



Joint inspection of adult services

Integration and outcomes

Engagement Framework v4.0

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Joint Inspections of Adult Services (JIAS) 2020

Engagement Framework

This framework will be used to shape and report on all engagement activity undertaken during a joint inspection of adult services.

It is based around 12 personal “I” statements, which focus on the experience of, and outcomes for people using services and their unpaid carers. The statements are mapped against the following:

- national health and wellbeing outcomes,
- integration delivery principles
- health and social care standards

They are also matched to the quality indicator framework for the Joint Inspection of Adult Services (JIAS).

The positive examples provide relevant practical illustrations for consideration in relation to each statement. These examples are not intended to be used as a checklist or template.

The framework should address people’s experience across the range of health, care and support services in the statutory, voluntary, independent and community sectors.

The engagement framework will be used as the basis for developing a series of templates and tools for engagement, to include:

- questionnaires,
- one-to-one semi-structured interview templates (for use in face to face settings or via telephone or near-me)
- focus group plans with templates.

Over time, tools will be reviewed and developed to support further engagement (e.g. larger café style or workshop events).

Recording processes will be agreed and developed alongside the engagement tools.

The 12 statements are¹:

1. From the point of first seeking support from health and social care services, things have been explained clearly to me and I have been given the right information at the right time.
2. The advice, support, treatment and care that I receive, help me to stay as well as possible for as long as possible.
3. I am fully involved in planning and reviewing my social care and support and in making meaningful decisions about my healthcare, in a way that makes me feel that my views are important.
4. Professionals support me to make my own decisions about my health and social care and respect the decisions that I make.
5. My views, about what I need and what matters to me, are valued and respected.
6. People working with me treat me with dignity and respect and show me care and kindness.
7. People working with me focus on what I can do for myself, and the things I can do to improve my own life and wellbeing.
8. The health and social care and support I receive, help me to remain in and be part of my community.
9. Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.
10. My unpaid carers and I can be involved in how health and care services are planned and delivered in our area, including a chance to say what is and isn't working, and how things could be better.
11. I'm confident that all the people supporting me work as a team. We all know what the plan is and work together to get the best outcomes for me.
12. The health and social care and support I receive has made life better for me.

¹ The order of Statements has been revised in March 2024, however wording remains the same.

Statement 1	From the start of getting my treatment, care and support, things have been explained clearly to me and I have been given the right information at the right time
EXPERIENCE	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People get information at the right time, when they need it • People feel they get a full explanation about the health and social care and support they are entitled to and how to access these services • People say that information is accessible and easy to understand and is presented in a suitable format for them • People say that they have access to information about the range of services which are available locally in their community • People can access advocacy services when they need them • People understand the decisions and choices they have in relation to health and social care and support • People understand the processes that will be followed in order for them to receive health and social care services and support and are supported to navigate complex systems • People say that their ethnicity and culture are taken into account when being provided with information • People using social care services understand self-directed support and that they have a choice of provider • People understand the charging policy in relation to care and support services • People are not left with unanswered questions about their health and social care and support provision <p>QI Key factors: 2.1 people understand their options and rights and experience increased choice and control in managing their health and wellbeing; 5.1 processes are in place that support early intervention and prevention activities to promote and maintain good health and wellbeing. H&WBO: 1, 3 IDPs: (b) (v), (vi) H&SCS: 2</p>

Statement 2	The advice, support, treatment and care that I receive, help me to stay as well as possible for as long as possible
OUTCOME	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People say that advice and information about health and care matters is easily available in their communities • People say that they got the health and care advice and/or help they needed when they first asked for it • People say that health and care services are easily accessible in their local community • People feel that they got help at the right time and this supported them to stay as well as possible for as long as possible • People feel that their health has been better than it might have been due to the treatment, support and care they have received • People say that health and care staff talk to them about ways to help them stay well and to keep a good quality of life • People feel that the health and social care and support that they receive helps them to maintain their independence • People say that they receive care and support in their local community rather than a centralised or acute setting as much as is safe and practicable • People feel confident that routine screening programmes and health checks help to identify serious health problems at an early stage <p>QI Key factors: 1.2 People look after and improve their own health and wellbeing and live in good health for longer: processes are in place that support early intervention and prevention activities to promote and maintain good health and wellbeing: 5.1 processes are in place that support early intervention and prevention activities to promote and maintain good health and wellbeing: 6.1 the partnership has clear shared priorities for integrated arrangements that improve peoples' health and wellbeing outcomes H&WBO: 1 IDPs: (b) (ii), (iv) H&SCS principles: 1</p>

Statement 3	I am fully involved in planning and reviewing my social care and support and in making meaningful decisions about my healthcare, in a way that makes me feel that my views are important
EXPERIENCE	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People can explain how services made sure that they are involved in making decisions about their treatment and in planning and reviewing their care and support • People feel that they understand all relevant information to make meaningful decisions about their care and treatment • People say they are routinely involved in reviewing their social care and support plans on a regular basis • People know what the plan is for their health and social care and support • People feel they are supported to understand and manage risks in a meaningful way • People know what outcomes they want from their treatment and care, and are confident that the plans that have been put in place will help them achieve these outcomes • People are asked if they want other people to be involved in planning or reviewing their care and support or making decisions about their treatment; and if they do, those people are fully involved. • Where people lack capacity to make decisions, their guardians, attorneys and representatives are fully consulted and make decisions based on their understanding of what the person would want to happen • People know who to speak to if they have any problems with their treatment, care or support, and are confident that they will be listened to. • People are supported to plan for their future care including contingency planning for changes in circumstance.
	<p>QI Key factors: 2.1 people understand their options and rights and experience increased choice and control in managing their health and wellbeing: 5.2 systems and processes have been developed to focus on achieving good health and wellbeing outcomes H&WBO: 1,3 IDPs: (b) (v), (vi) (ix) H&SCS: 1, 2, 4</p>

Statement 4	Professionals support me to make my own decisions about my health and social care and respect the decisions that I make
EXPERIENCE	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People feel that they are supported to make realistic and informed decisions about treatment, including the option to refuse treatment. If they refuse treatment, they understand what the impact of this might be • People understand how their information is used and shared and their right to give or refuse consent. • People feel they have genuine choices about how their social care is provided and delivered and say they are supported to make the choices that are right for them • People feel they have control over their social care and support provision and can explain what this means in practice • People's informed decisions are consistently respected • Treatment and care plans are built as far as possible around the individual and their needs and circumstances, not around the needs of health and care services • Where possible, people's care and support is organised to fit in with other commitments and priorities, identified by the person (e.g.: family, leisure, worship) • Care, support and treatment plans are not changed without consulting the people who receive the care, and/or their unpaid carers <p>QI Key factors: 2.1 people understand their options and rights and experience increased choice and control in managing their health and wellbeing: 5.2 systems, processes and procedures have been established to identify and respond to people's needs, preferences and priorities in a coordinated way: 6.1 the rights and dignity of service users promote and guide the planning and delivery of person-centred health and social care services users and unpaid carers H&WBO: 1, 3 IDPs: (b) (v), (vi) H&SCS principles: 2, 3</p>

Statement 5	My views, about what I need and what matters to me, are valued and respected.
EXPERIENCE	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People feel that the health and social care they receive takes account of the important things that they have told workers about and that their voice and views are heard and acted on • People feel that health and social care staff make an effort to understand what people using their services need from them, in order to make their lives better • People who use health and social care services feel they are given enough time to explain what's important to them, without being hurried, even if their capacity to make decisions is limited • People say that staff carrying out assessments and delivering health and social care ask them about issues that are important to them that might affect their treatment or care and take into account their religious and cultural beliefs. <p>QI Key factors: 2.1 people understand their options and rights and experience increased choice and control in managing their health and wellbeing: 5.2 systems, processes and procedures have been established to identify and respond to people's needs, preferences and priorities in a co-ordinated way.</p> <p>H&WBO: 3</p> <p>IDPs: (b) (iv), (v), (vi)</p> <p>H&SCS: 2</p>

Statement 6	People working with me treat me with dignity and respect and show me care and kindness at all times.
EXPERIENCE	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People feel listened to, treated fairly, considered as an individual human being rather than as a number or a case • People say that the people who work with them are kind and considerate towards them, even in stressful situations • People say that the people who provide their health and social care talk to them and show an interest in their lives • People feel that the people who provide their health and social care genuinely care about their wellbeing • People say that the people responsible for assessing and planning their treatment and care have treated them with dignity and respect • People say that the workers who provide them with health and social care and support on a daily basis treat them with dignity and respect • People say they feel safe and comfortable to be themselves with the people who provide their health and social care and support • People feel comfortable to tell their carers and health staff if they have concerns about anything related to their care • People say that their carers check with them on an ongoing basis that they are happy with their health and care arrangements
	<p>QI Key factors: 2.1 people experience improved quality of life: 5.2 systems, processes and procedures have been established to identify and respond to people's needs, preferences and priorities in a coordinated way H&WBO: 3, 7 IDPs:(b) (ii), (v), (vi) H&SCS principles: 1,3</p>

Statement 7	People working with me focus on what I can do for myself, and the things I can do to improve my own life and wellbeing.
OUTCOME	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People feel that those assessing their needs and delivering care talk with them about what they can do - so that everyone is confident about what needs to be in the support/care/treatment plan and people are supported to do what they can for themselves • People say that they get advice from health and care services on what they can do to maintain and improve their own health and wellbeing • People feel that they get all the help they need to manage their health conditions and remain as independent as possible, including access to telehealth/care, monitoring equipment and aids and adaptations • People feel that health and social care and support services consistently aim to maximise their independence and control over their own lives • People feel supported to self-manage their medications and conditions as far as possible. • People say that they are encouraged and supported to engage with other services in their community that can help them improve their health and wellbeing, such as housing, welfare benefits, education and employability • People say that they are encouraged to engage in healthier lifestyle approaches, including physical activity • People say that they are supported to be involved in activities that help them to socialise and/or develop their interests (e.g.: men's sheds, exercise groups, book groups, self-help groups) <p>QI Key factors: 1.2 People look after and improve their own health and wellbeing and live in good health for longer: 2.1 people understand their options and rights and experience increased choice and control in managing their health and wellbeing: 5.1 processes are in place that support early intervention and prevention activities to promote and maintain good health and wellbeing: 5.2 systems and processes have been developed to focus on achieving good health and wellbeing outcomes</p> <p>H&WBO: 1, 3 IDPs: (b) (ii), (iv) H&SCS: 1,2</p>

Statement 8	The health and social care and support I receive, help me to remain in and be part of my community
OUTCOME	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People say that they are living where they want to and that the health and social care and support they get has helped this to be possible • People say that the health and social care they get helps them to stay in touch with people they know in the local area, e.g. neighbours, friends, acquaintances: and to spend time in the places that mean something to them (e.g.: local shops, pub, church) • People have access to assistive technology that helps them to remain safe, well and independent in their homes. • People who need to be treated in hospital feel that their admission and discharge have been well supported by health and social care services so that they are able to return home safely as soon as possible <p>QI Key factors: 1.2 people live independently at home or in a homely setting: 2.1 people experience improved quality of life: 5.1 processes are in place that support early intervention and prevention activities to promote and maintain good health and wellbeing: 5.2 systems and processes have been developed to focus on achieving good health and wellbeing outcomes</p> <p>H&WBO: 2</p> <p>IDPs: (b) (iii), (vii), (xi)</p> <p>H&SCS principles: 1, 2, 3</p>

Statement 9	Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.
OUTCOME	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People say that their health and social care providers consider the needs of their unpaid carers when their care and treatment are planned and where necessary, they work with social work services so that additional support can be provided • People feel that health and social care staff work effectively together to ensure that the impact of their care and treatment needs on their unpaid carers is minimised. • People say that their unpaid carers have had a social work carer's assessment and can explain how the assessment has helped them. • People say that because of the way that health and social care staff work together, their family members are more able to live their own lives than they were before care and support was provided. • People are confident that they and their unpaid carers will be involved in any discussions about changes in their treatment and/or care provision • Unpaid carers say that the recognition and support they experience from health and care services makes them feel more able to carry on caring for their loved one. • People say they are supported to go out or attend appointments independently if they want to, without having to rely on friends or family. <p>QI Key factors: 1.2 people who provide unpaid care look after their own health and wellbeing, and there is a reduction in any negative impact of their caring role on their own health and wellbeing: 2.1 people understand their options and rights and experience increased choice and control in managing their health and wellbeing H&WBO: 6 IDPs: (b) (ii), (vi) H&SCS principles: 1, 2, 4</p>

Statement 10	My unpaid carers and I have the opportunity to be involved in how health and care services are planned and delivered in our area, including a chance to say what is and isn't working, and how things could be better
EXPERIENCE	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People know who is responsible for planning and providing health and social care and support services in their area, and how to express their opinions about this • People feel they have the chance to influence how things are done in providing health and care services • People have opportunities to attend meetings or groups to discuss how health and social care services are provided in their area • People say that the HSCP and services routinely ask them how well services are doing and how they might improve <p>QI key factors: 6.1 health and social care services are planned in a way which engages communities, including service users, unpaid carers, staff across the whole partnership</p> <p>H&WBO:</p> <p>IDPs: (b) x</p> <p>H&SCS principles: 4</p>

Statement 11	I'm confident that all the people supporting me work as a team. We all know what the plan is & work together to get the best outcomes for me.
EXPERIENCE	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People say that they tell their story once and this is communicated between services, so they don't have to tell their story over and over • People say that all the people who help them, know who else is involved and what everybody's roles and responsibilities are • People feel that everyone who supports them or provides them with healthcare has more or less the same understanding about what's important to them • People say that the people who help them, speak to each other to make sure that support is consistent, co-ordinated and takes place at the right time and place • People and their families feel well supported in periods of transition, for example: moving from child to adult services, moving into residential care, moving into end-of-life care • People say that the people working with them know enough about their circumstances for the support, care and health interventions they offer to be suitable for them. • People are confident that everyone involved in their health and social care does what is expected of them • People know how to get help or support in an emergency, including at evenings and weekends
	<p>QI Key factors: 2.1 people experience health and social care services that are integrated from their point of view: 5.2 systems and processes across health and care services are integrated for people who use them: 6.1 planning and commissioning ensure health and social care services are integrated for people and their unpaid carers</p> <p>H&WBO: 4</p> <p>IDPs: (b) (i)</p> <p>H&SCS principles: 2, 3, 4</p>

Statement 12	<p>The health and social care and support I receive has made life better for me</p> <p>(People will be asked to reflect on engagement with all health and care services, including: NHS, social work, care providers, community services, volunteer led services)</p>
OUTCOME	<p>Positive examples could include:</p> <ul style="list-style-type: none"> • People can identify specific improvements in their lives as a result of the health and social care, and support they receive • People who are at the end of their lives, and their loved ones, feel that the health and social care that they receive takes account of their physical, psychological, social and spiritual needs and wishes • The health and social care and support people receive meets their expectations in terms of the difference it makes to their lives <p>QI Key factors: 1.2 People look after and improve their own health and wellbeing and live in good health for longer: 2.1 people experience improved quality of life: 5.2 systems and processes have been developed to focus on achieving good health and wellbeing outcomes: 6.1 the partnership has clear shared priorities for integrated arrangements that improve peoples' health and wellbeing outcomes</p> <p>H&WBO: 1, 3</p> <p>IDPs: (a), (b) (ii), (viii)</p> <p>H&SCS principles: 1, 2, 3, 4</p>