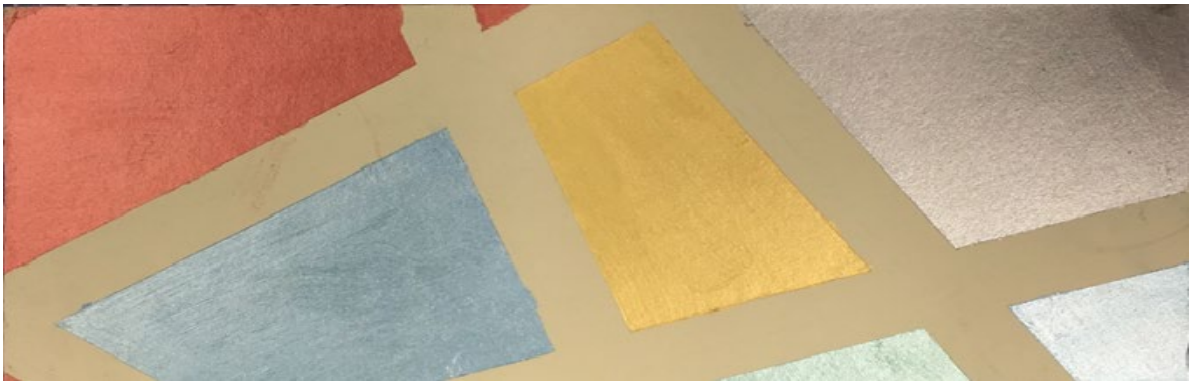

Welcome to the February 2025 Mental Capacity Report. Highlights this month include:

(1) In the Health, Welfare and Deprivation of Liberty Report: myth-busting about DoLS and strong words about assessment of capacity of D/deaf people;

(2) In the Property and Affairs Report: revoking Deputyship for a person no longer present in England & Wales;

(3) In the Practice and Procedure Report: litigation capacity and a very clear statement of the ordering of the capacity test, delays in obstetric cases and guidance on neurodiversity before the courts;

(4) In the Mental Health Matters Report: the Mental Health Bill progresses and two important Upper Tribunal cases;

(5) In the (new) Children's Capacity Report: deprivation of liberty before the courts and Parliament, when capacitous consent is not enough, and best interests and the clinical circling of the wagons;

(6) In the Wider Context Report: The Terminally Ill Adults (End of Life) Bill and capacity, CCTV and care homes, and using the arts to be more creative in capacity assessment.

(7) In the Scotland Report: Scottish Government's law reform proposals – the consultation responses, and the OPG digitalises.

There is one plug this month, for a free digital trial of the newly relaunched Court of Protection Law Reports (now published by Butterworths. For a walkthrough of one of the reports, see here.

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.

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

Contents

AWI reform: developments from Scottish Government

In the November 2024 Report we explained our understanding of the timetable for the proposed Adults with Incapacity (Scotland) (Amendment) Bill, if it is to be enacted before the Parliament goes into recess ahead of the 2026 elections to the Parliament. In the December Report we explained our concerns that despite the extraordinarily tight timetable, there had by then been no further developments. However, it now seems that a slightly more relaxed timetable is possible. The latest from Scottish Government is that: "A Bill to update and modernise the Adults with Incapacity Act is expected to be introduced during the 2024-25 parliamentary year". It is a reasonable guess that introduction may take place right at the end of that year, which does have the advantage of giving time for that work on drafting the Bill to continue until then. That work includes an analysis of the responses to the Government's consultation which ended in October 2024. That analysis has now been published, and is the subject of Jill's article below. Beyond that, Scottish Government states that it is still unable to confirm specific timings or Bill content, noting that these will be "subject to Parliamentary privilege in the first instance". Scottish Government has however commenced a series of meetings "with the main stakeholders in this area to discuss progress".

Previously in "an update on mental health law reform" issued on 18th December 2024, Scottish Government referred to the "key priority work to consider various aspects of the definition of 'mental disorder' as it relates to compulsory care and treatment". Work on that commenced in November 2023. Scottish Government has confirmed that it is working to analyse the evidence gathered, with a view to "potentially consulting on initial reforms in 2025". Other topics on which consultation is likely cover "named persons, advance statements and data gathering". All of these issues are relevant to adults with incapacity legislation. In particular, "mental disorder" is the gateway to AWI provisions and procedures. It has not been explained how this work at a rather more relaxed pace with a focus on mental health legislation is to be coordinated with immediately necessary AWI reform.

Finally, our December Report included an item on the career of Kirsty McGrath with Scottish Government, following her leaving the post of Head of Unit, Mental Health and Incapacity Law, on 20th November 2024. Amy Stuart has now been appointed to that post, with her formidable task including carrying forward the various areas of reform outlined above.

Adrian D Ward

Adults with Incapacity Amendment Act Summary and Analysis of Response to Consultation

The Scottish Government has published a Summary and Analysis of responses to its recent consultation on proposed amendments to the Adults with Incapacity (Scotland) Act 2000 (AWIA). As the document contains full and clear information on the consultation questions, responses and analysis there is little point repeating them here and readers are therefore referred to the Summary and Analysis for such detail. However, some broad, but certainly non-exhaustive observations, can be provided.

1. *AWIA principles*

There was general support for updating the AWIA principles to require that all practical steps are taken to ascertain and follow the person's will and preferences before any action is taken under the Act. However, there still needs to be agreement on areas such as what exactly constitutes 'all practical steps' and when it would be 'impossible in reality' to give effect to the adult's will and preferences. More work is also required in terms ascertaining the efficacy and effectiveness of various forms of supported decision-making to ensure that an adult's rights, will and preferences are given effect on an equal basis with others, although it is clear that independent advocacy was very much promoted in many of the consultation responses as a means of support. One of the Scottish Government's priorities in its Delivery Plan October 2023- April 2025 accompanying its Programme of Reform on Mental Health and Capacity Law is 'Supporting decision-making and strengthening access to Independent Advocacy'. To this end it will review existing practices and then decide whether a national framework or approach is required. We await more information on progress here.

Interestingly, the number of responses supporting these updated principles to ascertain and follow a person's will and preferences taking precedence over other AWIA principles only slightly exceeded those indicating that this should not be the case. It seems that the main concern for this latter group of respondents was that giving priority to an adult's will and preferences might sometimes be in conflict with keeping them safe from harm and emergency situations. However, these situations and giving priority to an adult's rights, will and preferences are not antithetical. As was discussed in the Scottish Mental Health Law Review final report, the objective of effective supported decision-making (which includes advance planning) is to cement the exercise of legal capacity across capacity/incapacity assessments by ensuring that in the vast majority of cases a person's rights, will and preferences are respected even where at the material time the person is unable or unwilling to communicate these and others must step in and make decision and act on their behalf.

2. *Adjusting and revising time limits, reports and forms to increase efficiency, including less delays*

The proposals to change existing timescales and deadlines for actions taken under the AWIA, and to simplify forms were generally well received by respondents. However, this was with the proviso that measures to remove unnecessary bureaucracy (which of course is to be lauded!), improve efficiency and reduce delays were not at the expense of an adult's rights and freedoms. Proportionality is required and sometimes detail and time is required to ensure our rights are properly protected. This observation is made here in its more general context but is particularly relevant to the proposed changes around guardianship.

3. *Changes regarding Attorneys and Public Guardian supervisory and other powers*

The proposed changes regarding attorneys in terms of powers and granting and certifying capacity were largely agreed by respondents. The proposed extended Public Guardian supervisory and other powers in relation to attorneys were also agreed.

However, whilst there was overall support for clinical psychologists being able to assess and certify capacity for the purposes of powers of attorney, respondents were evenly split on whether paralegals should be able to undertake such assessments, and there was a range of views about others who might also perform this task.

4. *Access to funds and management of residents' finances*

The proposed changes were essentially to tidy up and rationalise the operation of these measures under the AWIA and were largely agreed by respondents.

5. *Authority to medically treat*

The proposals about the authorisation and removal of adults to hospital for physical illness treatment or diagnostic tests were largely agreed by respondents. The same went for the proposals regarding assistance with appealing against such a move, against treatment and restriction measures once at hospital and support for such appeals, with independent advocacy support strongly featuring in the responses.

Similarly, the proposals for preventing an adult from leaving hospital (including certification by a second medical practitioner) and time limits on an adult's stay in hospital (to end once treatment has ended, as well as clinician reviews every 28 days of the necessity to continue to stay with sheriff court approval being required after 3 months for any continued stay).

It was also largely agreed that whilst an appeal against treatment made to the Court of Session is pending clinicians can treat the adult where it is necessary to alleviate serious suffering. However, a number of respondents were naturally concerned about, and asked for, clarity around what is meant by 'serious suffering'.

6. *Guardianship*

It is not entirely clear whether or not respondents were comfortable with the proposal that there be a single medical report to support guardianship applications and concerns were expressed about the efficacy of this. However, as with the granting of powers of attorney, there was also general support for assessment of capacity to be undertaken by clinical psychologists here.

Again, whilst there seemed to be general support for Mental Health Officer (MHO) reports in relation to guardianship applications to be made more concise, and for sheriffs to be afforded the same level of discretion to late MHO reports (currently required within 30 days) as they are in the case of late medical reports, issues of expediency over the adult's rights and freedoms were expressed.

7. *Safeguarders and curators*

Most respondents were in favour of the introduction of statutorily required training for and regulation of safeguarders and curators.

8. *Authority for research*

There was general approval of the proposals to better facilitate research involving adults with incapacity. However, issues such as respecting the will and preferences of adults even where assessed as lacking capacity and weighing up equality and discrimination when including or

excluding adults with incapacity from opportunities to participate in research must be considered.

9. Deprivation of liberty

Finally, we come to the long unplugged *Bournewood/Cheshire West* gap. There was some support for the proposals, including power of attorney power to consent to a deprivation of liberty on behalf of the adult. However, it is clear that more information on how these will be presented and operate is required before a value judgement on their ECHR and CRPD compliance can be made.

The consultation also asked respondents about (a) issues and experience relating to adults with incapacity being supported in hospital, despite being deemed to be no longer in need of hospital care and treatment; (b) difficulties or challenges with using care setting for those no longer determined as requiring acute hospital care and treatment; and (c) moving patients from an NHS acute settings to a community based care settings. It is hoped that the responses to this will have alerted the Scottish Government to the fact that the deprivation of liberty issue, or finding ways around its ECHR challenges, is not confined to simply remedying hospital bed-blocking problems.

Conclusion: nuances not numbers please!

We now await the Bill with the amending legislation to be introduced into the Scottish Parliament. It will be interesting to see what the Bill actually contains and how it reflects and addresses the consultation responses, and adopts the human rights lens recommended by the Scottish Mental Health Law Review in its final report. Moreover, a certain amount of terminology remains to be clarified.

Many are acutely aware that amendment to improve the operation and rights protections of the AWIA is long overdue, and some of the proposals will definitely take us closer to this. That being said, we hope that due attention will be given to the detailed observations and comments made in the consultation responses and not simply reliance on numbers or resourcing concerns. Additionally, if the Scottish Government are serious about giving effect to not only ECHR but also rights such as those in the UN Convention on the Rights of Persons with Disabilities then, in terms of future-proofing, it would be worth its while to frame AWIA amendments at this stage with this in mind.

The extent to which the AWIA, and any amendment of it, both meets the adult's needs and respects all their human rights is certainly reinforced by legislation but, of course, it is only part of the answer. Accompanying systemic change that ensures that individual's needs are seen and assessed in the context of the entirety of that person's life and gives priority to their will and preferences in practice is also required.

Adequate resourcing is required as well, and the Summary and Analysis makes references throughout about concerns raised by respondents about resourcing of the changes intended to be brought about by the proposals. However, rather than seeking to justify limited, or no, action to achieve the objectives of the proposed AWIA amendments it is suggested that we remember that a lack of resources is not an excuse for human rights violations, that the Scottish Government has a clear not to violate international human rights and that where progressive realisation of rights is permitted there must be a clear pathway towards this. Moreover, there may be relatively low cost or resource neutral options available, including rethinking how and where services and support are provided. It might also be argued that the unremedied deficiencies in existing provision create enormous pressures on the time of

practitioners, the most valuable of resources, which is at a substantial cost to the public purse and thus the Scottish Government cannot in fact afford to not make necessary changes and improvements.

Jill Stavert

OPG new management system for powers of attorney

In March 2021 Scottish Government launched its "Digital Programme" with the vision of "a modern public sector, open to collaboration and transformation", with aims including "making it easier for people and projects to access shared, high-quality digital solutions designed around the people who use them". This was a particularly welcome initiative for the Office of the Public Guardian (OPG). Over recent years it has become increasingly evident that the demands of OPG's workload were outstripping the capabilities of existing systems, with resulting increasing pressures on staff and management, and increasing turnround times.

It is against that background that OPG's digitalisation programme received significant funding, and preparatory work began mid-2021. Active development commenced in October 2023. The work has been organised into two successive workstreams, in relation to each of the principal registration functions of OPG. Powers of attorney formed the first workstream. Guardianship orders, intervention orders and the Access to Funds scheme will together form the second workstream, with development due to commence in March 2025.

The replacement system for powers of attorney went live on Tuesday 28th January 2025, following two years of design, planning, implementation, and testing. For OPG internally, staff will at last find themselves working with an innovative, effective and fit-for-purpose system, upon which they will be receiving ongoing mandatory training, enabling them to work with greater efficiency, progressively reducing current backlogs and delays. For practitioners and other users of POA registration services, the overall longer-term experience will be of improved effectiveness and efficiency. Actual permanent changes so far as applicants are concerned will be minimal. The main transitional work was done on 24th – 27th January, when the old case management system was unavailable, ahead of the new system coming into effect on 28th January. Beyond that, some system enhancements will be delivered through to the end of March 2025, after which further improving efficiencies will be effected, and any temporary workarounds in use during the transition period will be removed.

The permanent changes are these. Upon submission of a registration application, a written acknowledgement will be issued by OPG allocating a reference number which will apply whether the POA is accepted for registration or rejected. In the case of rejected applications, that reference will be maintained for six months. Any re-submitted application after that will receive a fresh reference. The individual reference will consist simply of a number. The number will be preceded by "PG" and followed, in the case of powers of attorney, with "POA". It is understood that a similar pattern will be followed during the second workstream: "PG" followed by a number, followed by letters indicating the type of measure.

The short-term transitional arrangements involve a "workaround", mainly of internal operational concern. However, applicants who have submitted a power of attorney using OPG's electronic power of attorney registration facility (EPOAR), which does not meet registration criteria, will receive both an initial email, individually drafted by staff, then after an interval

a second email. The first email will set out the reasons for rejection, and will explain what to do next. The second email will be automatically generated and will (again) advise that the application has been rejected. Work to stop issue of that second email could only commence once the new system was in operation. It is anticipated that the adjustments needed to stop automatic issue of the second email will be completed by the end of March.

The Public Guardian and her staff, following efforts to maintain a service during Covid, are to be congratulated for bringing their modernisation programme this far; to be followed by the ensuing workstream "throughout 2025 and 2026". Fiona Brown, Public Guardian, has continued the policy of her predecessor of always being willing to provide clarification and assistance towards drafting of relevant items for the Report, and we are particularly grateful that she has done so for the purposes of this item despite the enhancement of her personal workload around the introduction of the new system.

Adrian D Ward

Mental health moratorium: worrying inadequacies in understanding and drafting

Concerns are raised by the history and terms of the Bankruptcy and Diligence (Scotland) Act 2024 ("the 2024 Act") for a moratorium on debt recovery action against "debtors who have a mental illness", and the proposed Debt Recovery (Mental Health Moratorium) (Scotland) Regulations 2025 ("the proposed Regulations") recently introduced to implement those provisions. The concerns relate to an apparent lack of understanding of even the basics of existing adults with incapacity and mental health legislation, and how they require to be applied in a manner that is compliant with human rights obligations. One can only hope that such deficiencies will not be apparent when the proposed Adults with Incapacity (Scotland) (Amendment) Bill is introduced, and that – whatever might be views about what is contained in the Bill and what is omitted – it will at least be competently drafted.

The purpose of relevant provisions of, and envisaged by, the 2024 Act is laudable. It is to provide a moratorium on enforcement action against debtors in defined circumstances.

The relevant provisions in the 2024 Act are brief. Section 1(1) provides that: "The Scottish Ministers must by Regulations make provision establishing a moratorium on debt recovery action by creditors against individuals who have a mental illness". Sections 1(2) and (3) list the topics that may be addressed in the proposed Regulations. Section 1(4) provides that the proposed Regulations shall be subject to the affirmative procedure. Section 2 contains details of that procedure for this purpose. Section 3 provides for review by Scottish Ministers of the operation of the provisions. The remainder of the 2024 Act is, in general terms, concerned with amendment and updating of the Bankruptcy (Scotland) Act 2016.

There are immediate concerns on discrimination and general human rights grounds, and on the practicalities, raised by the limitation in the 2024 Act to "individuals who have a mental illness". It is not clear that there was any evidence base for that limitation. It is not clear why the moratorium should be available only to people with a mental illness, and not to other people with disabilities who might be equally in need of, and able to benefit from, the proposed moratorium. No case appears to have been made out why it is appropriate to insist that the pressures upon an individual should become intolerable to the point when a diagnosable mental illness develops, rather than that preventative use of the moratorium should be available earlier.

The proposed Regulations would provide that the moratorium should be available if a debtor's circumstances meet both proposed "debt criteria" and proposed "mental health criteria". Those criteria are set out in Regulation 4(2). An individual meets those criteria if a "mental health professional" has confirmed that the individual is subject to a specified range of compulsory measures under the Mental Health (Care and Treatment) (Scotland) Act 2003, or is "voluntarily or otherwise receiving an equivalent crisis, emergency or acute care or treatment in hospital or in the community from a specialist mental health service in relation to a mental illness of a serious nature". "Mental health professional" is defined as meaning a mental health officer, a responsible medical officer, a community mental health nurse, or a mental health professional of equivalent standing and professional qualification. While this limitation might be appropriate for a patient receiving voluntary treatment, it is unclear why the time of a mental health professional should be subject to the demand to certify a matter of public record – even if one can be found who is able and willing to do so.

It is surprising that neither the proposed Regulations, nor the consultation document accompanying them, mention the Adults with Incapacity (Scotland) Act 2000 ("the 2000 Act"), the Adult Support and Protection (Scotland) Act 2007 ("the 2007 Act"), the European Convention on Human Rights ("ECHR"), or the UN Convention on the Rights of Persons with Disabilities ("CRPD").

There is a flaw in the provisions of the criterion relating to voluntary patients. An individual who is in debt suffers a significant mental health crisis. The crisis may well be triggered, or partly triggered, by enforcement action, or the threat or prospect of it. If the moratorium is to be of any use, it needs to be put in place very rapidly. Simultaneously, the individual may be referred to a "specialist mental health service". In anything other than a quite extreme mental health crisis, the individual will be unlikely to have been moved up the queue for referral to a "mental health professional" practising in a "specialist mental health service" quickly enough for a moratorium to achieve the desired result. Moreover, the term "specialist mental health service" seems intended to exclude mental health services generally, and to be limited to those that are "specialist", though it is unhelpful that the term is not defined, particularly if its use in the Regulations is intended to be wider than ordinary language would indicate. By way of example, the individual may have gone to see (or have been persuaded to go and see) a general practitioner, or may have been picked up by the police and be seen by a duty "police surgeon". This may have resulted in an immediate referral to mental health services, but the urgent need for the moratorium may arise before the individual has actually come under the care of a specialist mental health service. It would seem that, as well as tidying up the language around these provisions, Regulation 4(2)(b) should be extended beyond "receiving" care from a specialist mental health service to having been referred to a specialist mental health service. To be robust, the Regulations would probably require to answer the question: "Referred by whom?", and the answer would need to reflect practical realities.

Regulation 5 proposes that an application for a mental health moratorium may be submitted by a money adviser where:

(a) that individual or, where appropriate, their legal representative has consented to the application being made, and

(b) a mental health professional has confirmed to the money adviser in writing that the

individual meets the mental health criteria and the debt criteria.

The proposed definition of "legal representative" is startling. It is given in proposed Regulation 2. It reads:

> *"'Legal representative' means any guardian or power of attorney of the individual appointed or entitled to act for an adult during an adult's incapacity, if the legal representation is recognised by the law of Scotland."*

Giving that role to "any guardian" would be contrary to the 2000 Act in that no guardian would be entitled to act as such except within the powers that have been conferred upon the guardian. Section 64(3) provides that a guardian can act as a person's legal representative "in relation to any matter within the scope of the power conferred by the guardianship order". The definition in Regulation 2 is plainly incompetent when it provides that: "'legal representative' means any … power of attorney". A power of attorney is a document, not a person, and cannot do anything in the role of attorney. Appointees under an intervention order are not mentioned at all. The lack of any effective inclusion of attorneys, and of any mention at all of appointees under intervention orders, points to likely challenge on grounds of discrimination, the comparator being a guardian with relevant powers. Suitable wording for the definition would be: "Any appointee holding relevant powers under a guardianship order, intervention order or power of attorney". Also, the words after the comma in the definition are incomplete: it is not clear why that provision should not follow the method used in section 1(7) of the 2000 Act, and elsewhere in the 2000 Act.

Poor drafting also creates uncertainty, and the risk of avoidable dispute, by the wording of Regulation 5(2)(f)(i), which requires the consent to the application for a moratorium that should be contained in a signed statement from "the individual or, where appropriate, their legal representative confirming that they understand the effect of a mental health moratorium and consent to the application." Does the word "they" mean the individual, or the legal representative, or both? The legal representative, if properly defined, would not be able to act unless the individual was incapable of acting in the matter. It seems that there need to be two separate provisions here. Firstly, the individual applies on the basis that the individual can competently do so. In that case, is it considered adequate for an individual to self-assess the individual's competence to make the application, including the individual's understanding? It would be contrary to human rights requirements to presume incapacity because of diagnosis of a mental disorder, but it is doubtful whether it would be appropriate to assume capacity in the particular circumstances in which an application for a moratorium should be made. If the legal representative makes the application, then there would need to be at least an assertion, and possibly evidence, that the individual cannot competently do that. Would it really be necessary for the legal representative to demonstrate the representative's understanding, or would that be an unreasonable and potentially unlawful hurdle?

As regards cessation of a moratorium, the present wording of the proposed Regulations could be interpreted to result in a situation that the moratorium could cease upon the current specialist mental health treatment ending, in a situation where it would be predictable that the consequences of ending the moratorium would trigger another mental health crisis, with the individual caught in a "revolving door" of successive moratoriums. Additionally, in this context there appears to be a drafting error in Regulation 15(1) in that the mental health criteria

are defined as alternatives, so it would appear that the wording should be that none of the mental health criteria continues to be met.

Adrian D Ward

"Medical condition" and "mental condition"

The term "mental condition" would appear to be limited to a condition that is a "medical condition", in the decision of Lady Poole sitting in the Upper Tribunal in Social Security Scotland v BM, 2024UT58; Ref. UTS/AS/24/0058, also reported at 2024 SLT (Tr) 157. That point does not appear to have been relevant to the outcome, but raises questions as to whether there is a potential for limitation of "mental conditions" to those that are "medical conditions", with possible incorrect interpretations wherever the terms "mental condition", "mental impairment", or similar are interpreted or applied.

Social Security Scotland determined that BM was not entitled to Adult Disability Payment ("ADP"). They held that inter alia BM scored insufficient points for the daily living component of ADP. BM appealed to the First-tier Tribunal, which held that he did score sufficient points for the daily living component. The element that took him above the threshold was the descriptor for ability to make budgeting decisions unaided. Social Security Scotland appealed successfully to the Upper Tribunal on grounds including that point.

The descriptor in relation to budgeting activities is descriptor b in daily living activity 10 in the Disability Assistance for Working Age People (Scotland) Regulations 2022 (SSI 2022/54) ("the ADP Regulations"). Lady Poole held (correctly, it is suggested) that although the descriptors in the ADP Regulations do not explicitly refer to "a physical or mental impairment" or similar, the limitations described in the descriptors must nevertheless be shown to be a consequence of "a physical or mental impairment". Regulations 5 and 6 of the ADP Regulations specify that entitlement only arises if:

> *"the individual's ability to carry out daily living [or mobility] activities is limited [or severely limited] by the individual's physical or mental condition or conditions."*

Section 31 of the Social Security (Scotland) Act 2018 empowers Scottish Ministers to give disability assistance where:

> *"an individual's eligibility in respect of a given period depends on the individual having, during that period, (a) a physical or mental impairment …" (Chapter 1 paragraph 1(1) of schedule 5 to the 2018 Act)*

However, Lady Poole said that:

> *"The ADP Regulations made under the 2018 Act give effect to this provision by restricting eligibility to cases where inability to carry out specified daily living activities results from medical conditions."*

Inadvertently, no doubt, she took us into the disputed territory of whether, for example, autism or a learning disability are "medical conditions". Documents such as Scottish Government's Consultation of 21st December 2023 on the proposed "Learning Disabilities, Autism and Neurodivergence Bill" narrate the strong views in many quarters that such conditions are not "medical" conditions. There appeared to be a consensus that, at the very least, the assessment or diagnosis of any such condition should be "professional" rather than "medical". More broadly, the general debate is likely to continue, but at the level of individual cases there remains a risk of relevant categories, for any particular purposes, being interpreted as

excluding people whose condition or impairments are not strictly "medical". That could, for example, result in relation to any definition drawn from the definition of persons with disabilities in the UN Convention on the Rights of Persons with Disabilities ("physical, mental, intellectual or sensory impairments", or any one or more of those elements).

Adrian D Ward

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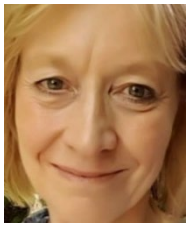

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Conferences

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

Alex also does 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.

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 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 Report in the future please contact: marketing@39essex.com.

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