarding practitioner may progress to all OAFEM items if a suspicion is identified in the preliminary items.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Sharp, C. A., Schulz Moore, J. S. and McLaws, M.-L. (2019) Two-hourly repositioning for prevention of pressure ulcers in the elderly: Patient safety or elder abuse? BIOETHICAL INQUIRY V.16 pp.17-34
Country	Australia
Evidence Type	Cross-Sectional (case review)
Aim/focus	To measure the magnitude of the routine practice of two-hourly repositioning and whether this successfully prevented PUs.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nursing
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>None</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Despite 91 per cent (73/ 80) of residents identified as being at risk of PUs and repositioned two-hourly 24/7, 34 per cent (25/73) died with one or more PUs. Behaviours of concern were noted in 72 per cent (58/80) of residents of whom 38 per cent (22/58) were restrained. Dementia was diagnosed in 70 per cent (56/80) of residents. The prevalence of behaviours of concern displayed by residents with dementia was significantly greater than by residents without dementia (82 per cent v 50 per cent, $p = 0.028$). The rate of restraining residents with dementia was similar to the rate in residents without dementia. Two-hourly repositioning failed to prevent PUs in a third of at-risk residents and may breach the rights of all residents who were repositioned two-hourly</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Repositioning and restraining may be unlawful. Rather than only repositioning residents two-hourly, we recommend every resident be provided with an alternating pressure air mattress.</p>

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Reference	Storey, J. E. and Prashad, A. A. (2018) Recognising, reporting and responding to abuse, neglect and self-neglect of vulnerable adults: an evaluation of the re:act adult protection worker based curriculum. JOURNAL OF ELDER ABUSE AND NEGLECT 30(1) pp.42-63
Country	Canada
Evidence Type	Cross-sectional
Aim/focus	This study evaluates the “Re:Act” Adult Protection Worker Basic Curriculum training from British Columbia, Canada. Specifically, the “Re:Act” basic curriculum will be evaluated to determine if learners who complete the basic curriculum demonstrate more of the five core competencies of the curriculum than those who have not completed the basic curriculum.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	<p>The term “vulnerable adult” is attributed to criteria from s. 44 of British Columbia’s Adult Guardianship Act (1996, c.6) as anyone who has reached 19 years of age who is at risk for abuse, neglect, or self-neglect due to a disease, illness, injury, or any other condition that prevents them from seeking support and assistance.</p> <p>In Canada, adult protection laws generally fall under the purview of the Provinces and Territories (Canadian Centre for Elder Law, 2011). In force since 2000, Part 3 of the province of British Columbia’s Adult Guardianship Act designates agencies to investigate reports of adult abuse, neglect or self-neglect. This mandate requires a Designated Agency to follow up to determine if the adult is (a) experiencing abuse, neglect or self-neglect and (b) unable to seek support and assistance due to illness, disease, injury or any other condition that prevents the adult from making decisions about the</p>

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	<p>abuse or neglect. If the adult meets these two criteria, the Designated Agency must use the most effective and least intrusive forms of support to assist the adult.</p>
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>Healthcare clinicians identified to conduct adult protection investigations (also known as Designated Responders) presently come from a variety of professional backgrounds including social work, nursing, and occupational therapy. These clinicians, although originally hired to perform healthcare jobs (e.g., hospital social worker, home care nurse, or mental health clinician), were now required to conduct adult protection investigations. Because the Adult Guardianship Act is silent on who can be Designated Responders, each health authority makes their own operational decisions as to which health care clinicians may conduct adult protection investigations.</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Designated Agencies identified in the Adult Guardianship Act include Community Living British Columbia and five health authorities: Vancouver Coastal Health, Providence Health Care, Fraser Health, Interior Health, Island Health, and Northern Health.</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>The re:act Adult Protection Worker Curriculum (Prashad, 2011) was developed in 2010 and adopted by all health authority Designated Agencies in British Columbia in 2011.</p> <p>The curriculum was based on adult learning principles (Caffarella, 2002) and intended to be delivered in person to a cross-sectoral (acute, mental health and community), interdisciplinary audience (social workers, nurses, occupational therapists etc.) using a Train-the-Trainer approach. Multi-modal learning activities were incorporated including lecture, small and large group discussion and activities, role play, reflective writing, case studies, quizzes, and video clips (Renner, 2005).</p> <p>The re:act curriculum is comprised of 11, 3½ hour modules divided into three levels: basic, intermediate and advanced. Each module has a standardized set of learning objectives and each level has a standardized set of competencies.</p>

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	<p>The six Basic Curriculum Modules include: (1) A mandatory pre-requisite online module that defines the different types of abuse and neglect per the Adult Guardianship Act, how to identify risk factors, the role of the Designated Agency, and what to do if a health employee becomes aware of abuse, neglect, and self-neglect; (2) An overview of the health authority’s Abuse and Neglect Policy, the dynamics of abuse, a recommended response process and available clinical tools; (3) A review of conducting investigations including the influence of legislation on interviewing and documentation, the influence of family dynamics, factors to consider when interviewing, how to keep safe, and screening tools; (4) An examination of self-neglect including the legal definition, indicators and the application of clinical tools; (5) A review of financial abuse that includes legislative options, understanding the dynamics of financial abuse, differentiating approaches for capable and vulnerable adults, when to refer to the Office of the Public Guardian and Trustee, and the application of clinical tools; and (6) An overview of care planning for vulnerable adults including when care planning is indicated per the legislation, what to do when an adult declines the care plan, and when to implement more formal measures under the legislation. The five core competencies of the basic curriculum covered in these six modules and evaluated in the present study are: (1) recognize indicators of abuse; (2) understand dynamics of abuse, neglect, and self-neglect; (3) understand factors that make an adult vulnerable; (4) understand statutory obligations of the Designated Responder as an employee of a Designated Agency; and (5) understand when to report to a Designated Responder Coordinator and coordinate further investigation. In response to operational concerns about the length of the curriculum, a condensed version of the course was also developed which lasts 13 hours instead of 17.5 hours.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>None</p>
<p>Economic eval.</p>	<p>None</p>

<p>Key findings</p>	<p>Comparisons of training completers to non-completers showed significant gains in completers' perceived confidence and knowledge, but no improvement in applied knowledge. The type of healthcare professional being trained and the length of training did not impact learner improvement.</p> <p>Across the seven questions asked about perceived knowledge and competence, Completers rated themselves as having significantly more knowledge and competence than did Non-completers</p> <p>The results showed that Completers of the re:act basic curriculum perceived themselves as being more competent and knowledgeable than did Non-completers of the curriculum, and the effect size for this finding was large. Both groups felt most knowledgeable and competent in the area of risk, specifically the identification of risk factors and the completion of risk assessments. Completers also showed higher levels of knowledge as indexed by their significantly higher multiple choice scores, again the effect of this improvement was large in size. The vignette task used to approximate knowledge application did not reveal significant differences between Completers and Non-completers. The total scores for vignette responses, incorrect information, and the overall competency ratings did not differ between groups.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>The results suggest ways in which both training and evaluation can be improved (e.g., supervised practice) to increase and detect gains in knowledge and practice.</p>

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Reference	Toda, D., Tsukasaki, K., Itatani, T., Kyota, K., Hino, S., & Kitamura, T. (2018) Predictors of potentially harmful behaviour by family caregivers towards patients treated for behavioural and psychological symptoms of dementia in Japan. PSYCHOGERIATRICS
Country	Japan
Evidence Type	Cross sectional
Aim/focus	<p>This study examined Potentially Harmful Behaviours (PHB) in family caregivers of dementia patients with behavioural and psychological symptoms of dementia (BPSD) and identified factors related to PHB.</p> <p>The present study had two aims. The first was to investigate the frequency and type of PHB by family caregivers of BPSD patients visiting the outpatient clinic of a psychiatric hospital in rural Japan. The second was to identify aspects of both the patients' and family caregivers' clinical characteristics that were related to PHB.</p>
Appraisal value (High, Med, Low)	High
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	None mentioned

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Lead body on safeguarding (national lead and/or local lead)	Not mentioned
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	Not mentioned
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Not mentioned
Economic eval.	None
Key findings	Of the family caregivers, 48.9% showed PHB. Multivariate analysis identified the following association with PHB: caregiver’s Zarit Caregiver Burden Interview total score (odds ratio [OR], 1.09 per unit increase; 95% confidence interval [95%CI], 1.02–1.16), and Neuropsychiatric Inventory scores for patient irritability (OR, 1.22 per unit increase; 95%CI, 1.06–1.40), appetite/eating disorders (OR, 1.41 per unit increase; 95%CI = 1.08–1.84) and daughters-in-law caregivers (OR, 0.17, 95%CI, 0.05–0.57).

Recommendations for policy, practice, education and research

More intensive pharmacological and non-pharmacological treatment of patients, as well as care and educational strategies for caregivers, are required. Further studies are necessary to clarify the factors related to PHB; the implementation of optimal strategies in earlier stages of dementia could be effective in preventing further deterioration of BPSD.

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Reference	Weeks, L., Dupuis-Blanchard, S., Arseneault, R., MacQuarrie, C., Gagnon, D., & LeBlanc, G. M. (2018) Exploring gender and elder abuse from the perspective of professionals. JOURNAL OF ELDER ABUSE AND NEGLECT 30(2) pp.127-143
Country	Canada
Evidence Type	Cross-sectional (with focus groups)
Aim/focus	In this study, we explore the issue of gender and elder abuse from the perspective of professionals.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Not mentioned
Lead body on safeguarding (national lead and/or local lead)	Not mentioned

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Not mentioned</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>A total of 169 professionals (90% women) completed a survey in either French or English. Five topic areas emerged from the analysis: the influence of gender on the risk of abuse; types of abuse detected; knowledge gaps; capacity to respond to gender-based abuse; and awareness of resources.</p> <p>An overarching result was that respondents felt that elder abuse as a whole, or issues such as neglect or financial abuse, were more salient than focusing on the needs of women or men. These results indicated a lack of supports designed specifically for older women and men and a hesitation to prioritize the needs of one gender over another.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>We suggest that researchers examining various aspects of elder abuse pay greater attention to gender-related issues, such as collecting and reporting data on the gender of abusers and the gender of survivors across various types of abuse detected including IPV, financial abuse, and neglect and across settings, including both older adults living independently in the community and those living in residential care settings.</p>

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Reference	Yi & Hohashi (2018) Comparison of perceptions of domestic elder abuse among healthcare workers based on the Knowledge-Attitude-Behaviour (KAB) model. <i>PLOS ONE</i> 13(11)
Country	Japan
Evidence Type	Cross-sectional
Aim/focus	The objective of this study was to assess and compare the perceptions of different groups of healthcare workers toward elder abuse in Japan, using the Knowledge-Attitude-Behavior (KAB) model.
Appraisal value (High, Med, Low)	Medium
Info on the safeguarding model – governance (policy, standards and legislation)	Japan’s Elder Abuse Prevention Law (full name: “Act on the Prevention of Elder Abuse, Support for Caregivers of the Elderly and Other Related Matters”) categorizes physical abuse, psychological abuse, sexual abuse, economic abuse, and neglect as subtypes of elder abuse.
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Home-visit nurses, medical doctors, care managers, care workers, public health nurses, and social workers
Lead body on safeguarding (national lead and/or local lead)	Although health and welfare professionals have established a network aimed at eliminating abuse of elderly, elder abuse is still mainly dealt with by public health nurses and social workers, especially those who work in the Comprehensive Community Care Centers.

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Not mentioned</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Association of Certified Social Workers (JACSW)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Multiple comparisons showed significant differences in knowledge, attitudes, and behaviors regarding elder abuse among the different healthcare professionals. Age, sex, and years of work related to the care of elderly were extracted as significant determinants of healthcare workers’ perceptions of elder abuse.</p> <p>The results revealed that public health nurses and social workers had the most astute perceptions of elder abuse, believed mainly because social workers are positioned as professionals who have dealt with elder abuse since the establishment of the specialist team in dealing with domestic elder abuse through cooperative ties between the Japanese Association of Certified Social Workers (JACSW) and the Japan Federation of Bar Associations (JFBA) in 2006. The social workers’ extensive experience related to elder abuse enables them to recognize elder abuse as a common and important problem more readily than other health professionals such as nurses and medical doctors.</p> <p>Medical doctors were found to have the lowest level of knowledge about elder abuse and its acts.</p>

**Recommendations for policy,
practice, education and
research**

These findings emphasize the need to take effective measures to improve their perceptions as well as review the role of each healthcare worker so that they can be more concerned with and involved in the safeguarding of the elderly.

NON-EMPIRICAL DESCRIPTIVE LITERATURE

Reference	Ford, S. (2018). "Community nurses raise concerns at financial scamming of vulnerable adults." Nursing Times 114(10): 172-171.
Country	Scotland
Evidence Type	Survey results from Queen's Nursing Institute Scotland (QNIS) and professional opinions from Prof. Keith Brown, director of the National Centre for Post Qualifying Social Work and Professional Practice at Bournemouth University, and Clare Gable, Chief Executive and nurse director of QNIS
Aim/focus	To highlight the prevalence and tell-tale signs of financial scams of patients to community nurses
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Nurses, health and social care workers

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Local</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>‘Safeguarding practice for those at risk of financial abuse from scamming’ is a publication available to community nurses from the National Centre for Post Qualifying Social Work and Professional Practice at Bournemouth University. This was designed to help community nurses spot and identify those at risk of being scammed and to ensure they know what steps and actions to take to support their clients.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Police Scotland, Age Scotland, Action on Elder Abuse and Trading Standards speakers of adult safeguarding</p> <p>Funding from the Burdett Trust for Nursing was received to develop resource materials to support frontline staff, with the QNIS agreeing to raise awareness of this resource in Scotland.</p>
<p>Economic eval.</p>	<p>“We simply cannot ignore this problem it is of a vast scale often hidden away but has devastating consequences”</p>
<p>Key findings</p>	<p>Nine out of 10 community nurses who replied to recent survey thought that vulnerable patients in their care were at risk from so-called scammers.</p> <p>Only 8% believed they were already fully equipped to help prevent financial scams, with 93% of respondents saying they wanted to be better informed and more prepared.</p> <p>“Community nurses can identify the early warning signals of financial abuse and explore what’s true with the people in their care”</p>

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	<p>“It is clear that criminals are increasingly targeting lonely elderly citizens to financially scam.</p> <p>Community nurses were “critical in this area as they are often the only formal professionals visiting the elderly in the community”.</p>
Recommendations for policy, practice, education and research	<p>There is potential of community nursing and social care teams to play a crucial role in safeguarding</p>

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Reference	Garfield, R. (2019). "Calling it out...Luker N." Nursing Review (1326-0472) (1): 10-11.
Country	Australia
Evidence Type	Nathan Luker interviewed by Richard Garfield
Aim/focus	To increase the role of the whistleblower in aged care
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Doctors and nurses
Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of	It's important that the offices at the organisation side are well trained, have support – such as individuals like us – and run a procedurally consistent investigation each time.

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<p>national training programmes for HSCPs and/or vulnerable adults</p>	<p>A continuous learning approach was adopted in which they embedded that into the future and for the range of innovations and different types of training, and making bystanders feel better in reporting problems.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>‘Your Call’ provides a 360-degree reporting service, enabling an individual to safely and anonymously make a report against anyone in the organisation and provides advice and training for organisations.</p> <p>Human Rights Commission report found that very few people actually report sexual harassment, and when they do, more than 20 per cent are victimised, ostracised, ignored and/ or labelled a troublemaker.</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The Medical Journal of Australia recently found that up to a half of doctors and nurses have been bullied, discriminated against or harassed at work. Under-reporting is common and this contributes to low trust scores. Reports can be made in a very short timeframe outside of the hierarchy into the hands of senior executives who have a role and responsibility to act in accordance with the policies and procedures. it extends to the families of residents and customers, or whatever name you choose to use for the beneficiaries of your service to bypass those who are initial contacts in the aged care facility.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>None</p>

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Reference	Gilg, J.-Y. (2017). "Preventing elderly financial abuse." New Law Journal: 19-20.
Country	UK
Evidence Type	Non-empirical evidence from a freelance journalist
Aim/focus	To highlight the growing concerns associated with the rise in elderly financial abuse
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Care home staff
Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of	No info

<p>national training programmes for HSCPs and/or vulnerable adults</p>	
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>A Lasting Power of Attorney must be registered with the Office of the Public Guardian (OPG), the Ministry of Justice agency responsible for the protection of individuals who lack mental capacity.</p> <p>Solicitors for the Elderly (SfE), Care Quality Commission (CQC)</p>
<p>Economic eval.</p>	<p>In Britain, it's unlikely that the OPG will be given the resources to take on some of the more radical measures advocated by supporters of law reforms.</p>
<p>Key findings</p>	<p>Between January 2013 and June 2017, 12,968 safeguarding reports were made to the CQC about concerns over financial abuse. That's an average of 50 every week over the period.</p> <p>Northern Irish study published in September 2016, she adds, which suggests that 21% of the elderly population has experienced some form of financial abuse. If the evidence suggests a vulnerable person is responsible for causing financial abuse, the police may decide not to prosecute. The advent of do-it-yourself law has heightened the risk further: relatives who disagree with initial advice provided by lawyers can just go online to download LPAs for their parents to sign with no further checks being undertaken. Choosing your attorney carefully is regarded as the best safeguard against possible abuse. Requiring the accounts to be signed off by a chartered accountant would make the operation of LPAs even safer. The cost could come out of the donor's estate and the OPG's role could be expanded to carry out regular random checks.</p>

Recommendations for policy, practice, education and research

Other changes would involve minor additional costs, combined with deft legal advice and greater public legal education, the safety of LPAs could be brought to a much more acceptable level.

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Reference	Gillespie, C. (2017). "Is my client vulnerable?" Writ: 19-20.
Country	UK
Evidence Type	Non-empirical research
Aim/focus	This article focuses on the topic of client vulnerability
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Victims Charter 2015 and Witness Charter 2017. Article 17 of the Criminal Evidence (NI) Order 1999, Mental Capacity Act 2005 (MCA 2015), The Mental Capacity Act (NI) 2016 (MCA (NI) 2016), Mental Health (NI) Order 1986, European Child Directive Article 9 - 2013/0408(COD) 11/05/2016 Final Act (EU) 2016/800 [excluding Denmark, Ireland and the United Kingdom]
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	None
Lead body on safeguarding (national lead and/or local lead)	National

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Equal Treatment Bench Book (ETBB) was suggested by the Appellate Court to enable them to recognize vulnerabilities across all participant categories.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>1998 Report ‘Speaking up for Justice’ defines the term vulnerable witness. Guidance on identifying vulnerability signposts within The Advocates Gateway Toolkits and the 2015 Practice Note issued by the Law Society of England & Wales.</p>
<p>Economic eval.</p>	<p>In any scenario it is better to ask open ended non leading questions that check back on answers seeking your client to repeat and explain their understanding of their instructions. Lawyers should use communication frameworks that incorporate and follow ground rules as contained within communication toolkits</p>
<p>Key findings</p>	<p>It is axiomatic that there should be greater focus on recognising and recording impressions from non-verbal signposts in intellectual and adaptive deficits as these make up the majority of communication e.g. stress, compliance and acquiescence indicators ie always agreeing with the questioner and answering ‘yeah’, appearance, lack of concentration or eye contact. Therefore you should assess a client’s functional literacy. Reading statements or instructions back, asking a confirmatory yes/no question on accuracy and asking for them to raise issues concluding with their signature to verify the correctness of the process is not an accurate measure of literacy and understanding.</p>

Recommendations for policy, practice, education and research

Greater attention needs to be focused on signposts that were previously undiagnosed, unrecognised or mis-interpreted and identified as evasive or guilty behaviour, especially by police during interrogation e.g. lack of eye contact, shifting body posture, looking down at the floor. In order to deliver a professional service with effective communication for vulnerable people, lawyers will it seem require better knowledge and specialist training to obtain the necessary skills in vulnerability issues across all areas of law.

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Reference	Graham, C. (2018). "Tackling consumer vulnerability in energy and banking: towards a new approach." Journal of Social Welfare and Family Law: 241-261.
Country	UK
Evidence Type	Literature and document review, semi-structured telephone interviews (single or group) with the Financial Ombudsman Service, Ombudsman Services: Energy (OS:E), Citizens Advice (the Extra Help Unit and the consumer helpline) and two service providers: one in energy and one in financial services.
Aim/focus	To examine how a different approach would be operationalised within an area where the regulators have attempted to drive changes to company behaviour in a competitive marketplace through adopting a wide definition of vulnerability, by presenting two exploratory case studies, from energy and financial services, which look at how modern broad conceptions of vulnerability are being put into practice by regulators, companies and alternative dispute resolution (ADR) schemes.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Ofgem’s vulnerability policy Personal communication, August 2017, Financial Services and Markets Act 2000, Equalities Act, Mental Capacity Act
HSCP involvement – which disciplines are mentioned in	Carers

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<p>the paper e.g. social workers, nurses,</p>	
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>National</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>New approach to vulnerability developed by Ofgem and the Financial Conduct Authority, Financial Conduct Authority (FCA, 2015), the Office of Water Services (Ofwat, 2016), the Office of Communications (Ofcom, 2016, chapter 9), two industry associations (British Bankers' Association, 2016; Energy UK, 2016) the European Commission (through the Working Group on vulnerable consumers in the energy sector (for details see EU Commission, 2017), NAO (2017) review of policies in relation to vulnerable consumers in regulated sectors. Ofcom (2017) and Ofwat (2017) has made vulnerability an explicit part of its price review and wants to incentivise companies to ensure that they provide good support for customers in vulnerable circumstances. The Office of Fair Trading (2014), the Competition and Markets Authority (CMA, 2016), British Bankers' Association's (2016), Citizens Advice, Extra Help Unit, Age UK, CA, Dyslexia Awareness</p>
<p>Economic eval.</p>	<p>Recent research suggests that consumers views of Ombudsman schemes in the UK are not positive but there is research planned which will look specifically at the experience of consumers in vulnerable circumstances in the energy sector.</p>

Key findings	<p>Although the regulators did not require companies to adopt a new approach, the evidence from the two companies looked at in this study is that they have begun to take a more systematic approach to vulnerability issues. Recent research suggests that in energy larger supply companies and distribution companies are addressing the issue, but smaller suppliers were less likely to adopt such an approach to vulnerability. The main lesson from these case studies is that establishing a broad concept of vulnerability, as has been argued for in the academic literature, is just a first step. Operationalising the concept presents major challenges especially in the context of systems dealing with large numbers of consumers. It was widely recognised that effective complaint handling meant not only dealing fairly and effectively with individual cases but using complaints to identify systemic issues and to deal with the causes of complaints.</p>
Recommendations for policy, practice, education and research	None

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Reference	Hill, D. (2009). "The Hague Convention on the International Protection of Adults." <i>International & Comparative Law Quarterly</i> (58): 469-476.
Country	UK
Evidence Type	Non-empirical review
Aim/focus	To highlight the international protection of adults by discussing details of the Hague Convention. A number of specific factors will be considered: the relationship between the present Convention and the 1996 Children Convention; the modalities of implementation in the United Kingdom; and the validity of powers of attorney.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Adults with Incapacity (Scotland) Act 2000, Mental Capacity Act 2005, Enduring Powers of Attorney Act 1985, Under the Convention, Article 13(1) provides the general rule that the authorities of Contracting States normally will apply their own law in implementing any measures of protection. However, if this law was applied to powers of attorney validly created elsewhere, but not valid in the subsequent Contracting State, it would be unlikely that this power would be implemented. Article 15 therefore introduces an exception to this general rule in order to respect the right of parties to plan for their incapacity, even in international situations. Articles 15(3), 20 and 21 may well lead to situations in which the prior wishes of an adult will not be respected, particularly in the case of advance medical directives, ie instructions as to the provision or, more importantly, withholding, of medical care to an adult who lacks the capacity to make
HSCP involvement – which disciplines are mentioned in	None

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the paper e.g. social workers, nurses,	
Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	None
Economic eval.	None
Key findings	The need for the Convention was considered to be pressing particularly in light of increasing human life expectancy, and the corresponding rise in the incidence of illnesses related to old age, such as Alzheimer’s disease.

Recommendations for policy, practice, education and research

Overall, it is apparent that, in relation to powers of attorney and advance medical directives, arrangements which are likely to be utilised frequently under the Convention, a number of problems may occur in practice. Whilst others have suggested that the appropriate course of action would be to remove such issues from the ambit of the Convention entirely,³⁶ it is submitted that this is too severe a solution. Although there may be doubt in certain situations whether agreements made elsewhere will be honoured, this will not be the case in most circumstances. Thus, the convention will facilitate the validity of these powers in the majority of circumstances, and therefore will achieve its aim in relation to most adults.

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Reference	Hobbs, A. and A. Alonzi (2013). "Mediation and family group conferences in adult safeguarding." Journal of Adult Protection 15(2): 69-84.
Country	UK
Evidence Type	Non-empirical review
Aim/focus	This paper presents an overview of research and practice literature on the use of Mediation (M) and Family Group Conferences (FGC) in the context of adult safeguarding in the UK. This paper describes the main features of M and FGC and explores how such "family led" approaches to adult safeguarding fit within the wider agenda of personalisation and empowerment, including the Mental Capacity Act 2005 and its associated Code of Practice. It also considers the main implications for best practice and future research and service priorities.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Mental Capacity Act 2005 (MCA, 2005), and its associated Code of Practice (CoP)
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Care home staff, Independent Mental Capacity Advocate, practitioner, social worker

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>National</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Mediators and FGC co-ordinators training and skills should reflect this and it is vital that any mediator or FGC coordinator working with vulnerable adults understands the legal and policy framework within which M or FGC for safeguarding vulnerable adults operate, and ensures that his or her practice is in alignment with the requirements of the MCA 2005 and its Codes of Practice. It will also be important to ensure that there are appropriate training and accreditation models in the UK for mediators and FGC co-ordinators working with at-risk adults.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Department of Health’s (DH) No Secrets (adult protection) guidance, Protecting Adults at Risk, the Pan London Multi-agency Policy and Procedures to Safeguard Adults from Abuse (SCIE, 2011), Safeguarding Adult Boards, NHS Trust, Medway Council are planning on extending their FGC service, Worcestershire Safeguarding Adults Committee (2008) reported the use of M in the case of a dispute in a residential home for people with learning disabilities.</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The government response stressed that safeguarding encompasses three key concepts: protection, justice and empowerment, and stated that government has a role in the empowerment of people at risk.</p> <p>The paper shows that there is a clear need for further pilots of M and FGC in adult safeguarding. If such research and pilot evaluations find M and/or FGC to be effective, then more consideration will need to be given as to how to integrate such approaches into mainstream social work practice. There is also currently wide variation in the training and experience of mediators and FGC co-ordinators, and further work is required to ensure that there are appropriate training and accreditation models in the UK for mediators and FGC co-ordinators working with at-risk adults.</p>

Recommendations for policy, practice, education and research

Although media attention is often focused on abuse by caregivers in private homes or nursing homes, evidence shows that a high percentage of abuse against vulnerable adults is carried out by family members and, in some cases, by those with caring responsibilities and this is something to be aware of. Those with cognitive impairments may be unaware that they are being abused and therefore unable to report it. M and FGC may assist families and the professionals involved to agree upon what is in the person's "best interests", while enabling the person to participate in the decision-making process as far as possible (Tapper, 2010). This would help the "best interests decision-maker" to decide, or act, in accordance with the person's best interests, especially where there may be some dispute about the proposed course of action. M may be successfully used to resolve disagreement around a person's best interests, particularly where the best interests decision maker has to balance the views or concerns of a number of people within a family, or between family members and professionals. M could also be used as a way to resolve conflict and build consensus in circumstances where an Independent Capacity Advocate wishes to challenge the decision of a best interests decision maker, and he or she has exhausted all other means of resolving this through discussion.

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Reference	Jackson, E. (2018). "From "doctor knows best" to dignity: placing adults who lack capacity at the centre of decisions about their medical treatment." Modern Law Review: 247-281.
Country	England
Evidence Type	Non-Empirical Descriptive – Law opinion piece
Aim/focus	<p>This article will consider the advantages and disadvantages of providing additional guidance to decision-makers in order to help them navigate both taking seriously the wishes of people who lack capacity and, at the same time, not abandoning patients who need help and support.</p> <p>Focus in this article is instead on adults who fail the statutory mental capacity test, but who have (or had) core values and preferences that matter deeply to them.</p>
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	<p>The test for capacity under the Mental Capacity Act 2005 operates as a cliff edge. Patients with capacity have an almost absolute right to refuse medical treatment ‘for rational or irrational reasons or for no reason at all’. In contrast, for a patient who lacks capacity, decisions are taken for her, in her best interests, and, according to the statute, her wish to refuse treatment is simply one relevant factor.</p> <p>The Act itself does not direct decision-makers to give any priority to the wishes and beliefs of the person who lacks capacity (referred to in the statute as P). Nor is there any formal expectation that P will participate directly in any court proceedings in which her best interests are to be determined.</p>

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	<p>Section 4 of Mental Capacity Act 2005 set out a non-exhaustive checklist of factors that decision-makers must consider when deciding what is in a person’s best interests.</p> <p>If the patient’s wishes can be ascertained, they should be central to the decision as to what is in her best interests.</p> <p>The Court of Protection is involved in a tiny minority of medical decisions taken on behalf of adults who lack capacity. Where treatment is routine, and there is no dispute, decisions are taken by clinicians in what they consider to be P’s best interests.</p>
<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>No info</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>No info</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Additional training may be necessary in order to enable judges and other court staff to understand and engage constructively with a patient who finds communication difficult</p>
<p>Information on regulation – reference to regulatory bodies</p>	<p>Mental Capacity Act 2005</p> <p>UN Convention on the Rights of Persons with Disabilities</p>

<p>or organisations (disciplinary boards, legislation)</p>	<ul style="list-style-type: none"> • Article 13(1) • Article 12(4) <p>In the European Court of Human Rights (ECtHR)'s jurisprudence on Article 6, as applied to people with mental disabilities, it has said that it will 'read across' from Article 5(1) of the ECHR, the principle that where a person's freedom is at stake, 'a person of unsound mind must be allowed to be heard either in person or, where necessary, through some form of representation'.</p> <p>It is axiomatic that Article 8 of the European Convention on Human Rights – the right to respect for private and family life – incorporates, for adults who have capacity, a broad right to self-determination.</p> <p>Court of Protection Rules and Practice Directions</p> <ul style="list-style-type: none"> • Rule 1.2 • Practice Direction 2A
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>A scheme for according varying weight to the treatment refusals of patients who lack capacity better reflects the reality that people who lack capacity are not a homogenous group, and that a simple finding of incapacity does not necessarily justify overruling their wishes.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>This article advocates formalising current best practice in the Court of Protection through the introduction of a series of rebuttable presumptions, or starting points.</p> <p>The introduction of three new presumptions, or starting points. First, an initial presumption would involve no more than a modest change to the Court of Protection rules, namely that when a decision about P's medical treatment comes before the Court of Protection, the judge should, where reasonably practicable, meet P in order to hear from her directly.</p> <p>Secondly, and applying to all decision-makers under the Act, there could be a new presumption, set out either in the</p>

statute or, more realistically, in the Code of Practice, that, if P wishes to refuse a medical intervention, her refusal should be respected, unless to do so would result in significant harm to P. Thirdly, where there is a risk of significant harm to P from respecting her wishes, the presumption (or starting point) might be that her refusal of unwanted medical intervention should be respected, if it is grounded in her core values and beliefs, that is, in views that are, or were, of profound importance to P. Just as with patients who have capacity, it is only refusals of medical treatment that could be decisive under this scheme; for all patients, capacitous or not, their desire to receive a particular treatment is relevant but not determinative.

When the harms of treating and not treating her are weighed in the balance, it would be reasonable to come down in favour of respecting her desire not to receive the treatment in question. Secondly, if respecting the person's wishes might result in significant harm to her, but those wishes nevertheless reflect her deeply and profoundly held values (rather than resulting from a phobia or delusion, for example), then Article 8 could require us to refrain from treating her against her wishes, despite this risk of harm.

It will also often be necessary to distinguish between wishes which reflect a person's core values, and wishes which instead are the result of delusions, phobias or addictions.

It is necessary to balance the two harms, in order to determine whether the harm from not receiving beneficial medical care is outweighed, or not, by the harm of having one's wish not to receive treatment overruled.

If the patient cannot express a view about the proposed treatment, and did not execute an advance decision before she lost capacity, the decision-maker should be under a duty to try to ascertain her previously expressed values and beliefs, in order to work out what choice she would be likely to have made if she had capacity. In these circumstances, it may make sense to adopt the UN Committee on the Rights of Persons with Disabilities' formulation that 'where it is not practicable to determine the will and preferences of an individual, the "best interpretation of will and preferences" must replace the "best interests" determinations'.

If the risk of harm from not receiving the recommended treatment is significant, then P's previously expressed wish not to receive a particular treatment should be permitted to trump the need to protect her from physical harm, but only if it has been established that her refusal was grounded in beliefs that mattered deeply to her.

Where decisions have to be taken without any reference to the views, values or preferences of P, substitute decision-making is justifiable because P is unable to contribute anything to the decision and therefore needs others to take decisions on her behalf, based upon their assessment of P's needs and interests.

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Reference	Jang, J. and W. Cho (2016). "The essence of the problem of elder abuse through the humanities and social sciences convergence approach." Indian Journal of Science and Technology 9(46).
Country	Japan
Evidence Type	Non-empirical Descriptive
Aim/focus	<p>The objective of this study is to analyze the cause and essence of elder abuse in the modern Japanese society through the recognition of the characters of the Japanese TV drama entitled “Ninkyo Helper3”as well as the actual status of elder abuse described in the drama. The sub- tasks of this study according to the study objective are as follows:</p> <p>First, how do the characters of the drama recognize elder abuse?</p> <p>Second, what elder abuse counter measures or intervention methods based on the legal system is described in the drama?</p> <p>Third, what are the appropriate elder abuse counter measures and intervention methods drawn from the analytical results?</p>
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	None

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<p>HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,</p>	<p>None</p>
<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>No info</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>No info</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Article 7 of the Act on Prevention of Elder Abuse and Support to Elder Caregivers of Japan states that “One who finds out an elderly person who is suspected to be abused by a caregiver shall report to Sijeongchon (a basic institution of local self-government system), if there is a serious risk to the life or body of the elderly person.”</p> <p>Article 5 of the same Act states that “Workers in elderly nursing homes, medical doctors, lawyers, and other people who are officially related with elderly welfare should recognize that they are in a position to easily discover elder abuse to strive for early discovery of elder abuse,” but the regulation has no legal forcibleness.</p> <p>The Elder Abuse Prevention and Rights Advocacy published by the Bureau of Social Welfare and Public Health</p>
<p>Economic eval.</p>	<p>None</p>

Key findings

First of all, family orientation and reliance that Japanese society has, were shown at peripheral characters. Secondly, denial and avoidance of abuse from family orientation and reliance, defence on victim, and self-permissive attitude, etc. were shown among victims. Thirdly, excessive burden on the support and issue of family from abuse were identified among assailants.

The analysis showed that there were various types of recognition and counter measures to elder abuse among the victims of elder abuse, the abusers, and the surrounding people, indicating that they were affected by the stereotypes and the cultural background of the society they belong to.

Difference in recognition of elder abuse report and current situation of elder abuse:

- Difficulty in Judging Elder Abuse
- Recognition of Elder Abuse Report

Various causes of abuse:

- Family-oriented and dependent values
- Excessive generosity to blood-related families and family dependency
- Violent symptoms of dementia and family dependency
- Nonvoluntary self-negligence due to denial of abuse and avoidance
- Will to refuse intervention based on the recognition of abuse as a blood relationship problem
- Blood-related caregiver's wrong recognition of abuse and supporting load
- Caregiver's supporting load
- Expert's understanding of supporting load

Private Countermeasure and Will for

Resisting Elder Abuse:

	<ul style="list-style-type: none"> • Private efforts of employed workers in a situation where abuse is suspected • Abuse-resisting effect of social network • Pattern of passive response as a employed worker • Understanding of private realm (meaning of family) • Dependent’s understanding of caregiver’s supporting load and will for changes <p><u>Public Countermeasure for Resisting</u></p> <p><u>Elder Abuse and its Limitations:</u></p> <ul style="list-style-type: none"> • Limitation in service provision due to the conflict between the values sought by facility and the values sought by individual care worker • Justification of body restriction • Difficulty in identifying the responsible one in a problematic situation • Justifiability of body restriction and limitation of public countermeasure to abuse • Limitation of care workers in providing public service
<p>Recommendations for policy, practice, education and research</p>	<p>First, a legal measure needs to be prepared for positive and immediate public intervention to risky situations. For example, in Korea, the occupational groups having higher possibility of discovering abuse were designated as those who have the responsibility to report to promote early discovery. Second, a broad-scale attempt for conversion of recognition (e.g. public service advertisement or relevant TV series) is needed with respect to all the social members including the workers in relevant service and the families taking care of the elderly to help them understand the scope and properties of elder abuse and to promote positive report and investigation even with tiny evidence suspected to be a result of abuse. For example, webtoon (web comic) is employed in Korea to draw attention of young people who have less recognition about elder abuse. Third, not only in situations where abuse is suspected but also in situations where there seems to be no problem as a preventive measure, a social network should be maintained between the elderly generation and the local</p>

society in order to prevent elder abuse and find solutions for the problem. Finally, elder abuse is neither a personal matter nor a family matter, but a matter of social structure, and thus a social approach is necessary. In addition, in any situations, the elderly ones should be allowed for making a reasonable choice by themselves to keep human dignity and independency. The rights of such a choice are not just the rights of the elderly but the rights of all human beings. If there is an unavoidable situation where the elderly ones are unable to make a reasonable decision due to the social stereotypes and recognition problems, such social and cultural recognition and systems must be changed by making efforts. In the same context, the rights are not automatically given; the elderly ones also need to strive to keep their rights. In addition to systematic countermeasures such as appropriate education, the fundamental recognition should be changed through the power of humanities studies including reasoning and philosophy.

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Reference	Kanno, H. and A. L. Ai (2011). "Japanese Approach to Elder Abuse: Implications for Prevention in Emerging Developed Countries." Indian Journal of Gerontology 25(4): 516-531.
Country	Japan
Evidence Type	Non-Empirical Descriptive
Aim/focus	To share information about Japan's policy interventions for responding to the increasing number of elder abuse cases.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	The Elder Abuse Prevention Act (2006) regulated the practices of hospital workers, doctors, health centre employees, lawyers and other health professionals throughout the country. The Act requires that these individuals must make efforts to intervene in suspected cases of elder abuse through early detection and reporting, meaning those individuals who discover elder abuse are required to report their suspicions to the appropriate agencies. In addition, the Act looks beyond elder abuse committed by family caregivers in the home and targets elder abuse committed by workers in nursing homes as well. It demands that workers report instances of elder abuse perpetrated by their co-workers or administrators. The Act valued support services for family caregivers and defined this support as an essential measure for the prevention of abuse of elderly care recipients. The Act emphasized the roles of local government in receiving and investigating reports of elder abuse, as well as the roles and responsibilities of the state and the citizens of Japan; standards of support for family caregivers; expectations of collaboration among elder abuse agencies, including the police; expectations of coordination among different municipalities regarding elder abuse issues; requirements for the training of workers who will investigate and intervene in elder abuse cases; uses of the adult guardian system for elder abuse cases; and the recommendation for further elder abuse research.

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	Japan excludes self-neglect from its definition of elder abuse.
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Gerontological workers, social workers and case managers
Lead body on safeguarding (national lead and/or local lead)	Community support centres – central agencies responsible for managing elder services in the community
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	No info
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Elder Abuse Prevention and Support for Caregivers of the Elderly Act (2006)
Economic eval.	None
Key findings	Micro-level factors related to elder abuse discussed in this paper are: caregiver stress and unstable family care, family pathology, new independence of elders, and Eastern-Asian culture of “saving face”. Examination of the micro-level

	<p>factors related to elder abuse suggests that finding ways to help family members resolve the psychosocial issues associated with caring for the elderly may be essential in the prevention of abuse.</p> <p>Macro-level factors related to elder abuse discussed in this paper are: Increasing numbers of elderly with dementia, impact of economic recession on caregivers, inadequate implementation of earlier elder care policies for dealing with elder abuse</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Development of more effective social intervention programme to adequately support family caregivers and respond to the needs of elders at risk for abuse and neglect.</p> <p>Japanese society must examine whether or not elder care workers actively and effectively try to prevent abuse by supporting those who care for elderly family members. Maximizing the skills and overall competence of these elder care workers in detecting elder abuse is central. However, it is also imperative to implement programs focused on training elder care workers in more effective intervention strategies.</p> <p>Effective programs for elder care should be established to overcome policy and practice challenges at different levels. At the micro level, for example, the workforce, including gerontological workers, social workers and case managers, should be enhanced and trained to offer essential services for families and the elderly in need.</p> <p>Researchers should help identify stress-related and socio-economic issues among caregivers, as well as determine possible solutions to these issues.</p>

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Reference	Keeling, A. (2017). "Organising objects'- Adult safeguarding practice and article 16 of the United Nations Convention on the Rights of Persons with Disabilities." International Journal of Law and Psychiatry 53: 77-87.
Country	England and Wider Context covered by UN
Evidence Type	Non-Empirical Descriptive
Aim/focus	This paper centres on the discussion of empirical data in relation to article 16 of the UN Convention on the Rights of Persons with Disabilities (CRPD), to provide an evidence base for the discussion of the interpretation and effective implementation of article 16.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	<p>The Making Safeguarding Personal (MSP) programme operates on three levels: 'bronze', 'silver' and 'gold'. The 'bronze' level requires working with individuals (and their advocates or carers if the individual was considered to lack mental capacity) to identify their desired outcome.</p> <p>One of the 'fundamental principles' of MSP is that it should apply to all ends of the mental capacity spectrum</p>
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>No info</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>No info</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Article 16 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)</p> <p>There are clear links with the right to liberty and security of persons (article 14), prohibitions around torture and inhuman and degrading treatment and punishment (article 15), independent living (article 19), the right to adequate standard of living and social protection (article 28), article 12, and the right to legal capacity, amongst others.</p> <p>Mental Capacity Act 2005 in England and Wales Care Act 2014</p> <p>No Secrets, a white paper issued in 2000.</p> <p>Making Safeguarding Personal (MSP)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>First, that the social workers were inclined to enter into safeguarding investigations with a pseudo ‘best interests’ decision in mind, taking the decision-making control away from the individual themselves. While the individual's own desires may have sometimes shaped the direction of the safeguarding process, they were not always involved in the implementation</p>

	<p>of the safeguarding actions or support measures. Second, the service user's lack of involvement at various stages of the safeguarding process meant that their agency was decreased, resulting in them becoming 'objects' to be organised by social workers, rather than subjects, in control and dictating the direction of events. Finally, it was argued that this process meant that service users could continue to be at risk of harm; it would be more effective in the long term to work to increase their autonomy and agency in the process. This made a clear link between article 16 and article 12; effective implementation of article 16 requires a concerted effort to improve disabled people's legal capacity.</p>
Recommendations for policy, practice, education and research	<p>The interpretation of article 16 must not solely focus on the limits of State intervention, and the keeping of State involvement to minimal levels. The State must be proactive, but this action should be focused on building supportive environments for service users which enable the development of legal capacity. The idea of a 'supportive environment' which fosters legal capacity and provides protection from harm is a normative claim, and it is in this area where the research should now focus – both in terms of theoretical development, and empirical study.</p>

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Reference	Kelly, B. D. (2018). "Mental capacity and deprivation of liberty in Ireland: where next?" Medico-Legal Journal of Ireland(24): 5-14.
Country	Ireland
Evidence Type	Non-Empirical Evidence Review
Aim/focus	The purpose of the present article is to examine these Government proposals (for regulating deprivation of liberty in settings such as nursing homes) and to identify likely directions of future legislative reform in this area.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Assisted Decision-Making (Capacity) Act 2015 (Ireland), Mental Health Act 2001 (Ireland), Mental Capacity Act 2005 (England and Wales), Health Act 2007, Health Act 2004, Health (Nursing Homes) Act 1990, Child Care Act 1991, Powers of Attorney Act 1996, Circuit Court under the 2015 Act, Mental Capacity Act (Northern Ireland) 2016
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Medical practitioner, medical expert/doctor, Inspector of Mental Health
Lead body on safeguarding (national lead and/or local lead)	National

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>United Nations Convention on the Rights of Persons with Disabilities (CRPD), European Convention on Human Rights, Health Service Executive, Health Information and Quality Authority, Director of the Decision Support Service</p>
<p>Economic eval.</p>	<p>We need clear regulations to provide reassurance to residents and families, and guidance to staff in these situations, especially when there is deprivation of liberty involved.</p>
<p>Key findings</p>	<p>it is essential that the new measures work to safeguard liberty in situations where liberty is currently being compromised, rather than mandating further deprivation of liberty. That is to say, it is important that the very existence of "deprivation of liberty" provisions does not paradoxically expand the remit of coercive measures into new areas, subjecting more people to deprivation of liberty simply because there are now measures explicitly regulating and authorising such practices.</p> <p>If coercion is already occurring in locations such as certain nursing homes, then hopefully these measures will help govern and minimise that. But it is also possible that the new measures will legitimise deprivation of liberty by explicitly articulating a framework for it.</p>

Recommendations for policy, practice, education and research

In order to avoid creating new networks of coercion across Irish residential and treatment facilities, the remit of the proposed measures should be re-considered (a second form of deprivation of liberty in psychiatric units is unnecessary); time frames should be re-considered (a year is too long for anyone to wait for an automatic review); independent advocates should be mandatory; appeal mechanisms should be specified; there should be easier access to legal aid (e.g. before a court application is made, especially if some residents will wait a year before such an application); and implementation should be monitored and researched with care to ensure the new measures regulate deprivation of liberty rather than promote it.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Keywood, K. (2017). "The vulnerable adult experiment- Situating vulnerability in adult safeguarding law and policy." International Journal of Law and Psychiatry 53: 88-96.
Country	England and Wales
Evidence Type	Non-Empirical Descriptive Review
Aim/focus	This article explores the intersection of English adult protection law and policy as it impacted on the lives of people with mental disabilities. It evaluates developments that were premised on the notion of the 'vulnerable adult', in light of recent theoretical interrogation of vulnerability and the normative shifts in law and policy advocated by the UNCRPD.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	English and Welsh Adult protection policy, Scottish safeguarding policy and practice, Mental Health Act 1983, Mental Capacity Act 2005, No Secrets, In Safe Hands
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Health Secretary, care staff, health and social care practitioners, doctors

Lead body on safeguarding (national lead and/or local lead)	Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	United Nations Convention on the Rights of Persons with Disabilities (CRPD)
Economic eval.	There is an obligation to guard against inhuman or degrading treatment require attention to be paid to the “age and state of health of the victim”
Key findings	It is clear that legal and policy formulations of vulnerability have largely operated within much narrower parameters than the theoretical work advanced by vulnerability theorists. Current law and policy accommodations of vulnerability have failed, in significant part, to see the broader state apparatus as complicit in producing vulnerability. They have focussed goals on remedying vulnerability as being targeted at the personal level, for example, through excluding the abuse. It is, however, possible for legal frameworks and processes to accommodate more expansive accounts of vulnerability and there are strong motivations (not least the UK's ratification of the UNCRPD) to do so.

**Recommendations for policy,
practice, education and
research**

The policy and legal conceptions of vulnerability developed in England and Wales, if reworked, have the potential to transform our understanding of what it is to be vulnerable into a more radical and socially-grounded framework for adult safeguarding. there is a need within the broader regulatory architecture to develop more responsive strategies to respond to people's vulnerability. There is a need for a sustained interest and interrogation of what it means to be vulnerable.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Kisby, M. (2018). "Cultivate strength in spotting vulnerability." Compliance Monitor: 16.
Country	UK
Evidence Type	Personal comments from Martin Kisby, head of compliance at Equiniti Credit Services, who offers outsourced FCA-compliant credit management.
Aim/focus	To comment on ways that technologies can help lenders recognise vulnerability and safeguard their customers from unmanageable debt.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Money and Mental Health Policy Institute illustrated the need for agencies to improve the way they advised clients with mental health problems
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	None
Lead body on safeguarding (national lead and/or local lead)	Local

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Money Advice Trust, the Samaritans, StepChange and PayPlan provide support to lenders</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Best practice providers will offer end-to-end solutions that include a consumer credit regulated assurance programme, FCA compliance oversight and a dedicated team of risk and compliance professionals to provide support and guidance on all areas of the FCA Handbook, including risk management, policies and procedures, FCA authorisation preparations and regulatory training requirements.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Lenders should look to work with technology providers who understand the importance of consumer vulnerability.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Laing, J., Dixon J., Stone K. and Wilkinson-Tough M. (2018). "The nearest relative in the Mental Health Act 2007- still an illusionary and inconsistent safeguard?" Journal of Social Welfare and Family Law: 37-56.
Country	England and Wales
Evidence Type	Non-Empirical Descriptive Review
Aim/focus	To discuss the difficulty and tensions in the role and a lack of clarity surrounding the precise functions of the nearest relative (NR) and conclude some observations about where further research and reform may ne needed to provide greater protection and clarity for patients, relatives and health and social care practitioners.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Mental Health Act 2007, Mental Health Act 1983, Care Act 2014, Code of Practice (Department of Health), Article 5 and 8 European Convention of Human Rights (ECHR), Human Rights Act 1998
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Health and social care practitioners, Approved Mental Health Professional (AMHP)/approved social workers, doctors, psychiatrist, Independent Mental Health Act Advocates (IMHAs), hospital managers

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	National and local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	World Health Organization’s (WHO), United Nations Convention on the Rights of Persons with Disabilities (CRPD), EU Agency for Fundamental Rights, Care Quality Commission (CQC)
Economic eval.	There is a need to reappraise the involvement of relatives to ensure that it is brought fully in line with the ECHR and the autonomy focused ethos of the UN CRPD. There is undoubtedly scope to move towards a more ‘relational’ approach to the patient’s care.
Key findings	This article has outlined the unique role of the NR in the MHA 1983 in England and Wales, and highlighted some of the confusion, tensions and challenges with the identification and exercise of the role. As a Department of Health consultation in 2015 on the rights of people with learning disability and autism has identified, the current definition in the statutory framework is problematic, as it does not reflect the reality of contemporary family relationships and dynamics. This has

	inevitably led to poor understanding and some lack of awareness of the role among key stakeholders – patients, professionals and relatives/carers.
Recommendations for policy, practice, education and research	It is therefore timely and imperative to explore the current knowledge and evidence base, the effectiveness of the safeguard and work out what challenges are faced on the ground by practitioners, patients and their families and how best they can be overcome. This will help to improve patient and professional understanding of the NR role. It will also inform future AMHP training to ensure that this safeguard is implemented effectively for the growing number of patients who are deprived of their liberty under the MHA in England and Wales.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Manthorpe, J. and S. Martineau (2017a). "Engaging with the new system of safeguarding adults reviews concerning care homes for older people." British Journal of Social Work 47(7): 2086-2099.
Country	England
Evidence Type	Review of adult SCRs published in England in the ten years before March 2015
Aim/focus	This paper reports an analysis of SCRs concerning older residents of care homes conducted in 2015.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Care Act 2014
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, care staff, nurses, owner and manager, GPs
Lead body on safeguarding (national lead and/or local lead)	National and local

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Adult Serious Case Reviews (SCRs), Safeguarding Adults Reviews (SARs), Safeguarding Adults Board (SAB), NHS Clinical Commissioning Groups, Hull Adult Safeguarding Team, Internal Management Review (IMR)</p>
<p>Economic eval.</p>	<p>The new SARs may promote greater uniformity of reports but the recommendations of SARs may be similar if lessons continue not to be learned or implemented.</p>
<p>Key findings</p>	<p>While there may be one ‘victim’, other residents may actually or potentially have been subject to the same treatment or regime. While there is a clear forensic methodology for investigating single cases that indicate multi-agency failings of safeguarding, ‘whole home’ or ‘collective abuse’ investigations are difficult to undertake, requiring review of numerous records and consultations. Failure to recognise abuse may reflect professionals’ uncertainties about thresholds for action when encountering poor care quality or abuse and the exclusion of social workers from involvement with the care and support of care home residents. SCRs sometimes comment on sub-optimal support for care home residents from local social work practitioners or hint at missed opportunities.</p>

Recommendations for policy, practice, education and research

Reflections on what needs to change in local systems of care and support may include new scope for the development of gerontological social work practice.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Manthorpe, J. and V. Lipman (2015). "Preventing abuse through pre-employment checks- An international review." Journal of Adult Protection 17(6): 341-350.
Country	England, Australia, USA, Italy, New Zealand
Evidence Type	A review which involved a search of internet-based material and databases. This was further informed by communications with experts and practitioners from different countries.
Aim/focus	The purpose of this paper is to summarise the findings of a desk based international review investigating the checking of staff and volunteers working with adults who are vulnerable or at risk (or similarly defined) receiving social care in their own homes, or in day centres or residential care.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Children and Vulnerable Persons Act 2012, British Columbia’s Criminal Records Review Act (RSBC, 1996), The Social Workers Registration Act 2003, Criminal Records (Clean Slate) Act 2004, The Patient Protection and Affordable Care Act (PPACA) 2010
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Secretary of State for Health, Home Secretary, social work students, residential health or social care services

Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	It is recommended to invest in on-going training and support for employees.
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Disclosure and Barring Service (DBS), European Platform on Ageing (EPA), the European Social Network (ESN), International Labour Organisation (ILO), and the International Network for the Prevention of Elder Abuse (INPEA), Social Workers Registration Board, New Zealand District Health Boards (DHBs)
Economic eval.	None
Key findings	A variety of practices, ranging from no checks to substantial checks involving fingerprinting. Reasons for checks identified in different national contexts extend from efforts to stop fraudulent use of government subsidies to minimising the risk of harm to vulnerable adults, and more positively to enhance user and public trust in care providers. A small number of countries place particular emphasis on the rights of individuals to privacy and rehabilitation and this moral imperative overrides other policy goals. This review highlighted a lack of clarity in publicly available documents about the potentially multiple policy goals of different schemes and suggests that there may be advantages to clarifying the options available from other countries.

**Recommendations for policy,
practice, education and
research**

There is scope for further work in clarifying the evidence base for vetting as well as seeking to establish what alternative selection, monitoring and review processes might be helpful in reducing abuse and neglect by care providers and volunteers.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Manthorpe, J., Bramley, S. and Norrie, C. (2017a) 'Gambling and adult safeguarding: Connections and evidence', Journal of Adult Protection, 19(6), pp. 333-344.
Country	UK
Evidence Type	This paper reports on the scoping review and also included literature review. The overall aims of this scoping specifically to refine the semi-structured interview questions for the wider study.
Aim/focus	The purpose of this paper is to address the interface of how gambling affects adults with care and support needs in England and adult safeguarding.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Gambling Act 2005, Care Act 2014, Mental Capacity Act 2005
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Care home manager, care workers

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	National and local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Social Care Workforce Research Unit, UK Study of Abuse and Neglect of Older People, Gloucestershire Safeguarding Adults Board
Economic eval.	Industry operators, practitioners, and policymakers are increasingly paying attention to gambling-related harm but there is a lack of focus on adults with care and support needs or implications for adult safeguarding. Public bodies such as local authorities must promote the wellbeing of their populations, including adults at risk, as a priority, and reflect this in their policies.
Key findings	There is some evidence that adults with care and support needs experience or are at risk of gambling-related harm. There is, however, lack of data from safeguarding services about this affecting adults at risk and safeguarding practice and systems. A public health approach to gambling is advocated by some, as well as effective regulation and support for people who have problems with their own or others' gambling.

Recommendations for policy, practice, education and research	None
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Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Matthews, T. C. (2018). "Perspectives on financial abuse of elders in Canada." Trusts & Trustees: 73-78.
Country	Canada
Evidence Type	Case Studies
Aim/focus	This article is based on a paper which was prepared for a panel presentation on 'Financial Elder Abuse: Fighting the Scourge' at The International Academy of Estate and Trust Lawyers conference, Chicago, May 2017.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	The Criminal Code, RSC 1985, c C-46
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Care givers, service providers
Lead body on safeguarding (national lead and/or local lead)	National

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>RCMP, Criminal Prosecution for Financial Abuse of Elders</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>Due to the vulnerability of the victims, many cases simply do not come to light</p> <p>We must acknowledge that the cases reported in the media and those which proceed to Court, let alone those with a satisfactory outcome, represent the tip of the iceberg. It is difficult to state with certainty how frequently elder abuse occurs. As many of the perpetrators are family members, the elder person may be reluctant to press criminal charges or even to seek civil redress, due to conflicted emotions, shame, or dependency on the perpetrator.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>None</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Mitchell, B. (2018). "IDENTIFYING INSTITUTIONAL ELDER ABUSE IN AUSTRALIA THROUGH CORONIAL AND OTHER DEATH REVIEW PROCESSES." Macquarie Law Journal 18: 35-56.
Country	Australia
Evidence Type	Literature review
Aim/focus	This article examines the ‘triggers’ that initiate coronial and other death review processes and how they might be improved to better identify deaths from institutional elder abuse.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Aged Care Act 1997 (Cth), Charter of Care Recipients’ Rights and Responsibilities – Residential Care, Coroners Act 2003 (Qld), The Coroners Act 2009 (NSW), Disability Services Act 2006 (Qld), Forensic Disability Act 2011 (Qld), Mental Health Act 2016 (Qld), Public Health Act 2005 (Qld), Child Protection Act 1999 (Qld), Corrective Services Act 2006 (Qld), Domestic and Family Violence Protection Act 2012 (Qld) (DFVPA), Public Guardian Act 2014 (Qld), Guardianship and Administration Act 2000 (Qld), Australian Aged Care Quality Agency, Quality of Care Principles 2014 (Cth), User Rights Principles 2014 (Cth)
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Residential aged care services (RACS), care givers, GP, police, medical examiner, coroner

Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	World Health Organization, The New South Wales Parliamentary Inquiry into Elder Abuse, Aged Care (Complaints) Commission, The Public Advocate of Queensland, The Administrative Appeals Tribunal, The Royal Commission into Institutional Responses to Child Sexual Abuse, Office of Aged Care Quality and Compliance, Office of the Aged Care Quality Commissioner, United Nations, Australian Institute of Family Studies, Centrelink, Convention on the Rights of Older Persons, Department of Health, Single Aged Care Quality Framework, Oakden Aged Mental Health Care Service, Geriatric and Long Term Care Review Committee’ (GLTCRC)
Economic eval.	We must move beyond the underlying assumption that elder deaths are all natural deaths
Key findings	This paper suggests law reform solutions and legal process alternatives to improve our understanding and our approach to institutional elder abuse. These solutions include <ol style="list-style-type: none"> 1. Clarifying key definitions (elder abuse, institutional elder abuse, death classifications, and coronial reportability) 2. Reforms to aged care regulation 3. Enabling other post-death investigative processes

	4. Engaging in coronial law reform to fine-tune existing systems
Recommendations for policy, practice, education and research	Improving the quality of care for older people living in RACS in Australia requires a better understanding of how, why, where and when residents die

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Montgomery, L. and J. McKee (2017). "Adult safeguarding in Northern Ireland- Prevention, protection, partnership." Journal of Adult Protection 19(4): 199-208.
Country	Northern Ireland (NI)
Evidence Type	Critical analysis of adult safeguarding, legislation, policy and practice. Insights are offered from the Regional Adult Safeguarding Officer for NI, and available research evidence
Aim/focus	The purpose of this paper is to outline and critique the current model of adult safeguarding in NI.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	The Sexual Offences (NI) Order 2008, The Criminal Law Act (NI) 1967, The Health and Personal Social Services (NI) Order 1972, Health and Social Care (Reform) Act (NI) 2009, The Mental Health (NI) Order 1986, No Secrets” guidance, Mental Capacity Act (NI) 2016
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, Regional Adult Safeguarding Officer for NI
Lead body on safeguarding (national lead and/or local lead)	National

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Department of Health Social Services and Public Safety (DHSSPS), Health and Social Care (HSC) Trusts, PSNI, Designated Adult Protection Officer (DAPO), Adult Safeguarding Champion (ASC), NI Adult Safeguarding Partnership (NIASP), Regulation and Quality Improvement Authority (RQIA), Safeguarding Adults Board (SAB)</p>
<p>Economic eval.</p>	<p>Currently, there is a strong emphasis on prevention and early intervention activities, with a key role envisaged for community, voluntary and faith sector organisations and it seems likely that this will continue.</p>
<p>Key findings</p>	<p>Distinct features of Northern Irish society have shaped its adult safeguarding policy and practice in ways which differ from those in England, Scotland and Wales. NI remains the only country within the UK that does not have specific adult safeguarding legislation. A culture of strong partnership working and a strong practitioner relationship to policy increases the likelihood of a consistent approach to safeguarding across the region and empowers practitioners to shape future developments in adult safeguarding.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>The current lack of specific adult safeguarding legislation means that there is no “middle ground” between the absence of legal action to protect an individual, and a criminal prosecution.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Moore, S. (2018a). "Assumption, the mother of all foul ups- a fundamental reason for the continuing abuse of adults at risk." The Journal of Adult Protection 20(3/4): 129-143.
Country	England
Evidence Type	Examining available figures that depict the continuing abuse of vulnerable adults, and by drawing on research, the author offers a partial explanation for the longevity of abuse in English society.
Aim/focus	To introduce the concept of the assumption of altruism argued by the author to be a tendency among both the lay public, professionals and politicians, a generalised assumption that contributes to the long standing and obstinate presence of abuse of adults who are at risk throughout England, particularly older people living in care and nursing homes.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Care Act 2014, No Secrets: Guidance, National Health Service and Community Care Act 1990, Care Standards Act 2002, Local Authority Social Services Act
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, nurses, care home staff

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>Local</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Training needs to be transferred into practice, to prevent abuse from occurring and to enlighten more effective responses. Training does not always solve the evident problem but can obscure acknowledgement of the more fundamental causes of abuse, such as absence of altruism among those who both perpetrate and respond to it</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Department of Health, NHS Information Centre, The Health and Social Care Information Centre, NHS Digital (NHS Digital is also known as the Health and Social Care Information Centre), Local Government Association, Association of Directors of Adult Social Services, Care Quality Commission (CQC), The Institute of Public Care/Skills for Care, Independent Safeguarding Authority, National Vocational Qualifications, Qualifications and Credit Framework, Care Standards Tribunal</p>
<p>Economic eval.</p>	<p>Unfortunately, the agencies accountable with their protection will be self-obsessively gazing at themselves and engineering their own wellbeing, rather than at the prevailing circumstance's that allow abuse to continue, and indeed to grow in some types of care provision.</p>
<p>Key findings</p>	<p>The paper demonstrates how the concept of the assumption of altruism can explain to a degree the apparent enduring levels of abuse of adults who are at risk. The paper introduces the concept of the assumption of altruism as a partial explanation for its continuing occurrence despite decades of policy and practice guidance designed to overcome it.</p>

**Recommendations for policy,
practice, education and
research**

Unless something changes, several thousands of these older people will inevitably be subjected to abuse of some kind during each coming year, be it inveterate neglect or pre-meditated abusive acts that serve no other purpose than to provide for the convenience, or even the entertainment, of staff.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Parkinson, K., Pollock, S. and Edwards, D. (2018) 'Family Group Conferences: An Opportunity to Re-Frame Responses to the Abuse of Older People?', British Journal of Social Work, 48(4), pp. 1109-1126.
Country	England
Evidence Type	Case study analysis through group discussion
Aim/focus	To explore the appropriateness of FGCs to provide a response to adult safeguarding cases
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Care Act 2014, No Secrets (2000, 2009) government guidance, Serious Crime Act 2015, Mental Capacity Act (MCA) 2005, The Children Act 1989,
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social worker
Lead body on safeguarding (national lead and/or local lead)	Local

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Family Group Conferences (FGCs) would require substantial initial outlays in terms of recruitment and training.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Family Group Conferences (FGCs), Safeguarding Adult Reviews (SARs), Safeguarding Adults Boards, Association of Directors of Social Services (ADASS), Principle Social Worker for Adults, The Family Rights Group</p>
<p>Economic eval.</p>	<p>Clear guidance for local authorities specifying at what point FGCs would be most appropriate and how to address potential practice issues and dilemmas may persuade local authorities on their benefits and encourage their implementation.</p>
<p>Key findings</p>	<p>The case analysis exposed three main areas mental capacity, risk and funding. It is important that policy makers and local authorities acknowledge the complexity of transferring an approach originally designed for working with children and families to the context of social work with older adults.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>More effort should be made to address the practice tensions outlined within the article. The authors consider that FGCs should be a fundamental part of the safeguarding process and that a pragmatic approach is now necessary to create a model that recognises the particular practice tensions and dilemmas discussed.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Podnieks, E., Penhale B., Goergen T., Biggs S. and Han D. (2010) 'Elder mistreatment: An international narrative', Journal of Elder Abuse and Neglect, 22(1-2), pp. 131-163.
Country	UK, Germany, Finland, Sweden, Norway, Russia, Australia, Japan and South Korea
Evidence Type	Literature Review
Aim/focus	This article sheds light on the way different countries share their stories, policies, and initiatives, which stimulate discussions and debates of various aspects and cultural nuances of elder mistreatment.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Care Standards Act 2000, Protection of Vulnerable Adults scheme 2004, Mental Capacity Act 2005, Adult Support and Protection (Scotland) Act 2007, Adults with Incapacity (Scotland) Act 2000, Law on Quality Assurance in Nursing Care 2002, Law for the Protection of Nursing Home Residents 2001, Law on Advancement of Nursing Care 2008, Law for Preventing the Abuse of Older People and Providing Assistance to Caregivers
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Care worker, GP, social workers

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>National and Local</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Education and support for caregivers can lead to a better understanding of their roles, and the needs of those for whom they provide care.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>International Network for the Prevention of Elder Abuse (INPEA), World Assembly on Aging, World Elder Abuse Awareness Day (WEAAD), Worldview Environmental Scan on Elder Abuse, Canada’s Health Mandate for the Year of Older Persons, International Federation of Aging (IFA) Conference, World Health Organization (WHO), Life United Nations (UN) and to the New York Committee on Aging, Course and Ageing Programme, International Association of Gerontology and Geriatrics, Second World Assembly on Ageing (WAA), National Center on Elder Abuse, International Association of Gerontology and Geriatrics (IAGG), Canadian Network for Prevention of Elder Abuse (CNPEA), Age Concern, Help the Aged, Association of Directors of Social Services (ADSS), House of Commons Select Committee, Dignity for Older People, Commission for Equalities and Human Rights, Medical Service of the Health Insurers (MDS), Department of Family, Seniors, Women, and Youth (BMFSFJ), Department of Health (BMG), Russian Federation for Centers for Social Services of the Population (CSSP), Federation of Mother-Child Homes & Shelters, National Centre for Violence and Traumatic Stress Studies, Gerontological Society of America (GSA), Society for the Study of Elder Abuse (SSEA), Action on Elder Abuse (UK), Japan Elder Abuse Prevention Center, Aged Rights Advocacy Service (ARAS), Abuse Prevention Program (APP), Transcultural Mental Health Center (NSW Health), The Older and Isolated Women and Domestic Violence Project, Fraser Coast Centrelink Initiative, The Office of the Adult Guardian and the International</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

	Network for the Prevention of Elder Abuse, Office of Health and Ageing, Korea Family Counseling Education Society, Research Institute for the Better Living of the Elderly, The National Human Rights Commission of Korea, The Korean Information Network for the Prevention of Elder Abuse (KINPEA)
Economic eval.	None
Key findings	The information presented in this article describes how elder mistreatment affects individuals, families, and communities in different countries. There is a mounting concern that the rights of old persons are at risk of violation on numerous levels: personal, economic, institutional, and community. The data presented provide a platform for increased action toward preventing elder mistreatment and celebrate successes while looking for new ways to address challenges.
Recommendations for policy, practice, education and research	Social support from other family members and from community-based sources can relieve caregiver stress. Japanese researchers recommend that preventive services be integrated into public health and community health centre programs.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Pritchard-Jones, L. (2018). ""Adults at risk"- "vulnerability" by any other name?" Journal of Adult Protection 20(1): 47-58.
Country	England and Wales
Evidence Type	The paper compares the notion of the vulnerable adult in safeguarding, with the notion of an adult at risk under the Care Act 2014 and the Social Services and Well-being (Wales) Act 2014 and questions to what extent such a shift addresses existing criticisms of "vulnerability".
Aim/focus	The purpose of this paper is to explore and critique the conceptual and terminological shift – particularly from "vulnerability" to "adult at risk" – in adult safeguarding under the Care Act 2014 and the Social Services and Well-being (Wales) Act 2014.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Care Act (England) 2014, Social Services and Well-being (Wales) Act 2014, Mental Health Act 1983, Domestic Violence Crime and Victims Act 2004, Safeguarding Vulnerable Groups Act 2006, Mental Capacity Act 2005, Adult Support and Protection (Scotland) Act 2007, Statutory Guidance to the Care Act 2014, Care and Support (Eligibility) (Wales) Regulations 2015
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social worker

Lead body on safeguarding (national lead and/or local lead)	National and Local
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	No Secrets guidance, Safe Hands, Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse, Protection of Vulnerable Adults list, Department of Health, Office of the Public Guardian
Economic eval.	While both Acts and their supporting guidance do make progress in situating the voice of the abused at the centre of the responses, the first critique of “vulnerable adult” remains, even in the new legislation.
Key findings	The paper criticises the notion of the “vulnerable adult” for perpetuating the stigma associated with an impairment or disability, and for the types of legal and policy responses deemed appropriate under such an understanding of vulnerability. While efforts to replace the term “vulnerable adult” with “adult at risk” are, to some extent, to be welcomed, “adult at risk” under the legislation relies on the same characteristics for which the “vulnerable adult” has been criticised. Nevertheless, the safeguarding provisions under the two Acts have made some strides forward in comparison to their legal and policy predecessors and the notion of the “vulnerable adult”.

Recommendations for policy, practice, education and research	None
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Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Ries, N. M. (2018). "Elder abuse and lawyers' ethical responsibilities: incorporating screening into practice." Legal Ethics: 23-45.
Country	Australia
Evidence Type	International literature search
Aim/focus	This article identifies and discusses screening tools to detect situations of elder abuse, that could be adapted for use by legal professionals.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Health and social care providers,
Lead body on safeguarding (national lead and/or local lead)	National

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>Training on effective interviewing and counselling techniques would be particularly beneficial for junior practitioners new to working with older clients, as their legal education and practical training may not have equipped them with the knowledge and skills relevant to capacity assessment and screening for elder abuse.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Elder Abuse Suspicion Index© (EASI), World Health Organization, Hwalek-Sengstock Elder Abuse Screening Test (HS-EAST), Vulnerability to Abuse Screening Scale (VASS), Older Adult Financial Exploitation Measure (OAFEM), Office of the Legal Services Commissioner, New South Wales inquiry into elder abuse, Lichtenberg Financial Decision Screening Scale, Caregiver Abuse Screen for the Elderly (CASE), Modified Conflict Tactics Scale, Solicitors Conduct Rules, Australian Law Reform Commission</p>
<p>Economic eval.</p>	<p>researchers in legal and health disciplines ought to collaborate with practitioners and involve older people in meaningful ways to design, implement and evaluate elder abuse interventions and build the evidence base to inform effective practices for early detection, action and prevention.</p>
<p>Key findings</p>	<p>Three general categories of screening are relevant for lawyers who serve older clients: (1) elder abuse screening tools that cover all domains of abuse or target specific behaviours, such as financial exploitation; (2) screening for decision-making capacity, especially taking account of the impact of abuse or neglect on capacity; and (3) screening to probe the suitability of a person to act in a formal decision-making role for an older person.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>The article emphasises the importance of implementing screening processes and follow-up actions in a manner that fosters a therapeutic relationship between the older client and the lawyer. It concludes with recommendations for further research in this important area. The development of a specific set of screening questions could help improve practices</p>

	and identify in a more systematic way characteristics or behaviours that may raise questions about the suitability of the proposed appointee.
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Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Sharp, C. A., Schulz Moore, J. S. and McLaws, M.-L. (2018) 'The Coroner's Role in the Prevention of Elder Abuse: A Study of Australian Coroner's Court Cases Involving Pressure Ulcers in Elders', Journal of Law and Medicine, 26(2), pp. 494-509.
Country	Australia
Evidence Type	Database search of cases
Aim/focus	The purpose of this article is to examine deaths from pressure ulcers (PUs) in elders 65 years and older and consider the role and potential of coroners' recommendations to prevent PUs
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Toronto Declaration on the Global Prevention of Elder Abuse, Charter of Care Recipients' Rights and Responsibilities, Coroners Act 2009 (NSW), Coroners Act 2008 (Vic), Quality of Care Principles 2014, Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline, Aged Care Act 1997, Coroners Act 2003 (Qld), Coroners Act 1996 (WA)
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Medical practitioner, care staff, coroners, registered nurse

Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	Australian Law Reform Commission (ALRC), World Health Organization (WHO), Australian Aged Care Quality Agency, Aged Care Complaints Commission, WHO, Commonwealth Department of Social Service, Aged Care Commission, National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel, Pan Pacific Pressure Injury Alliance, Clinical Forensic Medicine Unit
Economic eval.	As judicial officers with a statutory public health function, coroners have the potential to play an important role in the prevention of deaths attributable to PUs.
Key findings	This article makes recommendations to harness the potential of the coronial jurisdiction to prevent PUs.
Recommendations for policy, practice, education and research	<p>Practicable organisations providing home-care generate a document describing the roles and responsibilities of each person involved in a patient’s care, including where applicable the patient’s family or friends, and provide a copy of such a document to those persons at the outset of that care and from time to time as is reasonably necessary.</p> <p>Home-care providers assess their patients’ needs on an on-going basis and, where a home-care provider considers that the care it is able to provide to a patient under a home-care package cannot meet the patient’s needs, the home-care</p>

	provider meet with the patient and the patients' next of kin where appropriate to so inform the patient and to discuss the patient's further care.
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Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Smellie, D. and A. Eastman (2018). "How to bring your safeguarding up to scratch." Charity Finance: 26-28.
Country	UK
Evidence Type	Writings from a personal capacity from a partner and senior associate at Farrer & Co
Aim/focus	To outline how abuse can occur and how to prevent it
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	None
Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of	Must train staff regularly

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>national training programmes for HSCPs and/or vulnerable adults</p>	
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>NSPCC</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>An organisation's culture and systems can impact on reducing the risk of abuse. Creating or maintaining a safe environment is not easy and it involves a great deal more than introducing policies and procedures.</p> <p>If safeguarding is a clear priority at trustee level, it will become a priority of senior executives, and so on down the line.</p> <p>Statutory guidance requirement: must ask for and provide details in references of any safeguarding concerns, must report all allegations to their local authority within 24 hours and all historic allegations to the police, must not use settlement agreements whenever there is a safeguarding allegation, must report dismissal which has the power to bar from teaching, must train staff annually, must appoint a safeguarding governor.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>None</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Stanyer, A. (2018). "Tackling financial abuse of the elderly." Law Society's Gazette: 26.
Country	England
Evidence Type	Writings from a personal capacity from a partner at Wedlake Bell and the author of Financial Abuse of Older Clients: Law, Practice and Prevention
Aim/focus	To report on the scale of financial abuse of the elderly in England based on requests made to the Care Quality Commission (CQC)
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Elder Abuse Prevention and Prosecution Act 2017
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	GP
Lead body on safeguarding (national lead and/or local lead)	National

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>CQC, Office of the Public Guardian (OPG), Court of Protection, 5th National Elder Abuse Conference, Commission for Older People for Northern Ireland</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The figures revealed that between January 2013 and June 2017 a total of 12,968 safeguarding records – official reports where the CQC is alerted to and has investigated allegations of financial abuse – were made to the commission. The breakdown of data shows year on year that the highest number of victims fell within the three age bands of 65-74, 75-84 and 85 and older. In 2016, the figures show that there were 329, 530 and 848 safeguarding records made for each of the corresponding age bands. What we do not know is what kind of abuse is taking place and what follow-up was made. The records are incomplete.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Training of staff is insufficient and needs to be improved for reporting issues, keeping clear and complete data so a comprehensive picture can emerge. There needs to be an analysis of why it is so difficult to investigate allegations and how we can get behind the closed doors to talk through problems with the elderly.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Starr, L. (2018). "FROM BEDROOM TO CRIME SCENE." Australian Nursing & Midwifery Journal 26(1): 24-24.
Country	Australia
Evidence Type	Writings from a personal capacity of an expert in the field of nursing and law
Aim/focus	To raise concern regarding the care of older Australians, particularly vulnerable adults, and to highlight the need for those working in aged care to have knowledge of fundamental forensic principles in healthcare
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	None
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Registered nurse, carers
Lead body on safeguarding (national lead and/or local lead)	Local

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>None</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>This case highlights not only a failure of the staff to manage this incident appropriately, but the value in staff having some understanding of the fundamental principles of forensic healthcare that could assist them to distinguish between accidental and non-accidental injuries, the benefits of photo documentation and knowledge on how to recognise and preserve a crime scene.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>Knowledge of forensic healthcare is a crucial step in the investigation of and potential prosecution of perpetrators</p>

Reference	Stevens, M, Martineau, S, Manthorpe, J. and Norrie, C. (2017) 'Social workers' power of entry in adult safeguarding concerns: debates over autonomy, privacy and protection', Journal of Adult Protection, 19(6), pp. 312-322.
Country	England and Scotland
Evidence Type	Literature review
Aim/focus	The purpose of this paper is to explore debates about the powers social workers may need to undertake safeguarding enquiries where access to the adult is denied.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Care Act (England) 2014, Adult Support and Protection (Scotland) Act 2007 (ASPA), Social Services and Well-being (Wales) Act 2014, Mental Capacity Act 2005 (MCA), Mental Health Act 1983, Police and Criminal Evidence Act 1984, ASPA Code of Practice (Scottish Government, 2014)
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, health professionals

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>National</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Department of Health, Action on Elder Abuse (2016), Court of Protection, European Convention on Human Rights</p>
<p>Economic eval.</p>	<p>The literature suggests that a more socially mediated rather than an essentialist understanding of the concepts of vulnerability, autonomy and privacy allows for more nuanced approaches to social work practice in respect of using powers of entry and intervention with adults at risk who have capacity to make decisions</p>
<p>Key findings</p>	<p>A power of entry might be one solution to situations where social workers are prevented from accessing an adult at risk. The Scottish approach to legal powers in adult safeguarding, established by the Adult Support and Protection Act (Scotland) 2007, draws out messages for adult safeguarding in England and elsewhere. The debates over the Scottish approach are underpinned by differing conceptualisations of vulnerability, autonomy and privacy, and the paper relates these conceptualisations to different theoretical stances.</p>

**Recommendations for policy,
practice, education and
research**

Considering the balance of social causes and the impact of impairment in assessing levels of vulnerability may help social workers to make decisions about the need for interventions and whether to invoke legal powers (whether in England or Scotland). A more blurred public-private boundary, which legitimises state interest in what happens within private dwellings, could also be used to support the introduction of a power of entry.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Then, S.-N., Patrick, H. and Smith, N. (2014) 'Reinforcing guardianship regimes through assisted decision making - a Scottish perspective', Juridical Review, (4), pp. 263-279.
Country	Scotland
Evidence Type	Literature review
Aim/focus	To discuss the philosophical drivers for adopting assisted decision-making mechanisms into legislation, to describe the legislative means adopted by various countries which incorporate and recognise the concept of assisted decision-making and to evaluate whether assisted decision-making in Scotland through both the legal recognition of independent advocacy and under the Self-Directed Support (Scotland) Act 2013.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Adults with Incapacity (Scotland) Act 2000, Mental Capacity Act (England and Wales) 2005, Self-Directed Support (Scotland) Act 2013, Americans with Disabilities Act 1990, UK's Disability Discrimination Act 1995, Mental Health (Care and Treatment) (Scotland) Act 2003
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Doctors, carers

Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	UN Convention of the Rights of People with Disabilities (CRPD), Victorian Law Reform Commission in Australia, Scottish Independent Advocacy Alliance
Economic eval.	The concept of guardianship is still based on the more traditional model of appointing a substitute decision maker. For some individuals there will be no option but to continue with this approach.
Key findings	The Adults with Incapacity (Scotland) Act 2000 was seen as a forward thinking and person centred law when it was passed. In Scotland the introduction of a principled based approach was a novel one which has been followed in subsequent legislation (for example the Adult Support and Protection (Scotland) Act 2007 and the Self Directed Support (Scotland) Act 2013).

**Recommendations for policy,
practice, education and
research**

Consideration should be given to redressing a person's capacity – perhaps by inserting into Scottish legislation a principle similar to that set out in s1(3) of the Mental Capacity Act 2005, that a person should not be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Walsh, S. (2019). "Mind the gap." Gazette of the Law Society Ireland: 52-53,55.
Country	Ireland
Evidence Type	Writings from a personal capacity of a Solicitor.
Aim/focus	To discuss the current situation in Ireland with reference to Irish law in establishing if deprivation of liberty exists, and whether it is necessary to examine particular circumstances.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Assisted Decision-Making Capacity Act 2015, Mental Health Act 2001, Lunacy Regulation (Ireland) Act 1871
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	None
Lead body on safeguarding (national lead and/or local lead)	National

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>None</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>Decision Support Service, The European Convention on Human Rights, The European Court of Human Rights</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>A tension exists between not imposing restrictive legal procedures on incapacitated people who can express their wishes and are content with their care arrangements, and ensuring that the law protects the liberty of all incapacitated persons who are not permitted to leave their place of residence.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>None</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Webb, E. (2018). "HOUSING AN AGEING AUSTRALIA: THE IDEAL OF SECURITY OF TENURE AND THE UNDERMINING EFFECT OF ELDER ABUSE." Macquarie Law Journal 18: 57-78.
Country	Australia
Evidence Type	Literature review
Aim/focus	This article considers the degree of legal security of tenure and ontological security in various forms of accommodation utilised by older people. In so doing, the article examines how elder abuse can dilute legal and ontological security and makes suggestions as to how existing real property laws could be utilised and amended to safeguard housing security for older people.
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	International Covenant on Civil and Political Rights (ICCPR), Aged Care Act 1997, User Rights Principles 2014, National Consumer Credit Protection Act 2009, Social Security Act 1991
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	None

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults	None
Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)	World Health Organization, Australian Competition and Consumer Commission (ACCC), Western Australian Division of Consumer Protection, The Australian Law Reform Commission (ALRC)
Economic eval.	None
Key findings	The article suggests to enhance existing laws, thus ensuring a greater degree of legal security of tenure and ontological security for the ageing population.
Recommendations for policy, practice, education and research	None

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Wilding, K. (2018). "Liberty, autonomy & the Mental Health Act review." New Law Journal: 13-14.
Country	England
Evidence Type	Writings from a personal capacity of a Mental Health Tribunal Judge.
Aim/focus	To review why the Mental Health Act 1983 should take a broad approach
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Mental Health Act 1983, Mental Capacity Act 2005, Mental Health Act 2007, 2005 Act's Deprivation of Liberty Safeguards
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Carers
Lead body on safeguarding (national lead and/or local lead)	National
Education and training in country – any description of	None

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>national training programmes for HSCPs and/or vulnerable adults</p>	
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>The Report of the Expert Committee—Review of the Mental Health Act 1983 (the Richardson Report), United Nations Convention on the Rights of Persons with Disabilities (CRPD), The Law Commission’s final report on Mental Capacity and the Deprivation of Liberty (Summary No 372), Mental Health Act Manual (19th edition), 2015 version of the Code of Practice</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>The review must look beyond the 1983 Act, taking account of mental capacity and adult protection. There may be confusion and overlap between various types of intervention. Current thinking on compulsory intervention must be considered.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>The forthcoming independent review has the opportunity both to look at particular aspects of the operation of the 1983 Act and to put it into a broader context of mental health legislation in a quest to formulate an ‘enduring legacy of mental health support’.</p>

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

Reference	Wydall, S., Clarke, A., Williams, J. and Zerk, R. (2018). "Domestic Abuse and Elder Abuse in Wales: A Tale of Two Initiatives." British Journal of Social Work 48(4): 962-981.
Country	Wales
Evidence Type	Semi-structured interviews, focus group, police records of incidents of domestic abuse, case-management records, case-file analysis, process maps
Aim/focus	This article discusses the extent to which the two pieces of legislation promote a collaborative and integrated response from adult safeguarding and domestic abuse services and highlights some implications for practice
Appraisal value (High, Med, Low)	Low
Info on the safeguarding model – governance (policy, standards and legislation)	Social Services and Well-being (Wales) Act 2014, Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, Care Act (England) 2014, Adult Support and Protection (Scotland) Act 2007, National Strategy on Violence Against Women, Domestic Abuse and Sexual Violence Consultation Document, In Safe Hands guidance, The Strategy for Older People in Wales 2008–2013, Tackling Domestic Abuse: The All Wales National Strategy, Well-being of Future Generations (Wales) Act 2015, Serious Crimes Act 2015, Adult Support and Protection Order
HSCP involvement – which disciplines are mentioned in the paper e.g. social workers, nurses,	Social workers, local authority managers, health and social care practitioners from statutory and third-sector agencies

Evidence review to inform development of a national policy on adult safeguarding in the health and social care sector

<p>Lead body on safeguarding (national lead and/or local lead)</p>	<p>National and local</p>
<p>Education and training in country – any description of national training programmes for HSCPs and/or vulnerable adults</p>	<p>The need for domestic abuse training for adult social workers is established. Training could help dispel the confusion between adult safeguarding and domestic violence and ensure that adult social workers are better able to respond to victim-survivors. However, training initiatives must be academic and experiential if they are to address the skills and knowledge deficit. As noted in the pan-Wales study, where there was integrated safeguarding and domestic abuse training, there were improved detection rates in domestic abuse cases involving older people.</p>
<p>Information on regulation – reference to regulatory bodies or organisations (disciplinary boards, legislation)</p>	<p>National Assembly for Wales, Multi-Agency Risk Assessment Conference, Access to Justice Pilot Project launched in 2010, Communities and Culture Committee, Older People’s Commissioner for Wales (2014), Access to Support and Justice Report, local authorities, Crown Prosecution Service Cymru-Wales, Minister for Local Government and Communities by the SafeLives Project, the office of National Advisor, NHS Trusts, Ask and Act 2015, The Domestic Abuse, Stalking and Harassment and Honour-Based Violence Risk Identification Checklist risk-assessment tool (DASH-RIC), Independent Domestic Violence Advisor (IDVA), Multi-Agency Risk Assessment Conference (MARAC)</p>
<p>Economic eval.</p>	<p>None</p>
<p>Key findings</p>	<p>More strategic alignment between the two acts will create an environment within which older victim-survivors of domestic abuse have equal access to justice options and support services as their younger counterparts.</p>
<p>Recommendations for policy, practice, education and research</p>	<p>During the law-making process, it is recommended a joint code of practice and the identification of shared principles to achieve a more symbiotic relationship between what became the 2014 and 2015 Acts.</p>

For Book Chapters, Grey Literature, and some Descriptive Studies, information extraction is presented as follows:

Publication details	Content related to specifications
Reference	
<p>1. Country</p> <p>2. Type of evidence</p> <p>3. Aim/focus/type</p>	<p>Information relevant to extraction matrix:</p> <ul style="list-style-type: none"> • Reported quality • Evidence review (if completed) • Structure or Models used? • History of origin of safeguarding (see guide) • Health & Social Care involvement in adult safeguarding (describe if social care differs) • Lead body on safeguarding in Country • If no safeguarding-describe alternative concept and structures • Information on education and training in the country • Information on regulation • Any economic evaluation • Key conclusions • Recommendations for Practice, Policy, Education, Research.

BOOK CHAPTERS

Hayashi, Y. (2016) 'Elder abuse and family transformation', in Kumagai, F. & Ishii-Kuntz, M. (eds.) Family violence in Japan: A life course perspective: Springer Science + Business Media, New York, NY, pp. 123-151.

1. Japan
2. Description
3. Chapter on elder abuse

Guided by legislation. Intervention but permissive reporting.

Influenced by changes in social environments, institutional situations, and ideologies within Japanese history. Moved from respect from wisdom as older people not keeping abreast of new knowledge-less respect for wisdom-gives rise to elder abuse.

Post World War II-new social welfare state.

Police involvement for spousal abuse and elder abuse.

Police obligation to protect. Respond to request for help and accompany municipality employee if needed to house.

Required to secure emergency accommodation.

Has 'orders to prevent contact by perpetrator.

Lead Body: Prefectures and municipalities

Applies life course theory

Examines definition of elder abuse in Japan.

Family disgrace-hidden.

Excludes self-neglect.

Up until World War II- abandoning older people commonly practiced.

	<p>Japan became ageing society after economic growth (1970s and 1980s).</p> <p>As housewives began to work, social hospitalisations. Exposure of poor standards.</p> <p>Looks at long term insurance scheme- gave advocacy efforts for older people's rights.</p> <p>In home-remains a reluctance to interfere in family.</p> <p>Elder Abuse: Act on the Prevention of Elder Abuse, Support for Caregivers of Elderly People and other related matters.</p> <p>Looks at trends and causes.</p> <p>Family, cultural and social factors.</p> <p>Guardianship system in Japan.</p> <p>Issues need to be addressed regarding confronting elder abuse. Empowerment approach for abused older people, regional networks, understanding family situations, assistance for households with holder people (especially for frailty, caregiving issues, cultural norms, social factors).</p>
<p>Katagiri, K. and Wakui, T. (2015) 'The road to successful aging: Older adults and their families in Japan', in Cheng, S.-T., Chi, I., Fung, H.H., Li, L.W. & Woo, J. (eds.) Successful Aging: Asian Perspectives. Dordrecht: Springer Science+Business Media, pp. 123-146.</p>	
<p>1. Japan 2. Description 3. Chapter on successful ageing in Japan</p>	<p>Identifies family changes and demography changes in older people and younger people (transformations).</p> <p>Filial piety, dependence vs independence. Changes in social networks (more community involvement). Retirement, intergenerational exchange, Positive and negative aspects of family.</p> <p>Family as caregiver and long term insurance.</p> <p>Family as decision maker.</p>

	Identifies avenues for future research.
<p>Kumagai, F. (2016b) 'Introduction: Toward a better understanding of family violence in Japan', in Kumagai, F. & Ishii-Kuntz, M. (eds.) Family Violence in Japan: A Life Course Perspective. Singapore: Springer, pp. 1-48.</p>	
<p>1. Japan 2. Description</p>	<p>No huge focus on family violence in Japan but some studies on elder abuse and domestic violence. Family violence is the use of abusive behaviour to control and/or harm a member of one’s family or someone whom one has an intimate relationship.</p> <p>Home-true selves and can be site for venting frustration. Have to accommodate each other’s differing perspectives, and power relations.</p> <p>Identifies: Physical, sexual, emotional, psychological, spiritual, cultural, verbal, financial abuse, & neglect.</p> <p>Identifies government bodies who have published reports on various types of abuse.</p> <p>Different perspective West-East on abuse- West = lifecourse, East = segmented.</p> <p>Problems in research-segmented view of family violence and mostly based on ‘problem’ families.</p> <p>Draws on surveys of national character.</p> <p>Regional variation in culture and lifestyle impact on studies on family violence.</p>
<p>Kumagai, F. (2016a) 'Conclusion: Prevention and intervention of family violence in Japan', in Kumagai, F. & Ishii-Kuntz, M. (eds.) Family violence in Japan: A life course perspective. Singapore: Springer, pp. 153-164.</p>	
<p>1. Japan 2. Description</p>	<p>Moving towards a global society led by information age.</p> <p>Advocates a life course perspective on family violence.</p>

	<p>Family violence is a social issue rather than personal deficit.</p> <p>Intimate partner violence- physical, sexual, psychological, economic, social abuse, stalking and dating violence. Intimate partner violence can be legitimized by society. Summarises chapters.</p> <p>Need to have mechanisms to address family violence. Improving family relations, examining cultural and social impact. Identifies issues for research. Need for comprehensive study of family violence and incorporation of regional variations.</p>
<p>Kumagai, F. and Ishii-Kuntz, M. (2016) Family violence in Japan: A life course perspective. Family Violence in Japan: A Life Course Perspective Singapore: Springer.</p>	
<p>1. Japan 2. Description</p>	<p>Book containing Hayashi (2016), Katagiri, K. and T. Wakui, Kumagai, F.(Introduction and conclusion)</p> <p>As described above.</p> <p>Some additional information on chapter on Intimate Partner Violence: (Sasaki & Ishii-Kuntz).</p> <p>Identifies historical condoning of intimate partner violence. In gender relations-women had no rights under a patriarchal system.</p> <p>1947 Constitution brought gender equality.</p> <p>Domestic violence laws introduced in 2001.</p> <p>Stalker law introduced for 1) pursuing, ambushing and thronging the victim, 2) informing the victim about stalking (telephone and/or email), 3) leaving memo in bicycle 4) demanding to meet and have sexual relationship 5) acting violently 6) silently calling 7) sending the filth, livestock corpus and other unpleasant objects and 8) shaming sexually.</p> <p>Tokyo Rape Crisis Centre established in 1983.</p> <p>Need interdisciplinary approach to research.</p>

	Human rights-based approach needed and ingrained through early education.
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GREY LITERATURE

Age UK (2018) Adult Safeguarding (England), London: Age UK. Available at: <https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/health-and-wellbeing/adult-safeguarding-policy-position-nov-2018-final.pdf>

<ol style="list-style-type: none"> 1. United Kingdom 2. Grey 3. Policy Brief safeguarding older people 	<p>High quality evidence (AACODS)</p> <p>13. 63% adult safeguarding concerns for older people.</p> <p>3% domestic abuse survivors aged 60% accessing DV advise.</p> <p>Service</p> <p>1:42 over 85 years have safeguarding enquiries.</p> <p>Safeguarding responsibility of Safeguarding Adults Boards.</p> <p>Duty on local authorities to enquire - need to partner with financial organisations - joint enterprises</p> <p>SAB ensure partners understand range of abuse, coercion and undue pressure. Also access to criminal justice optimized.</p> <p>No consistent approach as crisis in social funding and fragmented approach</p> <p>Language of abuse and neglect can hide crime element.</p> <p>Need to understand barriers older people have to reporting.</p> <p>Some areas not embedded adult safeguarding and DV.</p> <p>Ageism a barrier to recognition.</p> <p>Need high quality health and social care.</p>
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	<p>Impacted by loneliness and isolation.</p> <p>Need aftercare and restorative justice approach.</p> <p>Need specialist care in older people and safeguarding.</p> <p>Financial sufficiency for safeguarding provision.</p> <p>Safeguarding=human rights.</p> <p>Serious case reviews: Systemic issues that prevent.</p> <p>Effective inter-agency working & Practice issues such as a lack of training. Also, individual acts of negligence or ill-treatment. Need to share findings of SAB reviews.</p>
<p>Ageing and Adult Safeguarding Regulations 2019. Available at: https://www.legislation.sa.gov.au/LZ/C/R/AGEING%20AND%20ADULT%20SAFEGUARDING%20REGULATIONS%202019/CURRENT/2019.159.AUTH.PDF</p>	
<ol style="list-style-type: none"> 1. South Australia 2. Grey 3. Regulations 	<p>High quality evidence (AACODS)</p> <p>Supports available</p> <p>Has Ageing and Adult Safeguarding Act 1995</p> <p>Led by Public Advocate and state authorities</p> <p>Short document clarifying</p> <p>Concepts stated in the Act and responsibilities identified.</p>

Alliance for the Prevention of Elder Abuse: Western Australia (2017) Elder Abuse Protocol: Guidelines for action, Vistoria Park: Alliance for the Prevention of Elder Abuse: Western Australia. Available at: https://publicadvocate.wa.gov.au/_files/Elder-Abuse-Protocols-2018.pdf.

<p>1. Australia 2. Grey 3. To provide guidelines for elder abuse</p>	<p>High quality evidence (AACODS)</p> <p>Provides guidance on elder abuse cases</p> <p>5 steps: Identify of abuse is taking place</p> <p>Provide emotional support</p> <p>(Western Australia) Assess risk and plan safety (Emergency, urgent and non urgent)</p> <p>Refer with reference to level of risk</p> <p>Document.</p> <p>Key concepts: Decision making capacity, privacy and confidentiality, duty of care, criminal offences compulsory reporting in residential care</p> <p>Vulnerable populations: Aboriginal people,</p> <p>Torres Strait people, care leavers, Culturally and Linguistically diverse communities, LGBTIQS+, older people in remote areas</p> <p>People in disability, mental health issues or</p> <p>Cognitively impaired</p> <p>Identifies manifestations, risk factors and resources</p>
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Alzheimer Society of Ireland (2018) HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures FORMAL SUBMISSIONS, Dublin: Alzheimer Society of Ireland. Available at: <https://alzheimer.ie/wp-content/uploads/2018/11/TFOTY5A.pdf>

<p>1. IRE 2. Grey 3. To provide perspectives on HSE Safeguarding policy development</p>	<p>High quality evidence (AACODS)</p> <p>A single agency model with multiple responders, needs to work in partnership with all relevant service providers and staff, forming an integrated and coherent collaboration with front-line staff, service managers, Safeguarding Teams, HSE senior managers and primary care teams.</p> <p>Decisions and stated outcomes need to be placed at the centre of the process.</p> <p>Policy cover adults from 18 years</p> <p>Human rights approach: PANEL approach, emphasising principles of participation, accountability, non-discrimination, empowerment, and legality</p> <p>Definition should include abuse between service users. Advocates deconstructing definition</p> <p>Advocates including historic abuse</p> <p>More attention to confidentiality-proportionate information sharing</p> <p>Policy needs to focus on early detection and other organisational factors</p> <p>Policy needs to note institutional abuse can be due to rigid systems of care.</p> <p>Points to inconsistency in Adult Safeguarding teams case work. Need standardised approach and better communication protocols within higher engagement by primary care professionals</p>
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	<p>Resources allocation and multi-agency collaboration needed</p> <p>Person centred approach</p>
<p>Attorney General’s Department (n.d.) Protecting the Rights of Older Australians. Available at: https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Pages/default.aspx</p>	
<p>1. Australia</p> <p>2. Grey</p> <p>3. Public Information on rights of older people</p>	<p>High quality evidence (AACODS)</p> <p>Describes what is elder abuse</p> <p>\$15 in election commitment in supporting implementation of the National Plan on Elder Abuse</p> <p>Supporting the development of an Elder Abuse Knowledge Hub</p> <p>Strengthening the understanding of the nature and prevalence of elder abuse in Australia, through targeted research activities.</p> <p>Links to National Plan</p> <p>Enhancing the understanding</p> <p>Improving community awareness and access to information</p> <p>Strengthening service responses</p> <p>Planning for future decision-making</p> <p>Strengthening safeguards for vulnerable older adults</p> <p>Provides for research</p> <p>And trials for specialist elder abuse units</p>

	<p>Health justice partnership</p> <p>Case management and mediation services</p>
<p>Commonwealth of Australia (2019) Stocktake of elder abuse awareness, prevention and response activities in Australia, March 2019, Canberra: Australian Government Attorney-General’s Department. Available at: https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Documents/Stocktake-of-elder-abuse-awareness-prevention-and-response-activities.pdf.</p>	
<p>1. Australia</p> <p>2. Grey</p> <p>3. Elder abuse awareness, prevention and responses activities</p>	<p>High quality evidence (AACODS)</p> <p>Elder abuse is everyone’s business</p> <p>Resource for governments and non-government</p> <p>Organisation with a responsibility for elder abuse a companion document to the National Plan to respond to the Abuse of Older Australians 2019-2023 (the National Plan).</p> <p>The National Plan establishes a framework under which governments will prioritise and report on activity to reduce the prevalence and impact of elder abuse by working together on priority areas that would benefit from national collaboration. As a companion document, Everybody’s business describes the range of work already underway across Australia as of March 2019 to prevent, intervene, respond to and mitigate abuse of older people. Everybody’s business describes measures directly funded by government, as well as other initiatives led by non-government organisations, including the private sector. This approach values the contributions made by agencies across Australia and recognises that ending abuse of older people is everybody’s responsibility.</p>
<p>Council of Attorneys-General (2019) National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023, Canberra: Council of Attorneys-General. Available at: https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Documents/National-plan-to-respond-to-the-abuse-of-older-australians-elder.pdf</p>	

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<ol style="list-style-type: none"> 1. Australia 2. Grey 3. To provide priorities for action in a national plan 	<p>High quality evidence (AACODS)</p> <p>Identifies what elder abuse is</p> <p>Discusses demographics in Australia</p> <p>Acknowledges impact of ageism on elder abuse</p> <p>National plan with 5 priorities and timeframe specified</p> <ol style="list-style-type: none"> 1. Enhancing understanding 2. Improving community awareness and access to information 3. Strengthening service responses 4. Planning for future decision making 5. Strengthening safeguards for vulnerable older adults
<p>Dean, A. (2019) Elder abuse: Key issues and emerging evidence, Victoria: Child Family Community Australia. Available at: https://aifs.gov.au/cfca/sites/default/files/publication-documents/51_elder_abuse_0.pdf</p>	
<ol style="list-style-type: none"> 1. Australia 2. Grey 3. Information dissemination for professionals 	<p>High quality evidence (AACODS)</p> <p>Gives overview of elder abuse in Australia</p> <p>Complex issue impacting 2-4%</p> <p>Multi-factorial contributing factors especially social [Isolation and poor quality relationships]</p> <p>Social support and healthy relationship key to addressing elder abuse</p> <p>Needs research to evaluation prevention approaches and interventions.</p>

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	<p>Elder abuse can be a form of family violence but occurs outside family also.</p> <p>Identifies- life course, human right and ecological theory as well as risk factors</p> <p>Acknowledges tension between elder abuse and at risk adults</p>
<p>Department of Communities Tasmania (2019) Protect and Respect Older Tasmanians: Tasmania’s Elder Abuse Prevention Strategy 2019 – 2022, Hobart: Department of Communities Tasmania. Available at: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/375125/Respect_and_Protect_Older_Tasmanians_Tasmanias_Elder_Abuse_Prevention_Strategy_20192022_Accessible_4.pdf</p>	
<ol style="list-style-type: none"> 1. Australia 2. Grey 3. To prevent elder abuse 	<p>High quality evidence (AACODS)</p> <p>Respect and protect older Tasmanians based on awareness, Empowerment, action, support and safeguards</p> <p>Principles: Independence and freedom to participate socially and economically, dignity and choice, standards of living and care, participation and self-fulfilment</p> <p>Provides an implementation and governance structure with a timeframe</p>
<p>DoH Steering Group Policy Discussion Papers and Presentations (various dates) Dublin: Department of Health. Available at: https://www.gov.ie/en/publication/2861af-adult-safeguarding/?referrer=/blog/publications/time-to-move-on-from-congregated-settings-a-strategy-for-community-inclusion/#steering-group-policy-discussion-papers-and-presentations</p>	
<ol style="list-style-type: none"> 1. IRE 2. Grey 	<p>High quality evidence (AACODS)</p> <p>Lead Body on developing new</p>

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<p>3. Steering group policy, discussion papers and presentations (webpage link to number of publications)</p>	<p>Irish safeguarding policy. Various presentation and publications</p>
<p>Donnelly, S. and O'Brien, M. (2019) Falling Through the Cracks: The case for change. Key developments and next steps for Adult Safeguarding in Ireland, Dublin: University College Dublin.</p>	
<p>1. IRE 2. Grey 3. Report</p>	<p>High quality evidence (AACODS)</p> <p>To gather the different perspectives of professionals and advocates involved in adult safeguarding processes to explore how primary adult safeguarding legislation may help mitigate individuals 'falling through the cracks' of the current system.</p> <p>Interview and focus groups, online survey</p> <p>9 case studies developed based on key themes and actual cases discussed. Identifies key challenges in safeguarding.</p> <p>Issues- against will and preferences, coercive control, failure to provide any health and care services, poor information sharing. Challenges and implications for safeguarding practice.</p>
<p>Dow, B., Gaffy, E. and Hwang, K. (2018) Elder Abuse Community Action Plan for Victoria February 2018: National Ageing Research Institute Available at: https://www.nari.net.au/files/files/documents/elder_abuse_community_action_plan_for_victoria_feb_2018.pdf</p>	
<p>1. Australia (Victoria) 2. Grey 3. Direct improvement in addressing elder abuse</p>	<p>High quality evidence (AACODS)</p> <p>Identified gaps in elder abuse services through a literature review and surveys and focus groups</p>

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	<p>Noted: The term “elder abuse”, is problematic for people from Aboriginal and Torres Strait Islander backgrounds for whom the term elder does not necessarily refer to an older person but to a person who is respected for their knowledge of customs and lore</p> <p>10 recommendations: review terminology (Elder Abuse), conceptual framework for elder abuse and domestic violence intersection, public awareness campaign, education and resourcing of existing services, studies with formal and informal carers of people living with dementia, trial of family mediation, evaluation of existing and new services, central knowledge hub policy research information, examine older people’s experience of outcomes of elder abuse interventions</p> <p>Demonstrated ecological approach to managing elder abuse.</p>
<p>Fighting Words (2019) Child and Vulnerable Adult Protection Policy and Procedures for Staff and Volunteers, Dublin: Fighting Words. Available at: https://www.fightingwords.ie/sites/default/files/ccp-guidelines.pdf</p>	
<p>1. IRE 2. Grey 3. Guidance</p>	<p>High quality evidence (AACODS)</p> <p>Sets a code of behaviour aligned with children and Safeguarding Vulnerable Persons at risk of abuse.</p> <p>Code of behaviour: safe and protection environment</p> <p>Prevention of abuse and education</p> <p>Staff receive policy an information pack</p> <p>Equality, listening to the person, respect, language</p> <p>Principles in adult protection</p> <ul style="list-style-type: none"> • Citizenship • Person-centredness

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	<ul style="list-style-type: none"> • Empowerment • Self-directedness • Safeguarding best interest <p>Right to confidentiality- try to get consent to share information</p> <p>Obligation to report rape, sexual assault or imprisonment</p>
<p>FMC Mediation and Counselling (2018) Elder Abuse Discussion Paper: Based on FMC’s Respecting Elders service findings, Victoria: FMC Mediation and Counselling. Available at: https://elder-mediation.com.au/wp_files/wp-content/uploads/2018/06/Respecting-Elders-Report.pdf</p>	
<ol style="list-style-type: none"> 1. Australia 2. Grey 3. Elder abuse approaches to address: Re-orientate model for elder abuse 	<p>High quality evidence (AACODS)</p> <p>Elder abuse needs recognition of the complex nature of the relationships involved.</p> <p>Link to ageism</p> <p>what is needed now is an integrated system of service provision that balances self- determination with a stronger focus on family inclusive practices for preventing, de-escalating, and responding to elder abuse.</p> <p>Motivational interviewing aids</p> <p>Empowerment</p> <p>Family focused approach needed and cautions too legally based response (multi focused response)</p> <p>Cultural values and traditions intersect with the dynamic factors causing Elder Abuse in CALD communities.</p>

Harvey, N., Taylor A., Livingstone C., Shears J., Greig F., Thompsell A., Garrett D., Fade P., Leach J., Shacklock., Harding L., Mills N. and Masters M. (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff London: Royal College of Nursing. Available at: <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/august/pdf-007069.pdf?la=en>

<p>1. UK 2. Grey 3. Guidance for care staff (Health and social care)</p>	<p>High quality evidence (AACODS)</p> <p>Argues for minimum standards for statutory, voluntary, private and independent. Care facilities for older people and need for training and education.</p> <p>Adult safeguarding means to work with an individual to protect their right to live in safety, free from abuse, harm and neglect. P6</p> <p>Forensic evidence: the need to preserve evidence by not touching, cleaning or removing anything that might contribute to an investigation of a potential crime scene detailing injuries and recording what is said by an individual. P7</p> <p>UK principles: Empowerment, prevention, proportionality, protection, partnership and accountability.</p> <p>Making safeguarding personal (Adass 2018)</p> <p>Includes domestic abuse as a category also Female Genital mutilation.</p> <p>5 Levels of education and training plus for Board members(P13) based on knowledge skills, attitudes and values</p>
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Health Information and Quality Authority and Mental Health Commission (2019), National Standards for Adult Safeguarding, Dublin: Health Information and Quality Authority & Mental Health Commission. Available at: <https://www.hiqa.ie/sites/default/files/2019-12/National-Standards-for-Adult-Safeguarding.pdf>

<p>1. IRE 2. Grey</p>	<p>High quality evidence (AACODS)</p> <p>National Standards published by statutory regulatory bodies</p>
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<p>3. Standards</p>	<p>Provides adult safeguarding principles</p> <ul style="list-style-type: none"> • Empowerment • A rights-based approach • Proportionality • Prevention • Partnership • Accountability <p>Identifies purpose of standards</p> <p>Interact with 4 themes</p> <ul style="list-style-type: none"> • Person centred care and support • Effective care and support • Self-care and support • Health, well-being and development <p>Each theme has identified standards</p> <p>Also, has plain language description of theme for service users</p>
<p>Health Information and Quality Authority and Mental Health Commission (2018a) Adult Safeguarding: Background document to support the development of national standards for adult safeguarding, Dublin: Health Information and Quality Authority. Available at: https://www.hiqa.ie/sites/default/files/2018-05/HIQA%20MHC%20Adult%20safeguarding%20background%20document.pdf</p>	
<p>1. IRE 2. Grey</p>	<p>High quality evidence (AACODS)</p> <p>Described the models in Ireland, England, Scotland, Wales, Northern Ireland, Canada and Australia.</p>

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<p>3. Review of countries safeguarding approaches</p>	<p>This current review draws substantially on this.</p>
<p>Health Information and Quality Authority and Mental Health Commission (2018b) Draft national standards for adult safeguarding: For public consultation 2018, Dublin: Health Information and Quality Authority & Mental Health Commission. Available at: https://www.hiqa.ie/reports-and-publications/consultation/draft-national-standards-adult-safeguarding (Accessed: 05/12/2019).</p>	
<p>1. IRE 2. Grey 3. Draft for development of standards in adult safeguarding</p>	<p>High quality evidence (AACODS) Draft standards for regulation For health and social care professionals Includes process development and draft standards Standards published in 2019 and are reported in the Review.</p>
<p>Health Information and Quality Authority (2019d) Overview report on the regulation of designated centres for older persons – 2018, Dublin: Health Information and Quality Authority. Available at: https://www.hiqa.ie/reports-and-publications/key-reports-and-investigations/overview-report-regulation-designated</p>	
<p>1. Health Information and Quality Authority (2019d) (28) 2. IRE 3. Grey</p>	<p>High quality evidence (AACODS) Report on regulated centres for older people Looks at compliance Dementia thematic inspections Presents judgment and enforcement and areas of concern</p>

<p>4. Regulation of designated centres for older people Service report 2018</p>	
<p>HSE National Dementia Office and Alzheimer Society of Ireland (2018) Submission to the Department of Health on deprivation of liberty safeguard consultation, Dublin: National Dementia Office & Alzheimer Society of Ireland. Available at: http://hdl.handle.net/10147/623107</p>	
<p>1. IRE 2. Grey 3. Submission for Deprivation of Liberty Safeguard Consultation to DoH</p>	<p>High quality evidence (AACODS)</p> <p>Deprivation of Liberty clarity is needed both in application and scope the relevant facility in which the legislation applies, the definition of nursing home as defined in section 2 of the Health (Nursing Homes) Act 1990 should be included. Clarity is also required on whether the legislation applies to those in respite care</p> <p>Specific training relating to the new legislation will need to be developed and codes of practice important.</p> <p>Clear information for carers</p> <p>Independent advocacy needed to be protect rights</p> <p>Head 3, Person's Capacity to Make a Decision to Live in a Relevant Facility in Advance of an Application to enter the Relevant Facility, is how the individuals' voice is being heard in relation to admission/detention. This is unclear, nor is it clearly set out how their rights are being protected and who and in what way these are being advocated for.</p> <p>Availability of appropriate community resources are crucial, particularly given that allocation of resources for older person's services do not reflect the priority to enable older people, including people with dementia, to remain living at home nor does it support the principle of personhood as set out in the NDS.</p>
<p>HSE National Safeguarding Office (2018) The National Safeguarding Office Report 2017: Health Service Executive (HSE). Available at: http://hdl.handle.net/10147/623066</p>	

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<ol style="list-style-type: none"> 1. HSE National Safeguarding Office report (2018) (24) 2. IRE 3. Grey 4. Provide annual service overview 	<p>High quality evidence (AACODS)</p> <p>Provides statistics for HSE National Safeguarding Office for 2017</p>
<p>HSE National Safeguarding Office (2019) The National Safeguarding Office Report 2018, Dublin: Health Services Executive. Available at: https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/safeguarding%20report%202018.pdf</p>	
<ol style="list-style-type: none"> 1. IRE 2. Grey 3. Report on Safeguarding in service: annual service overview 	<p>High quality evidence (AACODS)</p> <p>Provides statistics for National Safeguarding Office for 2018</p> <p>For use in report as latest report.</p>
<p>HSE National Safeguarding Office (2019) Final Draft HSE Adult Safeguarding Policy (2019), Dublin: National Safeguarding Office. Available at: https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/draft%20policy.pdf</p>	
<ol style="list-style-type: none"> 1. IRE 2. Grey 3. For Health and Social Care 	<p>High quality evidence (AACODS)</p> <p>HSE National Safeguarding Office responsibility in Health Service Executive</p> <p>Guidance on how to respond to elder abuse</p> <p>Prevention and intervention</p>

	<p>Incorporates approach of Assisted Decision Making Capacity Act</p> <p>Permissive reporting</p>
<p>Inclusion Ireland (2018) Submission on the Draft HSE Adult Safeguarding Policy 2018, Dublin: Inclusion Ireland. Available at: https://www.inclusionireland.ie/sites/default/files/attach/basic-page/1651/submission-hse-safeguarding-policy.pdf</p>	
<p>1. IRE</p> <p>2. Grey</p> <p>3. Submission to HSE for National Safeguarding Policy formulation</p>	<p>High quality evidence (AACODS)</p> <p>Important to examine adult safeguarding examines the disabling environment and what other steps can be taken to equip people to protect themselves from risk.</p> <p>Requests clarity on who policy is for?</p> <p>Needs Plan English version</p> <p>‘Inappropriate deprivation of liberty’. We think it should talk about “unlawful deprivation of liberty”, because the only time freedom should be taken away is if the person breaks the law.’</p> <p>Need time limit for processes</p> <p>Need for independent advocacy and guideline for sharing information</p> <p>Role of confidential recipient to be made clear</p> <p>Policy should be for everyone</p> <p>Concise flowchart with responsibilities</p> <p>Move from vulnerable to ‘adult at risk’ supports this NSO terminology as well as use of term organisational abuse</p> <p>Need for independent advocacy</p>

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	Recognised deprivation of liberty will be legislated for and needs to have some reference in policy and be consistent.
<p>Joint Committee on Health (2017) Report on Adult Safeguarding, Dublin: Joint Committee on Health. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_health/reports/2017/2017-12-13_report-adult-safeguarding_en.pdf</p>	
<ol style="list-style-type: none"> 1. IRE 2. Grey 3. To present deliberation of Joint Committee on Health 	<p>High quality evidence (AACODS)</p> <p>Committee held two sessions on 4 October and 11 October 2017 and met with stakeholders from the Health Service Executive (HSE), Inclusion Ireland, Sage, the Department of Health and the Institute of Public Administration (IPA).</p> <p>15 recommendations made regarding adult safeguarding</p>
<p>Kaspiew, R., Carson R., Dow B., Qu L., Hand K, Roopani D, Gahan L. and O'Keeffe D. (2019) Elder Abuse National Research–Strengthening the Evidence Base: Research definition background paper, Southbank: Australian Institute of Family Studies. Available at: https://apo.org.au/sites/default/files/resource-files/2019/10/apo-nid261971-1390466.pdf</p>	
<ol style="list-style-type: none"> 1. Kaspiew, R. et al. (2019) (13) 2. Australia 3. Grey 4. Inform on definition 	<p>High quality evidence (AACODS)</p> <p>Involved a research-based approach to examining existing definitions and generation of new definition</p> <p>Move from elder abuse to abuse of older people</p> <p>Identifies 5 constituent elements for a definition</p> <ol style="list-style-type: none"> 1. No specification of age or vulnerability 2. Intension should not be a requirement and frequency and severity not used. 3. Inclusion of expectation of trust 4. Include relationship with power imbalance 5. Leaves open subjective and objective

	<p>6. interpretation of abuse consequences</p> <p>Revised definition: a single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person.</p>
<p>Law Reform Commission (2019a) A Regulatory Framework for Adult Safeguarding, Dublin: Law Reform Commission. Available at: https://www.lawreform.ie/_fileupload/Issues%20Papers/LRC%20IP%2018-2019%20A%20Regulatory%20Framework%20For%20Adult%20Safegaurding.pdf</p>	
<p>1. IRE</p> <p>2. Evidence synthesis of safeguarding legislation</p> <p>3. Review of six jurisdictions</p>	<p>High quality evidence (AACODS)</p> <p>Evidence synthesis of legislation in six jurisdictions</p> <p>Looks at 11 issues</p> <ol style="list-style-type: none"> 1. Values and principles underpinning adult safeguarding practice in Ireland currently. 2. Defining key terms for adult safeguarding. 3. Physical, sexual, discriminatory and psychological abuse, neglect and deprivation of liberty. 4. Financial abuse 5. What body or bodies should have responsibilities for the regulation of adult safeguarding. 6. Powers of entry and inspection 7. Safeguarding investigative powers 8. Reporting 9. Independent advocacy 10. Access to sensitive data and information sharing. 11. Multi-agency collaboration.

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	Countries: England, Scotland, Wales, Northern Ireland, Australia (Information included on issues where relevant for various countries)
<p>Legal Aid New South Wales (n.d.) Elder Abuse Strategy 2018 – 2019, Sydney: Legal Aid New South Wales. Available at: https://www.legalaid.nsw.gov.au/__data/assets/pdf_file/0007/28438/2018_LA_Elder-Abuse-Strategy_FINAL.pdf</p>	
<ol style="list-style-type: none"> 1. Australia 2. Grey 3. Information for lawyers 	<p>High quality evidence (AACODS)</p> <p>Identifies barriers in legal issues in elder abuse</p> <ol style="list-style-type: none"> a) Older people may not know rights b) Older people can be hard to reach or reluctant to talk c) Not all lawyers have skills d) NSW eligibility can make it hard to access grant if financial abuse is involved. <p>Goals identified to address above</p>
<p>McCaughey, C., Laird, L. E. and Reid, B. (2018) 'GPs' Experiences of Managing Elder Abuse: A Qualitative Study', Journal of the All Ireland Gerontological Nursing Association, 5(1).</p>	
<ol style="list-style-type: none"> 1. NI 2. Grey 3. To describe GPs experiences of Managing Elder Abuse 	<p>High quality evidence (AACODS)</p> <p>Outlines a study in Northern Ireland with GPS</p> <p>2 Focus groups with 9 GPS in NI</p>

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	<p>GPs feeling under- prepared for management of elder abuse perpetrated by a family carer permeated through all the data. Three subthemes were identified. These are 'intervening to minimise potential for abuse', 'confronting challenge and isolation', and 'taking ownership of the responsibility to report abuse'.</p> <p>Need help re practical application of legislation</p> <p>More collaboration needed</p>
<p>Nguyen, J. (2018) 'Multicultural Distinctions in the Reporting of Elder Abuse', Canadian Network for the Prevention of Elder Abuse. Available at: https://cnpea.ca/en/about-cnpea/blog/791-multicultural-distinctions-in-the-reporting-of-elder-abuse 2019].</p>	
<ol style="list-style-type: none"> 1. Canada 2. Grey 3. Inform on multi-cultural perspectives on elder abuse reporting 	<p>High quality evidence (AACODS)</p> <p>Discusses difference in ethno-cultural groups for elder abuse case management</p> <p>How different factors such as culture, tradition, and legislation affect reporting or even discourage older adults from seeking help in abuse situations. Highlights need to look at dependency issues.</p> <p>Also impacted by lack of English language proficiency or on culture of reporting abuse.</p> <p>Increase culturally appropriate education, have resources in multiple languages and connection to cultural centred</p>
<p>New South Wales Government (2018b) Preventing and Responding to Abuse of Older People (elder abuse): NSW Interagency Policy, Sydney: NSW Government. Available at: https://www.facs.nsw.gov.au/__data/assets/pdf_file/0003/591024/NSW-Interagency-Policy-Abuse-of-Older-People.pdf</p>	
<ol style="list-style-type: none"> 1. Australia 2. Grey 3. Guidance to agencies on elder abuse 	<p>High quality evidence (AACODS)</p> <p>Interagency policy document for elder abuse (NSW)</p> <p>Presents information on elder abuse</p>

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	<p>Delineates framework for prevention and early detection</p> <p>Support for people experiencing abuse</p> <p>Intervention and protection</p> <p>Includes community involvement, legal and police involvement and good practice approaches</p> <p>Principles: Safety, empower, respect, respond, separate, collaborate.</p>
<p>Office for the Ageing (Adult Safeguarding) Amendment Act 2018. Available at: https://www.legislation.sa.gov.au/LZ/V/A/2018/OFFICE%20FOR%20THE%20AGEING%20(ADULT%20SAFEGUARDING)%20AMENDMENT%20ACT%202018_34/2018.34.UN.PDF</p>	
<p>1. Australia 2. Grey 3. Amendment to Adult Safeguarding Act Legislation</p>	<p>High quality evidence (AACODS)</p> <p>Lead Agency as Office of Well-being</p> <p>Legislation for the provision of adult safeguarding in Australia</p> <p>Covers Office for Ageing well</p> <p>Establishment of Adult Safeguarding Unit, authorized officers, court orders,</p> <p>Code of practice, reporting, assessment and information gathering.</p>
<p>Office of the Public Advocate (2019) Preventing Elder Abuse. Carlton: Office of the Public Advocate. Available at: https://www.publicadvocate.wa.gov.au/E/elder_abuse.aspx</p>	
<p>1. Australia 2. Grey</p>	<p>High quality evidence (AACODS)</p> <p>Webpage giving advice on elder abuse</p>

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3. Webpage for information	Identifies role of Public Advocate and Tribunal for Guardianship
<p>Pond, D., Phillips J., Day J., McNeil K. (2019) Elder Abuse – People with Dementia, Sydney: NHMRC Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People. Available at: https://cdpc.sydney.edu.au/wp-content/uploads/2019/09/ElderAbuse_GPCareGuide_FINAL_30-Sep-19.pdf</p>	
<p>1. Australian 2. Grey 3. Elder abuse screening and identification guide: Guidance for General Practitioners</p>	<p>High quality evidence (AACODS)</p> <p>Targets general practitioners</p> <p>Has key summary points</p> <p>Mitigate risk as a prevention target</p> <p>Advocates screening</p> <p>Consider barriers to disclosure</p> <p>Medical history</p> <p>Background to elder abuse</p>
<p>Ries, N. and Mansfield, E. (2018) 'Elder abuse', Australian Journal for General Practitioners, 47, pp. 235-238.</p>	
<p>1. Australian 2. Grey 3. Guidance for General Practitioners</p>	<p>High quality evidence (AACODS)</p> <p>General Practitioners, practice nurses, home care workers and lawyers all identified in safeguarding</p> <p>Recognises adult safeguarding is everybody's business</p> <p>Pivotal role of physicians</p>

	<p>Multi-agency involvement = gold standard</p> <p>Advocates education in elder abuse screening tools</p> <p>Build therapeutic alliance with older patients</p> <p>Need for new approaches to multi-disciplinary action</p> <p>Describes project in NSW on education on screening and referral pathways</p> <p>Health justice partnerships can co-ordinate services</p>
<p>Ries, N., Mansfield E., Anderson J. and McCarthy S. (2019) Identifying and Acting on Elder Abuse A Toolkit for Legal Practitioners. Available at: https://www.uts.edu.au/sites/default/files/article/downloads/Elder%20Abuse%20Toolkit.pdf</p>	
<p>1. Australia</p> <p>2. Grey</p> <p>3. Aimed at legal profession</p>	<p>High quality evidence (AACODS)</p> <p>Provides a toolkit for lawyers in relation to elder abuse</p> <ul style="list-style-type: none"> • Identifies what it is • Advise: identify clients, advise, support empower • Raise community awareness • Reduce stigma <p>Advices use of elder abuse screening tool</p> <p>Considers financial abuse and screening for financial decision making</p> <p>Assistance: Provide Information about Options,</p> <p>Taking Account of Risk Severity, confidentiality duties, helping person to make own decisions , respecting choice to accept or refuse advise considering diversity.</p>

	Considers capacity and lawyer’s ethical duty for client to give instruction
<p>SWID (2018) SWID Submission on Draft HSE Adult Safeguarding Policy, Dublin: Irish Association of Social Workers. Available at: https://www.iasw.ie/download/513/SWID%20submission%20%20Safeguarding%20of%20VA%20policy%20Review%20Sept%2018%202.pdf</p>	
<p>1. IRE 2. Submission 3. For HSE National Safeguarding Policy formulation</p>	<p>High quality evidence (AACODS)</p> <p>Social Workers in the field of Disability including Physical and Sensory, Intellectual and Neurological Disability, Special Interest Group in Irish Association of Social Workers</p> <p>Nursing Homes where Safeguarding and Protection Teams (SPT’s) have no right of entry.</p> <p>Concurrence of HSE and DoH policy</p> <p>Support ‘adult at risk’ term.</p> <p>Confusion on term Adult “known to service”</p> <p>Who would take lead if several organisations involved?</p> <p>More clarity on the rights of people with disabilities who have capacity to make a decision not to seek further safeguarding interventions.</p> <p>Need to be consistent with Assisted Decision-Making (Capacity) Act 2015</p> <p>Proportionality in response</p> <p>Policy needs to indicate whether staff members always reports to the Gardai even in circumstances where the client states that they do not want Garda involvement and what thresholds must be met before taking such as step.</p> <p>Clarity on Care Plans vs Protection Plan and thresholds</p>

	<p>Address peer to peer abuse and thresholds in this situation</p> <p>Screen inappropriate referrals and ensure referral is timely</p> <p>Where the threshold for the 2012 Act has been reached, the “perpetrator” with an intellectual disability should not be interviewed by Gardai without their rights or needs being catered for.</p> <p>Resources need to match demand</p> <p>Timeframe of 3 days to do preliminary screening and inform HSE Safeguarding team very limited</p> <p>Align policy with Trust in Care process (if occurring together)</p> <p>SPTs are properly resourced and that complex cases are co-managed or taken over by SPT’s.</p> <p>Roles need more clarity and identification of competencies</p> <p>Need comprehensive training in the safeguarding roles and responsibilities</p> <p>Concerns regarding referral and screening documentation (lengthy, clarity of purpose, clarity of language, encryption, allegation against staff member- there is confusion as to the employee’s rights not to be named in the initial screening Vs a coded reference.</p> <p>GDPR (Storage and retention and data sharing of safeguarding record)</p> <p>Higher focus on positive outcomes for people</p>
<p>Victoria State Government (2019a) Integrated model of care for responding to suspected elder abuse. Victoria: Victoria State Government. Available at: https://www2.health.vic.gov.au/ageing-and-aged-care/wellbeing-and-participation/preventing-elder-abuse/integrated-model-of-care-for-responding-to-suspected-elder-abuse</p>	
<p>1. Australia</p>	<p>High quality evidence (AACODS)</p>

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<p>2. Grey 3. Healthcare quality and process improvement</p>	<p>The integrated model of care is based on a least restrictive, client-centred and family-inclusive framework. It consists of four key funded components: Workforce training, liaison officer (elder abuse prevention and response, counselling and mediation services and elder abuse prevention network.</p>
<p>Wrexham County Borough Council (2018) Adult Services Interim Policy for Adult Safeguarding, Wrexham: Wrexham County Borough Council. Available at: https://www.wrexham.gov.uk/assets/pdfs/social_services/key_documents/interim_adult_safeguarding_policy.pdf</p>	
<p>1. Wales 2. Grey 3. Interim policy</p>	<p>High quality evidence (AACODS)</p> <p>Lead body based on legislation in Wales for safeguarding Adults - local authority.</p> <p>Immediate threat: Ambulance and police service notified</p> <p>Follows legislative guidance</p> <p>Identifies issues with self neglect & thresholds of harm</p> <p>Outlines model of safeguarding aligned with legislation</p>

DESCRIPTIVE STUDIES

<p>Australian Nursing & Midwifery Journal (2018) 'Peak body established to combat risk of elder abuse', Australian Nursing & Midwifery Journal, 26(1), pp. 4-4.</p>	
<p>1. Australia 2. Descriptive 3. Establishment of peak body to combat elder abuse</p>	<p>Peak body to address elder abuse: Elder Abuse Action Australia</p> <p>Develop National Plan</p> <p>Funding allocated</p> <p>Work in partnership with government to promote the safety, dignity, equality, health and independence of older Australians through education, capacity building, data gathering and research</p> <p>Investigate developing central knowledge hub for elder abuse information</p>
<p>Ballard, S. A., Yaffe, M. J., August, L., Cetin-Sahin, D. and Wilchesky, M. (2019) 'Adapting the Elder Abuse Suspicion Index© for Use in Long-Term Care: A Mixed-Methods Approach', Journal of Applied Gerontology, 38(10), pp. 1472-1491.</p>	
<p>1. Canada 2. Descriptive 3. Screening tool</p>	<p>A mixed-methods study to explore the appropriateness of using the Elder Abuse Suspicion Index with similarly cognitively functioning persons residing in LTC.</p> <p>Findings developed from literature review, Internet-based consultations with experts across Canada (n = 19 and two focus groups.</p> <p>High dependency points to need to have an appropriate screening tool.</p> <p>Three new questions added.</p>

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	<p>New tool-EASI-ltc (with MMSE\geq24).</p> <p>Noted potential issues-residents reluctant to report and staff need for additional protocols.</p> <p>Next step to undertake research to a research protocol to explore the practical aspects of EASI-ltc implementation in individuals with MMSE \geq 24 residing in LTC</p>
<p>Barry, L. (2018) 'He was wearing street clothes, not pyjamas': common mistakes in lawyers' assessment of legal capacity for vulnerable older clients', Legal Ethics, 21(1), pp. 3-22.</p>	
<ol style="list-style-type: none"> 1. Australia 2. Descriptive 3. Approaches in capacity assessment for lawyers 	<p>Acknowledges have ethical duty to elicit decision-making capacity.</p> <p>Looks at three years of capacity complaints made to the New South Wales Office of Legal Services Commissioner.</p> <p>Findings – theoretical lens of vulnerability.</p> <p>Highlights how the actions of lawyers and regulators can exacerbate the inherent and situational vulnerability of older people with a cognitive impairment.</p> <p>Guidelines, legal education and robust enforcement of ethical rules are required to safeguard the rights of older clients and help prevent abuse.</p>
<p>Bedford, D. (2019) 'Key cases on human dignity under article 3 of the ECHR', European Human Rights Law Review, (2), pp. 185-194.</p>	
<ol style="list-style-type: none"> 1. Multiple countries 2. Descriptive 3. Legal cases 	<p>Review of legal cases Human dignity has been central to the finding of an art.3 ECHR violation</p> <p>Human dignity to expand of protection and the assessment of what constitutes degrading treatment.</p> <p>Relevant case of person with psychiatric illness not being transferred from police station to psychiatric unit. human dignity can be depreciated not only as a result of a malice, but also where the system and structures as a whole demonstrate a</p>

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	<p>lack of concern for the needs. Resulted in self-harm. A response that respects dignity, in contrast, is one that treats the prisoner as a whole, integrated person, whose bodily suffering has a psychosocial origin.</p> <p>Case: Asylum seeker not being addressed. consideration needs to be given to the grounds upon which the state owes an obligation to avoid material deprivation.</p> <p>Members of the LGBT community were attacked verbally and physically by counter- protesters whilst on a march. The Georgian authorities had failed to prevent and investigate degrading treatment that had been motivated by prejudice.</p>
<p>Blundell, B. and Warren, A. (2019) 'Reviewing the extent of rural and remote considerations in elder abuse policy: A scoping review', Australian Journal of Rural Health, 27(4), pp. 351-357.</p>	
<ol style="list-style-type: none"> 1. Australia 2. Descriptive 3. Extent of rural and remote considerations in elder abuse policy: A scoping review 	<p>Review of 13 policy document across 9 Australian jurisdictions</p> <p>Only 4 identified issues related to rural and remote communities-even then little exploration. Only 1 had prevention target. Lack of substantive focus on the impact of rural and remote environment on elder abuse. Policy needs to be more explicit. Need culturally sensitive policy attuned to isolation, lack of access to services, transportation and confidentiality issues.</p> <p>Policy for Indigenous people needs distinct focus.</p>
<p>Boersig, J. and Illidge, D. (2018) 'Addressing Elder Abuse: Perspectives from the Community Legal Sector in the Act', Macquarie Law Journal, 18, pp. 93-113.</p>	
<ol style="list-style-type: none"> 1. Australia 2. Descriptive 3. Legal review on addressing elder abuse 	<p>Explores how legal aid services in Australia can respond to the recommendations of the Australian Law Reform Commission.</p> <p>Need to move to a rights-based legislation.</p>

	<p>Elder abuse risk factors need to be integrated into legal responses.</p> <p>Identifies issues in identifying elder abuse: Risk assessment of capacity rather than simply age. legal services must take into account the actual circumstances of an individual as risk.</p> <p>A coordinated and national response to elder abuse is required.</p> <p>Legal aid services are able to play a large role in preventing elder abuse from occurring through community legal education-informing people about rights, and empowering to solve issues before becoming serious.</p> <p>Early identification of persons at risk critical to successful provision of legal support.</p> <p>Legal aid commissions need proper funding to address elder abuse.</p> <p>Health-justice partnerships: Having lawyers present at the hospital helps to alleviate some of the issues that may prevent people from accessing a lawyer, whether it is the stress associated with seeking legal assistance or limited mobility/.</p> <p>Develop a socio-legal model of service delivery.</p>
<p>Bows, H. and Penhale, B. (2018) 'Editorial: Elder Abuse and Social Work: Research, Theory and Practice', British Journal of Social Work, 48(4), pp. 873-886.</p>	
<p>1. United Kingdom 2. Descriptive 3. Editors' special issue on elder abuse</p>	<p>No globally accepted definition of elder abuse.</p> <p>Grouping together the different forms of abuse under the all-inclusive term of 'elder abuse' is also problematic in that it suggests it is a single collective issue that can be researched and responded to by a single intervention or policy initiative.</p> <p>Need for practitioners to have legislative knowledge.</p> <p>Existing definitions of elder abuse and domestic violence share a number of similarities. First, most definitions of elder abuse and domestic violence incorporate physical, emotional/psychological, financial and sexual abuse. Second, most</p>

	<p>definitions of elder abuse and domestic violence encompass the same contexts—that is, the abuse is perpetrated by a partner, family member or someone else living in the same home.</p> <p>Policies and procedures are very important tools to inform professionals of the actions that should be taken at particular points in the process of responding to potentially abusive or neglectful situations. However, on their own, policies and procedures cannot ensure that good-quality practice will happen. Fundamentally, there needs to be consideration of how such frameworks are actually put into practice and operationalised</p>
<p>Brammer, A. (2019) 'Safeguarding in older age', in Brammer, A. & Pritchard-Jones, L. (eds.) Safeguarding Adults. UK: MacMillan Education UK.</p>	
<p>1. England 2. Descriptive 3. Book Chapter</p>	<p>Older women more prone to elder abuse.</p> <p>Care Act (2014) centres the voice of the person and duty to promote well-being.</p> <p>Although 'vulnerable' not used-argues a link to need for care =little has changed in substance.</p> <p>Domestic violence largely missed under elder abuse literature. Impact of violence can change over time, ie health decline and lower ability to sustain attack.</p> <p>Responses to domestic violence may be different than a response to elder abuse. Refuges do not always have facilities for older people.</p> <p>Advantage of including domestic violence lens in safeguarding.</p> <p>may make intervention more acceptable and help older person conceptualise abuse.</p> <p>Lack of information may point to domestic violence being only an issue for younger people.</p>
<p>Buchanan-Cook, D. (2019) 'Reflections from the Commission', Journal of the Law Society of Scotland, pp. 46.</p>	

<ol style="list-style-type: none"> 1. Scotland 2. Descriptive 3. Law and vulnerability 	<p>Discussion on vulnerability in legal services in Scotland.</p> <p>Vulnerability associated with physical disability, age, having English as a second language, mental health issues and learning disabilities.</p> <p>Also: around relationship breakdown, bereavement, domestic violence, immigration status, lack of liberty or release from prison. Indeed, the fact that the majority of legal transactions are what we would call “distress purchases” means that most clients are likely to be at risk of vulnerability to a certain extent – the fact that they need a lawyer’s help in the first place makes that the case.</p> <p>Vulnerability is mobile-can change.</p>
<p>Castles, M. (2018) 'A Critical Commentary on the 2017 ALRC Elder Abuse Report: Looking for an Ethical Baseline for Lawyers', Macquarie Law Journal, 18, pp. 115-129.</p>	
<ol style="list-style-type: none"> 1. Australia 2. Descriptive 3. Ethical baseline for lawyers 	<p>Lawyers concerned with mental capacity and also undue influence.</p> <p>Benign or ignorant paternalism, motivated by the perceived best interests of the elder person, is pervasive and can result in cultural blindness to the foundational rights of older people.</p> <p>The idea of a hierarchy of human rights guiding the discussion about protection potentially diminishes focus on the day to day instances of abuse.</p> <p>Financial abuse and neglect not dealt with in Australian Law Reform Commission.</p> <p>For a rights-based approach an effective education and training, both at the community level and within the legal community is needed.</p> <p>Better integration of services, particularly doctors and lawyers.</p>

<p>Cave, E. (2017) 'Protecting patients from their bad decisions: rebalancing rights, relationships, and risk', Medical Law Review, pp. 527-553.</p>	
<p>1. England 2. Descriptive 3. Decision making</p>	<p>Should patients be protected from their 'bad' medical decisions? Draws on 2005 Mental Capacity Act.</p> <p>Emphasis in free choice in functional decision making.</p> <p>The judiciary might look to the doctrine of necessity to justify medical treatment that preserves life or prevents significant harm where there is doubt that a treatment refusal is voluntary.</p>
<p>Chesterman, J. (2019a) "'The abuse of older australians (elder abuse)": Reform activity and imperatives', Australian Social Work. DOI: http://dx.doi.org/10.1080/0312407X.2019.1680715</p>	
<p>1. Australia 2. Descriptive 3. Abuse of older Australians</p>	<p>Inquiries has examined, or is examining, misuses of power in situations, typically, of vastly unequal power relationships.</p> <p>The abuse of older people typically also involves an abuse of power, and often, but not always, involves a family member taking advantage of an older relative</p> <p>National plan to respond to the abuse of older Australians (elder abuse) was the subject of the first four of the 43 reform recommendations made by the ALRC in its 2017 report (Recommendations 3-1 to 3-4). The National Plan (Council of Attorneys-General, 2019, p. 2) uses the term "elder abuse" only in parenthesis in its title in order not to cause confusion in Indigenous cultural contexts where the term "elder" may apply to someone who is not themselves old.</p> <p>The National Plan is a modest attempt to help steer reform initiatives in five key areas: knowledge of the extent of the problem; the provision of information; improving service delivery; improving future planning; and improving safeguards.</p> <p>Scant knowledge of prevalence in Australia.</p> <p>The new voluntary Banking Code of Practice (Australian Banking Association [ABA], 2019a, p. 22) outlines a commitment of signatories to "taking extra care with vulnerable customers", which includes those who could be victims of abuse.</p>

	<p>Meanwhile the industry guideline “Protecting vulnerable customers from potential financial abuse” (ABA, 2014) is being revised (ABA, 2019b).</p> <p>Need reform of Australia’s financial enduring powers of attorney laws. Best practice guide for enduring documents-money has been set aside for “national online register for enduring powers of attorney” By Attorney General’s Department.</p> <p>Initiatives: Health-justice partnership model (Sydney)</p> <p>“Integrated Model of Care”. This has seen five health services taking part in a large pilot project, which incorporates staff training, the provision of mediation and counselling, and the establishment of local prevention networks. A key element in this model is the appointment of a liaison officer in each health service, who provides specialist advice and consultation.</p> <p>Elder abuse can be a crime but police can be hampered by minimal evidence that surrounds the incidence of abuse, which may often consist solely of the personal testimony of a victim who may be unwilling to testify against a family member.</p> <p>Description of changes occurring in Adult Safeguarding and Guardianship.</p>
<p>Chesterman, J. (2019b) 'The future of adult safeguarding in Australia', Australian Journal of Social Issues.</p>	
<p>1. Australia 2. Descriptive</p>	<p>Two major reforms: National Disability Insurance Scheme and national elder abuse reform agenda.</p> <p>National Plan to Respond to the Abuse of Older Australians [Elder Abuse] 2019–2023 significant in addressing adult abuse.</p> <p>NDIS Quality and Safeguards Commission now has jurisdiction in all states and territories except Western Australia and will have nationwide coverage from July 2020. since January 2019, of the Aged Care Quality and Safety Commission is a new development in the oversight of aged care service provision. However, constrained in their operations to focus on</p>

	<p>nationally funded service provision in the disability and aged care fields. They are not broadly defined adult safeguarding commissions.</p> <p>Impact of international human rights norms: decision making.</p> <p>Outside of situations that warrant immediate medical intervention or that involve obvious criminality, it is not immediately apparent in most states and territories which agencies, if any, are empowered to seek protective interventions for adults should harm or neglect occur.</p> <p>Considers South Australia's new legislation. or the first 3 years of its operation, its powers are limited to Indigenous people aged 50 and older, and other adults aged 65 and older (Office for the Ageing (Adult Safeguarding) Amendment Act 2018 (SA), schedule 1).</p> <p>Remember, considerable reform but different in states and territories.</p> <p>Some recommendations are given related to defining at risk adults, the allocation of various powers of assessment and investigation, centralising the person and right to refuse intervention if functionally assessed as holding decision making ability. Other recommendations relate to having information sharing laws and a need from warrant for the agency's coercive investigative powers.</p>
<p>Choudhry, S. and Herring, J. (2017) 'Righting domestic violence', Marital Rights: The Library of Essays on Family Rights, pp. 71-95.</p>	
<p>1. England 2. Descriptive 3. Human rights and domestic violence</p>	<p>Human rights, properly understood, provide a powerful vehicle to require, not inhibit, legal intervention in cases of domestic violence. Places obligation on police, government, courts and authorities to protect.</p> <p>Duty heightened in case of vulnerable adults</p>
<p>Cole, E. (2019) 'Nurse-led team transforms care of at-risk people in the ED', Emergency Nurse, 27(2), pp. 10-11.</p>	

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<ol style="list-style-type: none"> 1. UK 2. Descriptive 3. Nurses in emergency departments' assessment of adult at risk 	<p>Describes vulnerable adult support team in Southampton. Provides intervention for people who are homeless, substance abuse, sexual violence and human trafficking.</p> <p>Model of motivational interviewing-identifies psycho-social issues, does risk assessment, safeguarding interventions and community referrals. Gives support to people with dementia and intellectual disability.</p> <p>Enhanced community-acute collaborations.</p> <p>Saves time as team manage complex cases and frees up ED staff.</p>
<p>Croucher, R. F. and MacKenzie, J. (2018) 'Framing law reform to address elder abuse', Macquarie Law Journal, 18, pp. 5-14.</p>	
<ol style="list-style-type: none"> 1. Australia 2. Descriptive 3. Law reform and elder abuse 	<p>Describes elder abuse and difficulties in definition- age (not a determination of risk) and issues related to intentional and unintentional harm</p> <p>Identifies relationship with family violence yet how it is perceived can impact on care plan-crisis accommodation may not be suitable for older people.</p> <p>Notes ALRC focus on dignity and autonomy, and protection and safeguarding.</p>
<p>Dalphinis, J. (2017) 'Safeguarding adults reviews: How can they improve practice?', Practice Nursing, 28(12), pp. 538-541.</p>	
<ol style="list-style-type: none"> 1. England 2. Descriptive 3. Safeguarding Adult Reviews 	<p>Care Act (2014) mandates Safeguarding Adults Boards to have Safeguarding Adult Reviews if an 'at-risk' adult who died as a result of abuse or neglect or can also be arranged if the 'at-risk' adult has not died, but they have suffered permanent harm or a reduced quality of life and there are unknown factors about the ways that the local partner agencies worked together to protect the adult</p> <p>Details review of 27 SAR by Braye and Preston-Shoot, 2017</p>

	<ol style="list-style-type: none"> 1. Organisational poor practice and poor communication. Makes safeguarding Difficult. Little oversight of cases. Action plans by organisations need to focus on systemic and individuals. 2. Lack of understanding that was revealed about the role that mental capacity assessments can play in safeguarding 3. Lack of consideration of 'making safeguarding personal' was largely absent from individual management reviews within the SAR reports, with little evidence that it was being used in care planning and safeguarding practice. This meant that practitioners often did not recognise the concept of informed consent. <p>Need protected time to review implications of SARs.</p>
<p>Davidson, H. (2017) 'The Assisted Decision-Making (Capacity) Act 2015: how will it change healthcare decision-making for people with dementia', <i>Medico-Legal Journal of Ireland</i>, (23), pp. 62-69.</p>	
<ol style="list-style-type: none"> 1. IRE 2. Descriptive 3. Assisted Decision-Making (Capacity) Act 2015 	<p>ADMCA will affect people with dementia in making healthcare decisions.</p> <p>Elderly mental infirm" is the single largest category of wardship applicants.</p> <p>A wardship committee,⁴ normally a family member, is appointed to deal with the ward's affairs. The committee is authorised to give proxy consent to less serious medical treatment, while the court must rule in respect of serious medical treatment. In the exercise of the wardship jurisdiction, "the court's prime and paramount consideration must be the best interests of the ward."</p> <p>Based on status test of capacity.</p> <p>Informally-decisions can be made on best interests.</p> <p>Describes functional approach to capacity.</p>

	Describes provision in ADMCA
Davies, A. (2017) 'A dual role focusing on continence and safeguarding: collaboration is key', British Journal of Nursing, 26(22), pp. 1226-1228.	
<ol style="list-style-type: none"> 1. England 2. Descriptive 3. Role of safeguarding and continence 	<p>Descriptive of role of nurse in NHS.</p> <p>Links role: under continence management—to undertake assessment of bladder and bowel function, and under safeguarding it is necessary to ensure skin integrity is not compromised i.e. the prevention of moisture lesions and pressure ulcers is paramount.</p> <p>Collaboration important.</p>
De Bhailis, C. d. and Flynn, E. (2017) 'Recognising legal capacity: commentary and analysis of article 12 CRPD', International Journal of Law in Context, (13), pp. 6-21.	
<ol style="list-style-type: none"> 1. Focuses on Convention 2. Descriptive 3. CRPD 	<p>Article 12 of the Convention on the Rights of Persons with Disabilities (CRPD).</p> <p>Equal recognition under the law (Art 12).</p> <p>Legal capacity is a concept contained within the broad heading of equal recognition before the law.</p> <p>mental capacity is used to refer to a combination of cognitive ability, impairment and a person’s extent of understanding of the consequences of their actions. Mental capacity is used in many states as a means to assess and deny legal capacity.</p> <p>Types of support required will differ based on individual needs and that some people may not wish to exercise their right to support. All forms of support must be based on the individual’s will and preferences as distinct from the ‘best interests’ model</p>

	<p>States obligations: Three core obligations have been identified: (1) to abolish substituted decision-making regimes; (2) to make mechanisms available to support persons with disabilities to exercise their legal capacity; and (3) to create safeguards around exercising legal capacity that are based on respect for the rights, will and preferences of the individual.</p>
<p>Donnelly, S. (2019) 'Mandatory reporting and adult safeguarding: a rapid realist review', Journal of Adult Protection, 21(5), pp. 241-251.</p>	
<p>1. IRE 2. Descriptive 3. Mandatory reporting and adult safeguarding</p>	<p>Concept of mandatory reporting in adult safeguarding in the jurisdictions of Australia, Canada, England, Northern Ireland and Scotland.</p> <p>Based on UCD report.</p> <p>Variations in how sectors understand safeguarding.</p> <p>No common consensus on definition.</p> <p>Mandatory reporting-may breach person's rights and no guarantee reporting would not have occurred in permissive approach in any case.</p> <p>Also, may have negative impact on relationship.</p> <p>Culture of reporting rather than acting.</p> <p>Struggle with thresholds.</p> <p>Permissive reporting = respects CRPD but rely on professional judgement.</p> <p>Mandatory reporting linked to settings can define responsibility.</p> <p>The introduction of mandatory reporting may offer professionals increased powers to prevent and reduce the abuse of adults, but this could also change the dynamic of relationships within families, and between families and professionals.</p>

	<p>Adult safeguarding legislation must ensure that interventionist and compulsory measures to protect, do not excessively restrict the rights of the individual.</p> <p>Mandatory reporting and legislation can offer a very public appearance of doing something about a problem, but its effectiveness will depend on the provision of adequate funding for proper support services and programmes in the community (Harbison et al.2012).</p> <p>Ultimately, the success of any legal approach will rest with professional judgment, knowledge and skills of practitioners in balancing autonomy with protection (Preston- Shoot and Corish, 2015) and the putting in place of mechanisms to listen and act on the views of adults who are at risk of having their human rights violated.</p>
<p>Flynn, E. and Arstein-Kerlake, A. (2017) 'State intervention in the lives of people with disabilities: The case for a disability-neutral framework', International Journal of Law in Context, 13(1), pp. 39-57.</p>	
<p>1. England</p> <p>2. Descriptive</p> <p>3. State intervention in the lives of people with disabilities: the case for a disability-neutral framework</p>	<p>People with disabilities have a disproportionately high level of state intervention in their private lives.</p> <p>Disability neutral legal bases for state intervention.</p> <p>Intervention seen as intervention that is taken by the state or an agent of the state, which constitutes an interference with personal autonomy and may have the purpose or effect of denying the legal capacity of an individual.</p> <p>Proportionality response must respect will and preferences 'unless to do so would constitute criminal or civil negligence'.</p> <p>The problems with existing adult protection, safeguarding and substituted decision-making regimes that permit state intervention in the lives of adults can be summarised as follows – they are either premised on disability, a perceived lack of mental capacity or a conception of the individual's 'inherent' vulnerability. Most interventions that can be authorised restrict the person who is either experiencing or at risk of abuse or exploitation, rather than the perpetrator, and the grounds for intervention are often extremely broad. In this paper, we have persisted in the search for more disability-</p>

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	<p>neutral legislative criteria that can be used to address the reality that many adults, both with and without disabilities, find themselves in situations that present imminent and grave risks to their life, health or safety. We believe that the state should be able to intervene to offer support and protection in these circumstances – although not to override the person’s autonomy if the person refuses to accept help.</p>
<p>Ford, S. (2019) “Film shows vulnerable adults ‘mocked, taunted and intimidated””, <i>Nursing Times</i>, 114(10), pp. 172-1. Available at: https://www.nursingtimes.net/news/learning-disability/film-shows-vulnerable-adults-mocked-taunted-and-intimidated-23-05-2019/</p>	
<p>1. England 2. Descriptive 3. Care failings</p>	<p>Care failings recorded at specialist hospital: NT</p> <p>An undercover film recorded for the BBC's Panorama programme has revealed vulnerable adults at a specialist hospital "being mocked, taunted and intimidated". The programme centred on Whorlton Hall in County Durham England.</p> <p>Patients with autism and learning difficulties being deliberately provoked by staff who then physically restrain them</p> <p>Police investigation and 16 staff suspended</p> <p>Staff working too many hours and high reliance on bank staff or agency</p> <p>Regulator needs to better assess experience of care.</p>