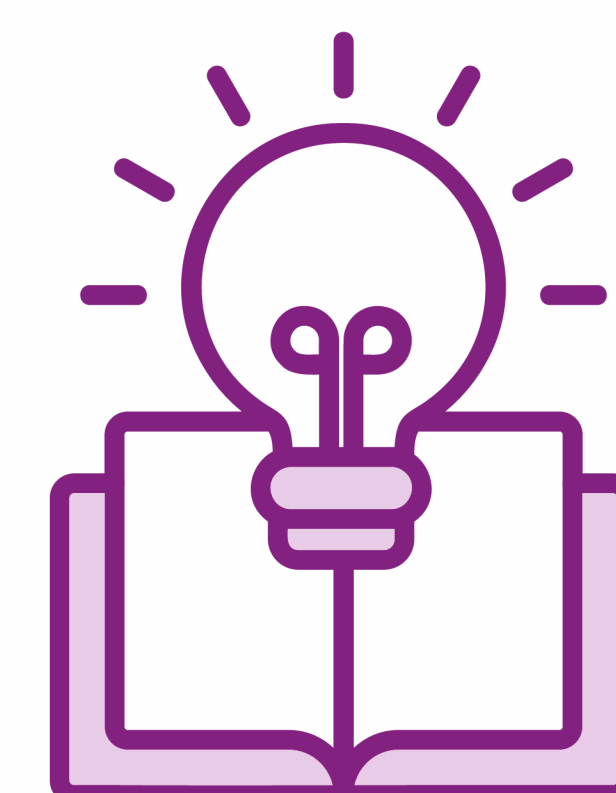



INTRODUCTION

Trauma can significantly affect mental capacity by disrupting how the brain processes information and makes decisions. Even where there is no diagnosed mental illness or brain injury, trauma can amount to an impairment or disturbance of the mind or brain under the Mental Capacity Act (MCA). Trauma responses can narrow thinking to immediate survival, distort perception of risk, and interfere with memory, emotional regulation, and reasoning. As a result, a person may appear to understand information but be unable to retain it or, most commonly, to use or weigh it when decisions need to be made. Apparent choices may therefore not reflect free and informed decision-making, particularly where fear, coercion, grooming, or dependence are present.

In practice, trauma most often affects the “use or weigh” element of the MCA functional test. Fear and survival instincts can override rational evaluation of risk, leading to repeated high-risk decisions, minimisation of harm, or focus on short-term relief over longer-term safety. Communication may also be affected, with people shutting down, dissociating, or saying what they believe professionals want to hear. Practitioners should avoid over-reliance on the concept of “unwise decisions” and instead evidence how trauma impacts decision-making at the time the decision is required. Trauma-informed MCA practice involves allowing time, revisiting capacity where responses fluctuate, focusing on behaviour over time as well as verbal accounts, and using multi-agency information to ensure safeguarding decisions are lawful, proportionate, and respecting rights.

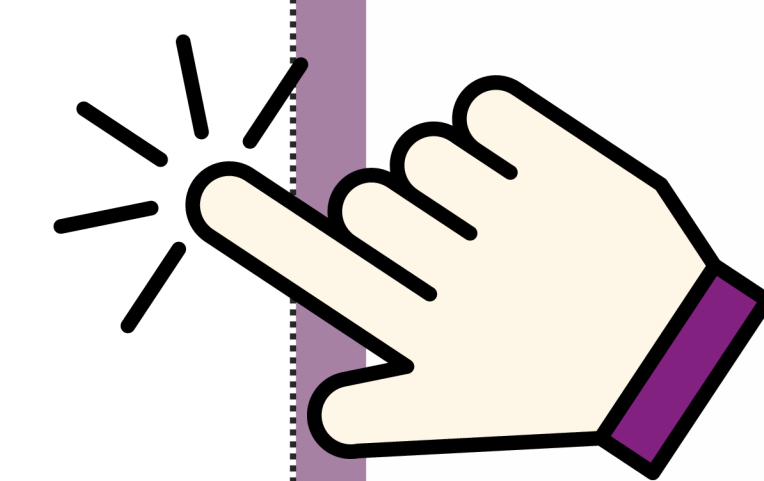


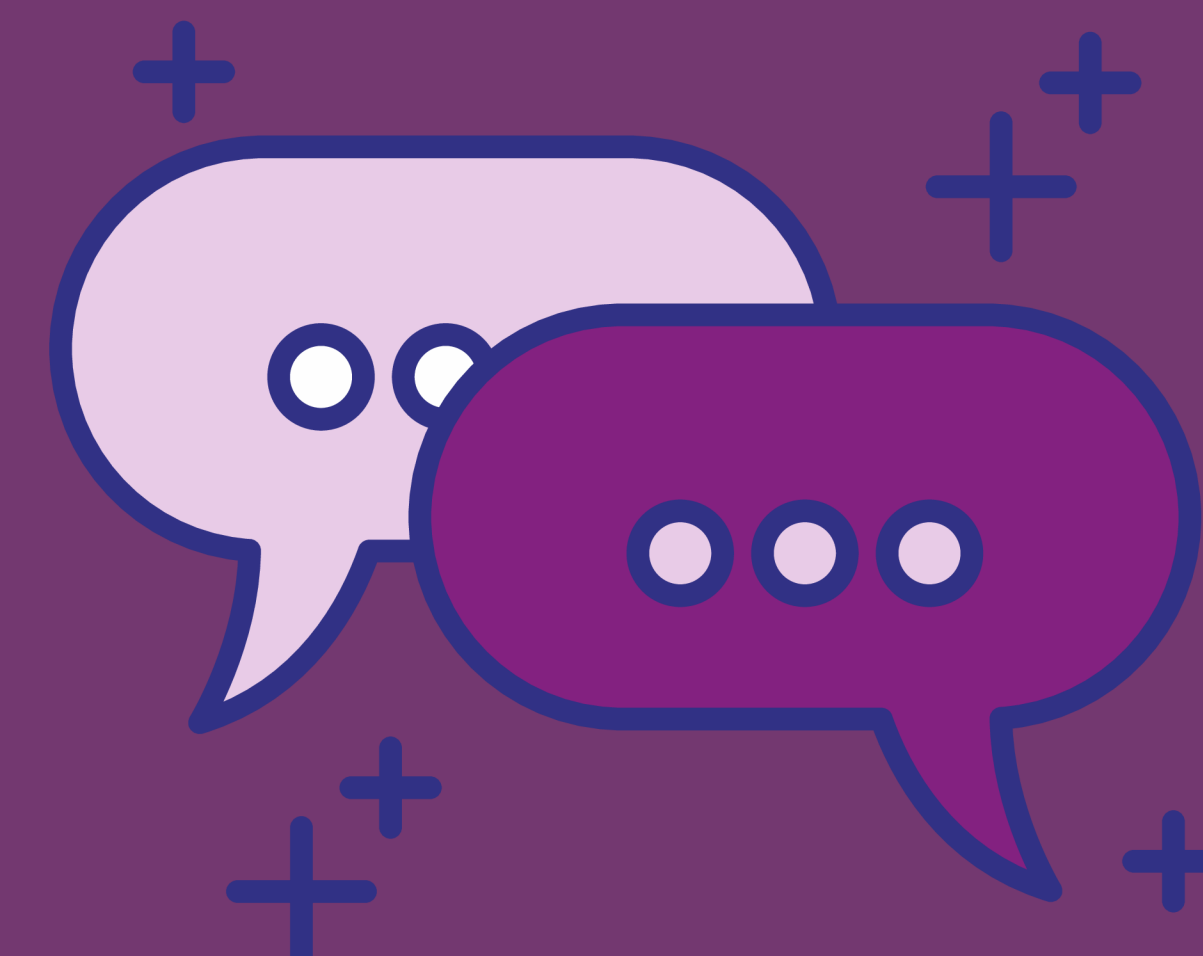
TEAM TALK REFLECTIVE QUESTIONS

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1. How can trauma affect a person’s ability to make decisions under the Mental Capacity Act, even when they appear articulate and cooperative?
 2. Why is the ‘use or weigh’ element of the MCA functional test often the most affected when trauma is present?
 3. What indicators might suggest that a person’s decision-making is being driven by fear, survival responses, or coercion rather than free choice?
 4. Why is it important not to rely solely on the concept of ‘unwise decisions’ in trauma-affected safeguarding cases?
 5. What does trauma-informed practice look like when assessing capacity in high-risk or safeguarding situations?
 6. Final reflection – how will discussions today impact upon the things you do to keep adults at risk safe?

FURTHER RESOURCES AND TRAINING

- [Practice Guidance](#)
- Mental Capacity Act Code of Practice (GOV.UK) Statutory guidance on assessing capacity, best interests and lawful decision-making. <https://www.gov.uk/government/collections/mental-capacity-act-making-decisions>
- NICE NG108: Decision-making and mental capacity Evidence-based guidance on assessing and supporting decision-making. <https://www.nice.org.uk/guidance/ng108>
- Core principles and safeguarding-relevant practice considerations. <https://safeguarding-guide.nhs.uk/context-of-NHS-safeguarding/s2-03/>
- NICE NG116: Post-traumatic stress disorder. Information on trauma responses including hypervigilance, dissociation and emotional dysregulation. <https://www.nice.org.uk/guidance/ng116>
- Capacity Guide – “Use or weigh” criterion <https://capacityguide.org.uk/criteria/criteria-page-use-or-weigh/>
- Capacity Guide – Interpersonal influence and coercion <https://capacityguide.org.uk/flashpoints/the-person-seems-to-be-under-the-influence-of-someone-else/>





- The Newcastle Safeguarding Adults Board is exploring different ways that key messages can be cascaded to front-line staff. Although formal training can be an important aspect of learning, we are trying to encourage creative ways of learning - in diverse, flexible, and innovative ways. The Team Talk training tool is intended to be used in a Team Meeting but could equally be used in a supervision scenario.
- The tool is divided up into three sections:

INTRODUCTION

Details any relevant legislation or learning from Safeguarding Adult Reviews (SARs). This information could be used to provide an introduction to the topic – why it is being discussed.

TEAM TALK REFLECTIVE QUESTIONS

Suggested questions which should prompt discussion around a particular topic area. It is not intended that there are right and wrong answers to these questions, hopefully they will facilitate discussion around the topic and give the opportunity for practitioners to share experiences and knowledge that are relevant to their role/profession/ service. Try to take an appreciative approach (see below).

FURTHER RESOURCES/TRAINING

Includes a variety of resources, some of which could potentially be used within the team meeting e.g. showing a video/animation or are there for team members to access at a later date.

The Manager of the Team could send out the information in advance to allow team members to consider the topic and questions that are posed. Using the Team Meeting Training Tool could be used to evidence Continuing Professional Development (CPD) for those professions who are required to evidence this.

TAKING AN APPRECIATIVE APPROACH

Focus on Strengths and Positive Outcomes:

- What went well? Celebrating successful safeguarding interventions and good practice.
- Encouraging staff and volunteers to recognise and build on strengths within their teams and cases.

Solution-Focused Reflection:

- “What solutions can we implement to improve this situation?”
- Focus on next steps and positive change.

Collaborative and Open Discussion:

- Foster an open dialogue where everyone feels heard and valued.
- Share ideas and experiences to promote mutual learning and team building

We'd like to know more about the use of the Team Talks, please complete this [short survey](#) to help us understand their use and improve them for the future.