



Guidance on Improving our Approach to Adult and Family Engagement

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1	18.1.2024	Information Sharing Agreement; Adult Safeguarding Pathway.	Jan 2026
2			
3			

1. Adopting a Trauma Informed Approach

The Government's definition of what trauma-informed practice should entail is important in the context of improving adult and family engagement, as this provides a useful set of principles to underpin our approach.

*¹"Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or **develop trusting relationships** with health and care services and their staff. It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and **want to use**".*

Key Principles of Trauma Informed Practice

- 1. Safety** - The physical, psychological, and emotional safety of service users and staff is prioritised.
- 2. Trustworthiness** – Transparency exists in policies and procedures, with the objective of building trust among staff, service users and wider communities.
- 3. Choice** – Service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward.
- 4. Collaboration** – The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole.
- 5. Empowerment** – Efforts are made to share power and give service users and staff a strong voice in decision-making.
- 6. Cultural Consideration** – Move past cultural stereotypes and biases based on gender, sexual orientation, age, religion, disability, geography, race or ethnicity.

2. Understanding the Barriers to Seeking Help

The person not seeing themselves as a victim. It is extremely common for victims of abuse or neglect to either not be able to understand or acknowledge the abuse, or to not wish to see themselves as a victim. You may have to explain the circumstances without further traumatising the person. "It's not your fault. You didn't do anything to deserve this."

Fear of not being believed. You might be the first and only person that the abuse or trauma is disclosed to and might be the one **Golden Opportunity** to help that person. "I believe you and I am here to support you."

Fear of losing family, social or community ties or relationships. Many victims of abuse are fearful of acknowledging or reporting abuse as they feel this could lead to social isolation, making their current situation even worse (exploiters deliberately take advantage of this). "You are in control and can choose what you want to do".

¹ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Feelings of shame, embarrassment, or stigma. Many victims find it hard to seek help because of these feelings, which could be linked to physical injuries they have suffered, or because they have been scammed, or a sense that this will reflect badly on their family or community. “We will keep this confidential and only share information on a need – to – know basis.”

Trust. Members of the public have repeatedly stated that this is a significant barrier to them seeking help, including from a statutory service. Some citizens believe they cannot trust some services to not judge them, treat them seriously, respectfully, and crucially that they can actually make a difference, or deliver what they say they will.

For some adults trust needs to be built up slowly and over time, and this may mean that regular and even daily contact is needed to develop the trust for someone to start working with a service in a meaningful way. “Trust can be hard won, but very easily lost”.

3. Engagement Principles

A. Ask the person what their preferred method of communication is.

Knowing how the person prefers to be communicated with will improve the chances of them being able to engage with you. Consider relevant factors including:

- The person’s ability to read and write.
- Language considerations - what is the person’s first language? Is it possible to provide information in a different language or format?
- Does the person have a sensory impairment? If so, what support does the person require to help them engage? For example, this could include the use of an interpreter.
- Safety, for example, if the person is experiencing domestic abuse, is it safe to send a letter to their address?

Recognise contextual factors that may impact on their ability to engage such as a disability, cognitive illness, substance misuse, homelessness, and capacity.

Always consider what you know about the person’s personal circumstances and the extent to which this may impact on the person’s ability to engage.

Use innovative ways to work around contextual problems – for example GP Practices may allow you to send correspondence to adults who are homeless to their address to be collected.

B. Location.

It is important that agencies carefully think through how and where they deliver or offer their services. For some it may be vital that they always offer in-person opportunities for members of public to engage with them, and to be flexible in how this is achieved.

This may include working in partnership with a third party to operate from premises that are more accessible to the individual, or somewhere the adult feels safe – perhaps in an informal setting that may not seem as daunting for the person to attend (for example some public buildings have security barriers or staff). This may also tie in with working in partnership with other services, and particularly when the adult may have already built up some trust with another professional who may be able to reassure and support the adult.

All services should also think through the consequences of only offering engagement via a telephone or online, as this may **digitally exclude** some people, or appear less personal or insensitive.

C. Use the Mental Capacity Act 2005 (MCA).

Remember to use the Mental Capacity Act to empower people to make decisions and support people who may lack the capacity to make some decisions. Remember to consider the extent to which a person's capacity to engage with services may have been affected by threatening, controlling or coercive behaviour.

Consider the persons mental capacity to engage but also the consequences of non-engagement.

When considering a person's capacity in relation to engagement it is important to consider whether the person understands the consequences of non-engagement. The risks might relate to areas such as the persons health, access to benefits, offers of care and support.

If you are concerned about an adult's ability to make a relevant and informed decision you should seek advice and support from a trained mental capacity practitioner (Adult Social Care is a good starting point).

D. Where possible, identify a lead professional to build up a trusting relationship with the person.

Whilst this may not always be possible, it is helpful for the person if they have an identified lead worker. The lead worker will be in a vital position for monitoring trends of engagement, sharing information and assisting the person through service navigation. The lead professional may change depending on the circumstances of the case and the management of risk remains a shared responsibility.

As part of the safeguarding adults process consideration must also be given to whether the adult may benefit from the support of an **independent advocate**.

E. Don't assume that someone else is dealing with the problem.

When a person's circumstances change, or concerns arise about their lack of engagement, do not presume that other professionals are aware of what you know. Build up good relationships with professionals from other agencies and ensure that information is shared appropriately, using safeguarding procedures if required. Where a Safeguarding Plan is in place, it should be clear how information will be shared between all of the agencies involved, including how concerns will be escalated if the persons lack engagement continues to be a risk factor.

F. Review your own individual, and agencies ways of working and practice.

Engagement is a two-way process, but you **should take responsibility and ownership for engagement with your clients**. You may need to reflect on how flexible your practice is, or has been, and if you are offering your services in a way that takes into account the *individual* needs and circumstances of your service users. This includes consideration of the Equality Act 2010, and the nine protected characteristics, and whether your ways of working may be creating barriers to accessibility that are discriminatory in nature.

Do you accept self-referrals? Some members of the public may only hear about your services from word of mouth and decide to try and contact you based on the recommendation of

someone else. If you don't allow referrals in this way this may be a significant barrier to engagement.

G. Be careful what you record about engagement with an individual, or the lack of it.

The language used in your case records can make a big difference. Terms like "failed to attend" and "difficult to engage with" places the emphasis solely on the person, there may be external factors impacting on a person's ability to engage. Recording of this nature can also affect the way another professional may approach the case.

H. Remember, engagement may fluctuate and take a long-term approach.

Just because a person has not engaged with services in the past, does not mean that this will always be the case. Be tenacious and persistent with clients and always let them know that services are available should they need them (never set a deadline for engagement).

Some adult's circumstances can change quickly at a particular cross-roads in their life, which may mean they are more able to seek help and support and engage with your services.

Get to know your clients and what might be a 'trigger' for them to disengage from working with you, and as such try to avoid using clumsy language or specific actions that can lead to this.

Understand that you may also have to take a long-term approach to engagement and accept that some of your clients may always need some level of support.

4. Ask Yourself the Following Questions (Professional Curiosity)

- Do I feel at risk in engaging with this person, and if so, is this a barrier that needs to be addressed?
- Am I relieved when there is no answer at the door, or there is no response to phone calls or letters?
- Am I colluding with the lack of engagement to avoid conflict i.e., taking the word of family members rather than speaking to the individual themselves?
- Am I hesitant to share my concerns to avoid confrontation?
- Am I keeping engagement concerns to myself or am I sharing them with my manager and other colleagues?
- Am I focussing on the wider family needs and not just the needs of the adult at risk? (The Think Family Approach means there should be a balanced consideration to both).

For more information see here: [Professional Curiosity and Critical Evaluation](#)

5. Methods That Can be Used for Engagement

- Telephone calls or use of video conferencing (Zoom or TEAMS etc).
- Text messaging or use of another online platform.
- Home visits, and or joint visits, with other professionals from other agencies.
- Visits to where the person engages with other services such as community centres, food bank, housing shelter, or other safe locations in the community, including GP Practices or Health Centres.
- Letters.
- Structured appointments at agency offices, or third-party safe spaces that are accessible to the individual.

- Work with other agencies who may already established trusted engagement.
- GP contact.
- Trusted family member.
- Trusted friend or associate.
- Via a paid or unpaid carer.

It is important that professionals vary the methods they use and not rely solely on repeating one form of engagement if this is not working.

6. Issues to Consider

- What powers and duties can be explored within the legal framework to help with successful engagement, including the Mental Capacity Act 2005 and the Care Act 2014 (Safeguarding Duty).
- Mental ill-health and if this should be assessed, or if specific support or treatment is required.
- If there is family pressure or coercive control that is preventing (gatekeeping) the adult from engaging with services, and if so, do specialist domestic abuse services need to become involved.

7. Next Steps

- You should not close the case if successful engagement has not been established. This should be escalated and discussed with your manager and a further risk assessment conducted.
- Consider a Mental Health Act assessment.
- Consider a Mental Capacity Act assessment.
- Do not assume that someone else is doing something, communicate with your colleagues and with partner agencies.
- Seriously consider a Team Around the Adult (TAA) meeting. Practitioners from different partner agencies need the opportunity to share information and discuss the best way forward.
- Seek legal advice.
- Seek advice from partner agencies.
- Consider the use of Safeguarding Procedures as outlined in the [Lewisham Adult Safeguarding Pathway](#) which links to the local [LSAB Self-Neglect and Hoarding Policy and Procedures](#)