Understanding non-engagement with services

Non-engagement was previously known as 'disguised compliance' however this term does not take into consideration personal histories of trauma and trauma responses, nor does it come from a strengths-based approach.

When people struggle with accepting or engaging with support, their behaviour may involve giving the appearance of co-operating with professionals, this may be to avoid confrontation or please the professional and allay concerns. Showing your best side may be viewed as 'normal' behaviour and therefore we can expect a degree of this. But some people may be fearful of professionals and as a result do not engage entirely with support.

Published case reviews highlight that professionals may delay or avoid interventions due to an appearance of cooperation (adapted from the NSPCC definition). Professionals should be ready to 'think the unthinkable' and respond to it using respectful uncertainty rather than professional optimism. Professional curiosity and the ability to have difficult conversations are also an essential part of safeguarding and are required when working with people who struggle to engage with support.

What has led to this situation?

Seeing behaviour through a trauma lens allows us to understand potential links between current difficulties and past experiences. Re-traumatisation can occur when a current experience triggers the same, or similar, emotional, psychological and/or physiological response as an original, traumatic experience. Re-traumatisation may occur when professionals make decisions on a person's behalf. Trauma responses may be triggered when practitioners do not understand how their interactions and imbalances of power remind a person of a past trauma.

When practitioners are concerned that a person is not responding to a plan, they should be asking:

- *Why does this person behave in this way?*
- *Does this current situation have a connection to a previous traumatic experience?*
- *What skills can I use to help this person feel safe and create connection?*
- *How can I enable this person to feel empowered and have choice in the way they engaging with me?*
- *What are the triggers in this person's life that lead to their non-engagement?*
- *How can I create a relationship based on trust?*

Adopting a trauma informed approach means doing the opposite of what occurs when trauma is experienced and building a relationship based on the 5-trauma informed principles: **Safety, Collaboration, Trust, Empowerment and Choice**. (adapted from research in practice, Embedding trauma informed practices in adult social care)

Principle	Description	Why?	How might this feel?
Safety	People should feel and be physically, emotionally, psychologically, socially, and culturally safe. This involves cultural, sexual and gender sensitivity, an awareness of intersectionality, practitioner competence and working in a way which promotes choice and control, transparency.	Experiencing trauma fundamentally disrupts a person's ability to feel safe at any given moment and they may be more sensitised to stress. People who identify as part of a minority group, for example LGBTQ+, may feel particularly unsafe in mainstream services.	*'I feel safe and understood, like I can finally begin to trust people again.'*
Collaboration	Relationships should be collaborative and mutual, based on respect, trust, connection and hope. As with strengths-based approaches, there should be a clear move away from 'helper' roles which reinforce helplessness or power dynamics.	The inherent power imbalance between practitioners and survivors can mirror that of abusive relationships. Having experienced powerlessness in the past can lead to ongoing feelings of disconnection, hopelessness, mistrust, and fear.	*'We are working through this difficult stuff together'*
Trust	This involves keeping people informed of any changes, telling a person when we will be late, using simple language, being accountable and transparent in what we can and cannot do. We can demonstrate trustworthiness by being genuine, non-judgemental, compassionate, and kind in our interactions.	Trust needs to be earned. It can be difficult for those who have experienced trauma to establish trust. We cannot expect a person to automatically trust us because we are a professional.	*'I feel valued, and I have a secure attachment to my worker'*

Empower-ment	Ensure people are supported to take control of their lives, so that they can make meaningful, genuine choices around their care and support. This approach promotes self-care, it is strengths based, creative, joyful and acknowledges the coping and adaptive skills survivors have developed to get to this point.	Peer support and the coproduction of services mean that mutuality, empowerment, collaboration, and fairness are part of the response to trauma. A sense of control will have been removed during the time of the abuse. Partnership working allows for control to be returned to the survivor.	*'I am taking control of my life now; I have a deeper understanding of myself, and my past'*
Choice	Trauma survivors may convey distress non-verbally, for instance by losing concentration. Practitioners can look for cues that the person is feeling anxious or distressed and respond to this, by asking 'Is it ok to talk about this?' Remember that a person who appears unaffected may be in acute distress. Trauma survivors can be adept at presenting as robust and composed, which may or may not reflect what is going on internally. Consider how they will cope after the conversation. How can they be supported with this?	Survivors often find accessing trauma-specific support very difficult. There needs to be the option for survivors to access trauma-specific treatment from specialist services (if they wish to), when the time is right for them.	*'I am an expert in my own life and I have choice in how I work with services'*

How can trauma be disguised?

Professionals should consider the impact of the language that is used to describe people and consider how this language can affect the interactions between the professional and the person.

When we use a trauma informed approach we begin to understand and accept that behaviour is a form of communication. As professionals we need to be curious about the ways that individuals present, and the impact of those underlying reasons have on their current behaviour. It is the role of the professional to find ways of engaging with the person, build connection and create safety.

Here are the 5 key behavioural reactions to trauma.

Trauma response	How it feels	What individuals are coping with	How people get described
Fight	*'I am bigger, stronger and can win against this person. I will stand my ground and fight and not be told what to do'.*	Frightened; low or no self-esteem; no reason to trust anyone; hypervigilant; fear driven; have been let down in the past; unable to emotionally regulate; unable to think through consequences of actions; struggles with learning and being curious; afraid of change; cultural differences; poor mental health; depression and anxiety.	*Challenging, disruptive, non-compliant, hostile, argumentative, or aggressive.*
Flight	*'I am smaller and will not win, I can get away, so I am going to run'.*	Anxiety; toxic stress; lack of trust; feeling unsafe; hyper avoidance; fear of authority; poor experiences in the past when working with practitioners; or recent staff changes.	*Difficult to engage, avoidant, evasive, or did not attend.*
Freeze	*'I can't get away and I can't win. I will freeze because if I don't respond they may lose interest and go away'.*	Fear of relationships; does not feel safe; unable to trust; feels let down; feelings of shame and guilt.	*Un-responsive, shows no emotion, or not interested.*
Flop	*'They aren't going away, if I stay frozen it is going to hurt more so I will flop and play dead, then it will be over, and they will leave me alone'.*	No childhood opportunity to develop executive functioning skills of self-regulation and organisation; poor concentration; frightened; no sense of	*Need to take responsibility, in denial, not ready for therapy, unmotivated, or prioritises their own needs above everyone else.*

		safety; wanting to numb the pain; and is afraid of the unknown.	
Friend	*'I can't stop it, maybe if I keep them on my side and keep them happy, they won't hurt me as much'.*	Scared all the time; does not know how to identify own needs; wants to please others; deprived of affection; no ability to self-soothe or take care of own emotional distress.	*Attention seeking, Not meaningfully engaging, deceitful, dishonest, overly compliant, people pleaser or lack of boundaries.*

Do you recognise any of these behaviours in the people you work with? What other explanations might there be for their behaviour?

What are the risks when people struggle to engage?

- Professional fail to recognise the root cause of the behaviour.
- The relationship between the professional and the person may break down.
- Professionals may perceive the risk to be low level.
- It removes focus from the adult with care and support needs.
- Professionals can become over optimistic about progress being achieved, leading to cases being stepped down and delaying timely interventions.
- Professionals may close the case because of lack of engagement or lack of progress.

Top Tips to achieve change:

- Focus on the adult with care and support needs, ensure you speak to them about their wishes and feelings in line with **Making Safeguarding Personal**.
- Consider if the views of family and carers are consistent with the those of the adult with care and support needs. Are their stories inconsistent?
- Practitioners need to ensure they are professionally curious about the person, their life experiences, and the impact it still has on them.
- Effective multi-agency work needs to be coordinated, so we have all available information regarding the lived experience of the adult.
- Family or carers can easily prevent practitioners from seeing and listening to an adult with care and support needs.
- Practitioners can be miss opportunities to identify risk because of stories we want to believe are true.
- Practitioners need to build cooperative relationships with people based on the **5 trauma informed principles.**
- Use regular supervision to help understand your decision making.
- **Incorporate the 6 principles of the Care Act: Empowerment; Prevention; Proportionality; Protection; Partnership; and Accountability.**

When an individual or family is not engaging with a service

Strategies to consider

- **Making Safeguarding Personal**
- **Be professionally curious**
- **Build cooperative relationships**
- **Incorporate the 5 Trauma Informed Principles into every interaction.**
- **The 6 Principles of the Care Act.**
- **Engage in regular supervision.**
- **Recognise the impact of professional optimism and unconscious bias in our decision making.**
- **Be patient- trusting and secure relationships take time to develop.**
- **Make sensitive enquiries.**
- **Have the confidence to have difficult conversations.**

Concerns/ Issues Raised

- **Does this behaviour increase risk?**
- **Consider the impact of trauma- historical, cumulative, and current.**
- **Is this behaviour a trauma response?**
- **Does this person feel unsafe and unable to trust others?**
- **Mental health**
- **Mental Capacity Act**
- **Does this person have capacity, but they are still vulnerable?**
- **Could there be coercive control or exploitation?**
- **Could this person have fluctuating capacity?**
- **Is alcohol or substance impacting on their capacity?**
- **Corroborate information shared by family and carers.**

Next Steps

- **Do not close the case because someone has withdrawn from contact or has not attended an appointment.**
- **Discuss with your line manager.**
- **Consider a carers assessment.**
- **Coordinate a multi-agency response, seek advice from partner agencies.**
- **Be accountable. Do not assume that someone else is doing something.**
- **Use the Blue Light Protocol for people who are dependent on alcohol**
- **Consider the self-neglect pathway.**
- **Seek legal advice.**

Always complete

- **Chronology and clear case recording which evidences defensible decision making.**
- **Risk Assessment**
- **Mental Capacity Assessment**

Links to further reading and resources

- Community Care- Rethinking Disguised Compliance
- Opening Doors- a video on trauma informed practice
- Safeguarding network- disguised compliance
- Academy for social justice- understanding the use of trauma informed practice
- Social work news- an alternative view of disguised compliance