

## Court of Protection: Scotland

### Introduction

Welcome to the February 2016 Newsletters. Highlights this month include:

- (1) In the Health, Welfare and Deprivation of Liberty Newsletter: Article 5, best interests and the COP; 16 and 17 year olds and deprivation of liberty; and the views of the Official Solicitor on 'using and weighing';
- (2) In the Property and Affairs Newsletter: EPAs and gratuitous care; the CICA and the COP; and the perils of putting oneself forward as panel deputy;
- (3) In the Practice and Procedure Newsletter: the transparency pilot and how to survive it;
- (4) In the Capacity outside the COP Newsletter: the National Mental Capacity Action day and how to take part; capacity and organ donation; and legislative developments both sides of the border in Ireland;
- (5) In the Scotland Newsletter: Scottish Government consults on a review of the AWI; two important MWC reports and an obituary of Ian McMurray

And remember, you can now find all our past issues, our case summaries, and much more on our dedicated sub-site [here](#). 'One-pagers' of the cases in these Newsletters of most relevance to social work professionals will also shortly appear on the SCIE [website](#).

### Editors

Alex Ruck Keene  
Victoria Butler-Cole  
Neil Allen  
Annabel Lee  
Anna Bicarregui  
Simon Edwards (P&A)

### Guest contributor

Beverley Taylor

### Scottish contributors

Adrian Ward  
Jill Stavert

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For all our mental capacity resources, click [here](#).

## Review of legislation

Scottish Government is to be commended for having launched a major review of the Adults with Incapacity (Scotland) Act 2000, also potentially extending to review of the Mental Health (Care and Treatment) Scotland Act 2003 and the Adult Support and Protection (Scotland) Act 2007. The review has been launched with a [consultation](#) on the Scottish Law Commission Report on Adults with Incapacity, which not only consults upon the proposals (and draft Bill amending the 2000 Act and the 2003 Act) in the Scottish Law Commission [Report](#) No 240 but concludes by inviting responses suggesting “two or three key areas which any future wider review of the provisions of the 2000 Act might consider”. It is to be anticipated that “key areas” will include, in addition to issues of deprivation of liberty addressed in the Scottish Law Commission Report, topics as wide as everything needed to ensure compliance with the UN Convention on the Rights of Persons with Disabilities, improvement of the whole 2000 Act in all other respects, improvement of the interactions among the three statutes mentioned, and indeed the content of the 2003 and 2007 Acts. At this early stage the Newsletter can report no more than such wide-ranging intentions have been signalled, and that they do not appear, at least yet, to be seriously discouraged.

The consultation period ends on 31<sup>st</sup> March 2016.

*Adrian D Ward*

## Shortage of mental health officers

We have previously reported (see the Newsletters of [June](#) and [April](#) 2015 and [July](#), [August](#), [October](#) and [November](#) 2014) on the shortage of mental health officers and

consequent breaches by local authorities of their obligation under section 57(4) of the Adults with Incapacity (Scotland) Act 2000 to have a mental health officer (MHO) report prepared, where one is required, within 21 days of notice of intention to bring an application under Part 6 of the 2000 Act. We have reported on the extent to which delays beyond the statutory limit appear to be serious, widespread and in some cases institutionalised.

This matter came before Sheriff D A Brown at Hamilton Sheriff Court at a hearing on 25<sup>th</sup> September 2015, in the case *SS and MM, Applicants*. The applicants gave notice of intention to make the application on 29<sup>th</sup> May 2015. The 21-day period for preparation of the MHO report, counting from the date on which the local authority acknowledged receipt, expired on 26<sup>th</sup> June 2015. As at the hearing before Sheriff Brown on 25<sup>th</sup> September 2015, no report had been prepared, no MHO had been allocated to prepare it, and no indication had been given as to when the report might be forthcoming; despite reminders from the applicants and notification from them that a section 3 order might be sought. The sheriff ordered North Lanarkshire Council, the relevant local authority, to prepare the report within 14 days. The local authority appealed to the Sheriff Principal against that order. We report the decision at first instance now upon being advised that the local authority have abandoned their appeal.

In previous such cases of which the Newsletter is aware, a separate application had been made for an order under section 3(3) of the 2000 Act. We are not aware of such a case where the MHO report was not produced before any significant procedure in the application. The application by *SS and MM* was different. An application for a guardianship order was submitted to court

without a MHO report, and without medical reports at that stage, to avoid that cost until the first crave had been dealt with. The first crave sought an order under section 3 of the 2000 Act (founding specifically upon sections 3(1) and (2)) that the local authority be ordained to produce the MHO report.

We are informed that the local authority argued that the crave for such an order was incompetent as sections 3(1) and (2) conferred a power to make orders which was contingent on there being an application or other proceedings before the sheriff. The sheriff ruled that there plainly was an application before him. He had received it on 18<sup>th</sup> September 2015 when he made an order for intimation to the local authority and fixed the hearing for 25<sup>th</sup> September. While not essential to that finding, we understand that he did comment that the deficiency upon which the local authority founded was one caused by themselves.

We understand that it was also submitted for the local authority that on the basis of *Brown v Hamilton D C*, 1983, SC (HL) 1, only the Court of Session, and not the Sheriff Court, had jurisdiction to enforce the performance by a local authority of a statutory duty. The sheriff held that such a power was expressly conferred upon the sheriff, in relation to the performance of functions under the 2000 Act, by section 3 of that Act.

Other sheriffs in the same or other sheriffdoms may or may not be persuaded to grant a similar order upon the facts before them, and the submissions, in any other case seeking similar redress. Any such other case may or may not be appealed to the Sheriff Appeal Court, with the difference (compared with the application by *SS and MM*) that any determination by the Sheriff

Appeal Court (unless and until overruled upon further appeal) would be binding upon all sheriffs sitting at first instance. However, it would appear that unless and until there be an authoritative contrary decision upon appeal, practitioners could be said to have a duty to proceed as did the applicants in the application by *SS and MM* if there be prospect of detriment to their clients in the event of delay in proceeding with the application. They could be said to be under a professional obligation to follow the method of this case in order to avoid detriment, and to be at fault in the event that they fail to do so.

We understand that the successful applicants referred extensively to the annotations to relevant provisions of the 2000 Act in Ward's "Adults with Incapacity Legislation", W Green, 2008, and the case of *Frank Stork and others*, 2004, SCLR 513 there referred to.

In this context it is relevant also to report that by Parliamentary Question (in the Scottish Parliament) lodged 18<sup>th</sup> January 2016, Jim Hume (South Scotland, Scottish Liberal Democrats) asked the Scottish Government: "How many people have (a) started studying for and (b) graduated with a Mental Health Officer Award (Post-Graduate Certificate) in each of the last five years". Jamie Hepburn (Minister for Sport, Health Improvement and Mental Health) answered on 28<sup>th</sup> January 2016 that for the five academic years September-August from 2009-10 to 2013-14 the number of admissions were 40, 58, 61, 41 and 58; and the number of completions were 28, 45, 52, 40 and 46. It is clear that if the harm to people with intellectual disabilities, and breaches of their human rights, attributable to the shortage of mental health officers is not to be compounded by large numbers of court orders (perhaps with orders in expenses attached) against local authorities in

respect of their breaches of duty, immediate and effective action to improve substantially the recruitment, training and retention of mental health officers is now immediately essential.

*Adrian D Ward*

## **Mental Welfare Commission investigation into the death of Ms MN**

On 27<sup>th</sup> January 2016 the Mental Welfare Commission for Scotland [published](#) the report of its investigation into the death of Ms MN, a vulnerable 44-year old woman with an autistic spectrum diagnosis and complex needs, who took her own life in December 2012 in a care home to which she had shortly beforehand been moved from hospital. The Commission found that Ms MN had been moved to an independent care home that was experienced in caring for people with a learning disability, but not people with autism. The Commission found that the placement was not properly planned and that arrangements for managing her care, and the risk of suicide, were confused and unsafe.

Ms MN had been in contact with mental health services from 1986. She did not have a learning disability. Her prime diagnosis was of autism/Asperger syndrome. During her lifetime she had struggled with obsessional thoughts and ritualistic behaviour. She often self-harmed and regularly spoke about suicide. She had great difficulties with self-care and was vulnerable to exploitation. She had frequent admissions to a mental health hospital ward. She had become accustomed to receiving large amounts of medication, mostly for anxiety, “as required”. She had spent much of 2012 in hospital and was subject to a compulsory treatment order at the time of her death. She found the move to the

care home extremely difficult, and frequently talked to staff about self-harm and suicide. The home relied for medical advice on local GP services, which had not actually met her, and the home did not have full information on her case. Six weeks after the move she was found hanging in her room.

The main recommendations from the Commission included that there should be greater use of specialist assessments for people with autistic spectrum disorder and complex needs; better discharge planning, to ensure that care homes and GPs have the information and support to manage such people in community settings; and a review of the availability of specialist services for people with autistic spectrum disorders who do not fit into mental health or learning disability settings.

Colin McKay, Chief Executive of the Mental Welfare Commission, commented: “This is a desperately sad case of a vulnerable individual, who was struggling to deal with day-to-day life. Services tried, with varying levels of success, to support her. While there was certainly goodwill and a genuine caring attitude, there were also serious errors of judgement, and a lack of communication at key points. That resulted in her being in a home which was not able to meet her needs, and which did not have the appropriate support from specialist services when a crisis arose. This report is about one tragic case, but it contains lessons for all of Scotland. I hope it is read by all those involved in providing care and treatment for people with autistic spectrum disorder, and I hope all of our recommendations are acted upon.”

Many practitioners will be aware of the need for lessons to be learned “for all of Scotland”. It is common experience to encounter actions, or threatened actions, and attitudes by local

authorities, care providers and others which simply take no account of what should be well-known characteristics and vulnerabilities of very many people with autistic spectrum disorders.

Some helpful background comment has been provided to the Newsletter by Dr Gwen Jones-Edwards, Consultant Psychiatrist and Clinical Director, Mental Health Services, South Glasgow, who has been working with the adult autism team in Glasgow for some five years. The team is the only such one in Scotland, and the post-diagnostic support group has developed its own treatment methodology. Gwen comments that: "The frequency of autistic spectrum disorder within the general adult population is estimated at 1%, but this is likely to be a significant underestimate. We know that people who suffer from mental illness have a frequency of autism of at least 5%, although often it is not picked up. Women are probably just as likely to suffer from autism, but it is not such an easy disorder to pick up in them, mostly because women tend to be more pliable and 'fit in' better. A great issue is transitioning from childhood to adulthood. There is no smooth transition: we find that children are not taught about their autism, albeit they are supported, and then they often flounder upon entering the adult world when all supports disappear."

Between providing that comment and its publication, Gwen has retired. Her contribution in her professional life has been massive, and has extended to most helpful interaction with other professions, including in her membership of the Mental Health and Disability Sub-Committee of the Law Society of Scotland (which to the delight of her colleagues on that committee, she has indicated an intention to continue). The editors wish her very well in her retirement.

*Adrian D Ward*

## The Mental Welfare Commission for Scotland Report 'Visits to people on longer term community-based compulsory treatment orders'

The Mental Welfare Commission for Scotland published its visiting and monitoring report *Visits to people on longer term community-based compulsory treatment orders*<sup>1</sup> in late December 2015 ('the CCTO Report').

The Mental Health (Care and Treatment) (Scotland) Act 2003 ('the 2003 Act') introduced community-based compulsory treatment orders ('CCTOs') to allow for the longer term care of people with mental disorder in the community such arrangements not having been previously available. In 2011 the Commission made several recommendations about CCTOs<sup>2</sup> and its 2013/14 annual 2003 Act monitoring report noted that 41% of all compulsory treatment orders are CCTOs. Based on the 2011 report recommendations and the increase in CCTOs (in January 2015 there were 396 persons who had been subject to CCTOs for more than two years<sup>3</sup>) the Commission therefore decided to again look at the care, treatment and support of persons who had been subject to CCTOs for more than two years. It gathered the views of 88 such persons and also obtained information from their case records and care plans, interviewed their Community Psychiatric Nurses and Mental Health Officers ('MHO's).

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<sup>1</sup> Mental Welfare Commission for Scotland, [Visits to people on longer term community-based compulsory treatment orders](#), December 2015

<sup>2</sup> Mental Welfare Commission for Scotland, [Lives less restricted](#), September 2011

<sup>3</sup> The CCTO Report, p 2.

Principles underpinning the 2003 Act<sup>4</sup> emphasise informal care, patient participation, respect for carers, the least restrictive alternative and that any intervention must provide maximum benefit for the patient. Reciprocity (in terms of where an intervention is considered necessary the appropriate care, treatment and support must be provided in order to achieve this) as well as non-discrimination, equality and respect for diversity are also promoted. The Commission specifically took these into account in its study<sup>5</sup>.

A reading of the full report itself is strongly recommended for more specific detail but, in general terms, the Commission noted from its findings that CCTOs appear to keep many people with mental disorder out of institutional care, that care plans addressed individual needs and focused on recovery and that there was evidence of good multi-disciplinary working. It also found that, broadly, practitioners carefully assessed the benefits of the requirement for a CCTO, there was patient participation in care and treatment decisions and that most named persons contributed to the care and support of their relative or friend and felt appreciated and involved.

It was also found that about 50% of the people subject to CCTOs from whom information was obtained felt the order was of some benefit to them (and that where there were issues with the order this tended to relate to medication or the requirement to accept care and support). However, very few were clear about the circumstances in which the order would be revoked and several felt they were not listened to and/or allowed meaningful participation decisions concerning their care and treatment. Moreover,

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<sup>4</sup> Mental Health (Care and Treatment)(Scotland) Act 2003, s 1.

<sup>5</sup> The CCTO Report, pp 2-3.

whilst people were generally aware, from their MHO, about their right of appeal and the availability of advocacy half had not heard of advance statements.

The Commission also noted a lack of evidence of clear revocation strategies and that the potential for risk avoidance in practice may be driving unnecessary continuance of the more restrictive compulsory treatment orders. It also noted that in a small number of cases treatment was being administered in the absence of legal authorisation. Finally, it would appear that not enough emphasis is placed on the physical health needs of such persons with few having appeared to have had either screening or regular physical health checks. Worryingly too, not one of the 88 persons on CCTOs from whom information was obtained was in full time employment and only eight were in part-time employment.

The report recommends the active promotion of advance statements and that advocacy should be available for all patients who wish to use it. This will hopefully be reinforced by changes to the 2003 Act by the Mental Health (Scotland) Act 2015 when the relevant provisions come into force. It also recommends that there must be clear evidence of both CCTO reviews and a revocation strategy in the case notes, and that the revocation strategy is shared with the patient and that patients should be able to participate in review meetings if they so wish. Moreover, local authorities should identify how they can more effectively discharge their duty under s26 of the 2003 Act ('Services designed to promote well-being and social development') in order to support people on CCTOs to secure and sustain employment, and to work with the Scottish Government to consider new opportunities to improve such support. The Commission also recommends that mental health services should

facilitate patient physical health checks at least every 15 months as well as their access to relevant screening programmes.

The benefits, in terms of recovery and maintenance of good mental health, of community living has increasingly been acknowledged for persons with mental disorder. CCTOs, if properly implemented, should therefore enhance patient autonomy and assist with effective community integration particularly where they fulfil the requirements of the 2003 Act's principles and also relevant international human rights standards such as those found in, for example, the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the European Social Charter and the European Convention on Human Rights (ECHR). When it comes to support, information provision and involvement with making decisions that impact on patients' lives there is a need to be mindful that CCTOs do not operate in a way that inadvertently violates a person's rights to liberty and to respect for private and family life (Articles 5 and 8 ECHR), which has further and particularly been brought into sharp relief by Articles 12 (equal recognition before the law) and 14 (right to liberty) UNCRPD and their radical interpretation by the UN Committee on the Rights of Persons with Disabilities<sup>6</sup>. Moreover, in terms of the recommendations regarding physical health, employment and local authority service provision, which are largely reinforced by socio-economic rights, we should recall the UN Committee on Economic, Social and Cultural

Rights 2009<sup>7</sup> concluding observation criticising the UK for regarding the rights in the International Covenant on Economic, Social and Cultural Rights as being mere values and for not adequately incorporating them into domestic laws. It is therefore hoped that the Commission's recommendations in this report are fully taken on board by practitioners, local authorities and the Scottish Government.

*Jill Stavert*

## Iain McMurray

Iain McMurray, who died on 31st December 2015 aged 84, was a former Chief Executive of Enable until he retired in 1991. He led the organisation continuously from 1968, when it was the Scottish Society for Mentally Handicapped Children. He was the rare combination of an outstanding visionary and a man who could and did fulfil his vision by delivering practical and lasting results. In his time at the helm, he transformed Enable massively, developing a network of branches and the establishment and development of many relevant services, as well as projects such as funding research into the education of children with profound disabilities. He was at the forefront of the process of moving people from long-stay hospitals into supported living accommodation, in practical ways fostering the provision of such accommodation and the development by his organisation itself of associated housing providers, including for

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<sup>6</sup> UN Committee on the Rights of Persons with Disabilities (1) General Comment No 1 (2014) *Article 12: Equal Recognition before the Law*, CRPD/C/GC/1, adopted 11 April 2014; and (2) *Guidelines on article 14 of the Convention on the Rights of Persons with Disabilities: the right to liberty and security of persons with disabilities*, September 2015.

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<sup>7</sup> Concluding observations of the Committee on Economic, Social and Cultural Rights: United Kingdom of Great Britain and Northern Ireland, the Crown Dependencies and the Overseas Dependent Territories, 22 May 2009, E/C.12/GBR/CO/5, para 13 [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGBR%2fCO%2f5&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGBR%2fCO%2f5&Lang=en)

people with profound disabilities, and other services, including a trustee service. Beyond that, his work had a major positive impact upon attitudes to people with learning disabilities and understanding of them and their needs.

In the context of this Newsletter, particular tribute must be paid to his massive impact upon helpful development of the law. In the mid-1970s he became alert to Adrian's early interest in this area of law, drew him in, and persuaded him to write (for publication by Enable, then SSMH) firstly "Scots Law and the Mentally Handicapped" in 1984 and then "The Power to Act" in 1990. Shortly after publication of the second of these, he telephoned Adrian one day from a conference in Budapest, establishing links which led directly to Adrian's further work throughout Eastern Europe and the former Soviet Union. Adrian's involvement, however, part-time in conjunction with running his own practice, was not sufficient for the growing needs of the organisation itself and its membership for specialist legal services. In 1989 he recruited Colin McKay (now Chief Executive of the Mental Welfare Commission for Scotland) as the first of the Society's in-house solicitors, and the organisation subsequently published – in two editions – "The Care Maze" by Colin and Hilary Patrick. Despite its title, it was hugely helpful in navigating accurately through the maze which it described.

Iain's visionary drive was supplemented, if not at times masked, by his characteristic sense of humour. When he first acquired a fax machine, and a form of fax with a space for "subject matter", he invariably entered "pernickety lawyers" in his stream of communications to Adrian.

*Adrian D Ward*

## Conferences at which editors/contributors are speaking

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### International Protection of Adults

Alex and Adrian will be participating in a seminar at the British Institute of International and Comparative Law on 11 February on Hague 35 and cross-border matters. More details are available on the BIICL [website](#).

### VOICES project

Alex will be chairing a session at the opening conference of this innovative project launched by the Centre for Disability Law and Policy at NUI Galway entitled Voices of Individuals: Collectively Exploring Self-determination (VOICES). The opening conference is on Friday 26 February 2016 in Dublin City Civic Offices, Dublin 8. Confirmed Speakers include: Professor Gábor Gombos, Mr Rusi Stanev, The Honorable Kristin Booth Glen, Professor Michelle Anderson and Professor Christopher Slobogin. For more details of this project, and to book, see [here](#).

### Palliative Care Conference

Alex will be speaking on the practicalities and realities of DOLS within palliative care practice at the 11<sup>th</sup> Palliative Care Congress in Glasgow on 11 March. For details, and to book see [here](#).

### Safeguarding Adults in Residential Settings

Tor will be speaking about why capacity matters at this conference at the ORT House Conference Centre London on Tuesday 15 March 2016. For further details, see [here](#).

### Edge DOLS Assessors conference

Alex will be speaking at Edge Training's annual DOLS Assessors conference in London on 18 March. Other speakers include Mr Justice Peter Jackson. To details, and to book, see [here](#).

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### 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 Mind in return for postings for English and Welsh events. For Scottish events, we are inviting donations to Alzheimer Scotland Action on Dementia.

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### ESRC seminar series on safeguarding

Alex is a member of the core research team for an-ESRC funded seminar series entitled 'Safeguarding Adults and Legal Literacy,' investigating the impact of the Care Act. The theme for the seminars in the first year of this three years series is 'Making Law'. The second and third seminars in the series will be on "New" categories of abuse and neglect' (20 May) and 'Safeguarding and devolution – UK perspectives' (22 September). For more details, see [here](#).

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### Other events of interest

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#### Peter Edwards Law Training Spring 2016

Peter has announced the spring series of his (rightly) very well-regard series of training events on matters mental capacity and mental health related. For full details, see [here](#).

Our next Newsletter will be out in early March. Please email us with any judgments or other news items which you think should be included. If you do not wish to receive this Newsletter in the future please contact [marketing@39essex.com](mailto:marketing@39essex.com).

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**Alex Ruck Keene:** [alex.ruckkeene@39essex.com](mailto:alex.ruckkeene@39essex.com)

Alex is recommended as a 'star junior' in Chambers & Partners 2016 for his Court of Protection work. He has been in cases involving the MCA 2005 at all levels up to and including the Supreme Court. He also writes extensively, has numerous academic affiliations and is the creator of the website [www.mentalcapacitylawandpolicy.org.uk](http://www.mentalcapacitylawandpolicy.org.uk). He is on secondment for 2016 to the Law Commission working on the replacement for DOLS. **To view full CV click here.**



**Victoria Butler-Cole:** [vb@39essex.com](mailto:vb@39essex.com)

Victoria regularly appears in the Court of Protection, instructed by the Official Solicitor, family members, and statutory bodies, in welfare, financial and medical cases. Together with Alex, she co-edits the Court of Protection Law Reports for Jordans. She is a contributing editor to Clayton and Tomlinson 'The Law of Human Rights', a contributor to 'Assessment of Mental Capacity' (Law Society/BMA 2009), and a contributor to Heywood and Massey Court of Protection Practice (Sweet and Maxwell). **To view full CV click here.**



**Neil Allen:** [neil.allen@39essex.com](mailto:neil.allen@39essex.com)

Neil has particular interests in human rights, mental health and incapacity law and mainly practises in the Court of Protection. Also a lecturer at Manchester University, he teaches students in these fields, trains health, social care and legal professionals, and regularly publishes in academic books and journals. Neil is the Deputy Director of the University's Legal Advice Centre and a Trustee for a mental health charity. **To view full CV click here.**



**Annabel Lee:** [annabel.lee@39essex.com](mailto:annabel.lee@39essex.com)

Annabel appears frequently in the Court of Protection. Recently, she appeared in a High Court medical treatment case representing the family of a young man in a coma with a rare brain condition. She has also been instructed by local authorities, care homes and individuals in COP proceedings concerning a range of personal welfare and financial matters. Annabel also practices in the related field of human rights. **To view full CV click here.**



**Anna Bicarregui:** [anna.bicarregui@39essex.com](mailto:anna.bicarregui@39essex.com)

Anna regularly appears in the Court of Protection in cases concerning welfare issues and property and financial affairs. She acts on behalf of local authorities, family members and the Official Solicitor. Anna also provides training in COP related matters. Anna also practices in the fields of education and employment where she has particular expertise in discrimination/human rights issues. **To view full CV click here.**



**Simon Edwards:** [simon.edwards@39essex.com](mailto:simon.edwards@39essex.com)

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 Ward** [adw@tcyoung.co.uk](mailto:adw@tcyoung.co.uk)

Adrian is a practising Scottish solicitor, a consultant at T C Young LLP, who has specialised in and developed adult incapacity law in Scotland over more than three decades. Described in a court judgment as: "*the acknowledged master of this subject, and the person who has done more than any other practitioner in Scotland to advance this area of law,*" he is author of *Adult Incapacity, Adults with Incapacity Legislation* and several other books on the subject. **To view full CV click here.**



**Jill Stavert:** [J.Stavert@napier.ac.uk](mailto:J.Stavert@napier.ac.uk)

Professor Jill Stavert is Reader in Law within the School of Accounting, Financial Services and Law at Edinburgh Napier University and Director of its Centre for Mental Health and Incapacity Law Rights and Policy. Jill is also a member of the Law Society for Scotland's Mental Health and Disability Sub-Committee, Alzheimer Scotland's Human Rights and Public Policy Committee, the South East Scotland Research Ethics Committee 1, and the Scottish Human Rights Commission Research Advisory Group. She has undertaken work for the Mental Welfare Commission for Scotland (including its 2015 updated guidance on Deprivation of Liberty). **To view full CV click here.**