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Neutral Citation No[2021] EWCOP 48

CASE NUMBER: 1376669T

**IN THE COURT OF PROTECTION  
IN THE MATTER OF THE MENTAL CAPACITY ACT 2005  
AND IN THE MATTER OF:P  
B E T W E E N:**

**A LOCAL AUTHORITY**

**Applicant**

**-and-**

**P**

**(by his litigation friend, SB)**

**First Respondent**

**-and-**

**A CLINICAL COMMISSIONING GROUP**

**Second Respondent**

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**JUDGMENT ON CAPACITY**

**Oral decision 3<sup>rd</sup> June**

**Handed down in writing 10<sup>th</sup> June 2021**

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## **HER HONOUR JUDGE WILLISCROFT :**

### **1. The representation**

2. The council was represented by Arianna Kelly, the commissioning group by Conrad Hallin and P by Francesca Gardner. Each of them provided detailed position statements before the beginning of the hearing drawing my attention to relevant legal cases and particularly important points in the evidence.

### **3. The proceedings**

4. An application was made to the Court of Protection October in 2020. Although the court process is described with the council as applicant that original application was made on behalf of P by his litigation friend, a SB who is his paid Relevant Person's Representative who instructed lawyers to issue proceedings to challenge a standard authorisation imposed upon him and the restrictions that he then faced
5. The first hearing of this application took place in December of last year before His Honour Judge Afzal CBE. That hearing took place in private given that there were then thought to be ongoing police investigations that ought not to be made public.
6. The obtaining of evidence including an independent expert has taken some time and in due course it was agreed that the A Clinical Commissioning Group should be joined as the second respondent to the proceedings
7. The court had approved the instruction of a Dr Natalie Brotherton, a clinical psychologist, to report to the court about P's capacity in a variety of different domains. She's had to be given an extension to file a report on two separate occasions and as she reported in her oral evidence had some difficulty in obtaining the engagement of P in her assessment.
8. Because part of the assessment that the court is concerned with about capacity is the issue about P's capacity to engage in sexual relationships, the case was transferred to me to be dealt with as a Tier 3 judge in the Court of Protection.

### **9. P and his history**

10. P is a complex young man of 24 years of age. There is in the court papers before me a long and detailed history about him and the various enquiries

made into his functioning over the years prepared by one of the two social workers who clearly know P very well.

11. What they tell me is that as a young person his family life was difficult. He is known to have been sexually abused by a male cousin on a number of occasions. There were also observed concerns about him engaging in sexually inappropriate behaviour with younger people than him. He began getting into difficulties at school.
12. His experiences at home began to involve supervision and difficulties and he has a criminal conviction for assaulting his younger brother. It is unsurprising that by the age of 16 he was first accommodated. He remained in this residential home once he became an adult and at this point decisions made that he lacked capacity to make decisions about where he lived and safeguards under the Deprivation of Liberty safeguards scheme were imposed to keep him and others safe.
13. In the course of this very detailed history I have read about in the filed papers it is obvious that a number of professional assessments of his functioning and health have been completed. He's been noted to have a learning disability which was once thought severe, later moderate and noted to have autistic traits and mood disorder. He has received medication for many years to manage his mood.
14. He began pursuing sexual relationships with others through the Internet and on occasion absconding in order to make arrangements to meet with other people for sex.
15. He has had limited engagement in the world of work and difficulties in getting to college because of the risk he poses to others. For a period of time it appeared that he was able to enjoy community and group activities.
16. His use of alcohol had become a feature of his life as an adult and the development of obsessive traits, which included in relation to mature males he made contact with. Now it seems he likes to try different drugs and on one occasion is known to have injected some.
17. Capacity assessments in relation to him have been undertaken over periods of time.

18. Concerns about him have included worries about his weight and that he doesn't eat or sleep if he becomes obsessed by someone. There was a period for example in 2017 when he was accessing the Internet regularly and became obsessed on dating websites when he would not eat and became very anxious. His medication was increased as a result.
19. He has identified since 2017 predominantly as gay but also at times suggested he might wish to marry a woman. His first assessment about capacity to consent to sexual activities was undertaken by Dr Thacker in 2017 and she suggested work be done to enhance his capacity through education about healthy relationships and safety. He began using an Internet dating app with support and supervision in 2018. From that time to date he has stayed out, without consent or permission to have sex with others and on many occasions taken drugs as well.
20. Around this time in 2018 there were concerns about his sexual contacts with other residents in the place where he lived and about his behaviour in the community on occasion. The place where he lived therefore gave notice about him concerned among other things about the level of his absconding which placed a burden on their resources and considering a different type of service was needed.
21. He was able to move to another service where he was able to have community access taking a mobile phone and the start of this was successful. This was a time when he worked as a volunteer at a shop for a period of time, getting up early and showering before he went, something which when I met him he told me he had very much enjoyed. However this role was lost because of his behaviour and the discussions that he had with others there. He began a relationship at this time which lasted for some months. At this point it was hoped that he would be able to move to supported living in the long-term and a plan for support and education existed.
22. However concerns grew about him and his disappearing without knowing where he was. At this time it appeared that he was provided with drugs and alcohol, gifts and presents and one of the people he was spending time with was introducing further men for the purpose of sex with him who is considered by the police to be a person of concern. At times he would be missing for days at a time.

23. In 2019 he revealed that he had had sex with random men and though he wanted them to wear condoms he'd had no choice about it because he feared they might beat him up. Soon after this he revealed that a number of people had had sex with him against his will by making him take drugs. Inevitably restrictions on where he lived were increased which he did not respond to well. He was encouraged to use methods to keep himself safe. He moved into the current place where he lives in September 2019.
24. At the start he was aiming to be able to have unescorted leave, find a job and get his own accommodation but he very quickly disappeared and it became apparent he had not told staff the truth about where he was going and it became apparent that he had returned to his former area and met a group of men understood to be involved in sexual exploitation.
25. His continued absconding, with concerns about taxis collecting him and it became apparent he was using a variety of serious drugs and it appeared being exploited. He was guarded and unwilling to discuss what had taken place to care workers. On a significant number of times the police have been involved to return him to his home and staff have also had to go out and fetch him when he has been uncomfortable but unable to make arrangements to return himself.
26. He has worked on sex education and about drugs knowledge and awareness but it appears that his drug use and the type of drugs he is taking have increased.
27. The concerns led to him having 2 to 1 support 24 hours a day. I am aware a decision was made, based on experience, that physical restraint was harmful to his mental health and it is not being used to prevent him absconding apart from one occasion which reinforced that this decision had been the right one. The premises are not locked but he is also despite quite a high wall able to escape too quickly to be followed.
28. Social workers have tried to assess his capacity to make decisions on multiple visits. On many occasions he has not wanted to engage in this, on some been under the influence of drugs and on others is not there. He's always found it difficult to talk about events in his past and chosen not to do so. This kind of experience has been replicated by Dr Brotherton's visits to him.

29. His current circumstances are that he shares a flat with two of the residents. It is clear he has a good relationship with the staff but is unhappy about the restrictions imposed upon him. He expressed to me that he would want to live in his own flat and suggested he would be able to manage his life. The reality is that right now though staff encourage him to take responsibility for some of the tasks of day-to-day living, in reality he takes part in very little. So far as I can understand it while he says he does wash his clothes almost all the tasks he does are as a result of encouragement and he cannot be relied upon to keep himself clean from one week to another, cook meals on a regular basis and often not eat regularly.

30. It's unsurprising that staff and those responsible for him are very anxious about his well-being. He is disappearing regularly and often appears to be with older men who exploit him. It is also clear that he likes to engage in sexual relationships with people he does not know, with them contacting him via Apps on his phone. As assessments have said this is not wholly unusual behaviour.

31. It is also noted that he has over the past few years acquired the skills for those assessing him to be able to confidently say that he has the capacity to engage in sexual relations.

32. Given that I will come on to discuss concerns about his contact with other people, which are relations and sometimes sexual it may seem rather odd for me to look at this as a separate domain of capacity but it is in practical terms a capacity that he does have.

33. As part of this court process I was also asked to consider whether he had the capacity to engage in social media and Internet activity. There are obvious concerns that this can make him highly anxious and of course is the source of the contact he receives from others that lead him going out to engage in sexual relationships which social services believe are often risky. It has not been possible to complete a proper capacity assessment about this and as the law is that capacity is assumed unless there is evidence to prove otherwise on the balance of probability it does not exist I am unable to make a decision about this.

#### **34. The law**

35. I should explain the legal framework under which I'm working, under the Mental Capacity Act of 2005.

"S.1 (2) A person must be assumed to have capacity unless it is established that he lacks capacity.

(3) A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

(4) A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

(5) An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

(6) Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

S.2 People who lack capacity.

(1) For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

(2) It does not matter whether the impairment or disturbance is permanent or temporary.

(3) A lack of capacity cannot be established merely by reference to:-

(a) a person's age or appearance, or

(b) a condition of his, or an aspect of his behaviour, which might lead others to make unjustified assumptions about his capacity.

(4) In proceedings under this Act or any other enactment, any question whether a person lacks capacity within the meaning of this Act must be decided on the balance of probabilities ...

S.3 Inability to make decisions.

(1) For the purpose of section 2, a person is unable to make a decision for himself if he is unable:-

(a) to understand the information relevant to the decision,

(b) to retain that information,

(c) to use or weigh that information as part of the process of making the decision....

(2) A person is not to be regarded as unable to understand the information relevant to a decision if he is able to understand an explanation of it given to him in a way that is appropriate to his circumstances (using simple language, visual aids or any other means).

(3) The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent him from being regarded as able to make the decision.

(4) The information relevant to a decision includes information about the reasonably foreseeable consequences of:-

(a) deciding one way or another, or

(b) failing to make the decision."

36. If there was a factual dispute it must be resolved using the civil standard of proof namely the balance of probabilities.

### **37. The evidence**

38. I was able to hear and read some very detailed evidence from the key social worker Laura Smith. She was an impressive and careful witness who I'm sure reported accurately both all of her knowledge about P, the discussions that she has had with him and the concerns that she has in relation to his ability to make decisions about where he lives, the care he receives and the risk of exploitation by others, and risk of serious harm. I was impressed by the care and thought given to try and ensure P has the most autonomy possible in his life. She said in her written evidence "it is unclear whether the high risk taking behaviour and apparent disregard to safety is due to lack of capacity due to P's learning disability or due to his psychological make up and history of trauma and sexual abuse. It is also unclear whether P's perceived impulsivity is excessive or if it is acceptable levels for someone of his age and life experience." She pointed out she could not be clear whether it was a choice he made not to follow safety protocols or not and also noted he has accepted on occasion not telling the truth as he felt it was not others people's business and felt decisions about capacity were borderline given the complex picture.

39. She agreed with me too that there remain risks to other people from his own behaviour and reported a recent incident of concern where the police had reported to them that another man had complained that he hadn't wanted the sexual practice which P had suggested to him and it was felt this man could be more vulnerable. There is of course in the history a record of incidents of concern in relation to younger people and that risk remains.

40. I was also able to hear from Dr Brotherton. She is a clinical psychologist of considerable experience not just as an expert for the court but in clinical practice. The proceedings were delayed because she made so many efforts to meet with and assess P. Her original report was due by 15 January, but P did not engage with her, absconded at the second meeting and there were then difficulties in meeting with him and engaging with him.



41. She was an impressive and careful witness. She has written two reports in the bundle the first in March and the second on 12 May. She'd also considered the detailed written statements a social worker provided and a note of the meeting that I had with P in court the day before. She concluded in her written evidence that P met the first stage of the two stage capacity test due to his historical diagnoses of intellectual disability and Autistic Spectrum Disorder both of which qualify as an impairment/disturbance in the functioning of the person's mind/ brain, namely presenting significant deficits in his cognitive functioning. And that would suggest deficits in regard to social communication, social understanding and social interactions
42. She considered that he did lack capacity in almost all of the domains save for ability to conduct sexual relations and Internet and social media activity which she been unable to assess. This was as a result of his mild learning disability and the autism that affects his functioning. She described his learning disability as being something that means he has significant limitations with his cognitive functioning. That would mean those difficulties were present before adulthood. The assessments so far she said were not nuanced and there was no breakdown of the assessment which she would normally expect to see and have to work upon herself.
43. She noted that he didn't appear to have notable memory problems and for herself she found it difficult to be clear about how his learning disability affects him but noted his history has shown that he has had difficulties with school and with relationships throughout all his life.
44. In meetings with him she noted very limited or non-existent eye contact and gestures which led her to consider the diagnosis of autism was correct but in fact there is no autism assessment currently available of him. The spectrum in autism is enormous but it includes for all difficulties and emotional understanding and difficulties and the ability to interpret social messaging. There were obvious pointers to her that those difficulties exist in P.
45. Again she referred to a purported diagnosis of mood disorder. This was a very general expression she felt and in the paperwork she noted that self-harm he has engaged in before would be in line with the mood disorder but she felt it would be very helpful to have full assessment of his circumstances and noted that he is not well understood.
46. She was questioned in some detail on the connection between the diagnoses reached and the impact on his functioning. She was clear that his diagnoses

cause his lack of capacity. She had looked at the evidence documents and the history to come to this conclusion

47. In discussion with her his understanding and ability to engage was very poor and she felt this was related to his learning disability. It was obvious that he did need support in his daily life she told the court. He did not have the ability to weigh up day-to-day decisions about caring for himself for example what he should eat.
48. She considered the assessments of his capacity to engage in sexual relations. This included a lot of information about concrete matters. She considered he was able to understand these matters better because of his autism.
49. That did affect his contact with other people. Someone with autism would have understanding and managing social consequences of events. He had very poor eye contact and would not be able to get information from this. He could not use gestures in an integrated way or interpret them. He was not able to adapt his behaviour to the social context it needed. He was immature in her meetings with him, he pretended to be asleep and was not able to adapt his behaviour to this important meeting with her. She had a sense that he could not imagine the social consequences of decisions and an example was when he had insisted that he wanted to go fishing but when it was actually offered he was overwhelmed and didn't want to do it.
50. This was an area of complexity which she felt needed thorough testing. In terms of the risks that he faced she felt his autism was probably the primary driver.
51. She noted he used sarcasm but was not sure he understood it. She noted he used language parrot fashion and repeats phrases which he thought were cool but she was not sure he understood them either. Her experience clinically led her to conclude his use of language in his discussions with her was quite superficial. She told the court that his language was not always congruent with his emotions and in her discussions with him, for example he would laugh when talking about something serious. People with autism often struggle with imagination which is an aspect of forward planning she explained. While he is able to talk about relationships with the social workers he is not able to pick up the subtlety of social interactions.
52. Her evidence was that the risk of exploitation was because he didn't understand non-verbal cues and more subtle social behaviour, he would only

hear the language. He could respond she said to concrete observations, for example somebody was nice because they'd given him drugs, which he enjoyed.

53. Often somebody with autism would be anxious in social situations and she felt he would struggle. This was a combination of the learning disability and his autism.
54. She felt the fluctuating nature of his presentation was accounted for by the trauma he has experienced in the past. This was explained as a mood disorder label and played out she said in impulsivity, lack of understanding with others and difficulty in emotionally regulating himself. These three issues were not separate boxes but linked and transactional in nature. Each could exacerbate the other.
55. She felt the trauma he had experienced was a large part of the picture of his presentation. This would take a very long process of therapy to deal with or alternative positive behaviour approach. She felt this is very ingrained in his behaviour and he has shown he doesn't want to talk about vulnerable issues
56. However she was clear that his capacity didn't fluctuate.
57. She did accept that some of his behaviour would be typical of a 24-year-old. He is a man with testosterone who wants to have sex regularly. But she gave an example of him not charging his phone to ensure he was safe when he left the house. This was a good example of him being unable to plan which a 24-year-old would be able to do without any difficulty, and indeed arrange to get home. He relies on the police or staff from the home to do this and this is happening on a very regular basis.
58. She did not think he would gain capacity about contact at this point but felt the programs available for those with autism teaching concrete skills would be helpful and she felt once an in-depth assessment was completed the difficulties might be clearer. She noted too that currently he is emotionally immature and inevitably some maturity should be taken into account.
59. She felt there was an attentional difficulty. She noted that he was able to understand risk to others but not to himself which was unusual. She had wondered if there was a possibility of ADHD being relevant.

60. His difficulties were such she explained that if he was asked to do a task which involved two separate concrete activities such as buying something from one shop or something from another and there was a problem with one of them she thought he was unlikely to be to manage that.

61. She felt the amalgamation of behaviour relationships and the trauma of his earlier life impacts how his autism is manifest. She said she would frame the diagnosis of mood disorder as a trauma response and noted autism can in itself be traumatic. Its particular relevance is that when in very risky situations he cannot weigh up risk.

62. She accepted many people will make unwise decisions, for example about drug taking or who they spend time with. His difficulty in understanding social situations, combined with wanting to show his independence and inability to see or understand the reasonably foreseeable consequences of behaviour mean his disabilities lead to risks that other people without them would not face. She concluded on the balance of probabilities his lack of capacity and understanding was because of his diagnosis.

63. After hearing her evidence all parties agreed the clear picture that P lacks capacity in relation to this case, his care, his residence and his contact with others .

#### **64. Analysis**

65. I am able to accept evidence of the incomplete assessments as while P did not want to engage the evidence including the social workers accounts and the explanation Dr Brotherton provided have given the court a full picture. I accept the diagnoses provided cause lack of capacity about key areas of decision making. They do not affect my decision about capacity to make a decision about sexual relations, most recently set out in *A local authority v JB* [2020] EWCA 735 in which the Court of Appeal confirmed 5 areas of understanding which a person needs to engage in sexual activity. It is obvious here that over recent years P has benefited from some learning about this area and a range of assessments taken over time confirm that he can understand and use and weigh information about these issues.

66. Decisions about contact are wide ranging. P sees family and friends and has had friends and a relationship which did not cause his carers concern. Cobb J specified in *Re B* [2019] EWCOP 3 the relevant information someone

needs to have, in brief; who they are and the nature of the relationship, the kinds of contact that might take place, the positive and negative aspects of having contact with each person, the impact of a decision of whether to have contact or not and in this case particular decisions by P to meet people in the community in order to engage in sex or drug use.

67. I accept the social work evidence that P has an unrealistic view of how he can manage difficult situations, describing himself as invincible which he plainly is not. He does not appear to understand why others are worried about him and therefore cannot understand the risks he faces, and I consider this is not by an obstinate choice but by a lack of understanding and ability to weigh things he needs to consider. He is not able to put into action even fairly minimal basics that would keep him safe. I am aware on occasion the police have to search and trace him. He is able to describe what dreadful things might happen, but unable to relate them to himself so cannot weigh those risks in the balance.
68. P is unable in my assessment to make decisions about such contacts as he is often in a state it seems to me led by compulsion or obsessive behaviour, by the complex combination of age, sexual drive and diagnoses, driven too by trauma, when he is driven to meet people for sex. Their motivation and engagement with him he cannot understand or process and their communications he cannot interpret so that not just on a rare occasion but very regularly he is so uncomfortable that he calls police or carers to get him home. Then it can appear in discussion later that in fact he has been exploited, pressured and drugged for the advantage solely of other people's pleasure and he is unable to understand that to such an extent that he continues some relationships even when people have behaved in this way to him as it is apparent his understanding of social interactions is so limited.
69. Social workers have obviously considered with care whether wanting and engaging in risky multiple sexual relationships might be at least not uncommon for a young gay man like P and they have wanted to enable him to have as much autonomy as possible. It is I accept rather odd that he can understand the basics of sex but not have the capacity to engage in a relationship that is based almost exclusively on the need for sexual activity but this is as a result of looking at domains of understanding separately and part of ensuring autonomy is only restricted where an analysis of lack of capacity is clear.

70. I am clear from the evidence P lacks capacity about residence and care. It is obvious he could not look after himself as he states he would want to do and without constant support and encouragement evidence suggests at times he would not eat. He is not able to identify the key areas he needs to consider (Cobb J in *Re B* [2019] EWCOP 3) namely the areas he needs support with, the sort of support he needs, who might provide it, what would happen if he wasn't offered it or refused it and that carers should treat him properly. What he has said to others, and to me, about what help he needs does not reflect practically what constant encouragement he needs to keep himself clean and fed and also in a clean home like environment. While he knows who provides this to him, and I was glad to see he has a good relationship with them, he does not consider he needs this support and suggests he would manage fine. He would not, and I consider his lack of understanding of his own abilities, the care he actually receives and the benefits of it clearly demonstrate he has no capacity in this area.

71. It is clear that at one time a road map of a move of P onwards to more independent living was being properly promoted but the range of concerns since have demonstrated the difficulty in doing so. Social care and health will now continue to consider how best to meet his needs. I have been impressed by the care and thought that has been shown by all involved in his care to date.

72. Lastly I have prepared a letter to P to explain my decision to him which I attach.

HHJ Williscroft

Dear P

Thank you for coming to meet me last week. You know there was a court hearing to discuss your capacity to make decisions about a number of different things last week, in other words whether you can make your own mind up about them or instead do not currently have the ability to do that. I will explain why I came to consider about some areas of your life you cannot right now make decisions for yourself, and in others you can.

I heard some evidence from your social worker Laura Smith and also read about what social worker Robert Townsend has written. Dr Brotherton too gave evidence to me. She was asked by the court to consider if you had any conditions that might prevent you being able to make decisions for yourself. She told me you did not really want to talk to her much and I know you have had so many "assessments" by people in your life it must be hard to meet another new person and talk to them.

You were able to tell me while you liked where you live you wanted to live in your own flat and to be able to come and go as you please. You said you found managing money hard but you could manage some day to day things like washing your clothes but didn't often cook or do the cleaning.

I am a Judge of the Court of Protection. I was asked to decide if you could make decisions about where you live and what care you receive as well as your contact with other people. I can only make any decisions about you if you cannot make them yourself. Everyone has a duty to help you understand what is involved in decisions and increase your ability to make them yourself if you cannot do this now. I know for example that a few years ago you were not able to be so clear about what decisions about having sex involved and now you are. Everyone felt confident you could make a decision about sex in itself; but sex doesn't happen in itself, it involves forming relationships through contact with other people so I was asked if you could make those decisions about who you spend time with or not.

Everyone is able to make decisions for themselves unless there is proper evidence they cannot. There is no evidence you cannot make decisions about access to the internet and social media now so you can continue to make your own decisions about this.

Dr Brotherton looked through your medical records, spoke to and listened to your social worker and also to you to enable her to decide if any conditions meant the first part of the legal test I have to consider is met. What she told the court was that while you have had a number of assessments she didn't think they were as clear and accurate as she would like right now. She agreed that you have a learning disability, meaning it is harder for you than other people your age to understand things, but she thought it was mild now. She also agreed that you have an Autism spectrum disorder which is about how your mind processes the world in a different way, but also that traumatic and painful experiences in your past influence both those ways you function and I know you told me that you took some medicine to help your mood- but would forget to take it with you when you went missing.

To decide about your ability to make decisions the court has to consider whether you can understand and use or balance information to make a decision and I have to consider this for each area. This means you have the understanding to consider the good and the bad things about a decision and remember enough about them to make a decision. People are allowed to make any decisions, even bad ones, if they can do that.

Everyone agreed you did not have the understanding to take part in the court case which has been begun on your behalf as you wanted more freedom. Court business is very complicated, and I am sure that is right.

You currently have care provided that makes sure you have a clean room, meals to eat, a reminder about your medicine and reminders about washing yourself, and your clothes. You get help with shopping and managing your money. You are accompanied by people all the time too as sometimes you choose to leave and everyone is worried about you then. I am sure this feels restrictive but anyhow you do keep leaving and when this happens are often missing for a time so that no one knows where you are or who you are with.

This support is also intended to keep you busy and occupied. You told me you had enjoyed a job you had had and I know in the past you have hoped to get training.

I decided that social workers were right and you can't currently make decisions about where you live and the care you need. Though you say you can manage for yourself I do not think you would eat enough or be able to manage keeping a room and yourself tidy enough. Even when you go missing you are not now able to get yourself home asking either police or care workers to collect you.

I had to consider most carefully your ability to have relationships with other people or contact with them. I can see that you misunderstand how people behave to you and their intentions and sometimes this has resulted in you being in a scary situation, being hurt and not in charge. That is due to the conditions that affect you. It is possible that with growing older and help you will be able to understand people more and this may help you be able to make decisions about who to spend time with. You are not able to take advice right now from people who want to help you about who is a bad man to be with and people are able to take advantage of you sometimes. Even though you say you can get out of difficult situations the evidence is that sometimes that is not true right now. The care staff have tried to work with you to find ways to make you safer but you have not been willing to follow that advice. I consider that is because you lack the understanding to see that advice is needed and important to keep you safe.

Sex is a part of contact with other people but in law considered separately. Everyone was prepared to agree you could understand what decisions you and the person you have sex with have to take.

However the decision about who is a person who you can trust enough to have sex with is a decision about contact and the evidence shows me that this is something you do not have understanding about. I agree people can choose to have sex with lots of people, and included in this is people they do not know at all but I have concluded you don't have the understanding to make decisions about contact with people because you have spent time with people who have abused you and later it is clear have not understood they have done that to you. You have chosen to get in touch with people again after telling they were not good to you. You have also become obsessed at different times by people and when you do that cannot reach a reasoned opinion about that person or listen to any information about them at all. That behaviour could cause you to get into trouble. I also have to remember that there have been times in the past when you have acted to younger people in a way that was improper and that reflected a lack of understanding on your part and again is something that could get you into trouble.

These are the reasons that I have decided that the court of protection is able to make decisions for you in the following areas

- Where you live
- What care you receive
- Who you have contact with

I must do this based on what is best for you and always take into account your own wishes about this.

This does mean some more hearings will be taking place to look at making good and safe decisions for you.



I know you have a representative and a lawyer who I am sure will explain this to you if needed.

Best wishes

Her Honour Judge Sue Williscroft