MENTAL CAPACITY REPORT: HEALTH, WELFARE AND DEPRIVATION OF LIBERTY

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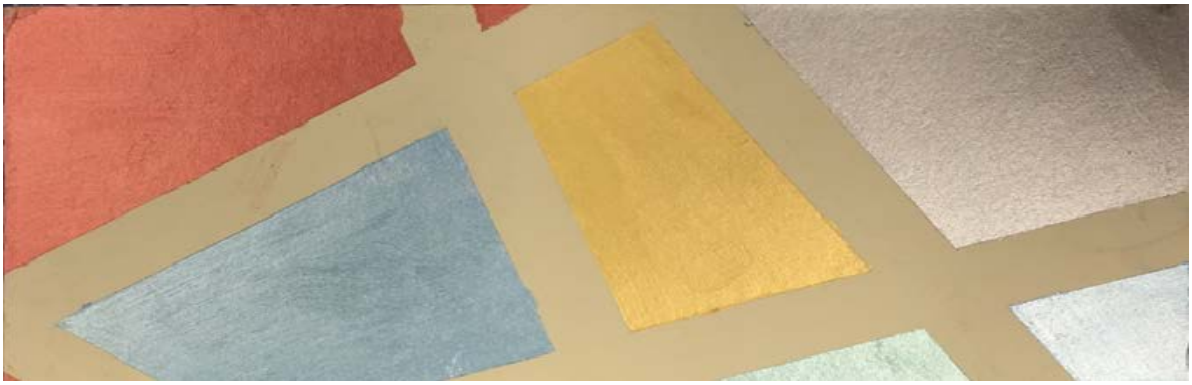

Welcome to the July 2024 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: sexual capacity complexities, wishes and feelings in the balance, and finding the P in a PDOC case;

(2) In the Property and Affairs Report: deputy bond provider problems and a job opportunity in the Official Solicitor's office;

(3) In the Practice and Procedure Report: how far can the Court of Protection go to ensure its orders are complied with, and risk taking, best interests and health and welfare deputies;

(4) In the Mental Health Matters Report: Tier 4 beds (again) and the Mental Health Tribunal and the Parole Board;

(5) In the Wider Context Report: local authority consent to confinement, the Irish courts continue to grapple with the consequences of the framework, and Strasbourg pronounces on assisted dying;

(6) In the Scotland Report: exasperation at the pace of the Scottish Government's Mental Health and Capacity Reform Programme.

There is one plug this month, 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.

Alex trusts that readers will not mind a slight blowing of the trumpet at his having been awarded Outstanding Legal Achievement at the 2024 Modern Law Private Client Awards for his work sharing knowledge about the Mental Capacity Act 2005 (and hence, in significant part, thanks to his fellow editors on this Report), and being appointed Professor of Practice at King's College London from August 2024 (a position which reflects the opportunities given by Chambers to him to moonlight so often away from the day job – for which he is very grateful!).

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.

Contents

Capacity, sexual relations, silos and public protection – an impossible tangle for the Court of Protection?

A Local Authority v ZX [2024] EWCOP 30 (HHJ Simon Burrows)

Mental capacity – assessing capacity – sexual relations – contact

Summary

In this case, HHJ Burrows was confronted, to his considerable (and understandable) disquiet, with the need to determine whether an 18 year old man had capacity to make decisions about engaging in sexual relations with others. His discomfort arose from the fact that the local authority was having to have recourse to the Court of Protection to respond to a situation where the man in question was posing a (largely self-reported, but on the face of it non-trivial) sexual threat to others, but whether neither mental health services nor the criminal justice system could respond.

The facts of the case make disturbing reading, and we do not set them out here. A particular concern of HHJ Burrows was that much of the evidence about the risk posed to others by ZX arose from self-reporting to therapists and social workers.

> *27. The Court has not been asked by either party to carry out a fact-finding exercise. Indeed, it is almost impossible to see how such an exercise would have been even remotely practicable. However, this does mean that this Court, as well as the LA, has to base its decision on a factual matrix that could potentially be largely illusory. The Court, however, has no option but to do so.*

The evidence from the clinical psychologist who had known ZX for some three years summed up the position starkly, identifying:

> *A scenario of future harmful sexual behaviour by ZX where he is alone with a potential victim. The victim is likely to be of a similar age to him, no more than 3 years difference, but vulnerable individuals would be at greater risk regardless of age. The nature of such harmful sexual behaviour is likely to be due to a need to increase his self-worth, to remove negative mood states or sexual satisfaction. In regard to severity of harm, the psychological harm and physical harm to the victim would be expected to be high. The imminence of his risk is likely when ZX is experiencing heightened low self-worth, alongside experiencing a negative mood state or is seeking sexual release. This imminence is likely to escalate if he is struggling to manage his negative mood state. The frequency of his harmful sexual

> *behaviour is likely to be on at least several occasions if the context presents and is expected to be chronic. The likelihood is expected to be common, and based on his history, and without intervention, it is likely to re-occur.*

ZX had been subject to a set of intense restrictions upon him to respond to this threat, initially authorised by the High Court exercising its inherent jurisdiction over minors, and then by the Court of Protection on an interim basis. In order to decide whether they could continue to be justified, HHJ Burrows had to determine whether ZX had capacity to decide to engage in sexual relations and contact; the present judgment focused on the question of sexual capacity.

HHJ Burrows undertook a review of the case-law, including the emphasis placed by the *Supreme Court in A Local Authority v JB* [2021] UKSC 35 on the need for the person deciding to engage in sexual relations to understand, retain, use and weigh the fact that) the fact that the other person must have the capacity to consent to the sexual activity and must in fact consent before and throughout the sexual activity. Having done so, he observed that:

> *75. It seems to me the state of the law is clear. When making assessments of a person's mental capacity concerning decisions across a range of domains, the Court (and any assessor, for that matter) must strike a balance between treating each domain as a distinct area of assessment without taking into account other domains (the "silo" error) on the one hand, but on the other, approaching the assessment in such a general manner, taking into account too many diffuse issues, leading the assessor to lose sight of what is being assessed. Being stuck in a silo represents overly strict rigidity. The opposite however leads to flexibility that verges on arbitrariness. The former leads to extremely difficult management issues for P's carers and care planners. The latter leads to a large number of people with difficulties in decision making in one area being found to lack capacity in others when they may not need to. The burden is on the assessor to strike a properly reasoned balance.*
>
> *76. I would take this argument further when dealing with capacity to engage in sexual relations. By placing capacity to engage in sexual activity away from most other decision making domains by removing the possibility of a decision being made on behalf of P, Parliament has created its own statutory silo. By placing the threshold so low, as the caselaw does, the assessor is directed to ensure factors that would be relevant to one decision making area (such as contact, for instance) may not be relevant to sexual relations.*

A problem for HHJ Burrows in applying the law to the facts of the case was that the expert had changed his mind, following the decision of Theis J in *A Local Authority v ZZ* [2024] EWCOP 21, in which the Vice-President of the Court of Protection had concluded that HHJ Burrows had fallen into a silo in his analysis of the individual's capacity to make decisions about engaging in sexual relations and contact. At paragraph 110, HHJ Burrows, reflecting on the appellate judgment, identified that the question he had to ask himself was about ZX whether:

> *If ZX is engaged in sexual activity or is in a situation where sexual activity is anticipated/expected by him with a person and consent from the other party is either not forthcoming or is withdrawn will ZX be able to make a capacitous decision about whether to stop that sexual activity accordingly?*

As HHJ Burrows continued:

> *112. The answer to that question must be based on the evidence I have read and heard. It seems quite likely that ZX may find himself alone with a vulnerable would-be sexual partner, quite likely by design.*
>
> *113. Once in that position, the question is not whether he would respect the refusal of the other party to consent to sexual activity, or the withdrawal of consent once sexual activity had begun. The question is whether he would be able to respect that refusal, or whether, because of his mental disorder as described by Dr Ince he would not be able to use and weigh (or process) his understanding of their right to refuse being respected. That would be what Dr Ince refers to as "in the moment".*

At paragraph 114, HHJ Burrows then set out his route to the conclusion that ZX lacked the material decision-making capacity:

> *The evidence I have seen and read, leads me to conclude:*
>
> *(1) ZX has developed a longstanding appetite for sexual experience in which the coercive nature of the experience is part of the appeal, the thrill. Indeed, due to his trauma it may have become a necessary part of the experience in order for him to feel fulfilled.*
>
> *(2) Although Dr. Ince identifies impulsivity, or at least he infers the existence of impulsivity, I am not satisfied that impulsivity is what I see. I see in ZX a young man who is cunning and opportunistic but is also capable of planning sexual contact with other people within the context of such liaisons being forbidden. Hence the reference made about his waiting until adults are out of the way before initiating sexual contacts.*
>
> *(3) ZX was able to satisfy the JB test in his assessments with Dr Ince.*
>
> *(4) However, and on reflection in the light of Theis, J's judgment in ZZ, he concludes that "there is sufficient evidence within the chronology and [ZX]'s recent acts to demonstrate that firstly what he says within an assessment setting cannot be relied upon, and also that he continues to display a range of behaviours that disregard the norms and education provided to him". (see the exchange with the Judge).*
>
> *(5) It is not clear to me whether Dr Ince only refers to "in the moment" here. In his first report (from 11.5.20) onwards, he refers to a ZX's "range of deficits within his executive functioning- and causally- would rely upon the presence of a neurodevelopmental disorder as an explanation for his observed difficulties", and then identifies the areas in which this affects. These are:*
>
> - *Impaired working memory (impacting upon his ability to retain and use information)*
> - *Poor impulse control (as evidenced in the chronology and risk assessments)*
> - *In attention (and the impact upon learning and decision-making)*
> - *Difficulties with planning, organisation and consequential decision-making*
> - *Cognitive flexibility (and the ability to transition between tasks and transfer learning from one situation to another)*
> - *Emotional regulations (and the ability to transition between tasks and transfer learning from one situation to another)*
>
> *(6) It seems to me these features would*

apply to any situation in which ZX had the urge to engage in sexual activity with another person. It may lead to him planning to enable him to be alone with that person. It would certainly apply where he was involved in sexual activity and there was an absence or withdrawal of consent by the other party.

(7) Dr Ince is a jointly instructed expert, and his expert evidence is not countered by another expert. Although it is for me as the Judge to reach a conclusion of his own, and not blithely to follow what the expert says, I need to give a good reason if I come to a different conclusion.

(8) In order for me to reach the conclusion that ZX lacks capacity to consent to sexual activity I need to be satisfied on the basis of all the evidence I have read and heard that ZX is not be able to satisfy the JB test and particularly "in the moment" in the real world, rather than in a mental capacity assessment with Dr Ince.

(9) I am concerned this may involve speculation on my part as to what ZX may do if those circumstances arose. As Ms Gardner put it both in her questioning of Dr Ince, but also in her closing submissions, there is no evidence base for this. In other words, the Court has no evidence of what ZX does or would do when confronted with the absence or withdrawal of consent during sexual activity.

(10) The response to that is twofold. First, there is a good deal of evidence from ZX himself and his brother that he has engaged in non-consensual sexual activity with other people over the years. Secondly, Ms France-Hayhurst would invite the Court not to allow ZX to engage in activity that provides an evidence base, at the expense of ZX's liberty and the devastating experiences of his victims.

(11) In response to the first of these, my answer is that the evidence considered within Dr Ince's conceptual framework (post ZZ, in any event) does allow me to conclude that ZX does not "pass" the test in JB at limb (2). I am extremely concerned about doing so. It seems to me this is an hormonal 18 year old man with a considerable sexual appetite. If I conclude he lacks the capacity to engage in sexual activity, he will be subjected to an extremely restrictive regime where his only sexual "outlet" will be masturbation whilst watching selected on-line pornography; censored, I would imagine, to avoid images of violent rape, children and animals.

(12) On the other hand, I have to avoid what has been called the protection imperative. I must not tailor my formulation of the capacity assessment to ensure a particular outcome. Normally, that means trying to protect a vulnerable person who would otherwise be exploited or harmed unless protective measures can be put in place. Here, the same applies except it is ZX's potential as a perpetrator in a serious sexual offence, and the consequences that flow for him, rather than his potential victim is what he is being protected against.

HHJ Burrows made clear at paragraph 114(14) that:

> *At first glance, this is a somewhat perverse use of the MCA. However, it is explicitly sanctioned by the Supreme Court in JB. Naturally, I must follow that judgment.*

He therefore found that:

> *115.* […] *At the moment this judgment is written, I am satisfied that his behaviour*

> *in connection with sexual activity in combination with his mental disorder [identified earlier in the judgment as conduct disorder, ADHD and attachment difficulties] means that he is unable to use and weigh relevant information concerning his would be or actual sexual partner's refusal to, or withdrawal of, consent in in real time.*

He then continued:

> *116. I would add that I am intensely uncomfortable about the need for the LA to have to resort to the Court of Protection in a case of this sort. In the absence of the ongoing and active involvement of mental health services, and the absence of anything it seems the criminal justice system is able to do, they are required to use this Court.*
>
> *117. However, what now follows is the LA will have to comply with their positive obligation to ensure that ZX gains capacity (if he can) in this domain: see, for instance, CH v A Metropolitan Council [2017] EWCOP 12(Hedley, J.).*
>
> *118. At the same time, they will have to implement a care plan that is restrictive enough to remove ZX's opportunity for sex, with other people at least, whilst, at the same time ensuring he is able to engage in the normal activities of an 18 year old person. The Court will scrutinise both during the process.*

HHJ Burrows concluded by observing that the parties would need time to consider his judgment and, potentially, to consider an application to appeal. At the time of writing, it does not appear that such an application has been made.

Comment

HHJ Burrows' observations about the need for balance between salami slicing into silos and an over-broad approach to capacity at paragraph 75 are crisply put, and we would suggest of wider application.

When it comes to the question that was central to the case, however, it might be thought that the decision makes good the thesis of a chapter Alex has co-written in an edited volume due out shortly, namely that it is difficult to escape the impression that we have started to ask questions in the context of capacity and sexual relations that the law perhaps should not have asked. That is not to say that the issues posed are not serious and important. They engage extremely complex questions, amongst others how the State is expected to balance its positive obligations to secure individuals against non-consensual sexual activity, and its obligations not to intervene unnecessarily between consenting sexual partners. They also raise very difficult issues of the interaction between the concept of capacity underpinning the MCA 2005 and the different concepts underpinning criminal responsibility (as to which, see here).

However, it might be thought that this decision reinforces the point that looking at matters through the prism of capacity to decide to engage in sexual relations causes both practical and legal complexities of the highest order. An oddity of JB's case, and one upon which it might have been thought that the Supreme Court would have alighted, was that there was agreement between the local authority and the Official Solicitor on JB's behalf, that he lacked capacity to make decisions about contact, and that it was in his best interests for a care plan to be enforced which "*include*[d] *restrictions on his access to the local community, on his contact with third parties and on his access to social media and the internet. Under his care plan, he ha*[d] *1:1 supervision when out in the community and, in particular, when in the presence of women*" (paragraph 11). On the face of it, and for so long as the care plan continued

to be in force, JB would never have had the opportunity to engage in sexual relations, so the question of whether he had capacity to make decisions about it might have been thought to be academic.

Similarly, in the instant case, it might be thought that the mission-critical point to determine was ZX's capacity to make decisions as to contact with others, where one of the purposes of that contact was to have sexual relations with them. Although the judgment does not say so expressly, the expert is recorded as saying that ZX lacked capacity to make decisions about contact, and the plan contemplated could only have been based upon a conclusion that he lacked that capacity.

However, if ZX lacked capacity to make decisions about contact, and if plans were being put in place to regulate that contact, then on one view the question of whether he had capacity (in isolation) to make decisions about engaging in sexual relations would not be of the first importance. After all, what would be the difference between a situation where ZX had capacity to make decisions about engaging in sexual relations and was choosing to impose himself on others irrespective of their consent, and the situation where he lacked that capacity and was seeking to do the same? From the perspective of the State's obligation to secure against the risk that ZX might pose to others, arguably none. From the perspective of the criminal law seeking to resolve the question of whether criminal acts had been committed, there might be a difference, but the criminal law and the MCA are asking different questions, and the entire point of the framework being sought by the local authority was to stop such acts taking place in the first place.

For Alex, reading the judgment whilst in Belfast talking for the Royal College of Psychiatrists in Northern Ireland about capacity complexities, it was also striking to see how the regime in England & Wales is (or could be) moving by way of judicial interpretation towards a capacity-based public protection regime. Public protection is an express aspect of the MCA (NI) 2016, embedded in the DoLS provisions there (the main substantive part currently in force). But the Northern Irish legislation was intended to replace standalone mental health legislation, and the public protection aspect was always clearly understood to be necessary in consequence.

Conversely, there was never any stated Parliamentary intention in England & Wales that the MCA 2005 was to replace or in some way encompass the terrain of the MHA 1983 (hence the notorious interface between the two set out in Schedule 1A to the MCA 2005). Decisions such as this (and indeed *JB*) make clear that we may well be well on the way to creating a fused regime by the back door, where restrictions on the basis of public protection can be justified on the basis of a lack of capacity to make decisions about contact, and the argument that it is not in a person's best interests to carry out acts that harm others. And, at the same time, we now regularly see difficult cases, above all those concerning anorexia where the risk is to the person alone and which were once looked at through the prism of the 'appropriate treatment' test in the MHA 1983, put before the Court of Protection to be determined on the basis of capacity and best interests. Both of these may well be necessary and important developments, limiting the scope of the MHA 1983 (in effect) solely to those who are identified as having capacity to take the relevant decisions, but pose a risk to themselves or others on the basis of mental disorder. But it might be thought that this was something Parliament would wish to consider.

In any event, we are certainly a long way from the talk of empowerment that accompanied the

launch of the MCA 2005 (even if Lucy Series has done, and continues to do, vital work in teasing out whether that language was ever justified).

Wishes and feelings in the balance

MA v Gateshead Council & Ors [2024] EWCOP 34 (DJ Simpson)

Best interests – residence

Summary

This s.21A MCA application related to a contested hearing of whether it was in the best interests of MA, a 90-year-old woman with a diagnosis of dementia residing in a care home, to have a trial return to her home with a package of care. MA was widowed and had five children, three of whom held both her health and welfare and property and affairs LPAs. The three attorneys took the view that it was in MA's best interests to reside in a care home, while her two non-attorney family members took the view that it was in her best interests to return home with a care package of four care calls a day. The Official Solicitor, acting on behalf of MA, supported the position that she should have a trial return home.

MA had been placed in a care home following a hospital admission in the summer of 2023 after she had a fall. She had previously lived in her own home with a package of three care calls a day. MA was objecting to residing in the care home and wished to return to her own home.

Capacity was not in issue, and the proceedings related solely to best interests. The Official Solicitor argued that MA's wishes and feelings should be of "magnetic importance" (paragraph 32). The local authority argued that MA would be at risk at home, but also that the quality of her life would deteriorate if she were to do so.

The evidence of the social worker was that MA's needs were primarily around continence (for which she was declining to use continence pads) and prompting for activities of daily living. The social worker was concerned that MA would not be able to use a 'lifeline' pendant if she had a fall at home, or would not remember how to do so. The social worker also had concerns that as MA's family were not close by, she may become lonely or have low mood if her only human interactions were with carers. MA had been resistant to care calls, and wanted no more than one carer attendance daily; she referred to four daily visits as a 'deal-breaker.' She also did not want carers to undertake care tasks. Carers would also not have the flexibility to return to MA if she did not wish to get out of bed or undertake care tasks at the times they were present. The local authority felt that "*how MA will present after two weeks at home following an extended period of 24/7 care is not representative of how she will present in the longer term. They also believe an assessment of compliance with care at home requires a longer review, but that is not possible whilst keeping MA's bed at placement 1 available*" (paragraph 52). The local authority also felt her falls risk was increasing with time. The local authority also submitted that MA did have a good quality of life at the placement, and the court noted that this was "*not fully disputed*" (paragraph 56)/

MA's family members who supported her having a trial period at home stated that they would continue to visit her, and could act as emergency contacts for her; the nearest such relative lived 40 minutes away by car. They felt that MA had strong and clearly expressed wishes not to be in a care home, both historically and now. They felt that with more regular domiciliary care calls than she had had previously (leading to regular eating) she would fare better than she had prior to her admission to hospital. They accepted that MA overestimated her abilities to look after herself, and that if she did not accept a home care package, she would need to return to the care

home. It was also accepted that a fall at home could be catastrophic, but they emphasised that this had not happened at home and did not feel the falls risks were reduced in the care home. They felt that a two-week trial would be a good indication of whether a safe return home was possible. The Official Solicitor also submitted that a trial at home should be attempted before it was ruled out as an option.

The family members who opposed the placement agreed that MA did not want to be in a care home, but felt that she was less vocal on this point than she had previously been. They felt that the 'home option' had been tried before she was admitted to the care home, and had not worked. The did not feel that she was safe, and did not think it was in her best interests to attempt a trial they felt would not work.

District Judge Simpson noted that a future question might arise of releasing MA's place in the care home if the trial was successful, as it was not clear that it would be maintained for more than two weeks; however, that issue did not yet arise. District Judge Simpson accepted that MA had chosen to live at home when she had capacity, and that she "*has been vocal and resistant at times to care at home and does not wish to reside at placement 1 despite her accepting the care she receives is good. I accept this would likely influence her decision if she had capacity, I also accept she has been resistant to care in her home in the past which resulted in her admission to hospital and then placement 1*" (paragraph 65). A balance sheet exercise was carried out, producing the answer that the matter was "finely balanced," although the conclusion of District Judge Simpson was that:

> *[a] trial placement at home would be the least restriction option, be in accordance with MA's wishes and feelings and can be undertaken for a short two week period whilst her room at placement 1 remains open to her in the event of a breakdown. On that basis I authorise the trial placement at home.*

Comment

As ever, it is very good to have judgments from District Judges, given that they hear the vast majority of cases before the Court of Protection. In this regard, we note that it is a shame that the very detailed guidance just published relating to publications of judgments in family proceedings (including expectations as to the numbers) was not accompanied by guidance relating to judgments in the Court of Protection, leaving us reliant on what is now rather dated guidance from Sir James Munby.

One point to note about the balance sheet used by District Judge Simpson is that some of the senior judiciary have been cautious – and in the case of Hayden J and Sir Andrew McFarlane – actively negative about the use of such balance sheets, running the risk of they do as serving as a substitute for analysis, rather than a structure. District Judge Simpson did not fall into this trap here, but for more on why it can be a problematic issue, see here.

Short note – finding the P in a PDOC case

NHS North Central London ICB v PC et al [2024] EWCOP 31 concerned a 31 year old woman, who suffered a cardiorespiratory arrest and collapsed at home. A lack of cardiac output for about 30 minutes led to her brain being deprived of oxygen, which caused a severe hypoxic ischaemic injury. She was left in a Prolonged Disorder of Consciousness ('PDOC'), at the low end of the spectrum of awareness, for four years and was now 35. An application was made by the ICB, who commissioned her inpatient hospital care, that it was not in her best interests to continue clinically assisted nutrition and hydration in circumstances where there was a

lack of agreement from some members of her family.

An agreed legal summary was set out at paras 8-30. There was no real hope of recovery. The evidence as to her wishes, feelings, values and beliefs were limited, given the unexpectant event so early on in her life. Cusworth J concluded that PC would be concerned at her family's upset and suffering and would want to avoid that if she could. However:

> *Considering the competing arguments it is impossible to form a conclusive view about PC's likely attitude here - whether she would choose to remain in her current state, and so leave her family, desolate as they are, continuing to visit her perhaps for another decade; or whether to enable an ending now which might prove the start of a healing process, but having first brought to a head their building grief. I must conclude that she could form either view as to the best course for her family, so I am left to look primarily at her personal best interests.*

There was no evidence of PC experiencing any positives, and no evidence of any enjoyment of life. The only evidence was of her exhibiting discomfort and pain. If treatment was withdrawn, "[s]*he will be spared the burden of living a life which does not obviously bring her anything other than pain. Her death will bring great sadness for her family, but it will be sadness not augmented by further years of her suffering before it arrives*." Ultimately the benefits of continuing were clearly outweighed by the significant burdens and she would not wish to continue with life in her current condition. Accordingly, palliative care was decided to be in her best interests.

Comment

This decision demonstrates the complexity of determining whether to withdraw treatment where not much is known as to what P would have wanted. The judgment displays a careful attention being paid to the medical and family evidence, against the backdrop of there being no evidence of enjoyment, only discomfort and pain.

Short note: when trials have been tried

The decision in *NHS South East London ICB v AB, M and London Borough of Southwark* [2024] EWCOP 28 is the sequel to a 2020 case ([2020] EWCOP 47). At that stage, the court refused to recognise a guardianship order made by the New York courts. A subsequent trial period of AB living with her mother for just over 7 months ended in failure because it proved impossible to establish satisfactory working relationships between her mother and paid carers. A further trial of them living together with a support package also failed and her mother decided to end it after her interactions with a support worker. Senior Judge Hilder concluded that no further attempts should be made. If AB was able to express a view, it was likely that she would want "settled security over disappointed hopes". Accordingly, Senior Judge Hilder concluded, it was in AB's best interests to remain in residential care.

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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 September. 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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