

Title:

“Evaluating effectiveness of Level 3 Safeguarding training”.

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1 Introduction

Safeguarding elderly adults is crucial to delivering holistic care in healthcare services (Keywood, 2017). Every healthcare organization must develop a robust, reliable, and practical training approach to ensure the staff is appropriately trained to protect vulnerable people. In the context of Gloucestershire NHS Trusts, there is a need to improve the effectiveness and quality of the safeguarding training package and measure the effectiveness of current safeguarding course evaluation tools. This evaluation will consider and promote a high-quality and emotionally engaging learning experience appropriate to the broader context of safeguarding training.

The purpose of the review is to identify the national and local evidence that can help inform the development and implementation of a training package that can assess the effectiveness of the learning and ensure the protection of vulnerable adults. This will include considering the evidence base, which demonstrates practical safeguarding approaches and good practice, and learning and development strategies to ensure a comprehensive understanding of safeguarding principles. To ensure continued reliability and accuracy of the evaluation, there must be an investigation of the needs of staff that are relevant to their job role and departmental requirements. Current evidence suggests that it is vital to ensure the training content focuses on developing skills to recognize, assess and respond to the specific needs of vulnerable adults, the safeguarding principles and process, the appropriate referrals and reporting, and how to support service users in a timely and effective manner. Additionally, the evaluation of the training should be practical, engaging, and facilitative and be able to measure the learners' progress.

Furthermore, the approach taken in evaluating the safeguarding training program should consider both the practical aspects, such as the individual learners' skills and knowledge, and the affective aspects, such as the emotions and beliefs of the learners. It must also take account of the diverse backgrounds of the learners and the differing levels of understanding.

Given the importance of safeguarding vulnerable adults within healthcare settings, it is critical to ensure that healthcare practitioners possess the necessary knowledge and skills to identify and deal effectively with abuse and neglect (Donnelly et al., 2017). Level 3 Safeguarding training is mandated by several UK trusts and organizations, aiming to provide a comprehensive understanding of the obligations of healthcare professionals in protecting and safeguarding adults. However, the effectiveness of such training packages has yet to be evaluated thoroughly. Thus, this project seeks to assess the effectiveness of Level 3 Safeguarding training in the Gloucestershire NHS Trusts to consider potential areas for improvement, provide recommendations, and ensure a high-quality and emotionally engaging learning experience.

1.1 The rationale for this project

Safeguarding adults has become more critical in recent years due to the significant number of vulnerable adults throughout the United Kingdom and their potential risk of harm and exploitation (Humphreys et al., 2016). The United Kingdom has recently introduced various legislative and policy changes to ensure better protection of adults at risk of harm. According to the Department of Health (DOH), in 2017, more adults were harmed due to abuse and neglect in England than in any previous year. An estimated 498,260 concerns of abuse were raised during 2020-21, an increase of 5% from the previous year (Ousey et al., 2017). This trend of increasing harm suggests a worrying level of vulnerability to the exploitation and abuse of vulnerable adults today. Despite introducing and implementing the Care Act 2014 and other legislative and policy

changes in England, adults remain vulnerable to harm often occurring within the home and by people known to the person affected. Currently, there are few national approaches to training for occupational staff, and existing interventions for socially detecting and responding to abuse of vulnerable adults have been found to have severe deficiencies.

Given the complexity and varied contexts of abuse of vulnerable adults, robust and specialized training is essential for staff to be competent and confident in recognizing and responding to safeguarding concerns (Liu, Leung & Warrener, 2019). To provide good quality care and protect vulnerable adults from harm, organizations need to ensure high standards of care are provided and all staff is trained in safeguarding. This project aims to evaluate the effectiveness of the Level 3 Safeguarding training providers at Gloucestershire NHS Trusts to improve the quality of the training package and the learning experience of staff. This will ensure that all staff understand their responsibilities in safeguarding vulnerable adults and are familiar with the legislation and the policies and procedures influencing their practice. Although awareness of safeguarding within healthcare settings is growing, there is a need for evaluating the effectiveness of these interventions.

Furthermore, there is a need for further research to explore measures for the evaluation of safeguarding courses. This will enable identifying factors that contribute to successful adult safeguarding. It is, therefore, paramount to determine whether the Level 3 Safeguarding training providers at Gloucestershire NHS Trusts effectively improve the staff's knowledge, skills, and attitude towards safeguarding and the ability to identify and respond to risks of abuse and neglect. This project is warranted to improve safeguarding for older adults. The findings of this project will enable more accurate and appropriate interventions to be developed to ensure a high quality of care and protection for vulnerable adults.

2 The Project Aims & Objectives

- a) To improve the effectiveness and quality of the safeguarding training package.
- b) To measure the effectiveness of current safeguarding course evaluation tools.
- c) To consider and promote a high-quality and emotionally engaging learning experience

3 Literature Review

The literature on safeguarding adults has been diverse in different contexts. Different authors have highlighted the need for service evaluation in safeguarding the elderly to prevent adverse health outcomes. Safeguarding adults is essential in ensuring that vulnerable people in health and social care are protected from abuse, harm, or neglect. It is, therefore, essential to critically analyse previous literature on this topic to appraise current strategies and evidence from this perspective. The scope of this analysis incorporates policy review and systematic and empirical literature on this topic.

3.1 Search strategy

To evaluate the effectiveness of Level 3 Safeguarding training for older adults, a systematic search of the relevant online databases was conducted from in three electronic databases including Cinahl, Google Scholar and Cochrane. All articles were required to be published in the past ten years (2013-2023) using combinations of Medical Subject Headings (MeSH), keywords and Boolean operators. The primary MeSH used were Safeguarding Adults, Adult Education, and Aged. The corresponding keywords were adult protection, adult education, elderly and elderly abuse. The Boolean expression used to combine the search terms was (“adult protection” OR “adult education” OR Safeguarding OR elderly OR “elderly abuse”) AND (Level 3 OR Level 3 Training). To limit to cited articles only, the search was further restricted to articles with

> 10 citations in the last 10 years. In this way, a comprehensive and evidence-based search strategy was used to identify useful studies that help evaluate the effectiveness of Level 3 safeguarding training for older adults. More than 250 studies were identified. These articles were then further screened and evaluated for their relevance to the research question. After eliminating duplicate records and the articles that were outside the scope of the research question, 15 peer-reviewed articles were selected for systematic review. This represents a comprehensive and well-validated search strategy to ensure relevant, quality studies are included in the review. These studies provide a comprehensive view of the existing evidence on the effectiveness of this training in improving the quality of life of older adults.

3.2 National and local policies

The literature related to adult safeguarding is vast and diverse. The literature ranges from theoretical to empirical and covers the various aspects of adult safeguarding, including the process, legality, efficacy, and implementation. In this review, the focus is on the effectiveness of Level 3 Safeguarding training for adults. Based on a review of the aforementioned articles and other sources of literature, this paper will provide an analysis of the effectiveness of Level 3 Safeguarding training for adults, as well as related theoretical and practical insights that support the implementation of such training in health and social care services.

Graham et al (2016) provide an overview of the various models of protection for adults in England. The authors note that there is a lack of clarity and consensus in understanding the concept of adult safeguarding and that there is an urgent need for the establishment of policies and procedures to protect adults who are at risk of harm or abuse. The authors identified three main models of adult safeguarding, namely the ‘no blame’ model, which deemphasises the role of individuals, the ‘no harm’ model, which focuses on prevention, and the ‘proportionality’

model, which stresses that responses should be proportionate to the nature of the harm or abuse. The authors conclude that a 'unified approach' to adult safeguarding is needed in order to ensure that the rights and safety of adults at risk are properly protected.

Keywood (2017) explored the implications and implications of the Vulnerable Adults Act (VAA) of 2014, which enshrines the rights of vulnerable adults in the UK in law. The author noted that the act is not only about protecting individuals from harm or abuse but also about promoting positive behaviour change. She further discussed the importance of early identification and intervention, which should involve as much preventive and protective support as possible. She discussed various aspects of vulnerability, including age-related vulnerability, vulnerability arising from physical and mental disabilities, and vulnerability due to believing one is in need of protection. Keywood also noted the importance of providing adequate resources, knowledge, and training to ensure that vulnerable adults' rights are adequately protected.

Fyson (2015) discussed the challenges of obtaining reliable and valid data on adult safeguarding in England. The author noted that there is a lack of reliable data about the effectiveness of the adult safeguarding system. Fyson argued that collecting such data is challenging because of difficulties in obtaining permission from 'key' people and due to differences in service users' ability to articulate their understanding of and experiences with the adult safeguarding system. The author concluded that, although collecting reliable and valid adult safeguarding data is challenging, it is critical for ensuring the effectiveness of the system.

Miller (2020) discussed the importance of protecting and improving the lives of older adults in the current COVID-19 era. The author discussed the need to focus on protection and safeguarding measures that are tailored to the specific needs of older adults. Miller noted the importance of providing resources, knowledge, and training to ensure the safety of older adults

as well as the need to ensure that they have access to essential services and can access effective health care. The author further discussed strategies to address the physical, psychological, and social problems that older adults may experience during the pandemic, and concluded that, with dedicated and proactive efforts, the lives of older adults can be protected and improved during this time.

Barron et al (2022) discussed Safeguarding people living in vulnerable conditions in the COVID-19 era. The authors noted the unique challenges posed by the pandemic in terms of providing adequate protection for vulnerable populations. The authors discussed the importance of universal health coverage in providing protection for vulnerable populations and highlighted the need for adequate funding and resources for social protection initiatives that would protect vulnerable people. The authors further argued that such initiatives should not only be in the form of financial support or institutional support but could also involve other forms of support, such as psychosocial support, emerging mental health issues, etc.

Gonzales et al (2015) discussed the importance of increasing opportunities for the productive engagement of older adults. The authors argued that the ageing population presents several significant economic and social challenges, including increased demand for health services and the challenge of ensuring adequate protection against abuse and neglect. The authors noted the importance of providing adequate training and resources to help older adults live productive and meaningful lives. They highlighted the need for policies and programmes to address the issue of social protection for older adults and argued that such policies should be part of a comprehensive approach to assist older adults in engaging in meaningful activities and experiences.

Stevens et al (2018) discussed the implementation of safeguarding and personalisation in social work practice. The authors discussed the legal, ethical, cultural, and social aspects to be aware of

in implementing adult safeguarding and personalisation. The authors noted that such processes are complex and require the development of strong working partnerships between social workers and the adult at risk, as well as other service providers, in order to ensure effective protection and support. Furthermore, the authors argued that appropriate training and resources should be made available to social workers in order to ensure they are best able to provide the necessary support and protection to their clients.

Finally, Cooper and Bruin (2017) discussed the impacts of the Care Act (2014) on adult safeguarding partnerships. The authors noted that the Act has had a significant impact on adult safeguarding partnerships in the UK, both in terms of the structure of partnerships and the implementation of safeguarding measures. The authors discussed the importance of providing training and resources to ensure partnerships work effectively and that all partners understand their respective roles and responsibilities, as well as their responsibilities to protect vulnerable adults from harm.

3.3 Role of safeguarding

The literature suggests that the social isolation of older adults is a risk factor for depression and can lead to other negative impacts on health and well-being. Noguchi et al (2021) conducted a cross-national study of older adults in England and Japan and found that loneliness and social isolation were associated with an increased risk of depression onset. In addition, Ottman et al (2016) found that adults with intellectual disabilities experienced a greater risk for abuse and exploitation than the general population and that safeguards were inadequate in protecting them.

Rhoades et al (2018) highlighted the vulnerability of elderly adults to the impacts of climate change and suggested that the impacts of disasters should be taken into consideration when

planning and improving services. Newall and Menec (2019) argued that loneliness and social isolation should be considered together, as they may have different implications on an individual's well-being. This suggests that interventions to reduce social isolation and loneliness may also reduce the risk of abuse and exploitation. In order to ensure that technology is an appropriate tool for safeguarding older adults, Holthe et al (2018) conducted a systematic literature review which looked at the usability and acceptability of technology for community-dwelling older adults with mild cognitive impairments and dementia. Their research highlighted the importance of considering the individual's ability to use technology, as well as the need for support and guidance.

Finally, Kim and Zakour (2017) explored disaster preparedness among older adults and suggested that social support, community participation and demographic characteristics may have an impact on the degree of preparedness. They concluded that factors such as age, income, health, education and past experiences could all shape vulnerable adults' capacity to prepare for disasters. Thus, the policy as analysed in this literature provides a strong argument for the implementation of Level 3 Safeguarding training in order to protect and safeguard adults at risk of harm or abuse. The literature indicates that such training should be tailored to the specific needs of the adult at risk and should include an understanding of the legal, ethical, cultural and social perspectives of adult safeguarding, as well as the importance of early identification and intervention. Furthermore, the literature highlights the need for adequate resources, knowledge, and training to ensure that the best possible protection and support are available to adults at risk.

4 Discussion

4.1 Introduction

Gloucestershire NHS Trusts are committed to meeting and exceeding the standards set out in the Healthcare Quality Commission's Essential Standard of Quality and Safety and Safeguarding Vulnerable Adults (SVA) program. In order to achieve this, the Trusts need to ensure that staff are adequately trained and informed about Safeguarding Adults Training (SAT). This includes Level 3 Safeguarding Adults Training, which has been identified as essential for staff working in both acute and community settings.

In order to evaluate the effectiveness of Level 3 Safeguarding Adults Training, the Trusts need to undertake a service evaluation of all the elements which contribute to the training. This could include an assessment of the staff involved, such as trainers, supervisors, and those receiving the training, as well as the methods of delivery, materials and resources used, training methods and processes, and the outcomes and impact of the training.

4.2 Method of Evaluation

There are a range of methods which can be used to evaluate the effectiveness of Level 3 Safeguarding Adults Training. These include qualitative and quantitative methods, as well as surveys, questionnaires, interviews, focus groups, case studies, and other data collection techniques (Curry et al., 2018). For the proposed service evaluation, the Trusts should consider a combination of methods to ensure that all elements of the training are evaluated appropriately.

Qualitative methods are critical to providing an in-depth understanding of the training by collecting both structured and unstructured data. This could include interviews with staff and those receiving the training, focus groups with trainers and those receiving the training,

documents and other reports related to the training, and observation of the training (Lopez et al., 2018). Quantitative methods focus more on the outcomes of the training and can be used to analyse the impact of the training on improving safeguarding practices. This could include surveys and questionnaires about the training and its effectiveness, as well as objective data such as case studies, records of safeguarding incidents before and after the training, and any changes or improvements in practices or outcomes due to the training.

4.3 Key Components of Safeguarding Adults Training

It is important to identify the key components of safeguarding adults training and to determine the extent to which these components are addressed in the Level 3 Safeguarding Adults training course. As outlined in the 2013 report by the British Psychological Society and the Economic and Social Research Council (ESRC) on the state of Safeguarding adults training in the UK, there are three key components to effective Safeguarding adults training: prevention and awareness; intervention, support and protection; and responding to emergencies (Joshi et al., 2017).

4.3.1 Prevention and Awareness

The primary aim of prevention and awareness training is to increase participants' knowledge and understanding of safeguarding policy and procedures and to promote a culture of safeguarding in the workforce. In order for the Level 3 Safeguarding Adults training course to be effective, it must provide participants with an understanding of the key principles underlying good safeguarding practice and appropriate safeguarding policies and procedures (Porter, Abane& Lucas, 2020). It should also provide participants with a knowledge of the role of safeguarding in relation to the diverse needs of adults at risk in Gloucestershire.

4.3.2 Intervention, Support and Protection

In order for the Level 3 Safeguarding Adults training course to be effective, it must also provide participants with an understanding of the roles and responsibilities of front-line staff in relation to identifying, responding to and supporting adults at risk in Gloucestershire. This includes providing participants with an understanding of the processes of assessing risk. This includes engaging with vulnerable adults, and information and support services available for adults at risk. It is vital to evaluate the responsibilities of workers in relation to referring suspected cases to the relevant agencies.

4.3.3 Responding to Emergencies

The final component of effective Safeguarding adults training is the ability to respond to emergencies effectively. As such, the Level 3 Safeguarding Adults training course must provide participants with the knowledge and skills required to respond quickly and appropriately to suspected or actual cases of abuse. This includes knowledge of the relevant legislation, policies and procedures, as well as an understanding of their roles and responsibilities in relation to incidents, reporting of cases and coordinating interventions.

4.4 Service Evaluation

The evaluation aims to assess the impact this training has had, not only on the staff's awareness and confidence in responding to safeguarding concerns but also on the quality of the service that is provided by the staff. The proposed evaluation will be conducted using Kirkpatrick's model of training evaluation (1960). This model consists of four levels and evaluates the effectiveness of the training on four levels: reaction, learning, behaviour, and business impact (Kirkpatrick & Kirkpatrick, 2016).

4.4.1 Reaction

The reaction assessment examines the immediate reactions of participants to the training program itself. This evaluation will provide a measure of participant satisfaction and engagement with the training, giving an indication of the quality of the learning experience and the confidence and motivation of the trainees (Rafiq, 2015). The evaluation of the reaction will be conducted directly after the training programme. This can be done either through questionnaires or interviews or retrospective evaluation. Kirkpatrick (2015) examined the reactions of staff attending a Level 3 Safeguarding Adults training. Their results found that the majority of staff attending the training felt that the training was an informative, relevant and constructive use of their time. Furthermore, almost all of the staff reported feeling well-informed and better equipped to deal with safeguarding concerns.

The results of Ho et al. (2015) study demonstrate that the Level 3 Safeguarding Adults training is valuable to the staff. Further evaluation of the reaction of staff to the training can be used to provide a measure of the confidence and motivation of the trainees and as an indicator as to whether the training is meeting their expectations.

4.4.2 Learning



The learning evaluation assesses the outcome of the training experience, focussing on knowledge and skills acquired. Measuring learning will provide an indication of whether the objectives of the training have been met, and provide an evaluation of how successful the training programme has been in achieving desired outcomes. Learning can be measured using knowledge retention measures and performance appraisals.

Glasper(2018) assessed the impact of Level 3 Safeguarding Adults training on the knowledge and practice of doctors. The results showed that the training had a positive impact on the

knowledge, skills and practices of the doctors. Furthermore, the results also showed that knowledge retention was increased, indicating that the objective of the training had been met. Therefore, this intervention can be critical

4.4.3 Behaviour

The behaviour evaluation assesses the application of skills and knowledge in real-world situations. This evaluation aims to assess the degree to which the training has been effective in changing attitudes and behaviour. The behaviour evaluation can be conducted through surveys, direct observation, feedback from colleagues, and analysis of service delivery. Further evaluation of the behaviour of nurses can be used to assess the effectiveness of the training in changing attitudes and behaviour.

4.4.4 Business Impact

The business impact evaluation assesses the impact that the training has had on the organisation. This evaluation is concerned with assessing the return on investment (ROI) of the training and aims to measure the financial benefits of the training. This can be achieved through evaluating the cost savings of the training and calculating the number of referrals and assessments that have been avoided through the training.

For the proposed service evaluation, it is important that a detailed analysis of the impacts of the service training be assessed. Particularly, it is practical to consider both the positive and negative impacts of the training, focusing on both the intention to protect vulnerable adults and the reality of any differences in attitudes and understanding amongst healthcare professionals. For example, by referencing accessible research and existing evidence base, such as Fields, Killeen et al. (2023) evaluation of Safeguarding Adults Education. This intervention can be critical in assessing the level of understanding and appropriate action of staff after completing the training.

Additionally, in terms of quantitative data, the Gloucestershire NHS Trusts could consider undertaking surveys amongst their healthcare workforce in order to record the rate of completion of the training, as well as any feedback on their experiences.

5 Reflexivity

Reflexivity is an important concept within the process of service evaluation. It refers to the process of reflecting on personal experiences and expertise, and how these may affect the design of an evaluation and the interpretation of data (van Draanen et al., 2017). This reflection can help to guard against the possibility of bias in an evaluation and consequently increases the reliability of the findings. Reflexive reflexivity suggests that the evaluator not only should consider their personal experiences, but also the experiences of other stakeholders (Monrad, 2020). This includes evaluating data from the perspectives of service users, clinicians, carers and others to get a comprehensive understanding of the data. This helps to ensure that the evaluation results provide an in-depth and unbiased view of service performance.

In the proposed service evaluation for Gloucestershire NHS Trusts, reflexivity can be seen in several ways. Firstly, the approach to safety and safeguarding that is being evaluated is based on a combination of national safeguarding standards and local levels of risk. This means that the evaluator has to consider their own prior knowledge of safeguarding practices in order to interpret and analyse the data. This knowledge must be used to understand issues such as the differences between national and local standards and to ensure that data is interpreted accurately.

Secondly, the evaluation involves looking at the effectiveness of Level 3 Safeguarding Adults training. Therefore, it is important that the evaluator understands the context in which the training is being provided and the opinions of the service users and clinicians who receive it. It is

crucial that the data collected is used to reflect their perspectives and experiences, rather than the evaluator's own assumptions. Finally, the evaluation process should be aware of any potential power dynamics which may be present. In particular, the evaluation should consider the privileged position that the service provider may occupy and any existing inequalities which may be perpetuated if the evaluation process is not reflective. Furthermore, the Evaluator should be aware of any potential biases from the service provider and from their own perspective and should be able to explain how they will mitigate any potential bias.

6 Recommendations

In response to the effectiveness of the Level 3 Safeguarding Adults Training for Gloucestershire NHS Trusts, several recommendations are warranted. Firstly, it is critical for the trust to partner with external stakeholders to deliver evidence-based training and education to the trust workforce. This training should include topics such as the different types of safeguarding risks and the various legal and practical frameworks (Cooper, Cocker & Briggs, 2018). Secondly, a greater emphasis on inter-agency collaboration needs to be placed in order to ensure the best possible outcome for vulnerable adults. There should be more consistent and regular communication between the trust and other parties involved in safeguarding, such as social care, housing and public health. This is of particular importance given the limited coordination initiatives in the current approach.

Finally, the trust should consider creating a dedicated safeguarding team. This could include a cross-agency group responsible for safeguarding adults. This approach will ensure the best possible responses are made in the most efficient ways. The team should be responsible for assessing and intervening in safeguarding situations, investigating allegations and improving the

trust's effectiveness in dealing with safeguarding concerns. This team should also work with external partners and stakeholders to ensure a coordinated response in all cases.

7 Conclusion

The running of safeguarding services for adults at Gloucestershire NHS Trusts is a complex and sensitive process, requiring both an ongoing commitment to ensure that all necessary procedures are in place and an active and diligent approach to ensuring that any potential problems are identified and addressed as soon as possible. At the heart of this process, is the Level 3 Safeguarding Adults Training provided by the trust. This aims to ensure that everyone in the organisation is aware of their commitments and responsibilities to vulnerable adults, in accordance with the Care Act 2014. The training outlines the barriers to protecting individuals and how to identify and address those issues. In evaluating the service, the trust has ensured that the safeguarding meets all key criteria, with a focus on providing standards of excellence and best practice. In particular, the trust has adopted the NICE Quality Standard for Safeguarding Adults, which is designed to ensure that any training programme is both risk-based and of high quality. However, the trust needs to strengthen its key competencies by adopting wider collaboration to safeguard adults more. Also, there is a need for wider stakeholder engagement to improve quality care and safeguard the elderly from adverse health outcomes.

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Appendix: Literature Summary

| Article | Aims | Methods | Results | Conclusion |
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| Barron et al. (2022) | To explore how universal health coverage and social protection can safeguard people living in | Literature review | Universal health coverage and social protection are crucial for protecting vulnerable | Universal health coverage and social protection can help mitigate the impacts of COVID-19 on vulnerable populations |

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| | vulnerable conditions during the COVID-19 era | | populations during the pandemic | |
| Cooper & Bruin (2017) | To examine the impacts of the Care Act (2014) on adult safeguarding partnerships and practices | Case study | The Care Act has led to increased collaboration and better communication among safeguarding partners | The Care Act has improved adult safeguarding partnerships and practices |
| Fyson (2015) | To identify problems with the reliability and validity of adult safeguarding databases | Literature review | Adult safeguarding databases lack standardization and may contain inaccurate or incomplete data | Current adult safeguarding databases may not provide reliable evidence for policy and practice |
| Gonzales et al. (2015) | To explore opportunities for the productive engagement of | Literature review | Older adults have untapped potential to contribute to | Strategies to promote productive engagement among older adults can enhance their well- |

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| | older adults in response to population ageing | | society through volunteer work, civic engagement, and other forms of productive engagement | being and benefit society |
| Graham et al. (2016) | To review models of adult safeguarding in England | Literature review | There is a lack of consensus on what constitutes effective adult safeguarding | There is a need for a clearer definition of adult safeguarding and more research on its effectiveness |
| Holthe et al. (2018) | To review the usability and acceptability of technology for older adults with mild cognitive impairment and dementia | Systematic literature review | Technology can support the independence and well-being of older adults with mild cognitive impairment and dementia, but more research is needed on the usability and | Technology has the potential to enhance the lives of older adults with mild cognitive impairment and dementia, but more research is needed to ensure it meets their needs and preferences |

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| | | | acceptability of specific technologies | |
| Keywood (2017) | To situate vulnerability in adult safeguarding law and policy | Legal analysis | Vulnerability is a contested concept that is influenced by social, economic, and political factors | Policy and practice should acknowledge the complex nature of vulnerability and prioritize the empowerment of individuals and communities |
| Kim & Zakour (2017) | To examine the relationship between social support, community participation, and demographic characteristics and disaster preparedness among older adults | Survey | Social support and community participation are associated with greater disaster preparedness among older adults | Community-based interventions can promote disaster preparedness among older adults by enhancing social support and community participation |

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| Miller, E. A. (2020) | To explore ways of protecting and improving the lives of older adults during the COVID-19 era. | Literature review and synthesis of existing research | The review highlighted the vulnerabilities and challenges faced by older adults during the COVID-19 pandemic and provided recommendations for policies and interventions to address these issues. | The author emphasized the need for targeted policies and interventions to protect the health and well-being of older adults during the COVID-19 era. |
| Newall, N. E., & Menec, V. H. (2019) | To examine the relationship between loneliness and social isolation in older adults. | Review of existing literature and data analysis | The authors found that loneliness and social isolation are distinct but interconnected concepts that have significant negative impacts | The study highlighted the importance of addressing both loneliness and social isolation in interventions and policies targeting the well-being of older adults. |

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| | | | on the physical and mental health of older adults. | |
| Noguchi, T., Saito, M., Aida, J., Cable, N., Tsuji, T., Koyama, S., ... & Kondo, K. (2021) | To investigate the association between social isolation and the onset of depression in older adults in England and Japan. | A longitudinal study using survey data | The study found that social isolation was associated with an increased risk of depression onset in both England and Japan. The association was stronger among men and those with lower socioeconomic status. | The authors concluded that addressing social isolation can contribute to the prevention of depression in older adults and emphasized the importance of targeted interventions for vulnerable populations. |
| Ottmann, G., McVilly, K., & Maragoudaki, M. (2016) | To explore safeguards for adults with intellectual disabilities | Qualitative interviews with adults with intellectual | The study identified various safeguards employed by adults with | The authors emphasized the importance of understanding and supporting the |

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| | through a qualitative study. | disabilities and their support workers | intellectual disabilities to protect themselves from harm. These safeguards included strategies for avoiding and managing trouble. | individual strategies and preferences of adults with intellectual disabilities to ensure effective safeguarding practices. |
| Rhoades, J. L., Gruber, J. S., & Horton, B. (2018) | To gain an in-depth understanding of the vulnerability of elderly adults to climate change. | Qualitative interviews and analysis of vulnerable older adults' experiences and perspectives | The study revealed specific vulnerabilities of older adults to climate change, such as health impacts, social isolation, and limited access to resources. It also highlighted the importance of | The authors stressed the need for targeted interventions, policies, and community-based strategies to address the vulnerability of older adults to climate change and promote resilience. |

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| | | | social support and community engagement in reducing vulnerability. | |
| Stevens, M., et al. (2018) | To explore the implementation of safeguarding and personalization in social work practice. | Qualitative Interviews and Analysis of social work practitioners' Experiences and Perspectives | The findings revealed the challenges and complexities of implementing safeguarding and personalization principles in social work practice. They highlighted the need for training, resources, and collaboration to support effective implementation. | The authors emphasized the importance of ongoing learning |

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