

Safeguarding Adults with Intellectual Disability in Healthcare

A Scoping Review and Narrative Synthesis of Effectiveness, Cost and Their Determinants

Benjamin Hoad^{1*}, Elizabeth Welsh¹, Richard Laugharne^{1,2}, Alison Wight³, Samuel Tromans^{4,5}, Zygimantas Puras¹, Saffron Richardson¹, Cameron Turner⁶, Kate Dilworth⁶, Samuel Edwards², Rebecca Goodey², Rohit Shankar^{1,2*}

1 Peninsula School of Medicine, University of Plymouth, Truro, UK | 2 Cornwall Intellectual Disability Equitable Research (CIDER), Cornwall Partnership NHS Foundation Trust, Truro, UK | 3 Royal Cornwall Hospital Trust, Truro, UK
4 University of Leicester, Leicester, UK | 5 Adult Learning Disability Service, Leicestershire Partnership NHS Trust, UK | 6 Cornwall Council, Truro, UK

*First author: Benjamin Hoad • *Corresponding author: Prof Rohit Shankar MBE, FRCPsych • Rohit.shankar@plymouth.ac.uk

INTRODUCTION

Adults with intellectual disability in the UK face disproportionately high levels of preventable harm, abuse, neglect and premature mortality. Safeguarding — enshrined in the Care Act 2014 — aims to protect the rights, wellbeing and safety of this population. Yet, the effectiveness and cost-effectiveness of our current practice remain poorly understood. Presenting current challenges such as abuse recognition, consent, multiagency working and balancing autonomy against protection.

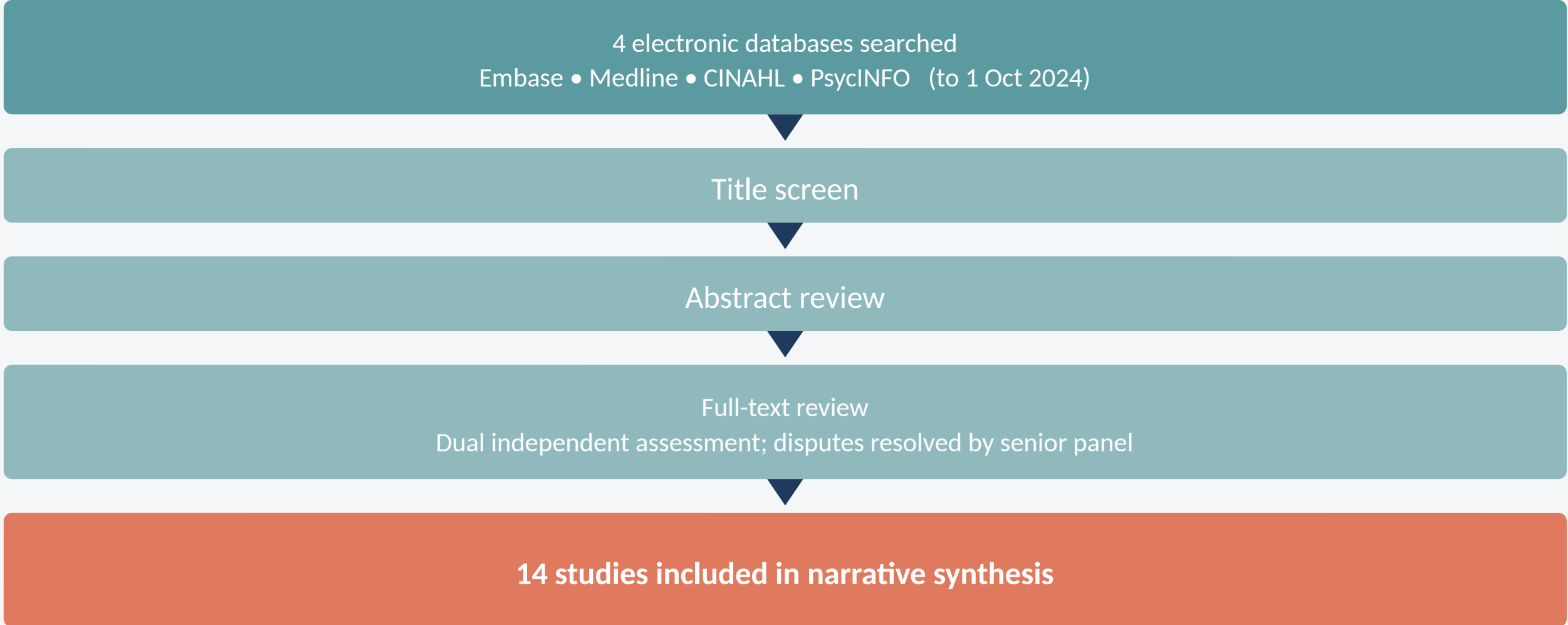
AIM To synthesise the available evidence on safeguarding determinants for adults with intellectual disability in the UK, with a specific focus on effectiveness and cost.

METHODS

Design: PRISMA-guided scoping review of four databases — Embase, Medline, CINAHL, PsycINFO — to 1 October 2024, plus manual searching.

Eligibility: Adults (18+) with intellectual disability; any safeguarding intervention or analysis; effectiveness and/or cost outcomes; no language restriction.

Screening: Title, abstract, then full-text review by independent reviewers; disputes resolved by a senior panel; narrative synthesis¹.



KEY FINDINGS

14
studies met inclusion
criteria across 4 databases

0
studies directly measured
safeguarding effectiveness or cost

4
interrelated themes identified
through narrative synthesis

42%
of deaths in people with intellectual
disability deemed avoidable
(LeDeR, vs 22% general population)²

Policy & Risk-Reduction Initiatives

93% of NHS Trusts had safeguarding leads; only **39% audited outcomes**³

A structured risk-assessment tool raised assessments from 1.4 to 4.6/week and cut length of stay and cost⁴

Hospital passports improved information-sharing and reasonable adjustments⁵

Workforce Capability: Knowledge, Attitudes & Training

Discriminatory attitudes and low confidence led to delayed treatment and disengagement⁶

Over 40% of safeguarding concerns were not identified until after harm occurred⁷

Higher patient-safety incidents and in-hospital mortality (n>15 million admissions, England)⁸

Preventative Care Inequalities & Vulnerabilities

2.8x less likely to receive cervical screening; **1.9x less likely** to receive mammography³

37% of deaths were avoidable vs 9% in the general population⁹

Female sex, severe intellectual disability, communication difficulty and prior abuse are key risk factors⁷

Variability in Safeguarding Decision-Making

Safeguarding responses varied by local policy, professional judgement and resources³

Best Interests Assessors reached different DoLS conclusions from similar vignettes¹⁰

Lack of structured frameworks risks inconsistent, inequitable protection¹⁰

DISCUSSION

No study directly evaluated safeguarding effectiveness or cost — the principal finding of this review, echoing evidence of systemic neglect in healthcare for this population

Safeguarding leads, risk-assessment tools and hospital passports show real promise, but implementation is inconsistent across settings^{3,4,5}

Healthcare professionals' knowledge and attitudes are central: negative perceptions and low confidence drive disengagement and under-recognition of abuse^{6,7,11}

Variable, discretionary decision-making risks undermining fairness, equity and consistency of protection for adults with intellectual disability¹⁰

LIMITATIONS

- No formal risk-of-bias appraisal — no study was longitudinal, interventional or had a comparator
- Evidence base predominantly UK-based, limiting wider generalisability
- Grey literature excluded by design, other than LeDeR reports via the ancestry method

IMPLICATIONS

- Policy: move beyond inconsistent variation in practice to consistent, locally tailored evidence based frameworks to protect this population in healthcare
- Research: evaluate effectiveness and cost-efficiency with larger, co-produced studies
- Practice: invest in workforce training, mentoring and reasonable adjustments

CONCLUSION

Safeguarding is a cornerstone of protecting adults with intellectual disability, yet this review shows it remains variably implemented, poorly evaluated, and insufficiently embedded in preventive healthcare. There is no evidence found from this scoping review that measures effectiveness or cost implications in a systematic manner. Without systematic approaches to training, evaluation, and standardisation, safeguarding will continue to fall short of its goals. However, it is important to recognise that there might be supportive evidence in non-academic published literature, particularly grey literature — investigating this was outside the scope of this review. It remains imperative that closing this evidence gap is essential if safeguarding is to fulfil its potential as both a protective and empowering mechanism for one of the most vulnerable groups in society.

Declaration of Interest

No direct disclosure or conflict of interest for any author for this submitted body of work. RS has received institutional research/travel support and honoraria from several pharmaceutical and device companies, and holds competitive grants from national funding bodies, all outside this submitted work. No other author declares a conflict of interest.

Funding & Data

Funding: none declared for this study. Data statement: data supporting these findings are available from the corresponding author upon reasonable request.

Ethics

This scoping review synthesises previously published literature; the authors confirm the report is consistent with the journal's position on ethical publication. No primary data collection was undertaken.

Contact & References

Prof Rohit Shankar MBE, FRCPsych — Rohit.shankar@plymouth.ac.uk

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