

Action Isleworth Mothers (AIM) & Parent Carer Champion Network (PCCN)

Safeguarding and Child/Adult at Risk Protection Policy

1 Purpose

AIM fully recognises its responsibilities for safeguarding and the contribution it makes to the protection of children, young people and adults at risk. It is fully committed to protecting the mental and physical health of all children, young people and adults at risk. We will give equal priority to keeping all children, young people and adults at risk safe regardless of their age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. Our policy aims to ensure that all staff, volunteers and organisations whom are connected to AIM/PCCN are aware of their responsibilities and expected behaviour in relation to safeguarding and how to access good practice and procedures. These ensure that child/adults at risk protection concerns, referrals and monitoring will be handled sensitively, professionally and in ways which support the needs of the individual concerned.

2 Definitions

AIM/PCCN Partners – those organisations collaborating with or delivering sessions with AIM/PCCN for community activities (to the extent that such activities involve children, young people or adult at risks).

Child/ren - A child is any person under the age of 18 years. Child protection guidance points out that even if a child has reached 16 years of age and is:

- living independently
- in further education
- a member of the armed forces
- in hospital; or
- in custody in the secure estate

they are still legally children and should be given the same protection and entitlements as any other child (Department for Education, 2018a).

Adult at risk- An adult at risk is someone aged 18 years 'with care and support needs' (as advised by the Care Act). This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It may also include victims of domestic abuse, hate crime and anti-social abuse.

3 What is Abuse?

Child abuse happens when an adult inflicts harm on a child or young person – even, in some cases, if the adult's actions are not deliberate. Sometimes children are sexually abused by other children.

There are four broad categories of child abuse:

- Physical Abuse
- Emotional Abuse
- Neglect
- Sexual Abuse

Physical Abuse

This happens when a child is deliberately hurt, causing injuries such as cuts, bruises and broken bones. It can involve hitting, shaking, throwing, poisoning, burning, slapping or suffocating. It is also physical abuse when a parent/carer fabricates, or induces, the symptoms of an illness in a child.

Emotional Abuse

This is persistent and, over time, it severely damages a child's emotional development. Active emotional abuse happens when a parent/carer denies the child the love and care they need in order to be healthy and happy. Such adults might be emotionally unavailable; fail to offer their child praise and encouragement; interact with them in an age-inappropriate way; be over-protective, limiting their opportunities to explore, learn and make friends; or expect the child to meet parent/carer's own emotional needs.

Neglect

This is persistently failing to meet a child's basic physical and/or psychological needs, resulting in serious damage to their health and development. Neglect is difficult to define as it is hard to describe the absence of something such as love or attention. In practical terms, neglect may involve a parent/carer's failure to:

- Provide adequate food, clothing or and shelter
- Protect the child from physical and emotional harm or danger
- Supervise the child properly
- Make sure the child receives appropriate medical care or treatment

Sexual Abuse

This involves actual or likely sexual exploitation of a child or adolescent. It also involves forcing or enticing a child or young person to take part in sexual activities. It does not necessarily involve violence, and the child may or may not be aware of what is happening. Sexual abuse includes: grooming a child with the intention of sexually abusing them; all forms of penetrative and non-penetrative sex; sexually exploiting a child in return for gifts, money or affection; and making, looking at and distributing indecent images of a child.

Additionally, adult at risks may suffer the following forms of abuse: financial, discriminatory, psychological, organisational, domestic, modern day slavery, neglect and self-neglect.

Appendix 1 provides further details of specific types of abuse (Child Sexual Exploitation, Female Genital Mutilation, Forced Marriage, Radicalisation).

4 Policy Aims

Children, young people and adult at risks have a fundamental right to be protected from harm and expect us to provide them with a safe and secure environment. We recognise that their protection is a shared community responsibility. Safeguarding incidents can happen anywhere and staff need to be alert to this fact.

Our intention is that the following principles underpin all safeguarding action (See Care Act guidance).

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

The three main elements to our policy are:

- Prevention through the establishment of a safe environment in which children, young people and adult at risks can learn, develop skills to help them keep safe in a community setting.
- Development and implementation of procedures for identifying and promptly responding to all suspicions and allegations of cases of abuse.
- Support to those who may have been abused.

4.1 Prevention

We recognise that high self-esteem, confidence and supportive friends and good lines of communication with a trusted adult helps prevention.

AIM/PCCN will therefore:

- Ensure that the PCCN has designated sessions for children, young people and adult at risks which foster confidence and empowerment and in which individuals are listened to and feel secure.
- Ensure that children, young people and adult at risks know that there are adults who they can approach if they are worried or in difficulty
- Encourage the use of promoted sessions for delivery of awareness, prevention, support and signposting provided to support parents and assist with the development of positive parental relationships and skills
- Encourage sessions for young people to develop realistic attitudes to the responsibilities of adult life, positive choice pathways, the importance of a mentor and using their voice to be heard.

We recognise the need for all directors and volunteers who are in contact on a regular basis with children, young people and adult at risks to be aware of safeguarding procedures. Our action plans are:

- We strive to promote the awareness of safeguarding and the protection of children, young people and adult at risks amongst all partners/stakeholders and establish an environment that is safe through ongoing training.

- Display the policy on the AIM/PCCN website and information of all Designated persons and their contact details will be displayed via AIM PCCN Handbook
- Ensure that all our staff have DBS checks (enhanced where appropriate) and that we keep a central register.
- Ensure that all organisations sub-hired by AIM/PCCN for activities with children/ young people are adequately insured and where they carry out activities with children (that are not supervised by parents) that their staff have enhanced DBS checks.
- Ensure we practise safe recruitment practices (as described in Section 10) when recruiting staff and volunteers to work alongside us.
- Ensure we have a **Designated Safeguarding Lead for Children/Adults at risk (DSL)** who has received appropriate training and support for this role.
- Ensure we have a Designated Trustee.
- Ensure every member of staff, trustees, volunteers and partner organisations knows the name of the DSL and his/her role(s).
- Provide training for all new staff including volunteers so that they know i) their personal responsibility, ii) AIM/PCCN procedures, iii) the need to be vigilant in identifying cases of abuse iv) how to support someone who discloses abuse.
- Ensure training is updated regularly.
- Ensure that the DSL also undertakes training relevant to their role and attends refresher training at two-yearly intervals to keep knowledge and skills up-to-date. The Designated Trustee will also attend training.
- Follow procedures where an allegation is made against a member of staff or volunteer.
- Work to develop effective links with relevant agencies and co-operate as required with their enquiries regarding safeguarding matters including attendance at initial case conferences, core groups and child protection review conferences
- Keep records of concerns about children, young people or adult at risks (noting the date, event and action taken), even where there is no need to refer the matter to Social Services immediately;
- Ensure all records are kept secure and in locked locations/retained in password protected files.

4.2 Roles and Responsibilities

The assigned DSL/Trustee are responsible for ensuring that:

AIM/PCCN complies with legislation related to the protection of children, young people and adult at risks.

AIM/PCCN has a Safeguarding & Child Protection/Adult at Risk Policy and that procedures are in place that safeguard and promote the well-being of children, young people and adult at risks connected to AIM/PCCN work in the community.

This policy is reviewed annually, reflecting changes in legislation including to the Government ['Working Together to Safeguard Children 2018'](#) last updated on the July 1 2022 . Further useful information links are included at Appendix 2.

- AIM/PCCN is using safe recruitment procedures, and that appropriate checks are carried out on new staff and volunteers.

The Designated Trustee for safeguarding is responsible for maintaining:

- Regular contact with the AIM/PCCN staff and the Designated Safeguarding Lead responsible for the protection of children and adult at risks.
- Awareness of current responsibilities and requirements by attending appropriate training.
- The provision of leadership and vision in respect of child/adult at risk protection and safeguarding.

The Designated Safeguarding Lead (DSL) is a member of staff responsible for:

- The practical implementation of the child/adult at risk protection policy by ensuring that procedures are followed by AIM/PCCN and appropriate referrals are made to the correct Social Care Services and other agencies.
- Promoting the awareness of safeguarding and the protection of children, young people and adult at risks amongst AIM/PCCN Partners and work to ensure that Partners carry out their own training and checks.
- Ensuring that all staff employed at AIM/PCCN, including volunteers, have the appropriate training so that they are aware of signs of abuse, what they need to do if they think someone is being abused, and how they can protect themselves from an allegation.
- The co-ordination of all activities related to child/adult at risk protection, including record keeping, representation at conferences and other related meetings, liaison with other professionals, and the monitoring and evaluation of our procedures.
- Ensuring that all staff members, trustees and volunteers are aware of and comply with our safeguarding procedures
- Ensuring the safe recruitment of all staff (including volunteers).
- Making the community aware of the AIM/PCCN'S Safeguarding Policy.
- Dealing immediately with any allegations against members of staff or volunteers.

All staff, including volunteers are expected to:

- Know the names of the Designated Person for Child/Adult at Risk Protection
- Understand and comply with the AIM/PCCN's Safeguarding Policy.
- Deal with any bullying incidents that may occur, following proper procedures.
- Refer concerns including FGM, e-safety and radicalisation concerns.
- Behave in accordance with our AIM/PCCN Code of Conduct

4.3 Procedures

4.3.1 Who to report a concern to:

If anyone (including a member of staff, volunteer or AIM/PCCN Partner) has a concern regarding the safety of a child, they have a duty to report his or her concerns immediately to:

The Designated Safeguarding Lead (DSL):

Director

Astrid Edwards

07774295134

isleworthmother@gmail.com

In their absence the report must be made to:

Trustee for Safeguarding and Child/Adult at Risk Protection:

Danya Anshoor

dan_anshoor@hotmail.com

• **4.3.2 Response**

- Take emergency action if someone is at immediate risk of harm/in need of urgent medical attention or Dial 999 for emergency services
- Get brief details about what has happened (in line with the procedures below)
 - where it involves an adult at risk, seek to understand what the adult would like done about it, but do not probe or conduct a mini-investigation. Seek consent from the adult at risk to take action and to report the concern to the DSL (or designate in accordance with 4.3.1). Consider whether the adult may lack capacity to make decisions about their own and other people's safety and wellbeing. If the individual decides to act against their wishes or without their consent, the DSL will record that decision and the reasons for this.
 - Where it involves a child, report it to the DSL (or designate in accordance with 4.3.1).

A disclosure should be made particularly where any member of staff, volunteer or AIM/PCCN Partner:

- Has a suspicion that a child/adult at risk is marked or bruised in a way that is not readily attributed to 'normal' knocks or scrapes.
- Notes behaviours or actions in a child/adult at risk which give rise to suspicions that they may have suffered abuse.
- Receives hints or a disclosure of any type of abuse from a child/adult at risk or from one of his/her friends.

4.3.3. Verbal Report

- In the first instance, reports should be made verbally. However, as in all cases where referral to outside agencies is a possibility, accurate written records are vital. An email (marked confidential) with details of what has been disclosed should be used to follow up any concern. It is important that members of staff do not investigate or follow up any suspicions themselves, for instance by speaking with and/or questioning students or parents/carers.
- Whilst staff must be circumspect about using 'hearsay' evidence, it must not be discounted without thought. Gossip is often, but not always, untrue. Such evidence may, together with other indicators, give us warning of an abusive situation. It is an essential requirement for all members of staff to record any conversation or contact that might be useful as evidence.

4.3.4 Written Record

- This should be followed with a written record within 24 hours, using as far as possible the person's own words. Staff must take further action if they feel AIM/PCCN has not acted appropriately or robustly to safeguarding. This may involve reporting to the Trustee or directly to the Local Authority Designated Officer (LADO), Social Care or Police. In London all organisations use the London Child Protection Procedures, which set out how agencies and individuals should work together to safeguard and promote the welfare of children and young people.
- The DSL will immediately refer cases of suspected abuse or an allegation of abuse to Hounslow Children's Services via Early Help Hounslow. Any referral will be confirmed in writing within 24 hours. Where possible the inter-agency referral form should be used.
- If the DSL is unsure about whether a formal referral should be made or has a general concern about a child's health or development, advice should be sought from local Social Care Service via Early Help Hounslow.
- In addition to working with the designated lead, staff may be asked to support Social Care/Police to take decisions about individual students.

4.4 Responding to Disclosure using Non-Leading Techniques

4.4.1 Receive

- Staff should receive what has been said. Accept what you are told - you do not need to decide whether it is true.
- Listen without displaying shock or belief.

4.4.2 Reassure

- Acknowledge that you are listening to them.

- Do NOT promise confidentiality. You must not keep information to yourself or act on your own initiative.
- Reassure them but do not promise what you may not be able to deliver, i.e. "everything will be all right now" (it may not be).

4.4.3 Respond

- Respond to what the child/adult at risk has said but do not interrogate.
- Avoid leading questions like: "Was it your father?" Questions like this can be used by defence counsel in a subsequent court case to suggest that you 'contaminated' the evidence.
- Ask open-ended questions: "Do you want to tell me anything else?"; "And?"; "Yes?"
- Where necessary, clarify what has been said.

4.4.4 Record

- Make brief notes as soon as possible. Keep original notes then write up a subsequent record including date, time and place.
- Record the actual words that are used.
- Maintain the records in a location where the alleged abuser does not have access to the record.
- On receipt of the information, the DPCP must make a decision as to whether there are grounds for suspecting abuse, neglect or the potential risk of abuse and to, therefore, make a referral to Social Services or the police as a priority. A record of the decision whether to refer or not will be kept by the DSL.
- A note will be made of the adult at risk's contact details in order to keep them informed at all stages.
- If it is considered that it would be unwise/unsafe to contact parents/carers until Social Services staff have contacted them, then AIM/PPCN staff will not inform parents/carers of referrals to Social Services. A record of this decision will be made.

4.5 Allegations against Staff

- All AIM/PCCN staff should take care not to place themselves in a vulnerable position with a child. It is always advisable for interviews or work with individual children or parents/carers to be conducted in a designated place in view of other adults. All staff should also be aware of AIM/PCCN Behaviour Policy.
- We understand that a child/adult at risk may make an allegation against a member of staff. If such an allegation is made, the member of staff receiving the allegation will immediately inform the DSL/Trustee.

Whistleblowing

- All AIM/PCCN Staff should feel that should they raise concerns that these are taken seriously and properly investigated. If a member of staff is

worried that AIM/PPCN or an AIM/PCCN Partner is not responding to or sharing child protection information appropriately, it is vital that you share your concerns to keep children and young people safe.

- Legislation across the UK ensures that you shouldn't be treated unfairly or lose your job because you 'blow the whistle' (Gov.uk, 2018).
- In England, Scotland and Wales, whistleblowers are protected by law under the Public Interest Disclosure Act 1998.

4.6 Safer Recruitment and Selection

Safer recruitment practice includes: having safer recruitment training; scrutinising applications; verifying identification, qualifications and references; and checking previous employment history.

1. An DBS disclosure (enhanced where appropriate) is obtained for all new appointments.
2. AIM/PCCN is committed to keep an up-to-date single central record.
3. Two references will be sought for each potential appointee.

5 Support

We recognise that children who are abused or witness abuse may find it difficult to develop a sense of self-worth and to view the world as benevolent and meaningful. They may feel helplessness, humiliation and some sense of self blame. Their behaviour may be challenging and defiant or they may be withdrawn. All staff will agree on a consistent approach which focuses on the undesirable behaviour but does not damage the pupil's sense of self-worth. Staff should endeavour to ensure that the child/young person knows that some behaviour is unacceptable but s/he is valued and not to be blamed for any abuse which has occurred.

AIM/PCCN will endeavour to support the child, young person or adult at risk through:

- The content of the activities to encourage awareness, resilience, self-esteem and self motivation/empowerment
- The AIM/PCCN ethos which (i) promotes a positive, supportive and secure environment (ii) gives everyone a sense of being valued
- Liaison with other agencies who support children and young people such as Children's Social Care, Children's Centres, Child and Adolescent Mental Health Services and School Services
- Keeping records and notifying the designated safeguarding person (DSL) as soon as there is a recurrence of a concern.

6. Confidentiality

All staff need to understand that the only purpose of confidentiality is to benefit the child, young person or adult at risk. No one should guarantee confidentiality to a child, nor should they agree with a child to keep a secret, as any child protection

concern must be reported to the DSL and may require further investigation by the appropriate authorities.

Staff will be informed of relevant information in respect of individual cases on a need to know basis only. Any information shared in this way must be kept confidential.

Timely information sharing is key to safeguarding and promoting the welfare of children.

People who work with children, whether in a paid or voluntary role, may need to share information about the children and families they are involved with for a number of reasons. These include:

- you are making a referral to arrange additional support for someone in the family
- someone from another agency has asked for information about a child or family
- someone in the family has asked to be referred for further help
- a statutory duty or court order requires information to be shared
- you are concerned that a child or a member of their family may be at risk of significant harm
- you think a serious crime may have been committed or is about to be committed which involves someone in the family.

You must always have a clear and legitimate purpose for sharing a child's personal information. Keep a record of the reasons why you are sharing or requesting information about a child or their family.

You should also make sure you are not putting a child's safety and welfare at risk by sharing information about them.

Some professionals have a legal duty to share information relating to safeguarding concerns (including to report cases of Female Genital Mutilation).

Always seek consent to share information about a child and their family. If a child is mature enough you should give them the opportunity to decide whether they agree to their confidential information being shared. If a child doesn't have the capacity to make their own decisions, you should ask their parent or carer (unless this would put the child at risk). However if consent isn't given, you can still share information with relevant professionals under certain circumstances, for example if you are protecting a child from significant harm. The Data Protection Act 2018 and General Data Protection Regulation (GDPR) do not affect this principle.

7 Photography

All parent/carers are asked to give permission for their child's photograph/s to be used for publications such as brochures, reports, the web site and local newspapers. Where permission is refused AIM/PCCN will make every effort to ensure those children are not included in photographs for external purposes. Where photographs are used in newspapers we will not identify individual children by name unless parental permission has been given.

Children or adults will not be allowed to take photographs with phones of other children during sessions without the consent of the session leader

Appendix 1

1. Child Sexual Exploitation

Child sexual abuse (CSA) is when a child is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and can happen online or offline (Department for Education, 2018). Child sexual exploitation (CSE) is a type of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (Department for Education, 2017).

Children and young people in sexually exploitative situations and relationships are persuaded or forced to perform sexual activities or have sexual activities performed on them in return for gifts, drugs, money or affection.

When sexual exploitation happens online, young people may be persuaded or forced to:

- have sexual conversations by text or online
- send or post sexually explicit images of themselves
- take part in sexual activities via a webcam or smartphone (Hamilton-Giachritsis et al, 2017).

Abusers may threaten to send images, video or copies of conversations to the young person's friends and family unless they take part in further sexual activity. Images or videos may continue to be shared long after the sexual abuse has stopped.

Sexual exploitation can take many forms ranging from seemingly consensual relationships to serious gang and group exploitation. We should be aware that sexual exploitation can take many forms and children may not exhibit external signs of abuse. Therefore, staff must be vigilant for the less obvious signs: lots of new electronic equipment, when before there was none; seeming to have extra money to spend; moving away from established friendship groups, etc.

Refer to NSPCC website for impacts of physical and online sexual exploitation.

2. Female Genital Mutilation (FGM)

- Staff should be fully aware of this aspect of child protection as it constitutes child abuse and is illegal. FGM involves cutting, and sometimes sewing the girl's genitalia, normally without anaesthetic, and can take place at any time from birth onwards. It is sometimes referred to as 'female circumcision' but this misnomer belies the invasive and irreversible nature of the procedure. It is now more correctly termed Female Genital Mutilation. The procedure has a cultural, rather than religious, origin and is practised by disparate ethnic communities in many countries, including Ethiopia, Somalia, Sudan, Egypt, Nigeria, India, Pakistan, Yemen and Iraq.
- The Female Genital Mutilation Act 2003 makes it a criminal offence not only to carry out FGM in England, Scotland and Wales on a girl who is a UK national or permanent resident, but also to take a girl out of the UK to have FGM performed abroad, even to countries where FGM is still legal. The indicators of FGM may initially mirror those of sexual abuse. You may notice, for example, that a girl or young woman shows signs of pain or discomfort, needs to visit the toilet constantly, has vaginal blood loss, or is unable to sit comfortably. She may make

excuses to avoid physical activity. She may also become evasive or fearful if you enquire if she is unwell, and assure you that she is fine when she clearly is not. If she is has recently arrived back from a 'holiday' abroad seems to be in pain and has not been taken by her family to see a doctor, you should consider FGM, alongside other possible explanations.

In England and Wales, regulated health and social care professionals and teachers must make a report to the police, if, in the course of their duties:

- they are informed by a child under the age of 18 that they have undergone an act of FGM
- they observe physical signs that an act of FGM may have been carried out on a child under the age of 18.

Further resources on recognising and responding to various types of FGM can be found on the NSPCC website.

3. Forced Marriage

- Forced marriage occurs when a young person is forced into a marriage that they do not want with someone that they have not chosen, following coercion, intimidation, threats and possibly physical and sexual abuse. It is very different from an arranged marriage, where both young people can make the decision to accept or decline the partner chosen for them by their parents.
- A young person who fears that they are likely to be forced into a marriage may disclose to a member of staff. Their initial approach, in common with many disclosures of abuse, may be seemingly innocuous, such as talking about taking a holiday abroad. Their fear, that the proposed holiday will result in a forced marriage, may only become apparent after a number of conversations. These young women may also become victims of what is termed 'honour-based violence'.
- This type of violence is described in 'The Right to Choose' guidance as: "A variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community". Girls who are forced by others to enter into a marriage agreement against their will, will be referred to Social Services. This is part of normal child protection procedures.

4. Radicalisation

All organisations that work with children and young people have a responsibility to protect children from harm. This includes becoming radicalised and/or being exposed to extreme views.

The process of radicalisation may involve:

- being groomed online or in person
- exploitation, including sexual exploitation

- psychological manipulation
- exposure to violent material and other inappropriate information
- the risk of physical harm or death through extremist acts.

If a child or young person is being radicalised their day-to-day behaviour may become increasingly centred around an extremist ideology, group or cause. For example, they may:

- spend increasing amounts of time talking to people with extreme views (this includes online and offline communication)
- change their style of dress or personal appearance
- lose interest in friends and activities that are not associated with the extremist ideology, group or cause
- have material or symbols associated with an extreme cause
- try to recruit others to join the cause

(Home Office, 2015).

The NSPCC website includes further details on those more at risk of radicalisation. If a member of staff has concerns regarding any extreme behaviour (which may suggest that they are being drawn into terrorism or extremism), they must report this to the DSL. If required, they will contact the Local Authority's PREVENT Officer to seek advice and guidance.

"PREVENT" is part of the Home Office's strategy to address terrorism and safeguard communities. PREVENT works with institutions where there are risks of radicalisation, including community centres. Upon referral, the Local Authority discusses the incident at a Panel Meeting in line with the Counter Terrorism and Security Act (2015). Panels will assess the extent to which the identified individuals are vulnerable to being drawn into further issues.

PREVENT referrals should be reported in line with other safeguarding procedures.

Appendix 2

USEFUL CONTACT INFORMATION

Isleworth Neighbourhood Team (Police)
020 8721 2529

Early Help Hub Hounslow

Office hours: Mon – Friday 9am – 5pm: 0208 583 6653
or email earlyhelphub@hounslow.gov.uk or childrensocialcare@hounslow.gov.uk

Out of hours and weekends: Emergency Duty Team: 0208 583 2222
Or for immediate concerns about a child's safety contact the police on 999

Hounslow Safeguarding Children's Partnership
0208 583 3068 email: lscb@hounslow.gov.uk

NSPCC

0800 800 5000 [NSPCC Helpline](#)

Childline
0800 1111

PREVENT Radicalisation
[Lets Talk About It - What Is Prevent? \(Itai.info\)](#)
Local Authority PREVENT team??

London Child protection procedures
<https://www.londoncp.co.uk/>

Human rights Act 1998 <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Care and support statutory guidance <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

London Safeguarding Adults Policy and Procedure
<https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>

5 statutory principles of mental capacity
http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf

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