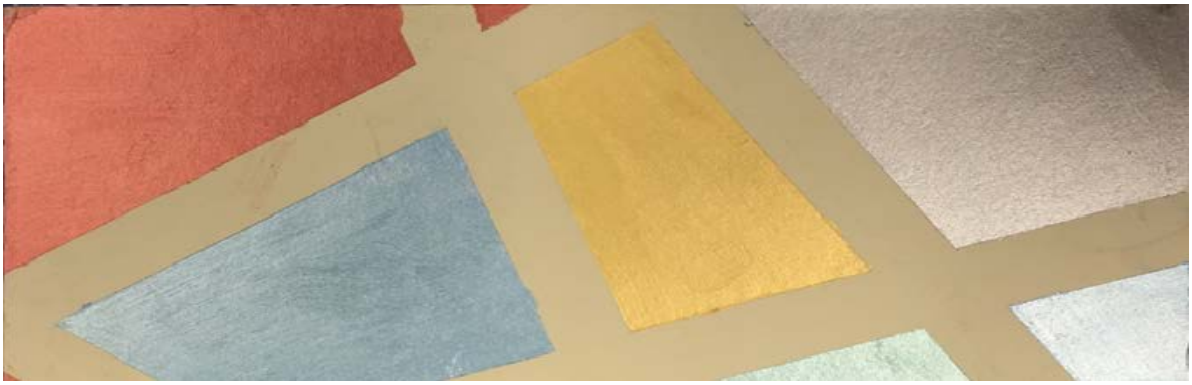
MENTAL CAPACITY REPORT:
MENTAL HEALTH MATTERS
June 2024 | Issue 141



Welcome to the June 2024 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: when no option is a good one, snapshots from the frontline, and are we listening closely enough to the person in the context of deprivation of liberty;

(2) In the Property and Affairs Report: the Powers of Attorney Act 2023 on election hold, contesting costs in probate cases and guidance on viewing LPAs online;

(3) In the Practice and Procedure Report: post-death costs, what does it mean to be an expert in the person, and procedure in brain stem death cases;

(4) In the Mental Health Matters Report: the MHA 1983 under strain in police cells and the hospital setting;

(5) In the Wider Context Report: the inherent jurisdiction – a case, guidance, and a challenge from Ireland; the older child and medical treatment decisions – mental capacity or competence, and Capacity and contempt proceedings – what is the test?

(6) In the Scotland Report: guardianship under examination before the Sheriff Appeal Court and Scottish Government's Mental Health and Capacity Reform Programme.

There are two plugs this month:

(1) For a free digital trial of the newly relaunched Court of Protection Law Reports (now published by Butterworths. For a walkthrough of one of the reports, see here.

(2) For Lucy Series' blog post about mental capacity and voting.

You can find our past issues, our case summaries, and more on our dedicated sub-site here, where you can also sign up to the Mental Capacity Report.

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The picture at the top, "*Colourful*," is by Geoffrey Files, a young autistic man. We are very grateful to him and his family for permission to use his artwork.

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The Calocane appeal

R v Valdo Calocane [2024] EWCA Crim 490 (Court of Appeal (Carr LCJ, Edis LJ, Garnham J))

Criminal offences

The Solicitor General sought leave to refer the sentences imposed on Valdo Calocane to the Court of Appeal for the murders of Barnaby Webber, Grace O'Malley-Kuman and Ian Coates in a series of attacks he committed in Nottingham in June 2023, which also left three other people very seriously injured. The application was made under s. 36 of the Criminal Justice Act 1988 on the basis that the sentences were unduly lenient. In a unanimous judgment by Lady Chief Justice Carr, the Criminal Division of the Court of Appeal refused the application. The tragic facts of the case were widely reported in the media and are not repeated here, save to say that the murders and attacks were brutal, senseless and entirely unprovoked.

Mr Calocane had been sentenced by Turner J in January 2024 on a restricted hospital order under ss.37/41 Mental Health Act 1983, following the "*unanimous opinion of the medical experts retained by the prosecution and the defence was that the offender was suffering from paranoid schizophrenia at the time when he committed these offences*" (paragraph 4) "*It is said that the judge failed to reflect sufficiently the multiple aggravating features of the offending when arriving at an appropriate minimum term of imprisonment under a life sentence. Further, the judge failed to take sufficient account of evidence to the effect that the offender's culpability was not extinguished by his mental illness, and the extent of the harm caused. He was wrong not to include a penal element in the sentence. It is submitted that the overall seriousness of the case required the imposition of a life sentence of imprisonment with a hospital and limitation direction pursuant to s. 45A of the 1983 Act ("a hybrid order")*" (paragraph 5).

Mr Calocane, now 32, had come to the UK as a teenager and had graduated with a degree in mechanical engineering from Nottingham University in 2022. His mental health problems did not appear to have started until 2019, and he had no previous convictions (though he had come to the attention of the police on several occasions).

In the criminal proceedings, Mr Calocane's mental health was assessed by three consultant forensic psychiatrist experts, two instructed by the defence and one by the prosecution. A fourth forensic psychiatrist was instructed by the prosecution to review those three reports. A fifth psychiatrist, Mr Calocane's treating clinician at Ashworth, provided a further report prior to sentencing in January 2024. The judgment summarises the reports, setting out what appear to be a history of mental health problems which caused Mr Calocane to interact with health and crisis services, and led to his detention under the MHA in 2020. Mr Calocane is believed to have stopped taking his medication repeatedly,

becoming increasingly unwell when he did so. He was lost to services from September 2022 until May 2023, when he attacked two people. He appears to have been very unwell by June 2023. He was transferred from prison to Ashworth in November 2023.

There appeared to be little disagreement in the medical evidence, and the shared opinion of the psychiatrists was that Mr Calocane had paranoid schizophrenia both prior to and at the time of the offences. "*Although he was able to understand the nature of his conduct (although Dr Shaffiullha did not agree with that assertion), at the time of the offences, his recognised medical condition resulted in an abnormality of mental functioning, namely psychosis, which substantially impaired his ability to form a rational judgement and to exercise self-control*" (paragraph 39(ii). There was no evidence of criminal behaviour prior to the onset of mental illness, and his acts of aggression were linked to psychotic episodes. The psychiatrists who expressed a view on the issue agreed that a hospital order with restrictions was the appropriate disposal of the criminal case.

At sentencing, Turner J determined what the appropriate carceral sentence would be pursuant to sentencing guidelines. Turner considered the options of both a hybrid order, and a hospital order with restrictions, and "*accepted the evidence of Professor Blackwood who concluded that, because the offender's risk to others was driven by his psychotic illness, the risk he posed was best managed by forensic psychiatric services…The regime under a hospital and restrictions order avoided situations in which the risk posed by the offender might increase, or his mental condition worsen, because of delays in recalling and re-hospitalising him*" (paragraph 51). "*By contrast, a period of imprisonment risked non-compliance with medication, a deterioration in the offender's mental state, and an increased risk to others. The Parole Board would be likely to follow the recommendation of the clinicians and Tribunal as to release. Monitoring would principally be by a probation officer: recall to prison, and subsequent transfer to hospital, might take some time*" (paragraph 52). In these circumstances, Turner J had considered "*that the regime which provided the greatest level of protection for the public was a hospital and restrictions order*" (paragraph 53).

The Solicitor General sought to persuade the Court of Appeal that this disposal had been unduly lenient. After reviewing the statutory scheme, sentencing guidelines and relevant authorities, the Court of Appeal emphasised that *"[t]his is a challenge to the decision of a highly experienced judge who was immersed in the procedural history and detailed evidence of the case. His decision was reached after two days of submissions and oral evidence from three appropriately qualified medical experts"* (paragraph 74). The Solicitor General was not arguing that Turner J had made an *"error of principle in his approach* […] [i]*nstead, the challenge is to the judge's evaluative assessment of which option was appropriate*" (paragraph 75). It was not suggested that "*a hospital and restrictions order would be wrong in law or as a matter of principle. Instead the parties advanced competing submissions as to whether one option was better than the other. For the prosecution it was said that a hybrid order was appropriate; the defence advocated a hospital and restrictions order*" (paragraph 76).

The Solicitor General's referral process is for sentences which are 'unduly' lenient, and the scheme is designed to deal with cases where judges have fallen into "gross error". In "*sentencing an offender who satisfies the criteria in s. 37, the court has to have regard to both the need for punishment and the protection of the public*" (paragraph 79). While it was accepted that there were aggravating factors in this case,

in determining the appropriate sentence, the Court of Appeal considered that Turner J had appropriately determined the uplift to the sentence starting point. "*In determining the final disposal, the judge, as he recognised, had to consider whether a penal element was necessary. Because the offender's level of retained responsibility was low, and in circumstances where the offending would not have taken place but for the offender's schizophrenia, the judge was entitled to conclude that a penal element was unnecessary*" (paragraph 84). Carr LCJ set out the practical considerations Turner J considered in reaching his decision:

> *86. The judge properly took into account, first, that under the s.45A regime, the Parole Board would be likely to follow the release recommendation of the clinicians and Tribunal; secondly, that monitoring thereafter would be carried out principally by a probation officer rather than a mental health practitioner; and thirdly, that recall to prison, and subsequent transfer to hospital, might take some time. He reached what was the perfectly reasonable conclusion that a period of imprisonment, as might follow the making of a hybrid order, risked non-compliance with medication, a deterioration in the offender's mental state, and a consequential increased risk to others.*
>
> *87. By contrast, as the judge said, the ss. 37/41 regime avoided situations in which the risk posed by the offender might increase, or his mental condition worsen, because of delays in recall and re-hospitalisation. Such an approach, focussing on the question of public protection, was entirely in line with the comments in Edwards at [12] as set out above, namely "the graver the offence and the greater the risk to the public…the greater the emphasis the judge must place upon the protection of the public…"*

Where Mr Calocane was considered to "*always present an extremely grave danger to the public if he is ever released* […] [t]*hat danger may be mitigated by medication if he is compliant with the treatment regime and if the medication is effective* […] *the extreme violence perpetrated by this offender makes it very likely that, whichever of the two options had been adopted, he will spend the rest of his life in a secure hospital*" (paragraph 90). Carr LCJ found that:

> *…the risk caused by any non-compliance with the medication regime or any failure of the medication to control the psychosis is so high that release into the community can properly be assessed as "very unlikely". On this approach, it is even harder to label the hospital and restrictions order unduly lenient, since it will have the same effect as the only other available option.*

While expressing profound sympathy for the victims and their families, the Court of Appeal concluded that there had been no error in the sentencing exercise, and refused leave.

A legal framework under intense stress: the MHA 1983 under the judicial microscope

One of the most difficult areas where the law runs up against practical realities is in relation to addressing the consequences of a mental health crisis requiring potential admission to hospital. In theory, the Mental Health Act 1983 should provide a seamless framework, complete with timelines, to allow:

- The safe custody of a person who has been brought to an appropriate place of safety by the police after having been found in a public place in mental health crisis;
- The multi-disciplinary assessment and, where appropriate, admission of that person to hospital to assess and treat them.

In practice, it is often simply not possible to operate that framework within the timeframes provided for by Parliament.

What then happens, or should happen in such case has been considered by Theis J in *Surrey Police v PC & Ors* [2024] EWHC 1274 (Fam). The chronology of the case requires to be set out in full, as a snapshot of the system under strain.

> *4. On 24 April* [2023]*, PC was arrested regarding an offence of criminal damage. The arresting officers had concerns in respect of PC's mental health. Although consideration was given as to whether he should be removed to a place of safety under the Mental Health Act 1983 an ambulance was called. Due to delays in the ambulance arriving the officers decided to take PC to a hospital that was operated by Surrey and Sussex NHS Healthcare Trust ('the Trust')).*
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> *5. PC was taken to the Emergency Department of the East Surrey Hospital where he was given a 1mg tablet of lorazepam at 10.22, with a further 2mg dose at 10.47. PC was assessed by a psychiatric liaison nurse employed by the Trust, the notes describe PC as 'agitated, aggressive, shouting and swearing, flushed'. The plan was to see how his mental state was over the next 24 hours given the suggestion of drug use. He was medically fit to be discharged and PC was taken to a police station.*
>
> *6. The police raised concerns about the circumstances of PC's discharge from hospital. The Trust responded that PC was discharged from the psychiatric liaison service and the pathway for people under arrest is for them to be assessed by the Criminal Justice Liaison and Diversion Service ('CJLDS') and that was the plan in place for him.*
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> *7. PC arrived at the Police custody centre just after noon. Following being booked in he is recorded as having spent the rest of the afternoon sleeping in a cell.*
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> *8. The following morning there remained an issue regarding PC's mental health. He was seen by the CJLDS nurse. The Approved Mental Health Professional service ('AMHP' pursuant to s114 Mental Health Act 1983 'MHA 1983') at the local authority was contacted by CJLDS. They did not arrange a Mental Health Act assessment as they were advised that PC was not fit to be assessed. They suggested that he was kept in the police station as a place of safety under s 136 MHA 1983, which was done at 10.44. CJLDS and the Trust attended a meeting and updated the police about midday, informing them that PC was in line for the next bed. The local authority were advised that his PACE clock would expire around 12.30 pm so there was no legal framework to hold PC after that time. The local authority also suggested that PC was transferred to a Health Based Place of Safety ('HBPoS') as soon as one was available.*
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> *9. During the morning the records describe PC's presentation was mixed; at times he appeared florid and delusional and at other points was aggressive and threatening self-injury. By 11.58 the police noted their very real concern that he remained in their custody and that PC was 'clearly having a mental health crisis'.*
>
> *10. At 2pm there was a meeting to discuss the availability of a bed at a place of safety. Although different accounts are given by the various public bodies as to the availability of beds, the result was nothing was available. During the afternoon the nurse who was responsible for healthcare in police*

custody became increasingly concerned. The local authority state they did not receive any update regarding PC's presentation nor were they advised that he could be assessed under the MHA 1983.

11. At around 7pm the AMHP and psychiatrists arrived at the custody centre. Both psychiatrists recommended that PC be detained under s2 MHA 1983, however there was no bed available for him. By 7.46pm it was known that there may be an issue in respect of the legal framework that would enable PC to remain in police custody until a suitable bed was found.

12. The detailed chronology prepared by the Trust sets out the efforts made by them to locate a bed for PC. At around this time the police referred to PC by a different name and he was not known on the Electronic Health Record, which caused some confusion.

13. By just before 10 pm the police record they were informed by the Trust there was no bed available for the foreseeable future, although this description of the time frame is disputed by the Trust. In any event, it was said there would be an urgent review in the morning. Around that time PC was becoming more agitated in the cell, he started to demand sedation and the custody sergeant described PC as 'unmanageable' at this time.

14. The police asked for help stating they required help from a mental health professional to keep PC safe. The Trust's on call Registrar agreed to prescribe sedative medication and the Home Treatment Team ('HTT') East & Mid Surrey confirmed that lorazepam was available in stock and the HTT Night Nurse would take it to the custody centre.

15. In the early hours of the next day PC's presentation deteriorated further. He was recorded as being 'out of control'. He was placed in a body cuff. The lorazepam arrived about the same time and a health care Practitioner (nurse), employed by Mountain Healthcare was able to give the medication to PC. It was 2x1mg tablets, which he eventually took with water whilst still in the body cuff. Due to high level of concern about PC he had been on constant observation since the previous evening.

16. The lorazepam had a calming effect and the body cuff could be removed. At 6.32 the custody sergeant reviewed PC's ongoing detention and noted the real concern about PC's continuing detention describing it as 'lawful and the only reasonable place for him to be held until the appropriate services facilitate their duty of care'.

17. During the morning conversations took place between the police and Trust. PC became agitated, at times he was placed in a body cuff and restrained by five police officers. A further period of detention under s 136 MHA 1983 was implemented.

18. Ongoing discussions between the public bodies covered the limits to the use of s 136. At one stage a senior manager at the Trust was reported to suggest the police could rely on the common law doctrine of necessity to detain PC, the Trust do not accept this report. The AMHP advised that common law could not be used but that a second s136 could be used, which accorded with the advice from the police legal adviser. They considered whilst it was not good practice it was lawful. There were discussions as to whether an application to court would be necessary but none of the public bodies alerted the Official Solicitor.

In the early evening of 25 April 2023, the police made an urgent out of hours application to the court to authorise the deprivation of PC's liberty in the police custody suite due to their concern that a second period of detention under s 136 would expire later that evening. Initially the application was made seeking orders in the Court of Protection, they were ultimately made under the inherent jurisdiction due to the urgency of the situation and to cover the short period of time before a bed was available.

The hearing took most of the evening due to delays in making effective contact with the relevant public bodies to enable them to join the urgent hearing. The recitals to that order were attached to the judgment, and included the interesting observation that:

> *On the basis of the information before the court, it agrees with the submission on behalf of the Official Solicitor that it cannot authorise the ongoing deprivation of PC's liberty under the Mental Capacity Act 2005 as he would be ineligible due to the provisions of schedule 1A.*

The next morning, PC had been detained under s.2 MHA 1983 and conveyed to a bed. Theis J listed the case for a further hearing the next morning.

In her judgment, Theis J recorded the "overarching concern" of the Official Solicitor in that "*PC was clearly vulnerable and ill yet had been left in a police custody suite with what the Official Solicitor considered was inadequate care and support. In The Mental Health Act 1983 (Places of Safety) Regulations 2017 SI 2017 No 1036 Parliament limited the circumstances in which a police custody suite may be used as a place of safety, yet there was no apparent urgency or significant concern about this situation on behalf on the relevant statutory agencies*."

Theis J then identified a further series of specific concerns outlined by the Official Solicitor:

> *23. First, the AMHP service upon initial request on the morning of 24 April 2023 appears to have delayed the mental health assessment on the basis that PC may have been intoxicated. By the time of that initial request PC had been detained for 24 hours. The local authority state they were told PC was intoxicated, which is not accepted by other agencies. Whatever was said the essential facts raised further questions that were not followed up, when they should have been.*
>
> *24.Second, by 2pm on 23 April the AMHP service further delayed any assessment on the basis that PC may have been intoxicated but they had not seen PC, he had by then been in custody for about 29 hours. The local authority state this view was based on prior information the AMHP received which had not been updated. Again, this raised further questions that were not followed up, when they should have been.*
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> *25. Third, by 7.46 pm on 24 April it was known to the police and the local authority that there might be an issue as to the legal framework under which PC was detained in police custody but it took a further 24 hours, and only after intervention of the court, for there to be any proper consideration as to the legality of PC's situation and for him to have any form of independent representation.*
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> *26. Fourth, the Official Solicitor has concerns about the circumstances of the lorazepam being given in custody. It was prescribed by a medical practitioner who had not seen PC. The Trust have acknowledged this concern and confirmed it is raising it internally. Also, it was given to PC whilst he was in the body cuff and no consideration is*

recorded as having been given as to whether PC had capacity to consent to being medicated with lorazepam.

27. Fifth, on the morning of 25 April there was no recorded handover between the AHMP from the Emergency Duty Team, which the local authority accept. By 2.45 pm on that day it was clear the AMHP who had conducted the first assessment was not going to be available until later in the day to make any application for admission. Effectively, there was no means to admit PC to hospital under s 2 MHA 1983 unless a further assessment was undertaken. The Official Solicitor considers that this could and should have been obvious by just after 9.30 am that morning when the AMHP realised they could not access either of the medical recommendations of the previous day. The local authority state it was apparent to the AMHP that there was no bed, so a further assessment would not have resolved the issue regarding the ongoing legal framework regarding PC's deprivation of liberty.

28. Whilst the Court and the Official Solicitor recognise the difficulties the public bodies are operating under in such a difficult and dynamic situation it is nevertheless important the focus remains on the relevant legal authority being exercised to detain PC. Article 5(1) ECHR guarantees that no one will be deprived of their liberty save in accordance with a procedure prescribed by law. The notion of 'lawfulness' requires a fair and proper procedure offering the person sufficient protection against arbitrary deprivation of their liberty.

Theis J was invited to depart from the general rule in proceedings under the Court of Protection Rules 2017,[1] the Official Solicitor making an application for either all her costs to be paid by the local authority, or for her costs to be shared between the public bodies. The application was founded on the late stage the Official Solicitor was notified of the application and the lack of clarity about the legal basis for the application. Theis J acceded to that application:

39. I have reached the conclusion that there are reasons to depart from the general rule in this case. It must have been clear that in bringing the matter before the court PC was going to need to have a voice and be able to participate in the proceedings, either directly or indirectly. Whilst the police made the application I accept the submissions on behalf of the Official Solicitor that in this situation the local authority had the most experience and, in my judgment, should have taken a more proactive role, bearing in mind their statutory responsibilities and the growing uncertainty there was about the applicable legal framework. In the end, the police had little choice but to make the application because of the situation they found themselves in. There should be been more active collaboration between the relevant public bodies.

40.As to what order should be made I am satisfied the local authority should pay the Official Solicitor's costs. The Official Solicitor should have been given more notice of this situation and the potential of an application being made.

[1] Although, technically, it may have been that even if the application started in the Court of Protection, Theis J was actually sitting at the material times as a High Court judge exercising the inherent jurisdiction, in which case the CPR, rather than the COPR would have applied. However, the starting point in welfare cases is the same: see *Redcar & Cleveland Borough Council v PR* [2019] EWHC 2800 (Fam), so nothing would turn on this.

The local authority could and should have taken more active steps to ensure that was done and to support the other public body, the police, who are less experienced in these type of applications.

Theis J then endorsed the guidance advocated by the Official Solicitor for future cases that involve an application to the court to authorise the deprivation of an individual's liberty in the police station either under the inherent jurisdiction of the High Court or section 4A of the Mental Capacity Act 2005.

(1) Any such application should only be made in exceptional circumstances. Every effort should be made to avoid such an application having to be considered by the Out of Hours judge.

(2) If such an application is made, or is being considered, it should be brought before the court as soon as possible during normal court sitting hours. In particular, as soon as an issue is identified that there may not be a suitable legal framework for continued detention to take place.

(3) Each public body involved in the circumstances of the deprivation of liberty should be joined as a party to the proceedings and/or given sufficient notice (preferably during office hours) that such an application is going to be made and the court will consider if they should be joined as a party. In PC's case that would have included the local authority that provided the AMHP service, the Trust which is providing/commissioning the bed and the police force which is physically detaining the person.

(4) The application should be supported by evidence, ideally in the form of one statement, which explains the relevant chronology, the steps that have been taken to find an alternative and what care and support the person will receive/has received whilst in police custody and the relevant legal framework. Should the application include authority for physical or chemical restraint the legal basis of that restraint should be set out clearly, as well as the underlying factual/medical evidence as should details of the nature of any such restraint sought.

(5) The Official Solicitor should be alerted in good time prior to any application being issued.

(6) The relevant public bodies involved in the application must actively consider in advance of any application being issued how the person who is deprived of their liberty will be enabled to participate in the proceedings. If this is to involve the Official Solicitor acting as litigation friend or advocate to the court consideration must be given by the public bodies as to how to provide the Official Solicitor security for her costs.

Comment

Perhaps the most striking feature of this case is that an application was brought at all. Roaming the country as we do both virtually and in person and hearing in different ways from those involved on all "sides" (as it can all too often feel) of situations where stretched public bodies are addressing the consequences of mental ill health, we can attest that the particular cocktail of circumstances described above may be unusual, but they are undoubtedly not unique. Communication difficulties, electronic records failures, confusion over lines of responsibility, shortages of beds, and differing legal advice being given to different people with different degrees of confidence are all too common. What is very much less common is for one or other of the bodies in question actually to bring an application to court to seek to resolve the

situation in real time. The case is a helpful and important reminder that (1) the courts are available 24 hours a day, 7 days a week, 365 days a year to assist; but (2) advanced judicial grumpiness will ensue if recourse is not sufficiently timely.

It is perhaps of interest that the Official Solicitor did not on PC's behalf invite the court to determine whether he had, in fact, been lawfully deprived throughout the relevant period. It may well have been that the Official Solicitor took the view that, even if tenuously, there was sufficient authority at all points up and until the application was made (at which point s.4B MCA 2005 would have kicked in). But the fact that there were so many doubts about the position being expressed by different people at different points is problematic, both as regards legal literacy, but more fundamentally as a sign of a legal framework under intense real world stress.

Guidance which should not be needed

The Health Services Safety Investigations Body (HSSIB) has published an investigation report which should not be needed. Following on an from an interim report last year, it sets out (based on a case-study of a woman called 'Leah') all the problems that arise where children and young people with mental health needs are being housed, often for sustained periods of time, in paediatric wards in acute hospitals. Whilst it seeks to make the best of a bad job by framing it as how the design of paediatric wards can be improved to cater for the needs of such children, the reality is that admission to such a ward should be the exception, and solely for situations where the primary need is one that can only be met in a physical health setting. As the report hints, and we are very aware, it is all too often now the norm that such wards are being used to pick up the absence of appropriate community settings, and whilst statutory services argue about who is responsible. One striking absence from the report is any discussion of the (distinctly questionable) legality of many of the situations which are occurring day in, day out.

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Simon has wide experience of private client work raising capacity issues, including *Day v Harris & Ors* [2013] 3 WLR 1560, centred on the question whether Sir Malcolm Arnold had given manuscripts of his compositions to his children when in a desperate state or later when he was a patient of the Court of Protection. He has also acted in many cases where deputies or attorneys have misused P's assets. To view full CV click here.

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Adrian is a recognised national and international expert in adult incapacity law. He has been continuously involved in law reform processes. His books include the current standard Scottish texts on the subject. His awards include an MBE for services to the mentally handicapped in Scotland; honorary membership of the Law Society of Scotland; national awards for legal journalism, legal charitable work and legal scholarship; and the lifetime achievement award at the 2014 Scottish Legal Awards.

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Conferences

Members of the Court of Protection team regularly present at seminars and webinars arranged both by Chambers and by others.

Alex is also doing a regular series of 'shedinars,' including capacity fundamentals and 'in conversation with' those who can bring light to bear upon capacity in practice. They can be found on his website.

Adrian will be speaking at the following open events:

1. The World Congress on Adult Support and Care in Buenos Aires (August 27-30, 2024, details here)
2. The European Law Institute Annual Conference in Dublin (10 October, details here).

Advertising conferences and training events

If you would like your conference or training event to be included in this section in a subsequent issue, please contact one of the editors. Save for those conferences or training events that are run by non-profit bodies, we would invite a donation of £200 to be made to the dementia charity My Life Films in return for postings for English and Welsh events. For Scottish events, we are inviting donations to Alzheimer Scotland Action on Dementia.

Our next edition will be out in July. Please email us with any judgments or other news items which you think should be included. If you do not wish to receive this Report in the future please contact: marketing@39essex.com.

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