MENTAL CAPACITY REPORT: THE WIDER CONTEXT

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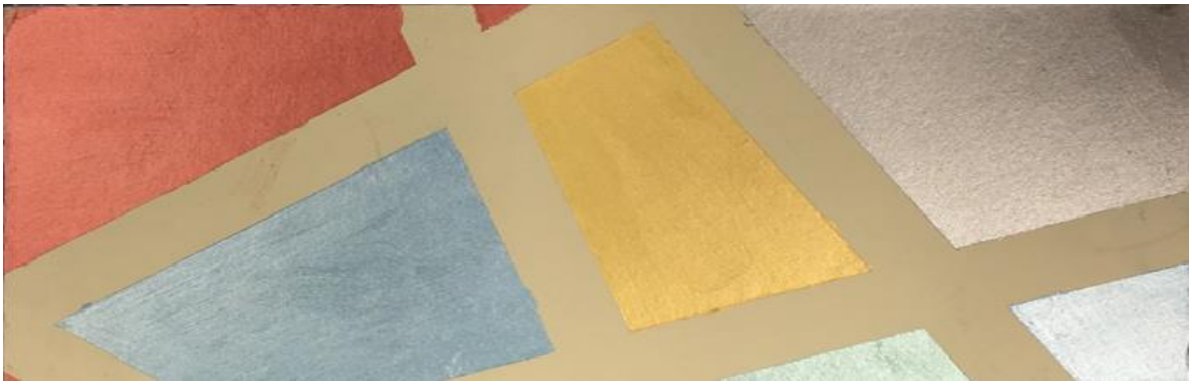

Welcome to the September 2022 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: Person-specific contact and sexual relations capacity; treatment plans for disordered eating; and updated DoLS statistics.

(2) In the Property and Affairs Report: Electronic billing pilot rolls out.

(3) In the Practice and Procedure Report: Transparency orders; and the BMA opines on s.49 MCA reports.

(4) In the Wider Context Report: Brain stem death testing; deprivations of liberty of young people in Scotland; the CRPD's application in the Battersbee case; foreign convictions; coercive control; litigation capacity; the Care Act considered in the Court of Appeal.

(5) In the Scotland Report: Further updates on Guardians' remuneration and the PKM litigation; nearest relatives; and the MHTS project concludes.

You can find our past issues, our case summaries, and more on our dedicated sub-site here, where you can also find updated versions of both our capacity and best interests guides.

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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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Brain stem death

A (a child) (Withdrawal of treatment: Legal representation) [2022] EWCA Civ 1221 (Baker, Singh, Phillips LLJ) (7 September 2022)

Summary

The hospital trust applied for a declaration of brain stem death in respect of a 3-month-old baby. Brain stem death tests on two occasions in mid-June 2022 had resulted in no response, and brain stem death was confirmed by the hospital. A few weeks later, a PICU nurse noticed that the baby was breathing. The diagnosis of brain stem death was obviously wrong, and the court proceeded to deal with the application on the basis of best interests. At the first hearing, Hayden J refused to make a declaration that CPR should not be attempted, saying that since the evidence before him did not establish that "it will never be possible for A to go home, even if that should only mean, to die at home with his parents" and so his continued treatment in PICU was not futile. At the substantive hearing, Hayden J granted a declaration that continued invasive treatment was not in the baby's best interests, and refused the parents' application for an adjournment. By that stage the parents were in agreement that CPR should not be attempted.

The parents successfully appealed to the Court of Appeal. Their legal representatives had withdrawn three days before the substantive hearing as legal aid was not granted, and the parents were therefore unrepresented at the substantive hearing. The Court of Appeal held it had been procedurally unfair to refuse the parents' application for an adjournment, noting that:

a) the issue before the court was *'the gravest and most important any parent could ever face'* [34]
b) it was no fault of the parents that their legal representation had fallen through
c) it would have been extremely challenging for any parent to conduct proceedings themselves, and particularly for these parents who were not native English speakers. Their case had not been *'as central to the hearing as it would have been had they been represented'*. [42]
d) the hearing could have been relisted, with medical witnesses appearing remotely if necessary
e) even though all the medical evidence was 'one way', that did not mean the parents should not have had a proper opportunity to challenge it.

Comment

The AMRC Code of Practice on brain stem death applies to children aged 2 months and older, but states that testing should be 'approached in an unhurried manner'. The Code is reportedly now under review, with an updated version to be published in 2023. There are likely to be more cases where test results are disputed, particularly in children, in light of the extraordinary events in this case.

The Court of Appeal's judgment reinforces the importance of parents being able to participate effectively in substantive hearings of this nature, even though the prospects of successfully challenging unanimous medical evidence may be slim. Trusts bringing these applications should note that the Court of Appeal suggested that a contingency plan (probably pro bono representation) should be in place where legal aid has not been confirmed.

'Gurus' and coercive control: when does a cause of action arise?

Samrai & Ors v Kalia [2022] EWHC 1424 (QB) (16 June 2022) (Deputy Master Grimshaw)

Deputy Master Grimshaw considered an application by the Defendant to a strike out claim against him. The Defendant was various described as a head priest or guru of a religious organization, founded in the principles of the Hindu religion. The claimants had been members of his congregation from 1987 onwards.

The Claimants, all of whom ceased their involvement with the congregation in late 2016 / early 2017, claimed that they were subjected to psychological domination by the Defendant, and that as a consequence of this state of belief or obedience they parted with substantial sums of money. Further claims were made by a subset of the first four Claimants in relation to sustained physical and sexual abuse and harassment. They sought *'equitable relief in the form of declarations, accounts and inquiries, restitution and/or equitable compensation for the monies paid and the value of the work done.'* [5]

The claims were brought outside of the primary limitation period, and the Claimants invited the Court to exercise its discretion pursuant to s.33 of the Limitation Act 1980 to allow the claim to proceed. The court agreed to do so, considering that it was '*at least arguable that some or all of the Claimants were heavily influenced and/or their will overborne by the Defendant, such that I can see that it is arguable that a Court could exercise its discretion pursuant to s. 33 Limitation Act 1980.*' [83]

The Defendant raised a number of criticisms of the claim including that:

1) The Schedules appended to the Particulars of Claim were unclear as to what monies were paid, what the monies were paid for and indeed whether they amounted to transactions;
2) Many of the donations made to the Defendant appear to have been voluntary;
3) Some of the financial claims seem to be extraordinary;
4) The claimants claimed for work which appeared to have taken more than than 24 hours per day.

When determining whether to strike out the claim, Deputy Master Grimshaw considered the two grounds of CPR 3.4(2):

- In relation to Ground (a) – no reasonable grounds for bringing or defending the claim. Despite insufficient detail in respect of alleged time periods and locations of alleged sexual assaults [para 104], the Court was satisfied that the "*Particulars of Claim do set out reasonable grounds for bringing the claims for these alleged torts. The facts and matters relied upon are set out, albeit would benefit from further particularisation in some respects*" [para 107]. It was also found that the Harassment claims [paras 111 – 114], the Work and Financial Claims [para 115] and

Misrepresentation Claims [para 116 - 117] were not "*bound to fail*" nor is there "*no real prospect of them succeeding*". Consequently, Deputy Master Grimshaw and refused to strike them out. It was noted that the Defendant did not made requests for further information pursuant to CPR Part 18

- In relation to Ground (b) – Abuse of Process. Although the Court expressed sympathy with the conduct of the case [para 118] the claims were "*intelligible legally recognisable claims*" and no Part 18 requests for further information had been made by the Defendant. The claim itself and the way it has been run "*has not reached the threshold of being abusive, in that it has not impeded the just disposal of proceedings to a high degree*" [para 123].

Deputy Master Grimshaw also considered Summary Judgement in brief [paras 126-127] and whether the Claimants had a real prospect of succeeding with their respective claims. He stated that although there may be some difficulty in proving some of the matters claimed, that they are the *"epitome of triable issues"*.

The Defendant's applications for summary judgement and to strike out of the Claimants' claims were refused.

Short note: aspects of litigation capacity

Tonstate Group Ltd & Ors v Wojakovski [2022] EWHC 1771 (Ch) (15 July 2022)(Falk J)

Two recent cases have shone a spotlight on different aspects of litigation capacity. In *Tonstate Group Ltd & Ors v Wojakovski* [2022] EWHC 1771 (Ch), Falk J had to consider whether a defendant to contempt proceedings arising out of a bankruptcy case had the capacity to conduct them. The concerns were raised by his solicitor, Karen Todner, an extremely experienced mental health solicitor. Falk J identified that Ms Todner was right to do so in circumstances, and that this was not a case of the defendant "*simply feigning or relying opportunistically on mental health difficulties*" (paragraph 71).

Falk J had two medical reports before her. In preferring the evidence of the expert instructed on behalf of the claimants, she did so, in part, because his report "clearly separated, and followed, the two-stage approach contemplated by the MCA and reflected in the statutory Code of Practice, first determining whether there is an impairment of the mind or brain, or disturbance affecting the way it works, and secondly considering whether that impairment or disturbance means that the person is unable to make the relevant decision" (paragraph 57). It is unfortunate in this regard that she did not have drawn to the attention the decision of the Supreme Court in *A Local Authority v JB* [2021] UKSC 35, in which the Supreme Court made clear that the Code currently has the two stages the wrong way around.

An oddity of the case is that it is not entirely clear from the judgment whether the defendant himself asserted his incapacity (it appears that he may, at least initially, have resisted the suggestion by his solicitor that he lacked it (see paragraph 71)). The case also throws into relief the somewhat curious position of legal representatives in civil proceedings who consider that their own client lack capacity to instruct them: on what basis are they entitled (for instance) to commission expert evidence? They could, in theory, rely upon the fact that the court has not – yet – determined the question of litigation capacity, but if they genuinely believe that their client lacks such capacity, it might be said that they are in difficult territory by reference (for instance) to the SRA's June 2022 guidance

on accepting instructions from vulnerable clients.

A number of observations made by Falk J in the course of her detailed analysis leading to the conclusion that the defendant did have capacity to conduct the proceedings are of wider relevance. In particular, and in emphasising the importance of the 'support principle' in s.1(3) MCA 2005, she observed that the evidence from Ms Todner

> *demonstrates difficulty in obtaining instructions, and not that it is impossible to do so. The fact that emails are confused or thoughts disjointed, or that Mr Wojakovski might need more assistance than some clients, are certainly hindrances, but they are insufficient to establish a lack of capacity. Rather, the test requires an assumption that all practicable steps are taken to help the relevant individual to make a decision for himself.* (paragraph 66, emphasis in original)

In the same vein, Falk J also noted that she made no assumptions that the defendant would be assisted by a Mr Marx, a friend of his who had provided him with support in the underlying bankruptcy proceedings. As she noted at paragraph 69.

> *There is obviously no obligation on Mr Marx to provide assistance. Instead, Mr Wojakovski has the benefit of a legal team who should perform that function.*

In proceeding in this way – i.e. that she should consider the defendant's litigation capacity on the basis that she was considering "defendant + legal team" – Falk J[1] was wading into contested territory. Her approach meshes with that of MacDonald J, but not, it should be noted, with that of Mostyn J. In *Re P (Litigation Capacity)* [2021] EWCOP 27 Mostyn J noted (at paragraph 31) his disagreement with the conclusions of MacDonald J in *TB and KB v LH (Capacity to Conduct Proceedings)* [2019] EWCOP 14:

> *that if a person lacks capacity to conduct proceedings as a litigant in person she might, nevertheless, have capacity to instruct lawyers to represent her and that the latter capacity might constitute capacity to conduct the litigation in question. I differ because, as MacDonald J himself eloquently explained, conducting proceedings is a dynamic transactional exercise requiring continuous, shifting, reactive value judgments and strategic forensic decisions. This is the case even if the litigant has instructed the best solicitors and counsel in the business. In a proceeding such as this, a litigant has to be mentally equipped not only to be able to follow what is going on, but also to be able figuratively to tug counsel's gown and to pass her a stream of yellow post-it notes. In my opinion, a litigant needs the same capacity to conduct litigation whether she is represented or not.*

This difference of opinion between High Court judges (or, strictly, in the context of Court of Protection, Tier 3 judges) is unfortunate. The approach of Falk J and MacDonald J sits more comfortably with the approach set down in s.1(3) MCA 2005; it also maximises the chance that individuals (whether before the Court of Protection or other courts) will be seen to have capacity to conduct that litigation. It does, however, mean that the court determining litigation capacity is – colloquially – taking a punt

[1] Perhaps unknowingly, as she does not appear to have been addressed on this point.

on the support they have identified continuing to be available throughout the proceedings.

The case of *Shirazi v Susa Holdings* [2022] EWHC 2055 (Ch) raises a different issue: namely how the court is to proceed where it appears that the litigation friend may not be acting entirely of their own free will. At first instance, an application to remove the claimant's litigation friend – his wife – had been refused. That challenge had been brought, amongst other grounds, on the basis that the litigation friend, herself, lacked capacity to conduct the litigation. The Master had rejected that ground, and had further considered that the claimant's wife was able fairly and competently to conduct the litigation (the test set down in CPR r.21.4(3) (identical, in this regard, to the approach under the COPR and the FPR). The Master accepted that the claimant's son exercised "undoubted influence" over the lives of his parents – which gave her "pause for thought" – but, as Bacon J identified on appeal:

> *56.* […] *The difficulty with the following paragraphs of her judgment, however, is that the Chief Master seems to have accepted at face value, or at least given decisive weight to, the statements made by Mrs Shirazi that she makes her decisions independently after taking advice, and the statements from her lawyers that they take their instructions from Mrs Shirazi and not from her son Borzou*

Bacon J continued:

> *It seems to me that this misses the point. The question is not whether Mrs Shirazi believes that she is acting independently or whether she, as opposed to Borzou, gives instructions to her solicitors. Rather, the question is whether, on all the evidence before the court, it appears that Mrs Shirazi is in fact able to act independently, objectively, impartially and in an even-handed manner in the present litigation, and in particular independently from Borzou and any interest that he may have.*

On the evidence before the court, Bacon J was clear that this was not the case at all. Bacon J also considered that the statement from the wife's solicitors that they were well aware of their responsibilities missed the point:

> *63.* […] *Mrs Shirazi's solicitors may be litigating on behalf of Mrs Shirazi and therefore on behalf of Mr Shirazi, but they cannot know what goes on behind closed doors when Mrs Shirazi takes decisions about the conduct of the proceedings and weighs up the advice that she has been given.*
>
> *64 In my judgment, in the circumstances that I have described, Mrs Shirazi cannot help but be influenced by Borzou. That is why Master Shuman correctly referred to the undoubted influence exercised by him over his parents. More than that, however, I also consider that that influence, in the circumstances described, inevitably affects and indeed compromises Mrs Shirazi's independence and objectivity in the conduct of these proceedings, whatever she might believe as to that.*

Bacon J also rejected the contention that, even if a new litigation friend were to be appointed, the proceedings would have no different outcome. She therefore allowed the appeal and directed that Mrs Shirazi be removed as her husband's litigation friend.

The case therefore serves as an important reminder that mere abstract competence to conduct proceedings is insufficient – a litigation friend must actually be able to do so

"independently, objectively, impartially and in an even-handed manner."

Alex Ruck Keene

Does the Care Act 2014 require a local authority to fund a family holiday to Florida?

R(BG and KG) v Suffolk County Council [2022] EWCA Civ 1047 (26 July 2022) (Baker LJ, Nicola Davies LJ, Phillips LJ)

For those who prefer to listen to a discussion of the case, Arianna and Sian Davies have recorded a podcast discussing the implications of the case which is available here.

The Court of Appeal considered the appeal of Suffolk County Council to the judgment of Lang J in *R(BG & KG) v Suffolk County Council* [2021] EWHC 3368 (Admin). The case related to a decision by the local authority to cease providing direct funding for activities and holidays (rather than carers to facilitate participation in those activities or holidays) for two brothers with autism and learning disabilities who were supported almost entirely by their mother.

BG and KG were brothers in their late thirties. Both have diagnoses of autism, learning disabilities and epilepsy, and both experienced significant anxieties. Both had issues of night incontinence; KG had poor mobility and used a wheelchair due to his fibromyalgia. Both men required 24-hour support, and both were considered to have capacity to take decisions as to their care.

SQ was their mother, who cared for them during the day; she was also up every night attending to them. SQ had some support from BG and KG's stepfather, sister and brother-in-law, but all of these individuals had other responsibilities, but the judgment is clear that SQ provided the vast majority of the care. The brothers had previously been abused at a day centre and did not wish to return, and would not tolerate external carers in their home.

From 2011, KG and BG had both received direct payments, which could be used for access to the community by way of outings and activities (including to pay for food during trips out to cafes, and entrance fees at activities). From 2013, they also received a respite budget specifically for holidays. In 2014, following SQ's request for a respite budget so that she could take KG on a supported holiday and planned trips away, it was agreed that a one-off yearly payment of £3,000 would be requested for each brother. Direct payments of £150-£300 per week for each brother continued with rises through 2018.

The direct payments were given for the purposes of meeting the brothers' needs by supporting them to access the community, with a goal to developing their confidence; they also allowed SQ to have respite time away with family. BG's support plan emphasised the importance of access to the community and to nature in particular, for the purpose of building his confidence and trust, and gaining greater independence.

From approximately 2019, the local authority stated that it would pay for care to support the men to engage in activities and holidays, but would not provide funding to allow the men to purchase food in cafes (which they were regularly attending to increase their social networks and reduce anxiety in public settings), or to pay for membership to the National Trust, RSPB, local zoo and aquarium and transportation to and from these locations. It was accepted that a holiday could meet SQ's needs for support, but the local authority did not consider that paying for the holiday itself was a permissible way of meeting the brothers' needs.

The family challenged these decisions and were supported by mental health professionals, who felt that the trips out were very important to them and gave the family a break from the stress of

being at home and allowed the brothers to pursue their interests in wildlife. A CPN working with the family emphasised the importance of the holidays as respite for SQ's welfare where no regular respite care was available. It also appears that the brothers' mental health suffered on the removal of support for trips out, with a subsequent assessment recording that, *'[d]ue to [BG's] mental health (anxiety) this is challenging. [BG] states that he has lost his socialisation as he can no longer access the cafes in which he made these relationships.'* [15]

Before Lang J, it was agreed by the parties that SQ's needs as a carer could, as a matter of law, be met with payments to allow the family (including BG and KG) to have a holiday. It was also agreed that a person could have a need to have a carer to support access recreational facilities. The dispute was as to whether KG and BG's needs could be met through provision of a holiday and financial support to attend activities and for making purchases for things other than care to meet their needs. The local authority argued that as a matter of law, it had no power to pay 'universal costs', including holidays, transportation food at cafes and entrance fees for activities.

At first instance, the court found in favour of BG and KG and found the local authority did have such a power. The court accepted that brothers had needs around making use of necessary facilities and services in the local area; making use of recreational facilities and making use of recreational services. Both the first instance court and the Court of Appeal also accepted that '*Recreational facilities and services are not confined to the local area.'* [59]

The Court of Appeal considered three grounds:

> *41…(i) In holding that the appellant's assessment of the respondents' care needs, conducted in October 2019, were defective, such that they could not be relied upon to defend the 3 March 2020 decision, in circumstances where the respondents had advanced no challenge to the assessment;*
> *(ii) In declaring that the appellant has a power, as a matter of law, to provide financial support for recreation activities and holidays, under section 18 of the CA 2014; and*
> *(iii) In holding that section 19 of the CA 2014 confers the power to provide financial support for recreation activities and holidays.*

The local authority accepted that BG and KG's needs had not decreased over time, but argued that it had been in error in ever finding that they had had had an eligible need to attend recreational activities and holidays under the Care Act 2014. The Court of Appeal disagreed, and made some notable comments on the scope of what 'care and support' is under the Care Act:

> *69. Section 1 of the CA 2014 is clear as to the purpose of the statute namely the promotion of an individual's well-being, within that is recognition of the autonomy of that individual. This is also reflected in the Statutory Guidance which identifies the broad nature of the concept of well-being, the need by a local authority to consider the particular circumstances of each individual and to recognise that each person's needs are different and personal to them. The core purpose of this provision of adult social care and support as set out in the CA 2014 is to help individuals to achieve outcomes which matter to them in the life which they lead.*
> *70. Of note is the language used: the adult's needs for "care and support" are the basis of the s.9 assessment and the s.18 duty. In my view, "support" begins with the identification of the needs and wishes of the particular individual and, is or should be tailored, to address the same…*

The Court of Appeal contrasted the term 'care and support' with the former term of 'care and attention', which

> *70…does not reflect the development in the approach which local authorities are now to adopt as set out in sections 1, 9 and 18 CA 2014 which recognise the autonomy of the individual and the need for care and support. In my judgement, the needs under the CA 2014 can no longer be described as "looked-after" needs as such a description does not properly reflect the individual nature of the assessment, its recognition of the autonomy of the individual and the tailored and broad nature of the support which can be provided.*

The Court of Appeal found that the Care Act intended to '*broaden the discretion and flexibility of local authorities in their provision of care and support to adults.'* [71] It accepted that provision of recreational needs and holiday *'would meet two of the eligibility criteria set out in regulation 2 of the 2015 Regulations namely: (g) developing and maintaining family or other personal relationships; and (i) making use of necessary facilities or services in the local community including public transport and recreational facilities or services. I do not accept that it is possible to use recreational facilities merely by the provision of support to access the facility if the adult in question cannot afford to pay for the entry requirements.'* [74]

The Court of Appeal also considered that BG and KG's well-being was assisted '*by the taking of holidays, visiting nature reserves and similar activities, which is no doubt the reason why the appellant previously provided financial support for the same'*. [75] It found:

> *75…The financial support, previously provided by the appellant, is not simply a means of paying for the respondents to take part in such activities and to go on holiday, it is a means of meeting their needs which arise from and are related to the physical and mental disability from which each suffers. It is a need which cannot be met without financial support from the appellant.*

In BG and KG's case, accessing holidays and recreational activities were not just a 'universal need'; and in any event, there was no prohibition under the Care Act from meeting a 'universal need.' The Court of Appeal concluded that it was:

> *76…satisfied that the needs of each respondent are specific to each rather than a universal need. I do not interpret the relevant provision of the CA 2014 as prohibiting the provision of what is termed a "universal need"; rather, it guides the need to be assessed by reference to the eligibility criteria of the adult. It follows, and I so find, that the need for holidays and recreational activities, arising as they do from the respondents' physical or mental impairment, are eligible needs and can be met by the provision of goods or facilities in this case financial support in the form of a direct payment (section 8(1)(d), section 8(2)(c) CA 2014)…*
>
> *78. SQ cannot meet all her sons' needs for recreation as she is unable to afford entrance fees, transport and other costs. To find, as the appellant did, that SQ as their carer can meet all the eligible needs of the respondents is to ignore a key element of those needs namely the ability to fund the means to access and take part in recreational activities including holidays.*

Comment

The judgment is of interest for its consideration of the flexibility of the Care Act for what actions can be taken to 'meet needs.' It is perhaps an unsurprising judgment insofar as the Care Act framework was designed to move away from meeting needs through a pre-defined list of services and interventions in the community and in residential settings, and the Care and Support

Statutory Guidance specifically suggests interventions of attendance at a gym as a way of meeting needs.

The judgment does not militate that a local authority must fund a holiday, and any body considering how to meet needs must have consideration both for the individual and the larger body of people it is supporting.

What is the evidentiary value of foreign convictions?

W-A (Children : Foreign Conviction) [2022] EWCA Civ 1118 (05 August 2022) (Bean LJ, Peter Jackson LJ, Dingemans LJ)

Summary

This case concerned the question of whether a conviction for a criminal offence in a foreign country is admissible in care proceedings, as evidence with presumptive weight.

The care proceedings were in respect of two girls aged 11 and 16. Their mother's husband (MH) had been convicted of sexual offences against a child in a Spanish Court. Mrs Justice Lieven at first instance had held that the conviction was admissible evidence, and the fact of the conviction was proof of the facts underlying it unless MH could rebut that presumption on the balance of probability. The effect of the ruling was that the foreign conviction was treated in the same way as if it was a conviction of a court in the United Kingdom.

MH appealed to the Court of Appeal.

Lord Justice Peter Jackson giving the leading judgement, with which the other judges agreed, held that the fact finding role of the Court could not be 'isolated' from the welfare decision to be made. '*The characteristics of family proceedings therefore speak strongly against the existence of artificial evidential constraints that may defeat the purpose of the jurisdiction.*'

He had no trouble in rejecting the appeal, concluding that:

- In family proceedings all relevant evidence is admissible. Where previous judicial findings or convictions, whether domestic or foreign, are relevant to a person's suitability to care for children or some other issue in the case, the court may admit them in evidence.
- The effect of the admission of a previous finding or conviction is that it will stand as presumptive proof of the underlying facts, but it will not be conclusive and it will be open to a party to establish on a balance of probability that it should not be relied upon. The court will have regard to all the evidence when reaching its conclusion on the issues before it.

Comment

Of particular interest, is what the Court has to say about the inquisitorial form of family proceedings and their welfare-based nature which led the Court to conclude that exclusionary rules such as estoppel, the doctrine *res inter alios acta* (*the* principle that a contract made by other people cannot affect the rights of a non-party) and the ratio of the Court of Appeal decision of *Hollington v Hewthorn* [1943] 2 All ER 35 (which would ordinarily be binding on the Court of Appeal), do not apply in such proceedings because '*they would not serve the interests of children and their families or the interests of justice*.'

While this issue arose in the context of public law proceedings, the Court made it clear that the same issue might arise in private law proceedings, pursuant to proceedings under the inherent jurisdiction in relation to children or in relation to welfare proceedings in the Court of Protection.

It remains to be seen what if any use, Court of Protection practitioners may make of this judgment in disapplying other exclusionary rules.

Guest Article by the Child Law Network: Scottish Regulations and Advice/Ideas on how to navigate them

[This month, the Mental Capacity Report features a Guest Article from Shauneen Lambe of the Child Law Network in Scotland, which discusses children who are accommodated in Scotland under conditions which deprive them of their liberty (under child protection/care legislation, rather than mental health or AWI).

If you are looking for legal advice in connection with a child on DoLs in Scotland, you can use the Law Society of Scotland's find-a-solicitor tool to search all Scottish solicitors by the relevant area of law. Alternatively, you might consider consulting a solicitor with an Accredited Specialism in Child Law, details of whom you can also find on the Law Society website.

The Child Law Network Guest Article appears below.]

In June 2022 the President of the Family Division Sir Andrew McFarlane announced the launch of a National Deprivation of Liberty (DoLs) Court. The court will deal with applications seeking authorisation to deprive children of their liberty, based at the Royal Courts of Justice.

The creation of this Court follows the Supreme Court decision of 2021 T(A child) [2021] UKSC 35 which addressed the shortage of approved secure children's homes placements in England and Wales, giving local authorities the ability to apply to the High Court's 'inherent jurisdiction' to authorise DoLs. The Supreme Court found DoLs permissible but expressed grave concern about using them to fill a gap in the child care system caused by inadequate resources.

Significant numbers of children on DoLs orders are placed across the border into Scotland. Until recently each cross-border placement had to be heard by the Court of Session in Edinburgh. However the Scottish Parliament has now passed The Children's Hearings (Scotland) Act 2011 (Effect of Deprivation of Liberty Orders) Regulations 2022 which came into force on 24 June 2022. These regulations automatically give DoLs the same effect as a Scottish compulsory supervision order ("CSO") although the DoLs is not converted into a CSO. The Regulations therefore remove the need for an English, Welsh or Northern Irish Local Authority, seeking to place a child in Scotland, to petition the Court of Session. DoLs can be implemented for renewable periods of up to 3 months (Regulation 5). The regulations only apply to children on DoLs orders – they do not apply to children on secure accommodation orders.

The office of the Children and Young People's Commissioner Scotland(CYPCS) called for the regulations to be significantly strengthened, believing they "fall short of providing parity of protection for all children deprived of their liberty in Scotland." The Commissioner's office explains that unlike Scottish children, children on DoLs are usually deprived of their liberty in Scotland in privately owned non-secure facilities. "These facilities are not currently authorised, inspected, or regulated to detain children. The result is that they have been largely invisible to Scottish inspection/regulatory agencies."
The CYPCS considers that the Regulations fall short in a number of ways:

- There are not equivalent legal processes or protections which align with a 'Scottish' child deprived of their liberty
- They do not place any restrictions on which residential units the child may be placed in
- They do not make provisions for the involvement of Scottish public authorities in an assessment of whether the placement meets the child's needs and whether their legal rights are being upheld

In light of this the CYCPS recommend that lawyers representing children in DoLs hearings ask the court to consider and address the following factors before any order is made by the DoLs Court in holding a child in Scotland:

• The placing local authority provides a detailed assessment and plan in conjunction with the public authorities in Scotland, the care home, and the child and family, on how it proposes to fulfil its human rights duties to the child

• Whether the care home is capable of meeting the child's needs and is it appropriate to deprive a child of their liberty there.

• Confirmation from the Head of the care home that the staff have the necessary training and experience to deliver the child's care plan, and to meet the individual child's needs

• Check that there has been consultation with the receiving local authority and Health Board

• Check whether the care home complies with the requirements of the ECHR and UNCRC, provides details of who will be responsible for assessing the needs of the child, who will be responsible for coordinating and delivering services.

• Ensure that within the 22-day period of the initial DoLs, there will be a multi-agency, Team Around the Child meeting with the Scottish local authority, child and family which will provide a recommendation and report.

• That the placing local authority must support and fund regular visits and contact between the child and their family throughout the duration of the placement. Evidence shows that children from local authorities in England and Wales residing in secure care in Scotland in 2018 and 2019 were an average of 353 miles away from their homes[2]

• That the placing local authority must undertake that the transportation of children to and from care placements is child-centred and trauma sensitive. In particular, handcuffs should not be used.

• That the placing local authority funds independent legal advice and representation on protections under Scots law for the child.

Lawyers for children facing a DoLs in Scotland can ask for a copy of the Scottish Children's Commissioner's briefing note, or raise concerns about the rights of their client, by contacting DOLNotifications@cypcs.org.uk.

Or for further information contact the Child Law Network shauneen@impactsocialjustice.org

Archie Battersbee: the context and the relevance of the Convention on the Rights of Persons with Disabilities

Following a series of judgments, treatment was withdrawn from Archie Battersbee on 6 August 2022. This article does not consider all aspects of this tragic case, but focuses on the interaction of the case with the UN Convention on the Rights of Persons with Disabilities, and specifically on the implications of the so-called 'note verbale' sent by the Committee on the Rights of Persons with Disabilities [3] to the UK Government requesting that life-preserving treatment be maintained whilst it considers the parents' application under the Optional Protocol to the CRPD.

The CRPD: introduction, status before the English courts, and requests for interim measures

[2] What do we know about children from England and Wales in secure care in Scotland? - Nuffield Family Justice Observatory (nuffieldfjo.org.uk)

[3] This is not available on the UNCRPD website, but the text is contained at paragraph 8 of the decision of the Court of Appeal of 1 August 2022.

The CRPD took a front seat in the last stage of arguments. A number of assertions have been made which require unpicking.

Although ratified by the UK, the CRPD has not been incorporated into English law in the same way as the European Convention on Human Rights. The obligations that it imposes therefore operate at the state level, rather than (for instance) at the level of the discharge by either public authorities or courts of their respective functions under domestic legislation. This means, as Supreme Court made clear in 2021, that the Convention cannot be used before English courts in the same way as the ECHR either to construe domestic legislation, or ground arguments that the UK has violated its provisions.[4] That does not mean that the CRPD is of no relevance at all before English courts: for instance, courts will often have regard to it as part of the wider canvass when considering the approach to disability – as did Lady Hale in *Cheshire West and Chester Council v P; Surrey CC v P* [2014] UKSC 1 when emphasising the universal nature of the right to liberty. But it does mean that – because of a choice made by Parliament, rather than the courts -arguments based upon the CRPD have a very different nature before English courts than do arguments based upon the ECHR.

As noted above, the UK has ratified the Optional Protocol to the CRPD, which means that it recognises (under Article 1) the 'competence' (i.e. power) of the Committee on the Rights of Persons with Disabilities – the treaty body overseeing the CRPD – to "*receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a violation by that State Party of the provisions of the Convention*." Article 5 of the Optional Protocol provides, in turn, for the Committee to examine the communication (if it is admissible) in a closed meeting and to "*forward its suggestions and recommendations, if any, to the State Party concerned and to the petitioner*." The use of this language is deliberate – and deliberately different to language relating (say) to the European Court of Human Rights, which is a court, and can pass judgments which are binding on the state in question.[5] The powers of the Committee are therefore, in effect, moral powers, which it can use to place pressure upon a state which has signed the UNCRPD to bring itself into alignment with the Convention.[6]

The Committee has powers under Article 4(1) of the Optional Protocol to send to the state "*for its urgent consideration a request that the State Party take such interim measures as may be necessary to avoid possible irreparable damage to the victim or victims of the alleged violation*." This is what happened in this case; the Committee also making clear at the same time (as is also made clear under Article 4(2)) that this implied no determination on admissibility or the merits of the application to it.

The third decision of the Court of Appeal (of 1 August 2022) and the second decision of the

[4] See *A Local Authority v JB* [2021] UKSC 52, applying the approach to the UN Convention on the Rights of Children (another unincorporated convention) in R (SC, CB and 8 children) v Secretary of State for Work and Pensions and others [2021] UKSC 26.

[5] I am ignoring for present purposes the British Bill of Rights Bill currently before Parliament which may seek to alter the status of such judgments within the United Kingdom (although it could not do so as between the United Kingdom and the European Court of Human Rights).

[6] For more on the status of the Committee, including in relation to the 'General Comments' that it issues to set out its interpretation of the CRPD, see Essex Autonomy Project (2014) Achieving CRPD Compliance: Is the Mental Capacity Act of England and Wales compatible with the United Nations Convention on the Rights of Persons with Disabilities? If Not, What Next?, and (2017) Three Jurisdictions Report: Towards Compliance with CRPD Art. 12 in Capacity/Incapacity Legislation across the UK.

Supreme Court (of 2 August 2022) both turned, in part, upon precisely what the United Kingdom is required to do when it receives a request under Article 4(1) of the Optional Protocol. Both the Court of Appeal and the Supreme Court were clear that, given the status of the CRPD in English law, any such request could not (in effect) override the operation of English law. It is also clear that both were troubled that it appeared that the CRPD Committee's consideration of the application might be prolonged, the Court of Appeal noting that the Committee requested a reply from the United Kingdom some two months from the date of the letter, and the Supreme Court noting that "*to give effect to the application for a stay in the circumstances of this case would be to act unlawfully in conflict with the court's duty under domestic law to treat Archie's best interests as paramount as the Committee envisages a procedure for its consideration of the application which will extend into 2023*."

All of this may seem extremely technical; at one level it is.[7] It is a matter which the Committee may comment further upon in due course, but it is perhaps relevance (although not noted in any of the judgments in Archie Battersbee's case) that the Court of Appeal and Supreme Court have taken a similar approach to the French Cour de Cassation (the equivalent of the Supreme Court) in the case of Vincent Lambert, where a request had also been made by the CRPD Committee that life-sustaining treatment not be withdrawn in respect of an adult. In that case, a lower tier court had held that the French doctors were under an obligation to comply with the request; the Cour de Cassation overturned this decision; life-sustaining treatment was withdrawn.[8] It appears, at least from materials publicly available, that the Committee never proceeded to a substantive consideration of the application made. Nor did the Committee make any reference to this case or to the approach taken to life-sustaining treatment decisions in relation to adults in its 2021 Concluding Observations on the initial report of France upon its compliance with the CRPD.

The CRPD and life-sustaining treatment

Moving beyond the technicalities, as important as they are, I suggest that it is very important that those who are commenting upon or campaigning in relation to the case are on thin legal ice in asserting that the Committee on the Rights of Persons with Disabilities (if it ever considers the substantive application) would necessarily conclude that the CRPD requires the continuation of life-sustaining treatment in a situation such as this. With Annabel Lee, I have written previously about this in the context of decisions about the continuation of life-sustaining treatment in respect of adults who are incapable of making the decision to consent to or refuse such treatment.[9] I reproduce the relevant section below.

For present purposes, of greatest importance is to understand that the CRPD Committee asserts (an assertion not universally accepted[10]) that Article 12 requires states to replace legislation which provides for substitute decision-making for incapacitated adults based 'on what is believed to be in the objective "best interests" of the person concerned, as opposed to being based on the person's own will and preferences'.[11] The CRPD

[7] One technicality is the difference between requests under the Optional Protocol and the indication of interim measures under Rule 39 of the rules of court of the European Court of Human Rights, as happened in Charlie Gard's case.

[8] For a discussion of this case, and also of the status of requests for interim measures under the Optional Protocol to the CRPD, see this article (in French) by Paul Véron and Marie Baudel.

[9] Withdrawing life-sustaining treatment: a stock-take of the legal and ethical position. 2019 Journal of Medical Ethics, 45(12), 794-799.

[10] The most accessible guides to this issue can be found in the work of the Essex Autonomy Project, available at https://autonomy.essex.ac.uk/crpd/.

[11] Committee on the Rights of Persons with Disabilities, 'General Comment on Article 12: Equal Recognition before the law'

Committee also contends that the Convention requires that "decisions relating to a person's physical or mental integrity [i.e. medical treatment] can only be taken with the free and informed consent of the person concerned."[12]

Two further articles of the CRPD are of relevance:
1. Article 10, which provides that "States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others;"
2. Article 25, which provides that "States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall: […] (f) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability" (emphasis added).

Given the historic treatment of – and judgments about – disabled people, one might have expected that the CRPD Committee to have expressed clear views about the nature of the right to life and the obligations that follow. The way in which the Committee has sought to grapple with this issue is, we suggest, revealing. To date, the Committee has not specifically addressed this question in any of its overarching general comments or guidelines, nor has it referred to Article 25(f) in any of its concluding observations.[13] *However, in 2011, in its concluding observations on the initial report of Spain on its compliance with the Convention, the Committee:*

29. […] regret that guardians representing persons with disabilities deemed "legally incapacitated" may validly consent to termination or withdrawal of medical treatment, nutrition or other life support for those persons. The Committee wishes to remind the State party that the right to life is absolute, and that substitute decision-making in regard to the termination or withdrawal of life-sustaining treatment is inconsistent with this right.
30. The Committee requests the State party to ensure that the informed consent of all persons with disabilities is secured on all matters relating to medical treatment, especially the withdrawal of treatment, nutrition or other life support.

It is not entirely clear what the Committee meant by asserting that the right to life is absolute. It might, on one view, be taken as asserting a vitalist[14] *position that all must be done to save the life of the person, regardless of the cost, effectiveness and physical burden on the patient of the intervention in question.*

The 2011 concluding observations, however, stand alone and at odds with the Committee's other concluding observations and other reports. The Committee did not repeat its comments in its concluding observations on Spain's next reports. It has scrutinised other states in which withdrawal of life-sustaining treatment is permitted,[15] *and has only*

(CRPD/C/GC/1, adopted 11 April 2014), paragraph 27.

[12] Committee on the Rights of Persons with Disabilities, 'General Comment on Article 12: Equal Recognition before the law' (CRPD/C/GC/1, adopted 11 April 2014), para 42, referring to the interaction of Article 12 with Article 17 (the right to personal integrity).

[13] This issue has also been the subject of surprisingly little commentary, barely being touched upon in the most comprehensive commentary: Bantekas, I. et al. The Convention on the Rights of Persons with Disabilities: A Commentary. Oxford Commentaries on International Law: Oxford, Oxford University Press 2018.

[14] This is sometimes linked to Catholic teaching, but is not necessarily driven by a religious perspective. For a useful discussion of the evolving Catholic position, see: Zientek DM. Artificial nutrition and hydration in Catholic healthcare: balancing tradition, recent teaching, and law. InHEC forum 2013 Jun 1; 25(2);145-159.

[15] Including, amongst others, Australia, Denmark, Germany and Sweden. See, for a comparative review of different jurisdictions (including discussion of when recourse to court is required)[11].

commented on one further state, the United Kingdom. In the advance unedited version of its concluding observations[16], the Committee:

26 [….] observe[d] with concern the substituted decision-making in matters of termination or withdrawal of life-sustaining treatment and care that is inconsistent with the right to life of persons with disabilities as equal and contributing members of society.

27. The Committee recalls that the right to life is absolute from which no derogations are permitted and recommends that the State party adopt a plan of action aimed at eliminating perceptions towards persons with disabilities as not having "a good and decent life", but rather recognising persons with disabilities as equal persons and part of the diversity of humankind, and ensure access to life-sustaining treatment and/or care.

However, in the final version,[17] the Committee made a subtle but important change in its recommendation, dropping the assertion in the first sentence:

27. The Committee recommends that the State party adopt a plan of action aimed at eliminating perceptions towards persons with disabilities as not having "a good and decent life" and recognizing persons with disabilities as equal to others and part of the diversity of humankind. It also recommends that the State party ensure access to life-sustaining treatment and/or care.

It is speculation, but it is just possible that this came about as a result of commentary from one of the present authors on the unedited advanced version which noted that the assertion of an absolute right to life took the Committee into some very difficult territory. In particular, this assertion could be read as requiring treatment to be continued even where this was contrary to the best interpretation of the will and preferences of the person, the standard the Committee consider should govern decision-making where the person is not in a position to make their own decision (even with support).

Further, the Committee's own General Comment on Article 12 CRPD (promulgated after the concluding observations in relation to Spain) provides that "[f]or many persons with disabilities, the ability to plan in advance is an important form of support, whereby they can state their will and preferences which should be followed at a time when they may not be in a position to communicate their wishes to others" at paragraph 12. This simply could not square with the assertion of an absolute right to life in Article 10 if such is intended to mean that there are no circumstances under which life-sustaining treatment could be withdrawn – or, indeed, by the same logic, withheld.

The reality, we suggest, is that:

1. the Committee do not, in fact, think that the right to life is absolute, if this is to mean that all steps can and must be taken at all times to keep a disabled person alive.[18] We are reinforced in this view not just by the analysis set out above, but also by the fact that the Committee could not take this position and yet make no reference in their concluding observations upon Belgium to the fact that euthanasia is permitted there, or, in considering the position in Canada, in which euthanasia is also permitted, limited themselves to emphasising that "persons who seek an assisted death have access to alternative courses of action and to a dignified life made possible with appropriate palliative care, disability support, home care and other social measures that support human flourishing;"[19]

2. the obligation is, rather, to ensure that individuals are not arbitrarily deprived of their lives,

[16] Although not available on the UN website, it can be found at https://mhj.org.uk/wp-content/uploads/sites/192/2017/09/Concluding-Observations-CRPD-Committee-UK.pdf

[17] CRPD/C/GBR/CO/1 (3 October 2017).

[18] For a detailed discussion of the use of the term 'absolute' by the CRPD Committee in other contexts, see Martin W, Gurbai S. Surveying the Geneva impasse: Coercive care and human rights. International Journal of Law and Psychiatry. 2019 May 1;64:117-28.

[19] CRPD/C/CAN/CO/1 (8 May 2017), para 24(a).

as it is in Article 6 of the International Covenant on Civil and Political Rights to which the CRPD gives effect in the context of disabled people;[20] *and therefore that*

3. even viewed through the prism of the CRPD, the lex specialis of human rights as they relate to disability, there is a balancing act to be undertaken which does not always come down in favour of the preservation of life. As Penelope Weller has observed in the context of Article 25(f), "the CRPD steers a middle path between the argument that everything be done to save the lives of people with disabilities on the one hand, and 'quality of life' arguments that see the lives of people with disability as 'undignified, futile or over-burdensome' on the other."[21]

At the time of writing, the CRPD Committee is considering the case of Vincent Lambert, and, assuming that finds the complaint admissible, it we will have in due course an express set of observations from the Committee concerning his position and, by extension, others in a PDOC being kept alive by artificial means. In particular, the Committee will have to grapple with precisely what it means to construct the will and preferences of a person in a PDOC – in other words to grapple with precisely the same dilemma as confronted Mr Justice Charles in Briggs v Briggs (No 2). We would suggest that the calibrated approach taken in that case represents – albeit in different statutory language – exactly the approach mandated by the CRPD. The CRPD undoubtedly suggests an expansive view must be taken of a person's ability to communicate their will and preferences – not limited by considerations of whether they have or lack capacity to do so – but English case-law equally adopts the same perspective. [22] *There will undoubtedly be difficult cases in which what it is unclear whether the person in a PDOC is communicating a reliable set of will and preferences (or a set of preferences to be set against their will, if 'will' is taken to be something more stable and enduring than 'preferences'*[23]*) or whether they are, in fact, not communicating anything at all. But what the CRPD – as interpreted by the Committee – requires is no more than (but no less than) the "best interpretation" of the person's will and preferences, which ultimately requires an evaluative judgment. Where that interpretation is that the person does not wish treatment to be continued, then (assuming that sufficient safeguards are in place) that interpretation should be taken as representing the exercise of their legal capacity to refuse, even if the consequence is their death.*

We therefore suggest that the CRPD confirms that:

1. it can never be correct to make the decision to withdraw (or indeed withhold) life-sustaining treatment on the basis of generalised assumptions about the quality of life enjoyed by disabled people as a whole.

2. as is already required in England & Wales in decisions about life-sustaining treatment, the intense focus must be upon the "will and preferences" of the individual person in question.

Since this article was published, further concluding observations have been published by the CRPD Committee, including upon France (in 2021) where no comment was made upon the Lambert case and Switzerland (in 2022) where no mention was made of the approach taken in that country to medical assistance in dying. There is therefore nothing to suggest that the CRPD Committee's approach has changed.

[20] See also the UN Human Rights Committee's General Comment 36 on Article 6, CCPR/C/GC/36.

[21] In her commentary on Article 10 in Bantekas, I. et al. The Convention on the Rights of Persons with Disabilities: A Commentary. Oxford Commentaries on International Law: Oxford, Oxford University Press 2018, at page 733.

[22] See, for instance (in the context of termination) the decision of the Court of Appeal in *Re AB (Termination of Pregnancy)* [2019] EWCA Civ 1215.

[23] Szmukler, G. "Capacity","best interests","will and preferences" and the UN Convention on the Rights of Persons with Disabilities. World Psychiatry 2019 January 18(1): 34-41.

Although the record of the arguments advanced on behalf of Archie Battersbee's parents appeared to rely upon the approach to adults,[24] it is, of course, important to recognise that this case concerns a child. Disabled children equally benefit from the provisions of Article 10 CRPD. However, the CRPD Committee has never to my knowledge made any suggestion that a process of individualised, focused, decision-making which might lead to withdrawal of life-sustaining treatment from a child is contrary to the provisions of the Convention. In its recent (March 2022) joint statement with the Committee on the Rights of Children, the CRPD Committee was silent as to this issue. Importantly, however, both Committees urged (at paragraph 4):

the States parties to apply the concept of the "best interests of the child" contained in article 3 of the CRC and 7 of the CRPD to children with disabilities with a careful consideration of their evolving capacities, their circumstances and in a manner that ensures children with disabilities are informed, consulted and have a say in every decision-making process related to their situation.[25]

It bears emphasis, and consideration by those commenting upon the case, that best interests is precisely the test followed by the courts in England & Wales in determining these agonising cases. The CRPD does not, it should perhaps further be added, dictate that only a parent can determine where the child's best interests lie: rather, and as reinforced in the joint statement, it dictates an individualised focus on the interests of the child. In light of the analysis of Article 10 CRPD above, showing how it does not afford an 'absolute' right to life, I would suggest that it is clear that the focus, in cases such as this, must be on whether life-sustaining treatment is in the child's best interests: a question which must, on a proper analysis, afford the potential answer that it is not.

Alex Ruck Keene KC (Hon)

[24] See paragraph 26(iv) of the second judgment of the Court of Appeal:
The parents' counsel's submission is that 'a decision to remove [life sustaining treatment] from someone who previously had capacity, can only be made on the basis of the person's will and preferences and failing this then according to the "best interpretation of will and preferences"'. These submissions, in the context of a person who is so disabled that they have no free-standing capacity for life without artificial and intensive medical intervention, appear to stretch the parameters of this convention beyond its intended boundaries. Be that as it may, it is clear from paragraphs 39 and 45 of Aintree and elsewhere that the approach in domestic law does afford due respect to wishes and feelings in a manner that would be compatible with the principles of CRPD, Arts 10 and 12.

[25] The CRPD Committee are strongly opposed to reliance upon this context in relation to adults, but the term appears in Article 7 of the CRPD, which requires that "in all actions concerning children with disabilities, the best interests of the child shall be a primary consideration."

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Conferences and Seminars

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Neil Allen will be running the following series of training courses:

14 September 2022	AMHP Legal Course Update
16 September 2022	BIA/DoLS legal update (full-day)
30 September 2022	Court of Protection training
13 January 2023	Court of Protection training

To book for an organisation or individual, further details are available here or you can email Neil.

The University of Essex is hosting two events in October:

3 October 4.30pm – 7pm: Evaluation of Court of Protection Mediation Scheme Report Launch

Garden Court Chambers, 57-60 Lincoln's Inn Fields, London, WC2A 3LJ, and online by zoom
Register at: *https://www.eventbrite.com/e/evaluation-of-court-of-protection-mediation-scheme-report-launch-tickets-411843032597*

5 October 1pm – 5pm Mental Capacity Law in Contract and Property Matters

Wivenhoe House Hotel, University of Essex, Colchester, and online by zoom
Register at: https://www.eventbrite.co.uk/e/mental-capacity-law-in-contract-and-property-matters-tickets-365658192497
Speakers include: Clíona de Bhailís, Researcher, NUI Galway, Shonaid and Andy, PA and Support Workers, Outside Interventions
Professor Rosie Harding, University of Birmingham, John Howard, Official Solicitor and Public Trustee Property and Affairs Team, Gareth Ledsham, Russell Cooke Solicitors, Her Honour Judge Hilder, Court of Protection

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 October. 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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