Cumbria Safeguarding Adults Board

Principles for Person Centred Practice

Practitioner Guidance

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Introduction

This guidance is aimed at practitioners to develop and build on good practice when considering and/or understanding the impact of effective engagement and the risks when engagement becomes challenging.

Adults can lead complex lives which may see them face multiple challenges and services may not be effective in overcoming barriers which hinder their engagement/disengagement with the person. It is incumbent on all professionals to build on strengths, be tenacious and creative, fostering relationships that better support effective engagement.

Barriers to engagement

- People who are under distress and feel they have no option but to live in a situation that places them or others at risk.
- People who have capacity but limited cognitive understanding that makes it difficult to make decisions around risk.
- People who are socially isolated which leads them to increased anxiety, feeling unsafe and leading to acute crisis.
- People who have multiple exclusions e.g. homeless, moving around services and struggle with substance misuse or mental health, violence which is having direct impact on their health & well-being.
- People with complex histories can often have lack of trust in services and/or professionals.
- People could have pride in self-sufficiency and they could find it hard to recognise they might need help.
- Sense of connectedness to a place or possession.
- Having experienced, or currently experiencing loss or traumatic life events.
- Adverse Childhood Experiences.
- A drive to preserve continuity of identity and control, which includes ethnicity, culture, religious beliefs.
- Diagnosed or undiagnosed mental health problems e.g. personality disorder, depression, dementia.
- Cognitive impairments e.g. learning disability, Diogenes syndrome (chronic hoarding).
- Diminishing social networks and/or economic resources.
- Manipulation, coercive control and bullying by others.
- Lack of ‘assertive outreach’ practiced in delivery of services.

Person-centred approach

Professionals should use flexible approaches to encourage engagement to reach out, recognising that people’s circumstances may mean they are unable to respond in a timely and traditional way. Ensure all responsibilities of the Equalities Act, reasonable adjustments and protected characteristics are considered. In addition, consider the individual needs, for example of Autistic people, young people and those with fluctuating capacity.

Consider the following:

- 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.

- The person's ability to read and write-sending them a letter may not be of much use.
- Language considerations: what's the person's first language, is an interpreter, translation service needed?
- Does the person have a sensory, visual, auditory, cognitive, physical impairment and if so, what adjustments can be made to support them? Easy read information/large print/braille/ wheelchair accessibility/meeting in a quiet space/hearing loop accessibility.
- Safety: if it is known/suspected the person is suffering from domestic abuse, is it safe to send a letter to their home/contact them by phone/meet with them at their home?

Use of the Mental Capacity Act/Assessing capacity

The **Mental Capacity Act 2005 (MCA 2005)** is designed to protect and restore power to adults who may lack or have reduced capacity to make certain decisions at certain times. One of the ways it does this is by putting adults at the heart of the decision-making process. Capacity describes a person's ability to make a specific decision at a specific time. An individual is deemed to lack capacity if at the time, a decision is required, and he/she is unable to make that decision because of an impairment or disturbance in the functioning of the mind or brain. This may be temporary or permanent.

The following 5 principles apply for the purposes of this Act:

- A presumption of mental capacity.
- The right for adults to be properly supported to make decisions.
- The right for them to make what might be seen as unwise (unsafe) decisions.
- The need to act in the best interests of the adult.
- To make the least-restrictive interventions to basic rights, autonomy and freedoms.

A capacity assessment should be decision specific and timely, and the professional undertaking the assessment should clearly record the reasons why the person lacks capacity and the practicable steps taken to support them to make the decision. Anyone caring for or supporting a person who may lack capacity could be involved in assessing their capacity. Someone who knows and understands the person well could be best placed to do the assessment. However, in cases involving complex or major decisions a professional opinion from a general practitioner or a specialist may be required.

The presumption of capacity, in particular, can be widely misunderstood by those involved in care. It is sometimes used to support non-intervention or poor care, leaving vulnerable adults at risk of abuse/neglect. Therefore, when considering a person's capacity in relation to engagement it is important to consider whether the person understands the consequences of non-engagement to for example their health, access to benefits, offers of care and support.

Executive Functioning

A common area of difficulty is where a person, for example, with an acquired brain injury gives coherent answers to questions, but it is clear from their actions that they are unable to give effect to their decision. This is sometimes called an impairment in their executive function. The executive functions comprise those mental capacities necessary for formulating goals, planning how to achieve them, and carrying out the plans effectively.

The challenge is one of assessing a person's decision making capacity when they can seemingly 'talk the talk' (decisional capacity), but can't 'walk the walk' (executive capacity), especially when we believe that this inability to 'walk the walk' may be 'because of an impairment of, or a disturbance in the functioning of, the mind or brain.

You can access further Mental Capacity Act resources from the **CSAB website**

Who does the person need support from?

- Is there a trusted person in the adult's life such as a family member or friend who can support the person, make communication easier and help reduce barriers to enable services to better engage with the person?
- Is there a **lead worker** that can offer consistency and work on building a trusting relationship with the person?
- People with co-existing physical and mental health issues can be effectively supported with better outcomes if there is an effective **multi-disciplinary team** around them-are professionals with the correct specialisms involved in supporting the person?
- Under the **Care Act 2014**, as part of a safeguarding adults process or other local authority process, consideration must be given to whether the adult will have significant difficult engaging with the process and whether the adult has a family member or friend, able, willing, and appropriate to support them. If the answer is no, then has a referral for an **independent advocate** been made? You can access further information on the application of the Care Act 2014 in relation to safeguarding adults in section 14 of the **Care Act 2014 statutory guidance**

Use of language

The language used when referring to someone can make a big difference, terms like 'difficult to engage with' and 'failed to attend' can place the emphasis solely on the person, making it sound as though they were to blame when in fact there may have been external factors affecting the person's ability to engage.

When writing information for example in case records, or in a referral or an email to other professionals, ask yourself the following questions:

- **How would it feel to the individual or their family/carer to see the language that is being used to describe them/their lives?**
- **What does the use of this language imply about the individual?**
- **How will others interpret this information if I am not there to explain the context?**
- **How does this language promote a shared responsibility to safeguard and support without blame?**

Using the wrong language can silence people by making them feel shame or blamed and can negatively influence the quality of interventions offered to someone as it can normalise, minimise, and dehumanise the person's experience, resulting in a lack of appropriate response. Professionals reading the persons records may form a prejudiced opinion about the person based on what is recorded and this may lead to unconscious bias and malignant alienation.

Principles of trauma informed practice

Consider applying the principles of trauma informed practice.

Safety

The list below includes ways to apply this principle - you should:

- Put measures in place so that individuals feel emotionally and physically safe.
- Consider the wider impact of your actions.
- Ask what they need to feel safe and how you can create a safe environment for them.
- Keep the person informed.
- Do what you say you will do when you say you will do it.

Trustworthiness

The list below includes ways to apply this principle - you should:

- Be transparent and do what you say you will do.
- Explain what will happen next.
- Give relaxed, unhurried attention - listen effectively.
- Not overpromise - always manage expectations.

Choice

The list below includes ways to apply this principle - you should:

- Listen to what the person wants.
- If there is a choice - give it.
- Always explain clearly and transparently what will happen next.
- Validate any concerns as understandable and normal.

Collaboration

The list below are ways to apply this principle - you should:

- Ask what they need.
- Be clear about what will happen and what they have control over and choice in - empower them where possible.
- Understand local services and support agencies so that you can suggest places to go for them to access help.

Empowerment

The list below are ways to apply this principle – you should:

- Validate people’s feelings and engage with them in a non-judgemental manner.
- Listen to what they need and ensure they are signposted or referred to appropriate support.
- Not take over - encourage and empower people to take positive action themselves (with your support if they want it).

Cultural consideration

The list below are ways to apply this principle you should:

- Have an open non-judgemental attitude.

- Have an awareness of your own cultural values and an awareness and acceptance of cultural differences.
- Consider how you can expand your own cultural awareness - familiarise with the worldviews of cultural groups other than your own.
- Ask people about their culture to understand their preferred language, how healthcare decisions are made in their family and whether their culture prohibits any healthcare procedure or tests.

Persistence

Just because services have not achieved effective engagement with a person in the past does not mean this will always be the case, things may be different this time. Be tenacious and always let them know that services are available to them should they need them. It may take creativity and 'thinking outside the box', reasonable adjustments, partnership collaboration, or a combination of these to establish and maintain effective engagement but don't give up, that person may really benefit from your support.

Don't assume someone else is dealing with the problem

When a person's circumstances change, or concerns arise about engagement, don't 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 Adults 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 of engagement continues to be a risk factor.

Professional Curiosity

Professional Curiosity is the capacity and skills of communication to explore and understand what is happening for a person, rather than making assumptions or accepting things at face value. It requires skills of looking listening, asking direct questions and being able to hold difficult conversations. Professional Curiosity and challenge are a fundamental aspect of working together to keep people safe from harm. Being professionally curious in relation to challenges with engagement can help the practitioner gain a better understanding of how to take a different approach- So ask "why is it difficult for our service to engage the person?"

For further information you can access the **CSAB Professional Curiosity Resources**

Safely ceasing involvement

Before ceasing involvement, professionals must ensure that other agencies have been informed and involved as necessary. Consideration should be given to scheduling a review or follow-up by one of the partners at a later date. In particularly serious circumstances, adults who have capacity to make decisions which may result in them placing themselves at risk of significant harm or death may require **further judicial intervention** to ensure their safety. This is most likely to occur if professionals continually fail to engage with the adult and all other options have been exhausted. There may be occasions when the courts are prepared to intervene in the case of an adult, even when they have the capacity to consent, for example, where an adult is receiving undue pressure or coercion from a third party. The court's purpose is not to overrule the wishes of an adult with capacity, but to ensure that the adult is making decisions freely. Legal advice should always be sought when the **Inherent Jurisdiction** of the courts is being considered.

It is known that intervening successfully depends on professionals **taking time to gain the person's trust and build a relationship whilst going at the person's own pace**. Professionals must evidence they have tried to do this before involvement is ceased.

Professionals must assure themselves that **the person's 'vital interests' are not compromised** – i.e. there is no immediate risk of death or major harm. Professionals should also assure themselves that **no-one else is at risk**, for example from fire. If others are at risk from the person's behaviour, the case should not be closed. Capacity and risk assessments must be **carefully recorded**.

Before any professional considers ceasing involvement with someone who they have not been able to engage with, a number of points should be considered:

- Consider completing a **capacity assessment** on the person. A person may say they understand the impact to their health and wellbeing, but do they really understand the likely consequences? If the answer is 'yes', then they may have capacity to make choices or unwise decisions that others think of as self-neglect. Self-neglect can be a complex area for intervention due to issues in relation to capacity and judgments about what is an acceptable way of living and the degree of risks faced by the adult. For further guidance when working with adults who are experiencing self-neglect refer to CSAB's **Self-Neglect Guidance**
  For guidance on Hoarding you can refer to CSAB's **Hoarding Toolkit**
- A **risk assessment** should be carried out before closing a case where the person is neglecting themselves **or when services are unable to engage the person**.
- Consider arranging a **multi-disciplinary meeting** so information can be shared, and necessary actions can be agreed.
- Consider the **potential risks of inaction**, the risk to the adult could be abuse/neglect/injury or death. The risk to the organisation could be reputational damage/legal or civil claim. The risk to the professional could be disciplinary action/dismissal.

Additional resources

Occasionally situations arise when staff within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard an adult at risk of abuse or neglect. Such situations have been highlighted in several Safeguarding Adult Reviews. It may be that you disagree with a decision by your own service or a partner service, to close down a case.
For further information you can access the **CSAB Escalation & Resolution Guidance**

Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding adults but is often highlighted as a difficult area of practice. The Care Act 2014 emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns. For further information you can access the **CSAB Information Sharing Guidance**

This guide is part of **All Our Health**, a resource which helps health professionals provide better access to health and care, and promote wellbeing as part of their everyday practice. The information below will help front line health and care staff use their trusted relationships with patients, families and communities to address the impact of vulnerabilities.

Vulnerabilities: applying All Our Health - GOV.UK (www.gov.uk)

For further information, guidance and resources you can visit the **CSAB website**