



## **Multi-Agency Guidance: Working with Risk in safeguarding practice**

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## Purpose

The guidance is for all front-line staff and managers working with adults, including those with care and support needs, in Shropshire. It clarifies how to apply the key principles of working with risk in a way which promotes an adult's individual wellbeing and ability to work positively with risk, in order to prevent the risk or experience of abuse or neglect. It recognises that agencies will have their own specific organisational standards to follow when assessing risk and working with individuals, to help manage factors that may require agreed actions to both empower and protect them in ways that promote safety, dignity, privacy and autonomy.

This document does not replace your own agencies risk assessment tools that are required to be routinely completed when working with an individual; it is designed to support multi-agency working with individuals who are experiencing risk.

The document should be read alongside the relevant multi-agency procedures (all available at: [Adult Safeguarding Policies & Procedures — Shropshire Safeguarding Community Partnership](#)) These include:

- West Midlands Adult Safeguarding Multi-Agency Policies and Procedures
- Safeguarding Process in Shropshire
- Information Sharing Protocol and Practice Guidance
- Escalation Policy
- Organisation's own guidance on managing risk
- Responding to Self-neglect in Shropshire

### 1. Introduction

Working with risk is about balancing an individual's human rights and freedoms and the duties placed on organisations and its workers, to prevent and protect the individual and/or others from coming to harm because of abuse or neglect.

Shropshire Safeguarding Community Partnership has produced this guidance to develop a common multi-agency approach to working with risk to promote the wellbeing of adults with care and support needs. It is imperative that all agencies work with adults and each other to prevent the risk or experience of abuse or neglect and reduce the need for statutory adult safeguarding processes to be initiated.

The aim of any multi-agency approach, whether preventing or protecting the adult from harm; should be to support and enable the person to achieve and maintain their safety and wellbeing in the least restrictive way possible.

## 2. Principles of working with risk

Risk in the context of this document, is concerned with the probability of harm to an adult, as a result of abuse or neglect to the adult or others.

The Care and Support Statutory Guidance recognises the complexity of assessing and managing this risk and makes clear the following points: (DHSC:2024:14.7-14.8):

The importance of **balancing** the need for “people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action”

Professionals should **work with the adult** to establish what being safe means to them and how that can be best achieved. Professionals and other staff should avoid advocating ‘safety’ measures that do not take account of individual wellbeing, as defined in Section 1 of the Care Act 2014.

This can be particularly challenging when the adult does not recognise that they are at risk and/or do not want support or protection; but the view of professionals is that there is a high chance of the adult being at risk of harm if protection does not take place.

It is essential that all organisations work in accordance with the **Mental Capacity Act (MCA) 2005**, the **Human Rights Act 1998** and the **Equality Act 2014**, which support the implementation of a personalised and positive risk-taking approach to safeguarding. Adherence to the five statutory principles of the MCA is vital to ensure that all professionals are fulfilling their duties to both empower and protect people when considerations are made about their capacity. If you have concerns about a person’s capacity (including their executive functioning) please see the resources on the SSCP Website for support [Mental Capacity Resources — Shropshire Safeguarding Community Partnership](#)

**The six statutory principles that underpin all adult safeguarding work and should be applied when working with risk are:**

**Empowerment**

“I am asked what I think about my safety and what I want to happen. I feel people have listened to me because of what they have done after I have told them”

**Prevention**

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”

**Proportionality**

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed”

**Protection**

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”

**Partnership**

“I know that staff treat any personal and sensitive information confidential, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me”

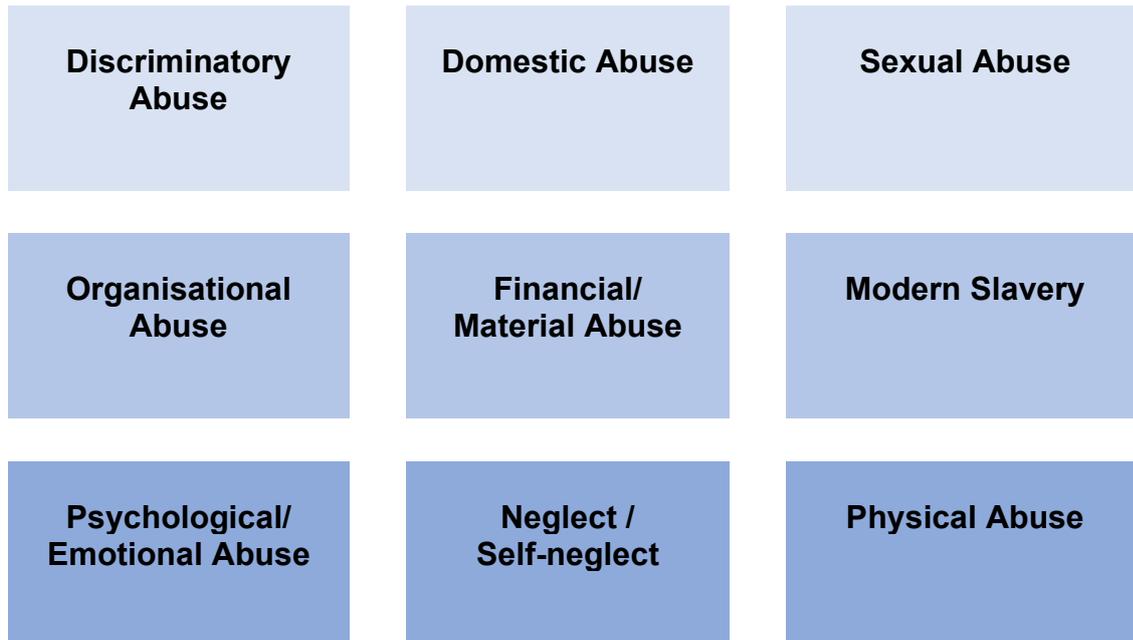
**Accountability**

“I understand the role of everyone involved in my life and so do they”

# Practice Guidance

## 3. What is risk?

Risk is the **potential or probability** that an adult will **experience harm** and this could be as a result of abuse or neglect. Abuse and Neglect may present in the form of:



Further information about types of abuse and guidance on supporting individuals experiencing specific abuse types, can be found at: [Safeguarding Adult Board](#)– What is Adult Safeguarding Leaflet

#### 4. Identification of risk.

Concerns about risk can be triggered by particular events or circumstances, which are considered to compromise the adult's safety through:

- their own behaviour (which could be affected by impairment, illness, capacity or disability),
- personal circumstances (particularly when there is a change); or
- because of the acts/omissions of others.

Events or circumstances that can trigger concerns may include:



These events or circumstances in silo may not always indicate that someone is at risk of abuse or neglect, however, if as a professional you have sufficient concern then you should carry out a risk assessment with the person; taking account of the [Principles](#) outlined above and adopting a positive approach to risk taking.

It is worth noting that risk is often increased when professionals are struggling to find ways to engage with individuals; this is of particular note with people who are self-neglecting such as hoarding or using substances, however it can be prevalent in all forms of abuse and neglect.

## 5. Positive Risk Taking

Risk is a normal everyday experience. Taking risks can enhance a person's resilience and wellbeing.

A **positive risk-taking approach** involves:

- Following the Mental Capacity Act and ensuring that all steps are taken to enable individuals to make their own decisions and, when they lack capacity to do so, that their wishes, beliefs and values inform best interest decisions.
- Understanding the person's perspective of what they will gain from taking risks and understanding what they will lose, if they are prevented from taking the risk.
- Working in partnership with adults who use services, family carers and advocates and recognise their different perspectives and views
- Understanding a person's strengths and finding creative ways for people to be able to do things rather than ruling them out
- Knowing what has worked or not in the past, where problems have arisen and understanding why
- Empowering people to access opportunities and take worthwhile chances
- Making decisions based on all of the information available and ensuring the information you have is accurate
- Ensuring that services provided promote independence, interdependence and not dependence
- Recognising that it is important for an individual's wellbeing to be able to make choices, demonstrate autonomy and have control over their own life.
- Ensuring support and advocacy is available
- Working with the individual to consider and talk through the potential consequences of different actions.

## Principles of working positively with risk for practitioners and organisations:

**Risk is a normal part of everyday life**

**Risk can be minimised not removed**

**Identify the risk, then do something about it**

**The right to take risks does not mean people have the right to put others at risk**

**Risk changes over time so needs ongoing monitoring and assessment**

**Work with others to share and manage risk**

**Where risk taking results in negative outcomes for people who use services, the experience should be learnt from and used to inform future decisions**

**People who use services, their advocates and where appropriate, their family, will be involved in risk assessment and decision making**

**Risk is dynamic and constantly varying in response to changing circumstances, therefore its assessment and management needs to evolve too**

**Decisions will be based on clear reasoning, using the principles of multi- disciplinary and inter agency working, in proportion to the risk and impact to self and others**

**Where risk taking results in negative outcomes for people who use services, the experience should be learnt from and used to inform future decisions**

**Confidentiality is a right, but not an absolute right and may be breached in exceptional circumstances when children or adults with care and support needs are deemed to be at serious risk of harm or it is in the public interest**

**Guidance, procedures and risk assessment tools should support positive risk-taking, including ensuring staff receive appropriate organisational support and supervision from their immediate line manager**

**Information will sometimes be partial and should be tested to inform decision making. Decisions should be made using information that is available within a reasonable period and should be checked for accuracy. Some decisions may need to be made prior to all information being available**

ADASS/WMJIP/NHSWest Midlands:2011)

## 6. Risk assessment

Once it has been identified that a risk assessment is needed, you should ensure that your assessment includes the following key elements:

- a) **Professional judgement** about the level of risk of harm, to both the adult and/or other either now and in the future, because of abuse or neglect.

If a person is referred into the adult safeguarding process in Shropshire; the Adult Social Care Safeguarding Team assess the level of danger to the adult; using a level of danger matrix you can find this in Appendix 2 & 3. This tool can help you to see the level of risk and danger to the adult and support your decision making as to the steps you should be taking in supporting the adult based on;

### A conversation with the adult asking:

- ✓ Do you think there are any risks?
- ✓ Could things be done differently?
- ✓ What is important in your life?
- ✓ Who is important to you?
- ✓ What things are difficult for you?
- ✓ What is working well for you?

- b) **and**; the gathering of other information from a wide variety of sources; ensuring that information and/or assessments from other agencies and family/friends/carers (where appropriate) are included **to enable** a holistic, informed, evidence base and analysed understanding of **how, when and why the adult is at risk of abuse or neglect.**

Past incidences of abuse or neglect or significant life events and history, should be particularly considered to identify patterns and improve understanding. The assessment should be balanced by both the strengths of and risks to the adult.

There are also a number of approved tools available when particular indicators of abuse are identified:

- Domestic Abuse Stalking and Honour-based violence (DASH) risk checklist (integrated into the [Shropshire MARAC Referral Form](#)) or the Domestic Abuse Risk Assessment, used by West Mercia Police.
- Self-Neglect: Hoarding: Risk Assessment with Clutter Image Rating [Responding to Self-neglect in Shropshire Guidance](#).

- Adult Safeguarding Decision Guide for individuals with multiple category 2 pressure ulcers or one or more category 3 or 4 pressure ulcers (refer to [Department of Health & Social Care Safeguarding Adults Protocol: Pressure Ulcers and raising a safeguarding concern](#))

**Risk assessment practice is dynamic and flexible and should:**



Once a level of risk and an agreed analysis of risk has been determined; this will help inform any risk management actions or interventions.

(ADASS/WMJIP/NHSWest Midlands:2011)

## 7. Risk management

The goal is to manage risks in ways which improve the quality of life of the person, to promote their independence or to stop this deteriorating if possible. Not all risks can be managed or mitigated but some can be predicted. (Department of Health: November 2010)

### A risk management plan is:

Preventative, responsive and has supportive measures; with restrictive or enforcement measures only to be used where the assessed level of risk is deemed as immediate.

Responsive to the adult's needs, views, values and beliefs - particularly their level of physical and mental capacity and ability to engage with services.

Based on decisions that are negotiated and agreed between all parties and are clearly understood.

Informed by the risk assessment.

An explanation of what action will be taken with the adult.

Includes and addresses any risks to others.

### The aim of the measures should be to:

Contain contingency plans in the event of an increased risk of harm to the adult and/or others. The starting point of the contingency plan should be the views of the adult. Plans should be clear and specific

Assess the level of risk of harm to the adult and/or others

Address the reasons why an adult is at risk of abuse or neglect

Manage (mitigate but preferably remove) the risk of harm to the adult and/or others from abuse or neglect. This should include promoting positive risk-taking

Agree measures that should be specific, and outcome orientated

## All risk assessments and plans should:

- Involve and include the adult and clearly recorded consideration where appropriate, an assessment of mental capacity in line with the Mental Capacity Act 2005 and associated Code of Practice.
- Be shared where appropriate with the adult, significant others and involved agencies. If involvement of the adult has not taken place, the reasons why should be clearly recorded.

Adults should be offered and are entitled to independent advocacy support in various circumstances, to enhance their involvement at times when they are not able or have difficulty doing so. See the [Know Your Rights](#) pages for further information.

Individuals **should not be closed to a service simply because services have struggled to find a way to engage them** with an assessment or plan. If you have struggled to find ways to engage with the individual, then prior to closing them to your service there needs to be:

- A balanced, proportionate and defensible decision made and agreed by the involved agencies
- A decision based upon the assessed level of risk and action taken
- There needs to be clear case recording that demonstrates that all necessary steps have been attempted and that this is reasonable and proportionate
- A referral to Adult Social Care for an assessment of care and support needs under the Care Act (2014) may be required. Further guidance in Appendix 1

## 8. Multi-agency risk assessment and management

A multi-disciplinary meeting (MDT) can be called by **any professional** who is working with the adult at risk.

**When:** The meeting should be called as soon as you have identified the need for the meeting. The meeting should be given priority and held as soon as possible.

**Where:** Meetings can be held in person or via an online platform such as Microsoft Teams. The use of Teams may ease coordination of the meetings.

**Who:** It is possible that the individual who is experiencing risk may have withdrawn from services, therefore when calling a multi-disciplinary meeting, there may not be many services actively involved. It is important that all services which should or could be involved are invited to the meeting, alongside those which are already involved. The list of attendees will vary depending on the circumstances but consider support services that the individual may not actively engage with or have disengaged from but the agency has expertise that can support you to support them e.g. drug and alcohol services.

The meeting can be split into two parts whereby the individual who is experiencing the risk can be invited to part of the meeting. It is up to the person chairing the meeting to determine how to do this. It is advised that the individual who the meeting is about is aware of the meeting, wherever possible. Co-producing the Risk Management Plan with the individual experiencing risk will support them in understanding the risk they are experiencing and the concerns the professionals have.

**How:** Agencies must commit to attending multi-agency meetings when invited, including those not currently known to their service, in order to manage risk effectively. When calling an MDT state that you are calling it in accordance with **this guidance** and that you require an attendee from their agency. If an agency refuses to attend, or does not respond to an invitation, this can be escalated following the escalation policy.

**What:** When you call a meeting, you need to be clear about what the concerns are and what has already been done to address them. Familiarise yourself with the meeting template below and ensure that you are able to address the areas identified within the template.

## Multi-disciplinary team meeting template

**Introductions and Apologies:** (is everyone that is needed in attendance? If not have they provided the necessary information. Is there anything at this point that requires escalating in terms of partnership engagement)?

**Background:** (incl. trauma informed approaches that have been taken, what's been tried with what outcomes)

**The views of the person and/or their representative/advocate:** (if the person who the meeting is about is not in attendance, please explain why here. Is the person's support network involved i.e., family, friends, keyworker or carers, and if not, can they be engaged?)

**Strengths/Abilities:** (of the person and/or existing sources of support)

**Presenting needs:**

**Risks to individual/others:** (make reference to risk assessments and other tools that have been utilised)

**Assessments required:** (consider what assessments might support the individual and who can do what)

**Actions and decisions:** (refer to Risk Management Plan, what is the best plan of care / what else can be done to support the person now? Have all legal frameworks been explored, are any legal responses needed e.g. Court of protection)?

**Lead team and lead manager:**

**Date of next meeting:** (if required)

## **9. Risk Review**

Risk is not static and changes over time through intervention and circumstance; risk reviews are therefore essential and should be scheduled regularly, in order to monitor if the identified risk has escalated, declined or if there has been a recurrence. Reviews can also identify any new risks and the impact any risks are having on the individual and others.

## **10. Recording**

Organisational records of risk should be maintained in an individual's records for contacts, assessments and plans. Where it is assessed that the risk is escalating it is considered good practice to ensure the recording of the following:

- The risk identified (including reference to the Local Adult Safeguarding Matrix or other risk assessment process used, where applied)
- Legislative framework followed (example the Mental Capacity Act 2005)
- Advice and guidance sought
- Minutes of meetings held with individuals, their carers, families, other agencies and other interested parties. (You can use the Standard Multi-disciplinary Team Meeting Agenda Template where appropriate)
- The views of all parties, including unresolved differences
- Issues and options considered and rationale for plan development.
- The plan agreed including identification of lead responsibilities for all elements.
- Management oversight of the plan.
- The arrangements for review.

[Adapted from ADASS/MMJIP/NHSWest Midlands:2011]

## Appendix 1: Working with Risk Flow Chart for all agencies

Ensure that every attempt is made to involve and inform the adult at all stages of the process

Event triggers concern, indicating a risk to the adult's safety

Work with the adult\* and (where appropriate) their family/carer(s).

\*Ensure the adult has an advocate where appropriate to enable involvement.

Assess and manage the level of danger to person using:

- Level of Danger (appendix 2)
- Level of Harm Matrix (Appendix 2)
- Multiagency Risk Management Plan (Appendix 3)

Work together where more than one agency is involved with the person.

Consider multi-disciplinary team meetings (MDT).

Conduct regular reviews of risk assessments and plans, according to risk level.

In assessing and managing the level of danger to the person, make sure you are aware of and consider the below:

### Care Act Assessment?

If the person:

1. Would benefit from care and support to help them carry out daily activities
2. Has consented to a Care Act assessment being requested, or
3. Lacks capacity and an assessment would be in their best interests and/or
4. Is assessed as being at risk of abuse or neglect (not a high level of danger)
5. Requires Carers assessment

Refer to Adult Social Care to request a Care Act assessment via First Point of Contact (FPOC)

Consider relevant tools/guidance for specific types of abuse/neglect including:

Pressure ulcers

Domestic abuse

Self-Neglect

Visit: [Adult Safeguarding Policies & Procedures — Shropshire Safeguarding Community Partnership](#)

### Safeguarding Concern?

If the person:

1. Has care and support needs regardless of who is meeting their needs
2. Is experiencing or at risk of experiencing abuse or neglect
3. Is unable to protect themselves because of their care and support needs
4. Has consented to a concern being raised or
5. They have not consented but there is a public or vital interest to report the concern

Raise an Adult Safeguarding concern via First Point of Contact (FPOC)

Maintain accurate records appropriate to the risk

## Appendix 2: Assessment of Levels of Harm and Levels of Danger Matrix

To assess the level of harm that a person is experiencing use the Level of Harm table below as a guide. When determining the level of harm, you should be basing your assessment on both the harm that has occurred and harm that is anticipated. Once you have determined the level of harm you move to the Matrix.

| Level of Harm              | Events or Circumstances  |
|----------------------------|--|
| None                       | To be used when abuse is disproved, not substantiated, or removed.   |
| Low level of harm (A)      | <ul style="list-style-type: none"> <li>• Misuse or theft of small amounts of money or property</li> <li>• Lack of care leads to discomfort or inconvenience but no significant injury</li> <li>• Occasional harassment, taunts, or verbal outbursts</li> <li>• Isolated assaults that cause temporary marks, minor injury, or no lasting distress</li> </ul>   |
| Moderate level of harm (B) | <ul style="list-style-type: none"> <li>• Injury causing lasting marks, temporary discomfort or incapacity or requiring a period of treatment or care, repeated assaults that cause distress and injury</li> <li>• Misuse / misappropriation of benefits, properties and possessions leading to short- or medium-term difficulties in budgeting or income</li> <li>• Continued neglect that has caused a limited period of distress and/or physical harm requiring clinical intervention</li> <li>• People other than the alleged victim (e.g. children, relatives, other residents or service users) are disturbed or distressed by the abuse.</li> <li>• Lack of some essential home amenities, or lack of access to essential amenities, which may be due to hoarding.</li> <li>• Property in disrepair - unable and /or unamenable repair</li> <li>• Home unclean and/or cluttered – (food waste, animal/human waste, infestation) which have a moderate impact on person’s health and well-being and with support could be managed</li> <li>• Increased fire risk</li> </ul> |
| High level of harm (C)     | <ul style="list-style-type: none"> <li>• Serious physical harm, risk to life or permanent injury</li> <li>• Rape or serious sexual assault</li> <li>• Life threatening neglect or negligence</li> <li>• Harassment and/or threats leading to lasting psychological harm</li> <li>• Major financial loss leading to significant changes in lifestyle and autonomy</li> <li>• Risk to life or lasting psychological harm to others.</li> <li>• Little or no essential home amenities or</li> <li>• Hoarding prevents safe use of any amenities within the home</li> <li>• Property in Dangerous Disrepair – significant risk to well-being of person and/or others</li> <li>• Home cluttered and/or unclean – (food waste, animal/human waste, infestation). These are significantly impacting on person’s health and well-being – consider whether there is any impact on others in the property also</li> <li>• Significant fire risk to property</li> </ul>   |

## Level of Danger Matrix

Using your severity of impact, which you have determined using the Level of Harm table above (No impact, A, B or C) you will have a starting point on the Matrix. Based on your conversations with the person and your professional judgement, you will then be able to make a determination on the likelihood of the risk happening.

|                 |                       |   |
|-----------------|-----------------------|---|
| Is it unlikely? | T<br>H<br>I<br>S      | ... it is not something that is likely to happen. |
| Is it possible? |                       | ... that there is a chance that it might occur.   |
| Is it likely?   | M<br>E<br>A<br>N<br>S | ... that it is probably going to happen.          |
| Is it certain?  |                       | ... that it is definitely going to happen.        |

Once you have determined your likelihood this will give you your second point on the Matrix. You can then join them both up and this will give you your risk score on the Matrix below.

| Severity of Impact |          |           |                |                   |                 |  |
|--------------------|----------|-----------|----------------|-------------------|-----------------|--|
|                    |          | No Impact | Low Impact (A) | Medium Impact (B) | High Impact (C) |  |
| Likelihood         | Unlikely | None 0    | Low 2          | Low 3             | Medium 7        |  |
|                    | Possible | Low 1     | Low 2          | Medium 6          | High 9          |  |
|                    | Likely   | Low 1     | Medium 4       | High 8            | High 10         |  |
|                    | Certain  | Low 1     | Medium 5       | High 8            | High 10         |  |

### Appendix 3: Multiagency Risk Management Plan

|   |   |                            |
|---|---|----------------------------|
| Plan Start Date:  |   |                            |
| <b>Person Details</b>   |   |                            |
| Name:   | Lead agency Identification (ID) number: |                            |
| Date of Birth (DoB)   | Gender:                                 |                            |
| Address:  | Telephone Number:                       |                            |
| Name and team of person co-ordinating Multiagency Risk Management Plan:   |   |                            |
| Others Involved (Name, Role, Contact)   |   |                            |
| This plan has/has not (delete as appropriate) involved the person.<br>(If not involved; explain why and detail any advocacy support provided) |   |                            |
| This is a: New Plan/Reviewed plan (delete as appropriate)   |   |                            |
| What are we concerned about? :  |   |                            |
|   |   |                            |
| What protective factors are already in place? :   |   |                            |
|   |   |                            |
| What difference do the protective factors make to the risk(s) to the person, and the person's wellbeing? :                                    |   |                            |
|   |   |                            |
| What risk/s remain? :   |   |                            |
|   |   |                            |
| What other measures will be put in place? :   |   |                            |
|   |   |                            |
| Contingency Planning:   |   |                            |
| <b>What might change?</b>   | <b>What will we do if it happens?</b>   | <b>Who is responsible?</b> |
|   |   |                            |
|   |   |                            |
|   |   |                            |
|   |   |                            |
|   |   |                            |

|   |
|---|
| Who will need a copy of the plan? :   |
| Date Multiagency Risk Management Plan sent out:   |
| When will this be reviewed:   |
|   |
| Date of Review:   |
| Review comments (comment on current risks and the person's view of those risks):          |
|   |
| Will the adult continue on a Multiagency Risk Management Plan? (if so, start a new form): |

## References

- Department of Health and Social Care (DHSC) (2024): 'Care and support statutory guidance'. [Online] Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>
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- Department of Constitutional Affairs (2007) "Mental Capacity Act Code of Practice." [Online] available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)