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Review Article

Knowledge Mobilisation in Safeguarding Adults and Children for Healthcare in England

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Safeguarding for healthcare involves working together to protect adults, children, and young people at risk of harm. Despite global research and national guidance outlining health professionals' roles in this regard, there is limited knowledge about the type of strategies used to mobilise safeguarding research to practitioners in England. Our critical interpretive synthesis (CIS) sought to explore how safeguarding knowledge is mobilised to enable practitioners to use research effectively. This synthesis aimed to bridge the theory-practice gap in mobilising safeguarding knowledge to practitioners. Knowledge mobilisation (KMb) is an emerging discipline concerned with moving knowledge across communities to catalyse change. This review aimed to build understanding about how safeguarding knowledge is mobilised for healthcare in England and to synthesise the type of approaches undertaken to protect adults and children from harms, including abuse. A critical interpretive synthesis was undertaken using KMb theory and computer-assisted modelling technologies for secondary thematic analysis of complex literature of relevance, including qualitative research, reviews, and reports. Few papers informed how safeguarding knowledge is mobilised for healthcare in England. Learning from experience dominated the literature in three ways: (i) crisis response, (ii) practice engagement, and (iii) influencing actions (for "best" practice). Embedding safeguarding knowledge and skills in healthcare settings usually followed a crisis response. Learning from experience showed movement between practice engagement and influencing actions for adult and/or child protection. KMb might be useful in supporting the implementation of evidence-based safeguarding for practice. CIS identified a gap in how safeguarding research is mobilised to practitioners for healthcare. KMb theory provided an analytical bridge to computer-assisted modelling of factors associated with moving learning from experience to learning in practice. Future research could build on hybrid synthesising of safeguarding functions and impacts for healthcare, to enable practitioners to protect adults and children from multiple harms, including violence and abuse.

1. Introduction

Safeguarding adults, children, and young people from harms is a legal priority in England [1]. The National Health Service (NHS) [2] describes safeguarding as a broad function *"a means of protecting a citizen's health, wellbeing, and human rights, enabling them to live free from harm, abuse, and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people, and adults is a collective responsibility."* Recent updates to the Health and Care Act [1] emphasise systems working in partnership with people to improve health in communities.

Six principles derived from the Care Act (2014) show a value-based approach to safeguarding adults: (i)

empowerment, (ii) prevention, (iii) proportionality, (iv) protection, (v) partnership, and (vi) accountability [3–5].

Legislation that drives child safeguarding implementation in England is influenced by the international United Nations Convention on the Rights of the Child [6]. This is ratified by the UK government although not all aspects apply to England. The Human Rights Act [7] and the European Convention on Human Rights of the Child Joint Committee on Human Rights emphasise chidren's rights to education and essential healthcare [8]. In England, the Children's Act (1989) [9] and Children's Act (2004) [10] provide the legal framework for safeguarding children from abuse.

Working together to safeguard children [11] is the guidance for interagency working for children in England which defined safeguarding and promoting the welfare of children as follows: (i) protecting children from maltreatment, (ii) preventing impairment of children's mental and physical health or development, (iii) ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and (iv) taking action to enable all children to have the best outcomes.

The coronavirus pandemic heightened the need to protect adults and children from harms associated with social restrictions and poor infection control [12–14]. Real world challenges for professionals included failure to identify or act to protect adults and children at suspected or known risk of harm (broadly defined) during this time. There is, therefore, a need to effectively mobilise knowledge to improve healthcare practice in safeguarding adults and children from harms including violence and abuse.

Knowledge mobilisation (KMb) is an emerging discipline in healthcare which is intended to bridge the well-recognised theory-practice gap [15]. In KMb theory, evidence is conceptualised in accordance with the notion of evidence-based practice (EBP), that is, a blending of best research evidence, professional expertise, and service user values and preferences [16]. In contrast to some interpretations of EBP, KMb does not propose a hierarchy of evidence but rather acknowledges the value of contextual and timely knowledge [17]. In essence, knowledge mobilisation (KMb) is about sharing knowledge across communities to catalyse change [18]. KMb tends to be used as an umbrella term which includes activities relating to the production and use of research results, knowledge synthesis, dissemination, transfer, exchange, and coworking by researchers and knowledge users [19]. It involves concerted efforts to create, share, and use research and other forms of knowledge [20, 21]. Many knowledge mobilisers recognise that knowledge sharing is relational [22], constructed from social interaction [23], and context specific [24]. The purpose of KMb is to change practice and achieve positive clinical, population, or other outcomes. To achieve this potential, knowledge must be mobilised for the benefit of different stakeholders across the boundaries that otherwise exist between these groups [25]. Knowledge needs to be made rich, relevant, and real to end users if it is to change practice [26].

To date, there are 71 published reviews and 47 models of KM [21]. Derived from an extensive review of extant models, Ward [21] offered a framework of four questions: (i) why is knowledge being mobilised? (ii) whose knowledge is being mobilised? (iii) what type of knowledge is being mobilised? and (iv) how is the knowledge being mobilised? Although these questions and associated categories are primarily intended to help knowledge mobilisers reflect on, communicate, and evaluate their work, they offer a useful structure to review evidence of KMb activity in the current practice. Our review focuses on England for pragmatic reasons. We are conversant with the surrounding health and social care landscape, for example,

(i) National safeguarding priorities which embed the Mental Capacity Act [27], updated 2007, the Children's Act [9], updated 2004, the Care Act (2014), the Children and Family Act [28]; Health and Social Care (Safety and Quality) Act (2015), the Serious Crime Act (2015) [3, 4, 27, 29], and Liberty Protection Safeguards (LPS) (Mental Capacity Act (2005), (updated 2007) cited in [30] and associated NHS England updates

(ii) The National Health Service (NHS) England Safeguarding Community of Practice which produces rapid evidence reviews on priority topics and cascades information nationally (NHS England)

(iii) Royal College of Nursing (RCN) [31] intercollegiate document "Adult Safeguarding: Roles and Competencies for Health Care Staff"

(iv) Royal College of Nursing (RCN) [32] intercollegiate document "Safeguarding Children and Young People: Role and Competencies for Health Care Staff"

(v) The National Insitute for Health and Care Excellence (NICE) produces guidance and standards on creating a safeguarding culture [33–37]

(vi) Local Government Association [38] "Making Safeguarding Personal" approach incorporating outcome-focused collaborations with the Care and Health Improvement Programme and the Association of Directors of Adult Social Care (ADASS) to develop resources to keep people safe

This familiarity has allowed us to identify a broad base of literature from areas that may otherwise have been overlooked. We are mindful that safeguarding intersects across multiple professions; both local child safeguarding and adult arrangements are led by three statutory safeguarding partners: (i) The local authority (ii). Integrated care boards. (iii) Policing, with the local authority being the lead agency for adult/child protection enquiries in England. Here, we start with healthcare, recognising the intersection between hospital and community settings and the need to broaden the scope of health and social care applications over time.

Critical interpretive synthesis (CIS) is an established qualitative review method [39] congruent with our practical aim to critically analyse a complex array of literature. We were not concerned to answer questions about the effectiveness of safeguarding strategies or interventions, or the methodological rigour or quality of studies. We aimed for a practical synthesis of the type and level of safeguarding knowledge mobilised for (and by) different disciplines and groups at the point of healthcare. The primary aim of this review is to build an understanding about how safeguarding knowledge is mobilised, first and foremost for healthcare, and from this derive practical guidance on novel approaches to KM which we anticipate being potentially transferrable across geographic and professional boundaries.

2. Method

2.1. Research Question. How is safeguarding knowledge mobilised for healthcare?

Generations of our research questions emerged from discussions about the gap in research utilisation to protect adults, children, and young people from maltreatment or abuse. The problem requires theorization of the evidence, through critique of the safeguarding literature. Co-authors' experiences of KMb and safeguarding practice were applied to the review question over a two-year period (2019–2021). CIS is a qualitative systematic review method based on the premise that traditional systematic reviews are inadequate to generate theories about complex human process [39, 40]. The method aims to derive new concepts and theories by inductive critical interpretation of qualitative and quantitative data from a range of sources. We followed Dixon-Woods et al.'s [39] framework by focusing on KMb features evident in the safeguarding literature, exploring how such resources were mobilised for healthcare. We interpretively reviewed a range of sources and produced categorical ontological constructs on how safeguarding knowledge for protecting both adults and children is mobilised for healthcare in England. In keeping with the method, bioscientific critical appraisal of the literature was not undertaken.

2.2. Search Strategy

2.2.1. Literature Searching. The initial search strategy involved the identification of relevant sources through electronic database searching, ASSIA, CINHAL, APA, PsycInfo, and Medline, between 01/01/2010 and 16/10/2020, with an updated search in 2021. Initial searches used leads for safeguarding adult and children alerts, online forums, and reference lists using keywords and Boolean operators: keywords for the second iteration (update) of the search leading to current results were "Safeguarding" AND "Knowledge Mobilisation" AND "Healthcare."

Inclusion criteria:

(i) Safeguarding literature in the past 10 years
(ii) English language
(iii) All healthcare professions
(iv) Involving healthcare settings
(v) Knowledge mobilisation theory practice
(vi) England only

To gain a broader perspective, we included all keyword and abstract references to safeguarding-related activities and to KMb, recognising the overlap with terms such as adult and child protection, knowledge utilisation, knowledge brokering, and knowledge transfer. Harms were broadly conceptualised and included violence and abuse against adults and children, but harms were not exclusively focused on abuse. However, KMb had to be evident in an applied sense and papers that only implicitly alluded to the practices and methods of KMb were reserved for background information but excluded from the CIS. Papers reviewed included opinion articles and peer-reviewed primary and secondary studies, both qualitative and quantitative, adults and children, and all involving healthcare. Excluded papers were unrelated to safeguarding KMb in healthcare contexts in England. All papers published were in English. One article included translations in different languages.

An abstract screen was conducted independently by two authors (FC and KB) and then reviewed (by MC), and 141 were included in the second stage of the selection process. Each of the 141 papers was independently appraised by two team members and the final inclusion decision was made by a third researcher. 76 articles met the KMb criteria, but of these, only 51 included healthcare in England. These 51 papers were included and progressed to the final data extraction stage, which utilised a discursive strategy to develop an agreed data extraction framework. To achieve this, we initially applied KMb theory [21] to concurrent data extraction mapped to our research objectives. Differences in opinion were few, reflected on, and discussed. We reached the final number of papers included by consensus, reflecting a complex body of literature published in peer-reviewed professional journals, comprising qualitative research, reviews, and reports.

2.3. Analysis

2.3.1. A Priori Assumptions. In constructing our synthesis, we reflexively bracketed our prior assumptions relating to safeguarding roles and functions in healthcare in England. As an authorial team, we carried out different assumptions about the level and type of knowledge mobilised, agreeing that a lack of evidence-based approaches might conversely show high tacit based practice. From the outset, we were keen to collate any KMb approach that constituted adult and child protection. We acknowledged that both digitised and integrated care agendas were likely to impact upon safeguarding across health and social care. We expected both formal and informal processes to be reflected in the literature, including discursive or managerial supervisory approaches to healthcare staff training and education.

2.3.2. Crucial Conversations about KMb. The first stage of data extraction involved detailed conversations about the range and scope of the papers included. To enable a consistent approach, we pilot "the tested" and adapted the original data extraction template, each using three papers for discussion. We noted early on that most articles were from a limited range of journals (e.g., professions, child, or adult safeguarding). This has implications for safeguarding work; knowledge pertaining to shared care across adult or child boundaries is relevant to effective safeguarding [12]. Through the initial review, we refined our key words and parameters, developing our data extraction framework, as informed by Dixon-Woods et al's [39] prompts:

(i) Are the aims and objectives of the research clearly stated?

(ii) Is the research design clearly specified and appropriate for the aims and objectives of the research?

(iii) Do the researchers provide a clear account of the process by which their findings reproduced?

(iv) Do the researchers display enough data to support their interpretations and conclusions?

(v) Is the method of analysis appropriate and adequately explicated?

This iterative process involved peer check of data, conversations about inclusion criteria, development of a data extraction framework, hybrid data analysis modelling, and the synthesising statement. The second stage of data analysis involved a discursive refinement of the data extraction framework with a deeper focus on the change processes reported in the 51 included papers. Textual content was analysed for evidence of changes relating to safeguarding KMb for healthcare. We then presented our preliminary findings to the "Knowledge to Care" (K2C) research group at Birmingham City University (BCU), inviting healthcare and academic stakeholders to voice their thoughts about the CIS strategies that constituted our preliminary synthesising statement. Through this mechanism, we generated and extended our interdisciplinary authorial team. Our critical analysis was subsequently enhanced by one team member using computer sciences knowledge modelling (EV) to generate textual maps of the key messages arising from the second stage analysis.

We did not hold expectations about which type of professions would be represented. The literature presented here represents healthcare professions from nursing, medicine, learning disabilities, and midwifery including both adult and child safeguarding. Papers focusing on policing and/or social care were included as they involved healthcare professions or settings.

Our computer-assisted safeguarding contributions modelling of the results was enabled by Protégé and reflected five iterative stages of synthesising narrative:

(1) Collating a priori assumptions using Ward's [21] guide to KMb

(2) Identification of assorted KMb strategies in data extraction -

(3) Primary findings indicate "best practices" research strategies undertaken closer to or allied to healthcare for both adult and child safeguarding

(4) Secondary/tertiary level findings showing movement between (i) crisis and response, (ii) learning initiatives, and (iii) influencing actions for practice.

(5) Synthesising statements regarding some evidence of change/future directions

2.3.3. Thematic Analysis Using Knowledge Modelling Software. Ward's [21] KMb theory was used as an a priori framework to inform the design of our data extraction framework and first stage synthesis, focusing on how safeguarding knowledge was mobilised in healthcare contexts. Following the background review, we subsequently used a computer-assisted ontology-driven data mining approach (Protégé). This computer-assisted knowledge modelling framework has been applied in Alzheimer's research [41]. Here, it helped to objectively assess and develop an ontology of safeguarding KMb literature derived from or for healthcare. Our modelling framework involved four analytical features:

(i) Actor (who)

(ii) Function (what) (what for)

(iii) Impact (where, who, what, and how (combination of above))

(iv) Setting (where occurred/population)

Data mining used these four features to explore hitherto "hidden" relationships extracted from the papers, including safeguarding-specific ontological measures or outcomes that aimed to achieve safeguarding in or for people accessing healthcare. Through this means, we were able to identify the intended function and impact of actions to improve safeguarding knowledge and skills at the point of care.

3. Results

The initial database search returned 1505 sources; however, these sources were often not relevant to the subject of this review. The second search returned 541 sources, filtered to 141 after ambiguous papers and duplicates removed. 1 paper was irretrievable (professional membership access only). Of the 141 papers retrieved, 51 papers met the inclusion criteria (see Figure 1).

Included papers reflected how safeguarding knowledge was mobilised in healthcare, predominantly learning from experience involving (i) crisis response aligned to (ii) practice engagement (most frequently following adverse events). Knowledge brokering involves multiprofessional actors, namely, healthcare professionals, who set out to improve or increase practitioner and/or organisational confidence in detecting child and/or adult presentations of abuse or harm in healthcare settings. Influencing actions reported by the authors included simulated (scenario or case-based) learning and teaching, suggesting impacts on organisational or practitioner's

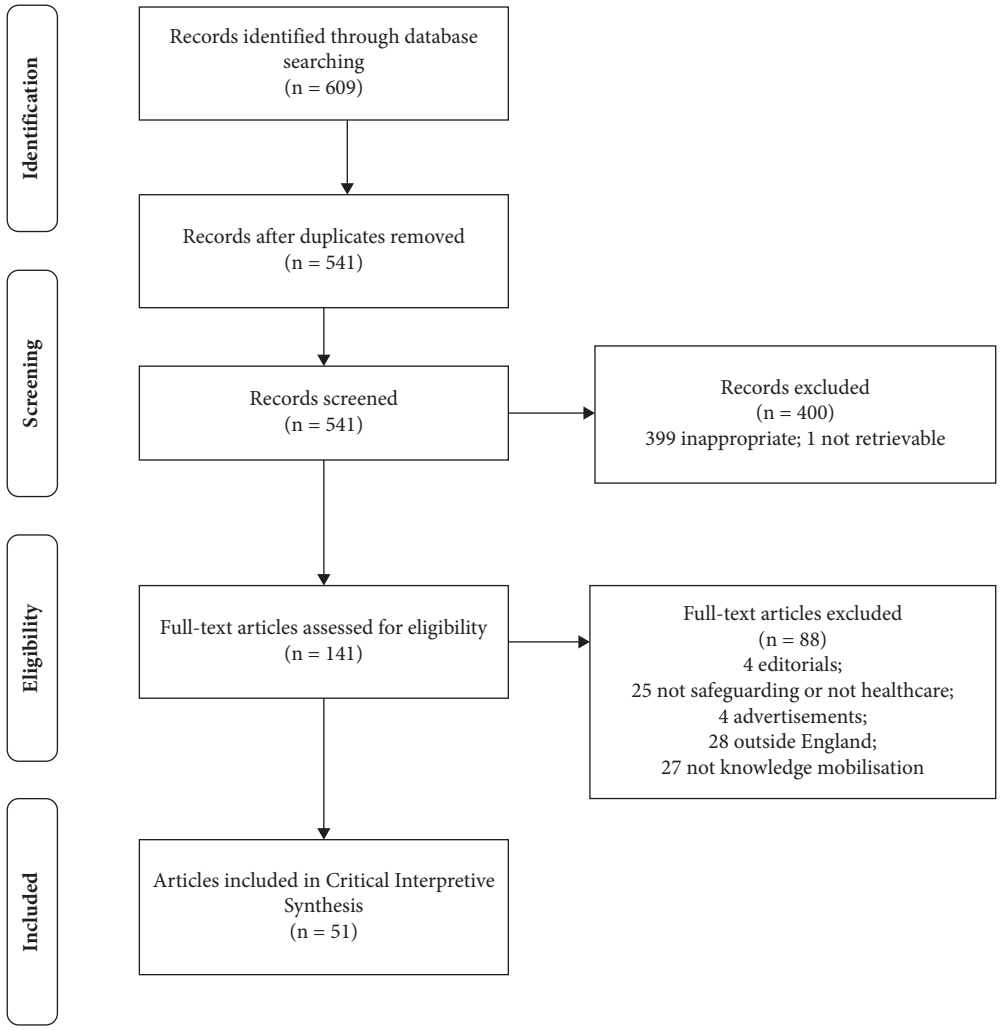

Figure 1: PRISMA flow diagram of the selection process.

level of confidence in applying new safeguarding knowledge to healthcare.

The articles we found varied in how or whether they aimed to or succeeded in moving safeguarding research closer to practitioners. Many authors focused on educational leadership and training interventions to help healthcare professionals protect people at risk from harm. These involved local safeguarding boards and specialist safeguarding initiatives in the NHS, as well as academic literature reviews, interprofessional learning evaluations, safeguarding simulation learning, and staff supervision interventions. All contributions aimed towards improving the safeguarding of adults and children for healthcare purposes and often involved partnership working with social care and policing.

A summary of the included papers is provided in Table 1.

Our analysis identified purposeful safeguarding roles and actions in healthcare or healthcare-related settings (hospitals, community, and health or social care education). Few studies suggested how safeguarding knowledge impact was measured or assessed to improve practitioners' decision making, excepting those that focused on this [76, 91, 93].

Applied learning tools and techniques (some tested and some not) were used to mobilise safeguarding-related activities close to practice. A turning point in learning about safeguarding was influenced by changes to legislature following the Mid Staffordshire public inquiry and the Care Act [3], involving new regulatory arrangements for health and social care professionals [94]. Change management in healthcare involved service audit and evaluation of mortality reviews, serious case reviews (children), safeguarding adult reviews, and adverse safety events. Some practitioners mobilised multiagency communities of practice for improving public or patient safety [45]. Another showed "bystander interventions" approach to critical decision making [53]. Social work and social policy featured some multiagency working for healthcare, highlighting the lack of evidence for the effectiveness of serious case reviews and adult safeguarding boards (safeguarding adult reviews) in areas such as adult self-neglect, harmful behaviours and/or preparing for court [78, 80].

Knowledge and skills modelling demonstrated intended change management strategies to improve how professionals identify abuse to better protect adults and/or children in

Table 1: Data extraction and evidencing change in safeguarding KMb for healthcare.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Arulrajah and Steele [42]	Medical students/victims of human trafficking	Medical schools/ students	Curriculum content on human trafficking	Training and education in medical curriculum	Academics	Improve training and education of medical students (HT)	Call for action: improved awareness of the gaps in the provision, context, and delivery of human trafficking education in the current curriculum for medical students in the UK
Bellman et al. [43]	Nurses working at advanced level of practice (adult infection control)	Academic and practice	Knowledge to action framework	Publication on knowledge transfer methods and role in improving evidence-based nursing care	Academic and practitioners	To learn if knowledge transfer programmes, structures, frameworks, and theories are working, and if not, why not	Call for systematic use of KT frameworks to improve the utilisation of research in practice
Botham [44]	Health visitors and school nurses	Academic (HV)	Literature review on effectiveness of safeguarding children supervision	Published literature review (professional journal)	Academic HV	To examine and define safeguarding supervision in relation to both health visitors and school nurses	Supervision remains undefined
Crawford and L'Hoiry [45]	Policing and children's safeguarding partners in Leeds	Social work (20), the police (15), health (7), youth services (5), and third sector organisations (3)	Examining the best elements of "boundary work" for communities of practice	Leadership relating to strategic goals of shared commitment and purpose	Policing leadership, embedded in aspirations towards community of practice	Build a safeguarding community of practice in Leeds	Evidenced knowledge brokering. The cluster model colocated "the front door" and mature networked relations of trust and open conflict management. Opportunities for critical reflection on practices and possibilities for cultural transformation to effect change. Cultivate creative "boundary work" rooted in shared experiences

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Dodsworth [46]	Safeguarding children's board/ practitioners	Safeguarding professionals, Northamptonshire	Toolkit (CSE) designed by Northamptonshire Safeguarding Children Board	National guidance overview Local response (template) Individual agency responses	Local safeguarding board	To collate key research, practice tools and protocols to increase awareness of CSE	Useful guide Not evaluated
Domac and Haider [47]	Patients and service users of health and social care services	Social workers, two occupational therapists, a nurse and a safeguarding adult trainer	Personal experiences of professionals regarding past safeguarding training and the way in which meaning arises in these experiences	Two-part qualitative semi structured interviews to explore adult safeguarding training needs	Academics	To develop an interagency safeguarding adults training pathway that will allow health and local authorities to deliver training jointly and to learn together	Developed an interprofessional safeguarding training path
Drewett et al. [48]	Children and families at the point of contact with healthcare practitioners	International conference attendees with an interest in using technology to influence behavioural change. 70 professionals from the pharmaceutical industry, the charity sector, health psychologists, ethicists, medical doctors, academics, and computer scientists. In the first part of the study, GPs from local surgeries	Expert views on the use of virtual reality based safeguarding training	A panel discussion held at the Centre for Behaviour Change, 4th Annual Conference at University College London on 21 February 2018	Academic research	To improve role-play training in medical professions, to overcome ethical issues related to engaging children in role play in safeguarding training	The panel discussion itself, recognition of shortcomings (cost and more realistic VR needed), previous GP's responses that participation made them aware of missed safeguarding cues
Fanneran et al. [49]	Vulnerable adults in mental health services	33 NHS mental health services	A review of self-reported practices and procedures related to safeguarding at institutional level	Cross-sectional survey with a mixed-method design	Academics and academic practitioners	To investigate the organisational structure, implementation, and development of adult safeguarding in NHS mental health services	Training and attitudes were identified as main barriers to practice, and results were used for further research to build a grounded theory of adult safeguarding in NHS mental health trusts

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Fleming [50]	Children and young people in health organisations	Employees of an NHS trust/a safeguarding educator	Review of actions taken to improve safeguarding training compliance in a large NHS trust	Evaluation reports and reflective review of the process	A safeguarding educator at an NHS trust	To review actions taken to improve training compliance and understanding why children and young people safeguarding training is important across the trust and professions	Compliance increased and positive responses from the evaluation forms indicating that knowledge and understanding has increased
Franks and Howarth [51]	Children in health services	4 nurse consultants who specialised in safeguarding children and six stakeholders	Personal perception of existing skills and training needs	Semistructured interviews and review of documents such as job descriptions	Academic researchers	To establish learning needs and most appropriate education strategies to prepare for the role	Developmental needs identified to ensure professional development
Gibson et al. [52]	Adults at the point of contact with GP	GP safeguarding leads and authors	Practise based experience	Policy/literature summary and development of a safeguarding pathway	Practitioners and safeguarding adults leads in GPs and NHS trusts	To review the role of GPs in adult safeguarding	Practical impact not assessed; summarises policies GP surgeries should implement regarding safeguarding adults; details core competencies required of GPs regarding safeguarding adults; presents how CCGs can seek assurance from GP surgeries regarding safeguarding adults; and presents straightforward pathways for specific safeguarding adults scenarios

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Gilhooly et al. [53]	Banking, health professionals and older people	20 banking and 20 health professionals	Recognising financial elder abuse	Decision cues that raise suspicions of financial abuse, how such abuse comes to the attention of professionals who do not have a statutory responsibility for safeguarding older adults, and the barriers to intervention	Banking professional, healthcare professionals	Recognising cues that enable decision making	Marked difference in the type of abuse noticed by banking and health professionals, drawing attention to the ways in which context influences the likelihood that financial abuse will be detected. The study revealed that even if professionals suspect abuse, there are barriers which prevent them acting
Gough and Kerlin [54]	Older adults in residential care homes	Key informants who had strategic responsibility for implementation of MCA training and managers/deputy managers of care homes within a local authority	Practice based views of MCA training and implementation	Semistructured interviews and focus group	Academics	To evaluate the impact of MCA training within older persons' care homes	Suggested methods of delivery of the Mental Capacity Act which offer a tailored, engaging and cost-effective alternative to conventional "away day" training sessions
Hackett et al. [55]	Children with harmful sexual behaviours in any setting	147 professionals from various health, social care, and youth justice agencies in the participating local safeguarding children's boards	An evaluation of the effectiveness of a training course	21-item self-report questionnaire and the knowledge and attitudes towards young people with harmful sexual behaviours scale	Academics	To evaluate effectiveness of an interagency training course	Strong evidence of overall improvements in scores on most of the scale items. Concerns raised about the small number of criminal justice professionals participating compared to child welfare professionals

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Heslop et al. [56]	People with intellectual disabilities	n/a	Lessons learned from a confidential inquiry into premature deaths	Document/evidence review	Academics and practitioners	To report the findings of the confidential inquiry into premature deaths of people with intellectual disabilities (CIPOLD) in relation to the Mental Capacity Act (England and Wales) (MCA) 2005	First paper that associated a lack of adherence to MCA to premature death within a safeguarding framework and other evidence of change not explored
Humphries [57]	Adults in health and social care settings	Four local authorities and partner agencies	Lessons learned for a pilot programme of peer reviews	Summary of findings from the peer reviews	Academic	To assist the improvement of safeguarding policy and practice	The pilot was successful, and the four local authorities received actionable feedback on strengths and areas for development
Kirk-Batty [58]	Children at the point of contact with a midwife	Practicing midwife	Literature review and experience-based reflection	Literature review	Midwife and practitioner	To explore safeguarding practice from a midwifery perspective, which includes looking again at the fundamental, basic principles of midwifery in order to advance practice further. To encourage reflection and skills improvement	Not assessed
Lawrence and Banerjee [59]	Adults in care homes	14 care home managers and 24 members of care home staff across 14 care homes	Experiences and views of changes in practice resulting from establishment of a support team	In-depth interviews	Academics	To assess the impact of the support team	The support team lead to improved development and facilitated access to training

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Lewis et al. [60]	Social work, healthcare (acute)	Designated safeguarding leads: doctors, nurses, midwives, and social workers	Good practice examples (joint working)	Training supported by visual prompts and awareness raising (after training)	Social work authors	To understand how acute trust paediatric and LA services work together in suspected cases of child maltreatment, and what is viewed locally as good practice	Case studies show good practice illustrates how collaborative practice identifies child maltreatment
Lewis et al. [61]	Children at the point of contact with GPs	11 general practices and 88 clinicians	Training pack was developed collaboratively using clinical, academic, front-line practitioner, service user, and training expertise in DVA, CS, and health	Intervention: through training with focus on multiagency Intervention evaluation: mixed methods study including observations, questionnaires, qual analysis	Academics	To fill gaps in knowledge and practice on the interface between DVA and CS revealed by the responds research	Training pack developed and successfully piloted
Littler [62]	Children at the point of contact with nurses	Children's nursing students	Academic, research-based and experience-based knowledge and skills	Integrated in the formal university curriculum	Academics through formal university education	To prepare student nurses for their career	Safeguarding education was provided consistently throughout their preregistration training over the three years, in university and practice settings, via a blended educational approach. This includes modules, individual sessions, online learning, study days, and workshops

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Lushey et al. [63]	Unborn children	22 practitioners involved in prebirth assessment (five practitioners from health-related fields)	Guidance (or rather a lack of comprehensive guidance), and experienced-based knowledge (from interviews but also mentioned as the main way of gaining knowledge from other peers)	Documentary analysis of the guidance and interviews with practitioners	Academics through the article Peer practitioners	To explore prebirth assessment	Not assessed
McGarry et al. [64]	Vulnerable adults and children at the point of contact with nurses	Preregistration nursing students	Academic, research-based and experience-based knowledge and skills	Integrated in the formal university curriculum	Academics through formal university education and safeguarding lead coordinator for education and practice	To prepare student nurses for their career	New approach to safeguarding curriculum developed with a lead coordinator role established, successfully completed by a cohort of students
McGarry et al. [65]	As above	As above	As above	As above	As above	As above	As above
Moore [66]	Older adults in care homes	Qualified nurses	Academic and practice-based knowledge and guidance	Integrated in formal vocational or professional qualification	Independent researcher through the article and training providers	The article: to find out whether safeguarding training prevents abuse Training itself: to prepare nurses for their roles and integrate safeguarding principles in their practice	Recognised training for those who provide care in care and nursing homes is of limited efficacy in the prevention of abuse
Norrie et al. [67]	Adults known to social services	People who have been safeguarded and their representatives	Personal experiences of being "safeguarded"	Face-to-face interview based on 7-question survey	Academics gaining knowledge from SUs	To test the feasibility of using this survey to "seek feedback" from adults at risk about adult safeguarding services	Survey helps professionals understand SU experiences

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Northamptonshire Children's Safeguarding Board [68]	Children and families in any setting	Frontline practitioners	Comprehensive, applied guide on many aspects of child neglect	Toolkit, information dense in "bite-sized" sections, with practical examples and tools for practice use	Local Safeguarding Board (multiagency)	To develop a toolkit for neglect (for local practice)	Developed evidence-based toolkit for use in local practice
Northamptonshire Children's Safeguarding Board [69]	Children in any setting	Frontline practitioners	Comprehensive, applied guide on many aspects of CSE	Toolkit, information dense, with practical examples and tools for practice use	Local Safeguarding Board (multiagency)	To develop a toolkit for CSE (for local practice)	Developed evidence-based toolkit for use in local practice
Ochieng and Ward [70]	Adults at risk	Registered nurses ($n = 51$) working in primary or secondary care in east England	Evaluation of safeguarding of vulnerable adults CPD course	50-item questionnaire administered online to evaluate SOVA-CPD	Academic/trainer seeking knowledge about nurses' learning from SOVA-CPD	To provide insights into the effect of SOVA-CPD training for nurses	Nurses reported enhanced competence and skills but an impact on care limited by challenges experienced in making changes in practice settings
Patrick et al. [71]	Children at risk	Healthcare assistants, nurses, dentists, and doctor	Audit to identify and address the barriers of reporting, safeguarding concerns amongst the hospital team	Audit questionnaire to review child safeguarding training courses	Academic practitioners seeking knowledge about existing child safeguarding training	To review current and training and identify required modifications to programme	Best approaches identified are (i) focused training on diagnosis and local protocols, (ii) bespoke teaching for specific specialties, (iii) exploring modern methods of learning, and (iv) use of structured forms and local policies familiar to clinicians
Peckover and Golding [72]	Children and people at risk of domestic abuse	Multiagency teams	Evaluation of activities to improve domestic abuse/safeguarding children practice	Telephone interviews with project participants, analysis of case mapping, and project reports	Academics reporting on a funded research project conducted by voluntary sector organisation in LAs	To share learning from project, to provide recommendations for improving multiagency work to achieve better outcomes for women and children experiencing domestic abuse	Not assessed

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Phair and Heath [73]	Older people in formal care setting	Readers of this article	Codified information about safeguarding legislation and policy	Reading article	Nurse/safeguarding experts	To inform readers	Not assessed
Phelan [74]	Care home residents	Readers of this article	Literature summary and formal codified knowledge on safeguarding issues	Reading article	Academic	To inform readers	Not assessed
Pike et al. [75]	Adults at risk	H&S staff and volunteers, Cornwall	Basics of safeguarding (and linking with MCA and EDI)	E-learning for basics, face-to-face for advanced course	Educators from practice and academia	To provide safeguarding training to multiagency staff groups including statutory, independent and voluntary sectors	Not assessed at the time of publication
Pike et al. [76]	Primary care, adult social care	Healthcare workers and social workers	Safeguarding adults from abuse	Training transfer	Academics and social work	To clarify the relationship between safeguarding adults training, staff knowledge and confidence	Training contributed to an approximately 20 per cent increase in knowledge and a ceiling effect was noted. Confidence linked knowledge and action. More confident staff offered more sophisticated responses regarding improving safeguarding processes
Plastow and Lowenhoff [77]	Clients of HVs	HV practice teachers, mentors, and students	Learning from SCRs	"Snakes and ladders" game with cards conveying learnings from SCRs and examples of good practice	Local CYP lead + PH expert	To produce a practice focused, portable and interactive resources for use by HV students	Qualitative feedback: (i) useful resource, (ii) works with different learning styles, and (iii) supports service delivery and performance indicators but not yet any "hard" evidence of this

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Preston-Shoot [78]	LSAB Individuals and populations who self-neglect	LSAB	How organisations have worked together, and how local safeguarding adults board (LSABs) have supported and scrutinised their collaboration	Incorporating knowledge of national and local geography into SCRs	Academic	To draw on systemic and psychodynamic theories to subject published serious case reviews (SCRs) involving self-neglect to a deeper level of scrutiny, in order to understand how complex contexts impact on self-neglect work	Supports systemic theory: how practitioners work with adults who self-neglect and simultaneously are shaped by that work. This adds to the practice, management, and organisational evidence base for working with adults who self-neglect
Preston-Shoot [79]	Vulnerable adults in any settings	None	Practise-based and experience-based knowledge derived from the reviews	Review of how SARs are used and to extract knowledge on self-neglect cases	Academics and practitioners (safeguarding adults boards)	To update the core data set of self-neglect safeguarding adult reviews (SARs) and accompanying thematic analysis, and to address the challenge of change	Contributes new perspectives to the process of following up SARs by using the findings and recommendations systematically within a framework designed to embed change in policy and practice
Preston-Shoot [80]	Adult safeguarding specialists LSAB	SABs	SARS and thematic literature review	Secondary data analysis: updates to SARS	Academic	Update the core data set of self-neglect safeguarding adult reviews (SARs) and explore the degree to which SARs draw upon available research and learning from other completed reviews	Answering "why" question (partially) builds on what is known from SARS about the components of effective practice
Simic et al. [81]	Adults: independent sector services	Local authority staff and independent sector domiciliary and residential care providers	Evaluation of key organisational processes in managing safeguarding	Telephone survey and focus groups with staff	Local safeguarding experts	To better understand current organisational processes and how these may be improved	As a result of knowledge generated, guiding principles for practice established and practice challenges identified

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Smickle [82]	Nurses safeguarding children and young people	Safeguarding lead/ specialist NHS)	Supervision frameworks	Supervisory models and relationships	Safeguarding lead in NHS	To better improve offer safeguarding supervision to front-line colleagues with case management responsibilities for vulnerable children and young people	12 supervisors provided feedback, nine months after completing a nationally accredited child protection supervision skills course, on how they were using their new skills and knowledge in clinical practice
Spencer-Lane [83]	Health and social care professionals safeguarding adults	Lawyer: academic	Legal and regulatory frameworks	Legal updates on mid staffs inquiry, impact of professional regulation)	Lawyer: academic	Implementing policy: to consider the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry and the law commission's review of health and social care professional regulation, and how these will impact on the professional regulation bodies	Not evaluated Author influences policies that relate to and affect healthcare Responsible for the UK Law Commissions' review of the regulation of health and social care professionals
Stalker [84]	Deaf and disabled children Professional training	Multiprofessionals	Case studies from practice	Case scenario learning using multimedia CD and DVD	Academic and practitioners	Disseminate best practice through resource review	Not evaluated
Stevens and cook [85]	Adults and children at risk	Adult nursing students	Students' assignments	Review of nursing student reflective assignments	Local safeguarding practitioner + learning facilitator	To identify safeguarding concerns relating to vulnerable adults and explore implementation of safeguarding policy and procedures in practice	Audit tool to evaluate the knowledge of preregistration students was developed. Safeguarding adults' policies implemented in one academic institution

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Stupple et al. [86]	Vulnerable adults	Clinical staff, safeguarding and governance experts, and local multiagency safeguarding hub (MASH)	Literature and clinical practice experience	Not specified	Clinical staff, safeguarding and governance experts, local multiagency safeguarding hub (MASH)	To develop a safeguarding tracker tool	Safeguarding tracker tool was developed. Minimal evaluation was reported
Szilassy et al. [87]	Domestic violence and child safeguarding	General practice staff	DV and safeguarding policy and practice	Synthesised evidence from literature reviews, mapping of available training and qualitative data from general practice combined with DV and safeguarding policy and practice used to develop training programme	Multidisciplinary research team guided by professional and service user experts	To develop an evidence-based training programme for primary care	Evidence based responds training programme; 2-hour training designed for individual general practice teams delivered on practice premises
Thacker et al. [88]	Social services/ social work	Social work authors	Secondary research: practice review of literature including SARS/SCRs	Disseminated through publication	Practitioners (social work)	Suggesting "professional curiosity" is an element of safeguarding effectiveness	No
Theakstone-Owen [89]	Neonates	Readers of this article	Current legislation which guides practice, using a case study to illustrate areas of interagency working	Reading article	Single author: speciality not specified	To examine interdisciplinary approaches to information sharing and collaboration in safeguarding	Not assessed
Willow [90]	Teenagers with lived experience of care	Teenagers academic	Film made by teenagers explaining their experience and hopes for safeguarding interventions/care	Voice of the child DVD training resource	Teenagers with lived experience of care	Disseminate lived experience through a training resource made by teenagers	Not evaluated

Table 1: Continued.

Source	Community/ population	Participants	Type of knowledge shared	How knowledge is shared/mobilised	Who is doing KMb?	Function/purpose of KMb	Evidence of change
Wyllie and Batley [91]	Children's nursing	Students/children's nursing	Situations where children may have been subject to abuse or neglect Theoretical knowledge and practical skills for safe practice	Simulated case learning	Impact of simulated learning on decision making and performance Safeguarding lead and child health nurse lecturer	Improve learning outcomes for safeguarding in children nursing	Yes. Fidelity of simulation design. Evidence from students' accounts suggests an increase in their level of confidence in matters relating to safeguarding practice to the extent that they had felt able to challenge and question more senior colleagues and staff
Yoeli et al. [92]	Adult safeguarders	Lay members Social workers Health care practitioners	Scenario learning using forum theatre to elicit responses	Forum theatre frameworks (scenario)	Academic and social work	To explore how a variety of professional and lay groups understood, related to and engaged with how the Care Act (2014) defines and describes "adult safeguarding"	Not evaluated

safeguarding contexts, signposting to poor staff adherence to national, legislature, or local policies [54, 56]. Evaluating safeguarding training or education was evident [70], often following a crisis such as premature deaths [55, 59, 95] or domestic abuse [61]. Preregistration preparation for nursing practice featured [62, 85] and there was some strategic (local board) mobilisation of evidence about child sexual exploitation and neglect [68, 69].

Authors mainly focused on healthcare staff training and education (including supervision) [47–49, 96]. Some practitioner research studies showed whether (and how) learning strategies (including learning from case reviews) were successful in enabling change for practice [50, 79].

4. Themes

Principal findings are presented as narrative themes, suggesting a safeguarding-specific ontological framework, representing assorted "best practices" strategies for both adult and child safeguarding. We have not separated out the adult and child safeguarding in the presentation of results here because we aimed to find the patterns common to both functions for healthcare in England. Our safeguarding contribution modelling uses Protégé computer-assisted figures to illustrate how the authors presented a movement between firstly learning from experience and secondly learning from practice through influencing actions for adult and/or child safeguarding functions. Illustrating the relationship between the four domains (actor-function-impact-setting) adds to our understanding of how some evidence of change is demonstrated in safeguarding KMb for healthcare.

4.1. Safeguarding Contributions Modelling

4.1.1. Learning from Experience: A Crisis Response (Adult and Child Safeguarding). Learning from experience was an overarching theme in both adult and child safeguarding, showing "what was done" and "by whom" following the reporting of a safeguarding crisis event and organisational response. This was a common pattern of reporting when referring to adult safeguarding procedures/practice and child safeguarding. The movement between learning from experience to learning *from* practice usually indicated failure to protect a child or adult from serious harm or death, triggering an investigation or local multiagency response. For example, Crawford and L'Hoiry [45] showed how to build and evaluate a multiagency community of practice to enable cultural transformation in how professions might better work together to share information across healthcare, policing, and youth services for child protection, highlighting colocated "boundary work" as a new form of knowledge brokering across previously fragmented "silo" spaces.

Wyllie and Batley [91] provided a good example of evidencing change through qualitative research evaluation of simulated case learning for children's nursing, demonstrating how the fidelity of simulation design can incorporate student feedback to show their increased confidence in safeguarding practice, including enhanced communicative capacity to challenge and question senior colleagues and staff about their decision making. Some authors focused on better partnership working as a mechanism for change improvement. Lewis et al. [60] showcased best practice case studies that demonstrated how effective collaborative working between social work and acute healthcare enables earlier identification of child maltreatment.

Few papers explicitly addressed how to evidence change. For example, Thacker et al. [88] advocated professional curiosity in learning from safeguarding adult reviews and did not attempt to evaluate how to move this evidence closer to practice or practitioners. Some training updates showed a bridging function, disseminating local practice innovations for tackling child sexual exploitation [90], [46]. In adult safeguarding, Preston-Shoot [78] advanced a critical analysis of safeguarding adult reviews using systemic theory to suggest how practitioners of social care who work with healthcare professions and adults who self-neglect simultaneously shape (and are shaped by) that relational work.

These examples from both adult and child safeguarding added to our understanding of how interpersonal organisational dynamics informs and reflects the evidence base in our four domains (actor-setting-function-impact). Preston-Shoot [78] demonstrated KMb by example, through moving evidence from safeguarding adult reviews closer to practitioners working across both health and social care.

4.1.2. Practice Engagement: What Is the Desired or Intended Change?. Practice engagement shows how knowledge is shared in and across healthcare boundaries, sometimes involving health and social care, and academic, educational, or service user stakeholders. The desired or intended change focused on a range of safeguarding functions closely allied to learning for practice. Learning from experience is applied to practice engagement for healthcare practitioners, intending to mobilise safeguarding failures into proactive learning functions for practice. The type of knowledge shared suggests how it is intended to be mobilised for healthcare, yet necessarily involves working across professional boundaries to share information with other professional and lay populations. For example, simulated training and educational interventions showcased role-playing opportunities to improve students and practitioners' assessment and decision-making capacity for safeguarding adults and children from maltreatment and harm [48, 64, 65, 70, 91].

Drewitt et al. [48] showed a good example of the use of virtual reality for training healthcare practitioners (actors) to recognise child protection issues (functions) in public health practice (settings) drawing on GP responses to training which showed how training enabled them to be better aware of missed safeguarding cues encountered in consultations (impact). The authors also advanced a discussion about ethical issues related to engaging children in role play in safeguarding training, suggesting some promise for future practical research in this field.

Purposely designed scenarios highlight presentations and features of child or adult maltreatment and abuse in health and social care settings. Wherever the point of contact, the function is an assessment, showing the intersection between KMb (such as knowledge transfer or knowledge to action) [43] and the role of simulated scenario learning from experience. Creative arts-based pedagogy explored safeguarding policy change in one case, to examine how different professional and lay actors understand, interpret, and relate to the Care Act (2014) when tasked with safeguarding of adults [92]. Not all four domains of KMb are fully addressed, although each is incorporated into a linked intention.

For example, Yeoli et al. [96] demonstrated how various actors might relate to the Care Act (2014) in a shared learning setting, yet the function and impact of the desired change might be contested by individuals or organisations. Learning about the Care Act (2014) moved from learning from experience to learning from practice. The change impact is not formally evaluated. Instead, practice impact is inferred by how well the theatre intervention simulates, engages, and elicits common and differing participant responses to performative prompts and cues. Illustrating how organisational power differentials and interpersonal dynamics might alter how safeguarding professionals and learners by experience might engender or attribute harms differently and, therefore, problematise ideas or notions about change impacts.

4.1.3. Influencing Actions for Healthcare. The relationship between safeguarding function and healthcare impact was not well articulated or shown in most research papers. However, some authors demonstrated evidence of the movement between learning from experience to learning from practice, through "closer to practice" KMb. Each of these papers addressed the KMb question "what is the change?" by more critically examining the evidence for adult safeguarding interventions designed to implement, improve, or assist such changes. Two cases show how the authors at once present their influencing actions for practice [80] and simultaneously build a case for knowledge transfer as an influencing action for practice [43]. In each case, the authors show who is doing the KMb and why, describing their practitioner and research roles in influencing safeguarding function and impact. Evidence of change is not always evaluated, or even possible, yet the authors show good examples of real-world practical attempts to move safeguarding knowledge beyond operational rhetoric.

Bellman et al. [93] (Figure 5) called for knowledge transfer partnerships for systematic reuse of KT frameworks for utilising evidence closer to practice in adult safeguarding in hospitals, using the example of infection control. Similar to Preston-Shoot [80], the authorial voice (actors) is academic-linked research for practice engagement at the interface between health and social care (setting). The knowledge transfer partnership is enabled by a knowledge action framework showing an evidenced movement from learning from experience to learning from practice. The desired outcome (change impact) showed the considered integration of educational interventions for nurses (actors) through influencing safeguarding actions for infection control (function) at the point of care.

4.2. Summary. Our critical interpretive synthesis revealed few papers focusing on KMb theory in safeguarding adults and children for healthcare. This is perhaps not surprising given it is an emerging discipline. Nonetheless, our a priori assumptions about wide-ranging KMb theory suggested to us that safeguarding crises might reasonably trigger change movements for multiagency information sharing for best practice. While the crisis response was evident, published patterns showed specialist population approaches to the problem of adult or child protection, which might in turn limit how safeguarding research is integrated or disseminated in healthcare in profession specific communities. Computer-assisted modelling helps identify multiprofessional actors (who), functions (how), and impacts (what) of safeguarding research in healthcare settings, sometimes involving health and social care and policing. Safeguarding learning and education occurred in several practice settings, often supported or allied to academic functions. Influencing actions included a blend of practitioner-research learning for healthcare, some involving pre and post evaluation of safeguarding interventions with predetermined outcomes.

5. Discussion

Our CIS showed that few papers directly inform or reflect how safeguarding knowledge for adults and children at risk of harm is mobilised for healthcare in England. Bridging the theory-practice gap is evidently a challenge, reflected in the crisis triggers prompting the movement of safeguarding knowledge and skills for healthcare. Educational interventions showed promise, particularly those designed, delivered, and evaluated closer to practitioners in the healthcare setting. Influencing actions are weakly demonstrated in the literature, suggesting a research need to identify and strengthen safeguarding functions for adult and child health protection, for health improvement in acute and community healthcare settings. CIS aligned safeguarding actors, functions, settings, and impacts for healthcare, showing the challenges encountered in enabling recognition of adverse determinants of health, including missed opportunities to identify serious crime, modern slavery, domestic abuse, gender-based violence, and child abuse.

5.1. Strengths and Limitations. The CIS answered the review question, generating a useful computer-assisted model to think about how to mobilise safeguarding knowledge for healthcare in England. While the aim was geographically specific, we believe the process and results might be considered for wider transferability of the KMb method and concept. The relevance of the papers to our research question was informed by our collective research question, search strategy, and matrix data analysis; bioscientific critical methods appraisal was not undertaken, and we privileged

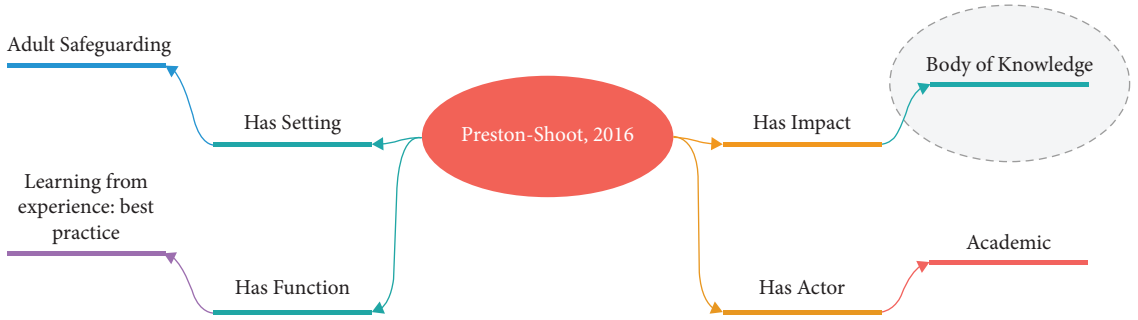

Figure 2: Example of learning from experience (adult safeguarding) [78].

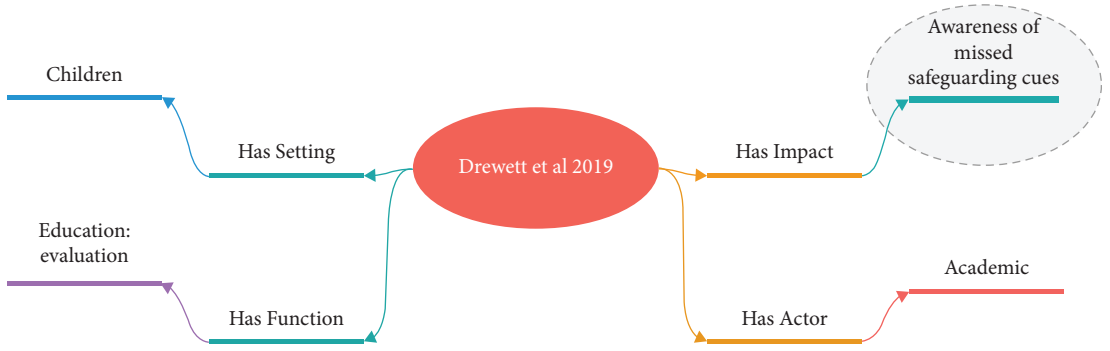

Figure 3: Example 1 of practice engagement (child safeguarding) [48].

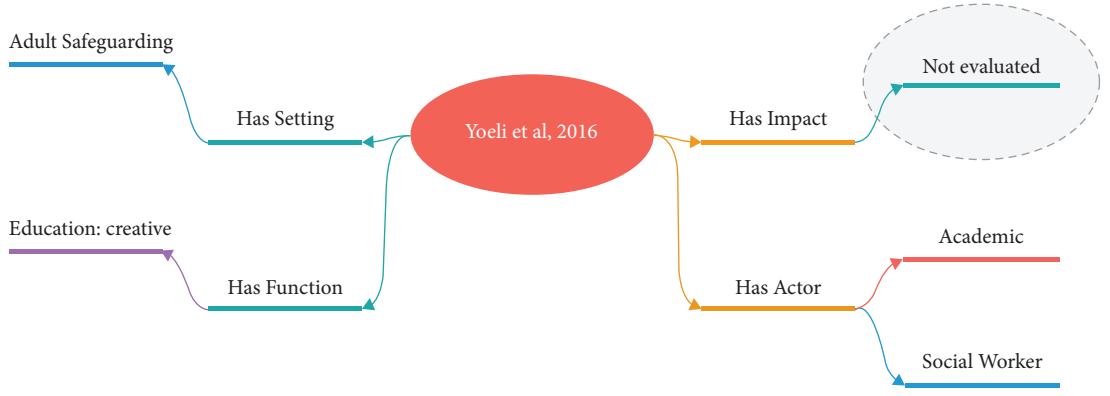

Figure 4: Example 2 of practice engagement (adult safeguarding) [92].

key word content descriptors mapped to our KMb framework for data extraction as quality indicators.

Included papers were retrieved from peer-reviewed journals only, including professional opinion articles and primary and secondary research. While this suggests some formal methodological quality indicators, the heterogeneity of the papers might be considered a limitation of our CIS. Due to the resource limitations of this small-scale review, we also reviewed the keywords and search strategy only to increase accuracy. We acknowledge that rich safeguarding functions are referred to in national policy and practice guidance provided by professional healthcare disciplines and organisations, including the National Institute of Clinical Excellence (NICE) and NHS Safeguarding Futures Fora.

5.2. Implications for Policy, Practice, and Research. In the context of the wider KMb literature, there is ample theory to support new applications to safeguarding research and practice for adults and children in healthcare. Computer-assisted modelling (Figures 1–5) shows promise in bridging the contribution gap in a hitherto not so ripe field, showing the interrelationship between safeguarding actor-function-setting-impact representations in the healthcare-related literature. This digital modelling revealed "hidden" relationships between themes and showed how nursing and medical education dominates the literature landscape, while allied health professions are not so well represented (Table 1). Our CIS signposts to these patterns but cannot offer explanations. Further discipline-specific research is required to help bridge the gap in safeguarding KMb for healthcare.

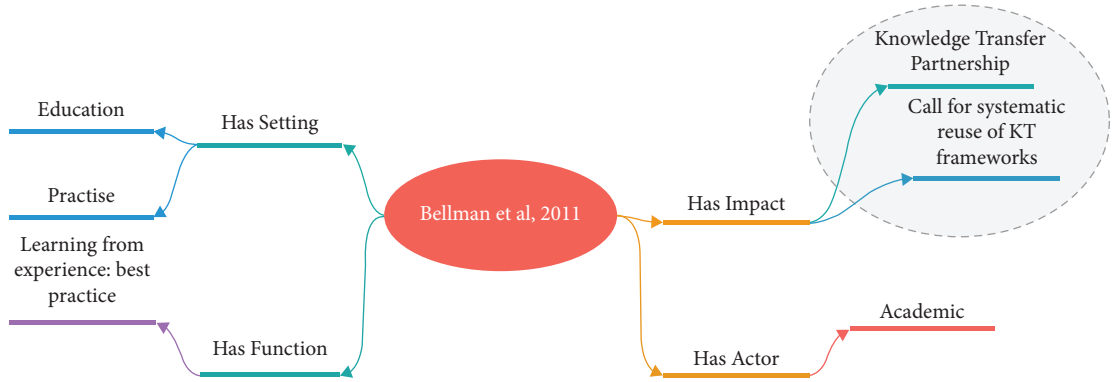

Figure 5: Example 2 of influencing actions (adult safeguarding/infection control) [43].

Contemporary safeguarding policy issues are represented in the literature, but there is scant attention to preventive strategies. Safeguarding literature is focused on the crisis response. While this is vital, the type and level of KMb applied to safeguarding practice is restricted. There is a need for harnessing integrated whole system information sharing for meaningful healthcare improvement. Our search strategy privileged "safeguarding" as a key word. Excluded literature did not use safeguarding as a key word or indicate the word in the abstracts, although the safeguarding stakeholder focus is evident in those papers that combined words; for example, safeguarding and DVA, child abuse, and adult abuse. This could be considered a limitation of our review, as ample research in specific related fields such as DVA and child abuse is not wholly represented. However, we contend that we researchers could perhaps consider publishing strategies that enable the movement of research closer to practice-including the use of safeguarding as a functional word for healthcare research, building evidence-informed pathways to healthcare impact.

6. Conclusion (Synthesising Statement)

Our CIS builds a processual understanding about how safeguarding knowledge is mobilised for healthcare in England, demonstrating assortative learning approaches to protecting adults and children from harms. KMb theory and computer-assisted modelling showed the "learning from experience" in three rudimentary ways: crisis response, practice engagement, and influencing actions (for best practice). The relationship between these three features showed how safeguarding knowledge is mobilised in a limited way for healthcare in England. The inter-relationship between safeguarding actor-function-setting impacts is represented, suggesting some evidence of the movement between learning from experience to learning from practice. Our hybrid synthesis of safeguarding research for and allied to healthcare settings was enabled by CIS design using KMb theory and computer-assisted modelling. Future directions could explore hybrid frameworks for embedding KMb theory in safeguarding for healthcare, perhaps focusing on preventive as well as crisis learning actions, closer to practitioners protecting children and adults from harms including those associated with violence and abuse.

Data Availability

The search strategy extraction data and computer modelling frameworks used to support the findings of this study are included within the article.

Additional Points

What is known about this topic? (i) Safeguarding adults and children is a global function in hospital and community settings. In England, it is described as an integral part of high-quality healthcare and a means of protecting a citizen's health, wellbeing, and human rights, enabling them to live free from harm, abuse, and neglect. (ii) Despite global research in adult and child health protection, there is ample evidence to suggest that healthcare professionals lack confidence in undertaking safeguarding at the point of care. Failure to effectively safeguard adults and children from harms suspected, identified, and associated with violence or abuse can result in further maltreatment, abuse, or even death. (iii) Remarkably, little is known about the type or level of strategies employed to mobilise safeguarding research closer to healthcare practitioners. What this paper adds? (i) Few publications have focused on how safeguarding research is mobilised for healthcare in England. Our critical interpretive synthesis bridges a gap in safeguarding knowledge mobilisation for adults and children in healthcare. (ii) Safeguarding adults and children revealed several functions involving recognition of serious crimes, modern slavery, domestic abuse, gender-based violence, and adult and child abuse. Infection control and multiagency partnership working also featured. Learning from experience dominated the literature on safeguarding for healthcare, involving multiprofessionals in (i) crisis response, (ii) practice engagement, and (iii) influencing actions for best practice in England. (iii) KMb theory enabled computer-assisted modelling to illustrate how the authors presented a movement between firstly learning from experience and secondly learning from practice through a range of influencing actions. Further research might benefit from the hybrid synthesis of safeguarding-specific functions, impacts, and healthcare outcomes for building safer communities.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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