



TRAUMA, NERVOUS SYSTEM & TRAUMA-INFORMED SUPPORT

Choice & Voice

Supporting autonomy, informed participation and meaningful influence without disguising restrictions or overwhelming people with options.

The key idea

Choice is meaningful when options are real, understandable and sufficiently free from pressure. Voice means having a genuine route to communicate views and influence decisions, including through accessible communication.

Autonomy and agency

Choice and voice are about meaningful involvement in decisions that affect a person. Agency describes the ability to act, influence what happens and make decisions within the options genuinely available.

Meaningful choice

A choice is meaningful when the options are real, understandable and reasonably accessible. Offering an option that cannot actually be used, or presenting a fixed decision as a choice, can increase rather than reduce powerlessness.

Important to remember

Offering options is not the same as offering meaningful choice. Choices need to be genuine, understandable and realistically available.

Choice architecture

The way options are presented can influence decisions. Professionals should consider whether wording, order, time pressure or unequal information is unintentionally steering someone rather than supporting an informed decision.

Consent

Where consent is required, it should be informed and voluntary and relate to the particular intervention or decision. People need enough relevant information to understand what is proposed, including significant benefits, risks and alternatives where applicable.

Mental capacity

Under the Mental Capacity Act 2005 in England and Wales, adults are presumed to have capacity unless it is established otherwise. Capacity is assessed in relation to the specific decision and at the relevant time; an unwise decision does not by itself mean a person lacks capacity.

Important clinical and legal point

Capacity is decision-specific and time-specific. A diagnosis, disability or disagreement with a professional does not by itself establish that a person lacks capacity.

Supported decision-making

Before concluding that someone cannot make a decision, practical steps should be taken to support them where required. This may include accessible information, communication support, more time, a quieter setting or involving someone who helps the person understand and communicate.

Voice and communication

Voice does not depend on fluent speech. People may communicate through AAC, signing, writing, behaviour, interpreters, communication partners or other methods. Communication differences should not be mistaken for absence of preference or understanding.

Shared decision-making

Shared decision-making combines professional knowledge with the person's values, preferences and circumstances. It is particularly useful where more than one reasonable option exists, but it does not remove legal or safeguarding responsibilities.

Advocacy

An advocate can help a person understand information, communicate their views and participate in decisions. Some forms of advocacy have specific statutory eligibility criteria; informal supporters and independent advocates may have different roles.

Tokenism

Asking for someone's views is not meaningful involvement if the answer cannot influence anything and that limitation is hidden. Be clear about what is open to change, what is constrained and why.

Changing one's mind

Where a decision remains voluntary, a person may reconsider or withdraw consent. Services should avoid treating a previous preference as permanently fixed when circumstances or information have changed.

Example

A compulsory appointment cannot be declined, but the service may still be able to offer a choice of appointment time, explain who will attend, allow a supporter to be present and agree how information is communicated. Choice within constraints is more honest than pretending the whole situation is optional.

Practical check

What is genuinely open to choice? Has the person received information in a form they can use? Is there enough time to process it? Have communication needs been supported? Are constraints explicit? Is advocacy or another supporter appropriate?

References & Further Resources

These resources provide useful starting points for further reading and help distinguish trauma-informed principles from legal requirements and evidence-based clinical guidance.

NHS England

Provides information and resources on personalised care, shared decision-making, patient experience and accessible involvement in health and care decisions in England.

NICE

Publishes evidence-based guidance, including guidance on shared decision-making and patient experience. Useful for practical standards around involving people in decisions about care.

Mental Capacity Act 2005

Provides the legal framework for decision-making where an adult may lack capacity in England and Wales. The accompanying Code of Practice explains principles, assessment and best-interests decision-making.

SCIE

The Social Care Institute for Excellence provides practical resources on the Mental Capacity Act, advocacy, safeguarding and person-centred involvement in social care.

How to use these resources

Choice and voice should be supported alongside current consent, capacity, safeguarding and professional requirements. Where a decision has legal consequences, check the current statutory framework and relevant professional guidance rather than relying on a general trauma-informed principle alone.