MENTAL CAPACITY REPORT: THE WIDER CONTEXT

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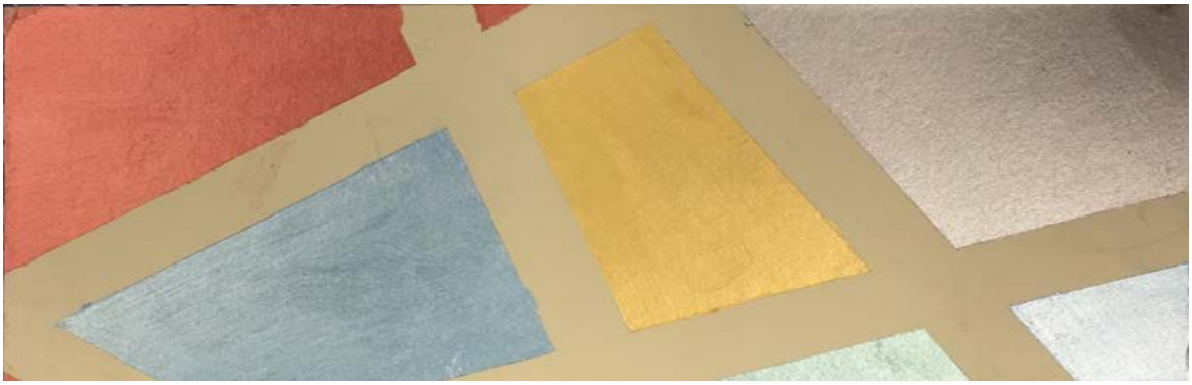

Welcome to the April 2024 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: a very difficult dilemma arising out of covert medication, and key deprivation of liberty developments;

(2) In the Property and Affairs Report: fixed costs for deputies, deputies and conflicts of interest, and the Child Trust Fund saga continues;

(3) In the Practice and Procedure Report: three amended Practice Directions, when (and why) should the judge visit P and fact-finding in the Court of Protection;

(4) In the Mental Health Matters Report: the Government (rather surprisingly) responds to the Joint Committee on the draft Mental Health Bill, and important reports from the PHSO and CQC;

(5) In the Wider Context Report: a snapshot into litigation capacity and Jersey sheds light on the concrete realities of assisted dying / suicide;

(6) In the Scotland Report: the Assisted Dying for Terminally Ill Adults (Scotland) Bill.

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

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

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Summary

This matter related to JR, a 16-year-old boy who had diagnoses of Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder. The court considered applications to make a care order and to authorise JR's deprivation of liberty in a registered placement. The local authority sought to withdraw its application for a care order, but this was opposed by the Child's Guardian. All parties agreed that the court should authorise JR's deprivation of liberty.

JR had experienced a traumatic early life and had been adopted at the age of 4. "*In March 2021 the parents raised concerns that JR, then aged 13, was beyond parental control by reason of his physically aggressive and sexually inappropriate behaviours that were placing them and other members of the household at risk. I note from the chronology of criminal justice involvement that even by this early stage there had been a number of occasions when the police were called because of JR's behaviour*" (paragraph 5).

JR was accommodated under s.20 Children Act 1989 from April 2021, initially at a residential school. The school gave notice on the placement in October 2022 on the basis that JR was trying to cause fires and was verbally abusive and aggressive. He was then cared for in a series of ad hoc placements, ultimately moving to an unregistered placement with 'X Provider' in May 2023. A deprivation of liberty authorisation was obtained, but the provider was not willing to impose the restrictions in place. JR frequently absconded and placed himself and others at risk of harm.

The matter came before Lieven J in 2023 due to concerns that because there were no care proceedings, "*it was not possible to properly consider JR's wider welfare interests and to obtain a psychological assessment of his needs. We were also concerned that despite the palpable unsuitability of his placement with X Provider, not least because of their inability to prevent his absconding and putting himself at risk, no progress had been made in finding another placement*" (paragraph 10). Lieven J noted that "[a]*lthough I fully accept the difficulty of finding suitable placements for children as challenging as JR, it was the clear view of HHJ Walker, the Guardian and myself, that the LA were tolerating an inappropriate and unsafe placement for far longer than should have been the case*" (paragraph 10).

The local authority issued public law proceedings in October 2023. The evidence set out that "*throughout October – November 2023 JR was regularly absconding from the placement*

with the DoLs not being imposed in any meaningful way. In reality, reading those statements, JR was simply doing as he pleased, including threatening staff, abusing them and there are various reports of him carrying a knife. It was entirely clear that the staff were incapable of controlling JR. There were also a series of racially aggravated incidents, both in the property and in public places" (paragraph 12). There were also reports of JR being sexually exploited. A registered placement, 'Z Provider', was found and JR moved there in late January 2024, with the intention that he will remain until his 18th birthday. His behaviour appeared to have improved in this setting. There had been some conflict as between the local authority and JR's parents about whether they could take him on a skiing holiday shortly prior to his move to Z Provider. While this was ultimately resolved by agreement, JR's parents had told him about the planned holiday and he had become very distressed when he was prevented from going.

In the public law proceedings, the court obtained a psychological report from Dr Bryn Williams. Lieven J cited this report at length in her judgment "*because much of it resonates in many cases concerning children and young people subject to DoLs orders*" (paragraph 29). At paragraph 32, Lieven J set out how Dr Williams emphasised the need to help JR find his own identity and build on his strengths:

> *"3.46. In general, across all environments there needs to be a strategic Approach – First and foremost, young people with non-verbal weaknesses have strengths and the most important recommendation is to find those strengths, to build on them, use them, cherish and celebrate them. Finding a place for [JR] in the world has to be a long-term priority and using his strengths will help him achieve this to the best of his ability. It is so normal for us to focus on what is going wrong, but we are more likely to succeed if we focus on what is good and right. For example, quite often [JR's] left brain is working far more efficiently than his right brain, so be creative, verbal, and use his strengths to master any weaknesses. I observed him talking to himself frequently during the assessment. This is a key marker for everyone that he needs to talk about everything to be able to process and problem solve those things that are expected of him.*
>
> *3.47. Managing [JR's] Anxiety – Perhaps the greatest challenge for [JR] is coping with his anxiety, which has grown to such an extent he sometimes feels quite self-destructive. Engaging [JR] in psychological therapies to manage anxiety is likely to be necessary, and the most effective approach from clinical experience appears to be helping him to maintain a close, stable and reliable relationship with a therapist who he can revisit when necessary, supported by attuned parenting and a special person at school. Short-term, one-off interventions are less helpful unless they are augmented by repeated intervention and a solid therapeutic relationship. He will struggle to retain what he has learned, but do not give up."*

33. Dr Williams then sets out under a series of headings, JR's needs and the support and services that he requires. These cover managing his anxiety; consistency and clarity; supporting social interaction; helping him to overcome barriers to new learning; visual spatial strategies; motor co-

> *ordination and sensory integration; and helping him to manage new and complex situations.*
> *34. Although this report is specific to JR, there are many elements which apply to many of the children who are subject to DoLs orders.'*

The judgment also cited the recent Nuffield Family Justice Observatory Report on Principles of Care for Children with Complex Needs, which echoed these findings. The judgment reproduced the summary sheet of the principles at paragraph 36:

5 Principles of Care	*What children currently experience*
1. All children need valued, trusted relationships. They should be actively supported to maintain relationships with people that are important to them.	*Perpetually disrupted, often temporary, non-robust relationships with insufficient attention paid to the relationships that children identify as important to them.*
2. Every child should have a holistic, multidimensional, high-quality assessment of their mental health, social care, education, and well-being needs. This should be followed by a detailed formulation and plan of the interventions and support required to address the child's short, medium, and long-term needs. This should be co-produced with the child and their family.	*Repeat assessments that are siloed. No holistic care. Undiagnosed and unmet treatable mental health needs.*
3. Long-term support that is tailored to the child's needs: Services and professionals working with the child should be flexible and dynamic, and able to respond to changing circumstances. All decisions about a child's care should explicitly consider their short, medium, and long-term needs.	*Short term crisis interventions, focused on managing risk rather than supporting healthy development. Services unable to flex to changing circumstances.*
4. Children should be supported by experienced staff within multidisciplinary teams who are highly attuned to their needs. Staff with such skills should be the most highly trained, rewarded and valued in the children's sector.	*Poorly paid and undervalued staff, often inexperienced. Services in dispute over who has responsibility for a child.*
5. Children should be able to express a view about what happens to them and be listened to. Decisions should be clearly communicated to them and (if safe to do so) their family.	*Children have limited agency in their day-to-day lives and decisions made about them.*

Lieven J observed that:

> *37. These principles of care are what every child subject to a DoLs needs, and against which any proposed provision for these children should, in my view, be tested. It would be unrealistic to suggest that placements could simply be rejected because they do not meet these principles. It is extremely well known, and recorded in numerous judgments, that there is a dire shortage of suitable placements for children with complex needs who are subject to DoLs restrictions. However, the Principles of Care are important because they set out the benchmarks against which all provisions should be tested, and which all those involved in these cases should be trying to meet.*

In JR's case, Lieven J considered that while his current placement appeared to be appropriate, "*he has in the recent past suffered from many of the problems set out in the NFJO Report*" (paragraph 38). Lieven J decided in this case that it was necessary and proportionate to make a Care Order notwithstanding the local authority's wish to withdraw its application in order to give certainty as to how decisions will be made about JR's care, and because the court considered that there would be greater oversight if JR were under a care order. Lieven J noted that

> *44* […] *The reality is that the level of oversight of JR was significantly increased when HHJ Walker and I became involved. My judgement is that in practical terms, rather than necessarily legal theory, a Care Order will give greater confidence in the LA taking responsibility for his care. Although the Independent Reviewing Officer is involved even if JR is only accommodated under s.20, it appears that there is more likely to be liaison with Cafcass if there is a Care Order in place. However I accept that the likelihood of this happening is actually very slight.*
>
> *45. Although the services would probably be the same whether or not there is a Care Order, I am confident that the practical level of involvement and oversight will be greater. This is particularly important in a case such as JR's, where his needs are complex and difficult to meet, and he is approaching his 17th birthday.*
>
> *46. In reaching this conclusion I am influenced by the fact that without the intervention of the Court and the Guardian, it seems quite possible that JR would have been left in inappropriate placements with a lack of attention to his holistic needs. Whatever the legal position may be, the reality is that the LA had a prolonged period when they did not focus on JR's needs. Without the LA holding parental responsibility I am very concerned that disagreements with the parents may again lead to delays in the provision of the necessary support.*

Comment

The judgment is an important reminder of the potential for harm which can arise when children are placed in inappropriate settings and have inappropriate care. It is a tragically common state of affairs that children in crisis are placed in hastily arranged, ad hoc settings because there is simply nowhere else that is available for them to live and have even the most basic care. The NFJO report emphasises the potential for harm when children's care arrangements simply become a process of 'crisis management' with care delivered by an ever-changing set of professionals and carers who often lack the skills, training and support to support their growth and development. The stark paucity of appropriate care for children with complex needs has been the subject of dozens of reported judgments by High Court judges over the last decade, denouncing the systemic failures to plan and make provision for children like JR, without any evidence that the situation is improving. It is stunning failure to care for some of the most vulnerable children in society which is rightly brought in the spotlight by judgments such as this.

We would note that the comments of Lieven J that she felt she could not obtain sufficient evidence and consideration of JR's welfare without care proceedings being brought. We would note that this in some respects reflects the differences in the way that cases of this nature are often considered by the former 'National DOLS Court' and the Court of

Protection. We would note that in complex Court of Protection cases, it is far more typical to bring in the level of detail and multi-professional involvement seen here only after the care proceedings had started, and to take a consideration not only for the immediate situation of the person, but the longer-term risks and benefits of the person of care arrangements.

Litigation capacity – a rare snapshot

For some reason, the judgment in the directions hearing in *Tonstate Group Ltd v Wojakovski & Ors* [2022] EWHC 448 (Ch) has appeared on Bailii. It is of interest as a rare reported snapshot of a civil court grappling with the question of how to determine whether or not a party (in this case, the defendant) has the capacity to conduct the proceedings in question. Precisely what legal representatives and courts are supposed to, and how they are supposed to do it, is an issue under the spotlight at the moment. The Civil Justice Council's consultation on its proposals for determining capacity in civil proceedings has just closed. As part of that consultation process, a one day seminar was held, the minutes of which can be found here.

The PHSO and DNACPR recommendations

An important (but depressingly familiar) report from the Parliamentary Health Service Ombudsman on DNACPR decision making was published on 14 March 2024. The full report, called *End of life care: improving DNACPR conversations for everyone* can be found here.

Its key findings include:

- a lack of accessible information given at the time or before DNACPR conversations take place
- issues with record-keeping and documenting decisions, with up-to-date information not following a patient through the medical system
- a lack of public awareness about CPR and who is responsible for making a DNACPR decision.

For Alex's video on how to get advance care planning right, see here. and for a discussion with Dr Zoë Fritz about advance care planning and ReSPECT, see here.

It is slightly unfortunate that in an otherwise excellent report, the legal position in relation to DNACPR notices is slightly misstated (and the dread term 'next of kin' appears in the context of those lacking capacity to participate). As the report notes, the *Tracey* case made clear that it is a legal requirement for doctors to consult with a patient about a DNACPR decision if they have capacity. However, the report does not go on to quote this passage from the Court of Appeal's judgment:

> *54. There can be little doubt that it is inappropriate (and therefore not a requirement of article 8) to involve the patient in the process if the clinician considers that to do so is likely to cause her to suffer physical or psychological harm. There was some debate before us as to whether it is inappropriate to involve the patient if the clinician forms the view that to do so is likely to distress her. In my view, doctors should be wary of being too ready to exclude patients from the process on the grounds that their involvement is likely to distress them. Many patients may find it distressing to discuss the question whether CPR should be withheld from them in the event of a cardio-respiratory arrest. If however the clinician forms the view that the patient will not suffer harm if she is consulted, the fact that she may find the topic distressing is unlikely to make it inappropriate to involve her. I recognise that these are difficult issues*

> *which require clinicians to make sensitive decisions sometimes in very stressful circumstances. I would add that the court should be very slow to find that such decisions, if conscientiously taken, violate a patient's rights under article 8 of the Convention.*

The report also states (at page 13) that "[p]atients will be resuscitated unless they have a DNACPR notice on their records." That is a somewhat problematic statement. Absent a valid and applicable decision to refuse CPR, a decision whether or not to start CPR is always a best interests decision. If there is in place a DNACPR notice, then the person making the decision on the spot will be strongly guided by the recommendation (but could still not follow it if there were a good reason not to). If no DNACPR notice is in place, then the person making the decision will have to determine what is in the person's best interests on the basis of the information that they have at the time. That is likely, but not inevitably, going to be that resuscitation should be attempted. For a discussion of the position in relation to paramedics attending at home, see here. We also note in this regard that NHS England has recently published guidance tosupport the decision-making process of when not to perform cardiopulmonary resuscitation in prisons and immigration removal centres, addressing the issue of "*inappropriate resuscitation following a sudden death in a prison, immigration removal centre (IRC), or residential short-term holding facility in the absence of a signed do not attempt cardiopulmonary resuscitation (DNACPR) document. It is designed to support prison, detention, and healthcare staff in making a decision as to whether resuscitation would be futile and therefore compromise the dignity of the deceased individual*." That guidance is equally applicable in other settings.

These two points are not meant to sound nit-picking, but simply to bolster what is otherwise an excellent, evidence-based report, with whose conclusions it is impossible to disagree.

Assisted dying / assisted suicide – concrete British realities

Reading some of the recent media coverage of the issue of assisted dying / assisted suicide, people could be forgiven for thinking that resolving the debate is a simple matter. Whatever's one's views about the principle, that implementation is not going to be simple can be seen from proposals put before the States Assembly in Jersey on 22 March 2024 to enable a decision to be taken whether to progress legislation providing (as they describe it) for assisted dying.

The proposals put before the States Assembly do not set out legislation, but, running to some 245 pages, they set out in very great detail much of what is required for States Assembly to be able to decide whether to take the proposal for legislation forwards. Any such legislation would be very significantly longer than the 14 clause bill before the Tynwald in the Isle of Man, the 13 clause bill that was put most recently before the House of Lords in England, or the 33 clause bill introduced in Scotland in March 2024, and discussed by Adrian in the Scotland section of this report. As the proposals note at paragraph 582, "[g]*iven the detail and complexity of these proposals, it is anticipated that the law drafting process will take 12-18 months. It is anticipated that debate on the draft law will take place before the end of 2025, but this may be subject to change*."

The proposals also include details of matters that, to date, have been the subject of little detailed 'operational' consideration in the British context. Some of these might be said to be limited to the specific proposals in Jersey, which

(as discussed here) go further than any proposals advanced in England & Wales or Scotland). But the majority of the matters are of relevance to any model. The proposals cover such matters as:

1. The components of the decision-making capacity required, the proposals specifically proceeding on the basis of a presumption of capacity, a requirement to support the person to make a decision, and an approach to fluctuating capacity which provides that:

   > [a] *person with fluctuating capacity may be assessed for capacity on more than one occasion. If the person can demonstrate a voluntary, clear, settled and informed wish for assisted dying and that they have decision-making capacity to make the request for assisted dying one any one occasion, the assessing doctor is able to determine that at the point of assessment they did have decision-making capacity* (paragraph 301)[1]

2. A discussion of precisely how to identify 'unbearable suffering;'

3. What a tribunal might look like (required for purposes of the second, unbearable suffering route), and what an appeal route from such a tribunal might look like;

4. The actual process from start to finish, including addressing the circumstances where complications set in; [2]

5. Organ donation;

6. Regulatory obligations on healthcare practitioners;

7. How to integrate assistance with dying within the Jersey healthcare system (the proposals rejecting a 'civic' model such as that in Switzerland);

8. The scope of the ability of individuals / bodies to decline to provide assistance on the basis of objection (going more widely than just conscientious objection);

9. The fact that simply making assisted dying / suicide legal is not actually the end of the story, the proposals noting at paragraph 136 that:

   > *It is possible that the Jersey Assisted Dying Service may be unable to recruit or contract the necessary staff (although it is important to recognise that this eventuality has not occurred in any other jurisdiction that permits assisted dying). In the event this were to happen, whilst assisted dying would be permitted in law, there would be no service and hence people could not have assisted deaths in Jersey.*
   >
   > *Therefore, in placing a duty on the Minister to provide the Jersey Assisted Dying Service, the law must also provide that the Minister can only do so if the service can be appropriately and safely staffed.*

10. Costs;[3]

[1] For more on capacity, see here.

[2] As the report notes at paragraph 475, "[i]n Western Australia, for example, 2.7% of assisted deaths in 2021-22 reported complications. All complications related to practitioner-assisted oral ingestion and involved regurgitation/vomiting, coughing or an extended length of time for the substance to take effect."

[3] The proposals note (at paragraph 562) that: "[e]*vidence from other jurisdictions suggests that assisted dying could result in a cost neutral position (or cost savings) in overall health and care expenditure in the long-term.50 However, such an intent does not accord with the core principles of these assisted dying proposals and hence there has been no attempt to quantify any potential cost*

11. The numbers of those who might seek assistance;
12. How insurance companies will respond; and
13. Implementation requirements.

Many might find useful the summary of the risks identified to date, and the potential response, controls or mitigation that is to be found in the table at paragraph 579. Again, whilst some of these may be relevant to the approach being advanced in Jersey, very many are equally relevant to the terminal illness / person carrying out the final act model which has formed the focus of most attention in England & Wales, and Scotland.

The proposals also helpfully include scenarios which concretise matters. Some may find particularly useful to tease out how they feel both about assisted dying / assisted suicide more broadly and about the particular model being advanced in Jersey Scenario 3 (Sean, a 59 year old with a moderate learning disability, and who has recently been diagnosed with vascular dementia) and Scenario 10 (Sadie, 31, living with anorexia since 15, and diagnosed with end-stage heart failure as a result of her anorexia).

The recent Health and Social Care Committee report to the Westminster Parliament provided invaluable evidence for those wishing to inform themselves in relation to the assisted dying / assisted suicide debate. The Jersey proposals are very important not just for those on Jersey, but for those in England & Wales (and, indeed, Scotland) who want to understand what is actually involved in any move towards assisted dying.

reductions in other areas of health and care spend in Jersey."

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

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Conferences

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

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

Adrian will be speaking at the following open events: the World Congress on Adult Support and Care in Buenos Aires (August 27-30, 2024, details here) and the European Law Institute Annual Conference in Dublin (10 October, details here).

Peter Edwards Law has announced its spring training schedule, here, including an introduction – MCA and Deprivation of Liberty, and introduction to using Court of Protection including s. 21A Appeals, and a Court of Protection / MCA Masterclass - Legal Update.

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 May. 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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