

Criminal Justice (Special Verdicts) (Guernsey) Law, 1961 and The Human Rights (Bailiwick of Guernsey) Law, 2000, fitness to plead, procedure for determination, consequences of finding of unfit to plead, order for detention at His Majesty's Pleasure, power of the Ordinary Court to make "no order", disposal on the facts of this case – to be read with the judgment of the Full Court of even date.

[2025]GRC045

Section 45 of The Criminal Justice Sex Offenders and Miscellaneous Provisions (Bailiwick of Guernsey) Law, 2013 applies to this case so there must be no publication of any matter including (but not limited to) the name, address of work or school or any photograph likely to lead to the identification of either of the Complainants in this matter in their respective lifetimes. Any publication in any medium whether that is in writing or by broadcast or by means of the internet including social media is an offence.

**IN THE ROYAL COURT OF GUERNSEY
(CRIMINAL DIVISION)**

ORDINARY COURT

Between:

THE LAW OFFICERS OF THE CROWN

- v -

WILLIAM KING

Disposal Hearing (Ordinary Court)

17th January, 2025

**Before: Catherine Maureen Fooks, Judge of the Royal Court and Jurats:
Stephen Murray Jones OBE and David John Robilliard MBE**

**Advocates for the Crown: L C Roffey and S G Watson
Advocate for Mr King: P T R Ferbrache**

Cases, legislation and texts referred to in Decision:

The Royal Court of Guernsey (Miscellaneous Reform Provisions) Law, 1950
The Criminal Justice (Special Verdicts (Guernsey)) Law, 1961
The European Convention on Human Rights
The Human Rights (Bailiwick of Guernsey) Law, 2000
The Mental Health (Bailiwick of Guernsey) Law, 2010
The Criminal Justice (Sexual Offences and Miscellaneous Provisions) (Bailiwick of Guernsey) Law, 2013

Law Officers of the Crown v YP [2024] GRC072

1. On 17th January, 2025, this Court made an order section 1 of the Criminal Justice (Special Verdicts) (Guernsey) Law, 1961 (“the 1961 Law”) that you be detained during His Majesty’s Pleasure (“the DAHMP Order”) and refused your Application to make a further order of “no order” with reasons to follow. This judgment contains the reasons.
2. Prior to the hearing, the Jurats were given a bundle of documents and some written directions from me, which set the scene and explained what the Jurats were being asked to do and the ambit of their powers. Those directions were summarised at the start of the hearing and are incorporated into this judgment.

Background

3. You were committed to the Full Court on two Indictments which contained allegations of assault by penetration, rape, false imprisonment and attempted rape by two Complainants. After committal, your Advocate, Advocate Ferbrache, who represents you today, raised an issue about your fitness to plead in the wider sense of your ability to participate in a trial. The applicable Law is the Criminal Justice (Special Verdicts) (Guernsey) Law, 1961 (“the 1961 Law”) which is out of date and a procedure has been and will be followed so as to ensure compliance with your rights under the European Convention on Human Rights (“ECHR”) incorporated into Guernsey Law via the Human Rights (Bailiwick of Guernsey) Law, 2000. Following the procedure set out in Law Officers of the Crown v YP [2024] GRC072, this Court sat to decide whether you were fit to plead, or perhaps more correctly, unfit to plead. On 2nd May 2024, this Court found that you were unfit to plead. Section 1 of the 1961 Law provides that the Ordinary Court should, following that finding, make an order that you be detained at His Majesty’s Pleasure (“DAHMP Order”) which means that you should be detained in an approved establishment which, by definition, means Les Oberlands or certain parts of the PEH. Any order for your detention in such a place without a finding that you had carried out any acts would be a breach of your right, under Article 5 of ECHR, not to be deprived of your liberty, except in the circumstances provided for by that Article and such an order would, therefore, be unlawful. In order to deal first with that issue, I adjourned the proceedings before this Court, without the DAHMP Order having been made, so that there could be a hearing before the Full Court, to decide if you had carried out the acts. Prior to that hearing one of the Complainants withdrew her Complaint and an amendment was made to the Indictment in respect of the other Complainant (“C”) so that you were facing allegations of false imprisonment, which is a customary/common law offence, and sexual assault, contrary to section 13 of the Sexual Offences (Bailiwick of Guernsey) Law, 2020, against her. C gave evidence at the hearing and on 24th July 2024 you were found by the Full Court to have committed those acts. Those findings (“the Findings”) are not convictions. You will not, cannot and should not be punished as you have been found unfit.
4. Your case was further adjourned after the findings hearing for reports to be obtained as to risk and treatment and for the Full Court to determine whether any orders were necessary which were in its power to make. The Full Court sat immediately before this hearing and, on application by H M Procureur, made a Sexual Offences Prevention Order (“SOPO”) under sections 18 and 19 of The Criminal Justice (Sex Offenders & Miscellaneous Provisions) (Bailiwick of Guernsey) Law, 2013 for 5 years which included a term that you should undergo such treatment as recommended by the Probation Service with specific provision for psychiatric treatment. The Full Court also set the period for Notification under that Law at 5 years. It was appropriate to convene the Full Court first as its orders were likely to be relevant to this Court’s deliberations.
5. This hearing is to determine what final orders are to be made in respect of you by this Court. Advocate Ferbrache has represented you throughout the proceedings before the Royal Court.

Following the Finding that you were unfit, his role was reviewed and he was appointed by the Court to act in your best interests. As part of that role he has made an application dated 26 November 2024 on your behalf for the DAHMP Order to be set aside/revoked and replaced with “no order” (“the No Order Application”) which this Court has to consider.

Directions to the Jurats

6. Having outlined the background as above, I directed the Jurats on the relevant section of the 1961 Law. I explained that when the Ordinary Court finds that a person is unfit to plead, section 1 of the Criminal Justice (Special Verdicts) (Guernsey) Law, 1961 provides that the Court shall order him to be detained during His Majesty’s Pleasure (“the DAHMP Order”) and such person shall thereupon be detained in an approved establishment (as defined) until further Order. The effect of that is that you would be detained at the Oberlands or in part of the Princess Elizabeth Hospital with immediate effect with no fixed date for your release. The requirement to make the DAHMP Order is mandatory but is not necessarily the end of the process as, Section 1 goes on to provide that the DAHMP Order is made “...until further order” which I have interpreted to mean that the Ordinary Court is able to make a further and different order and specifically “No Order”. I directed the Jurats at the start of this hearing that they must make the Order, which they did, but I then stayed its effect until after the determination of the No Order Application. I further explained that the Jurats have no power to order that you be transferred off Island. That will be a matter for others to decide. If those with care of you consider that you should not be detained, s 5 of the 1961 Law allows temporary release by a Law Officer, should that Law Officer see fit, based on the opinion of an approved medical practitioner and it would open to you to return to this Court after a period (for example, after completion of treatment) to make a further No Order Application. There is no concern, therefore that the DAHMP Order is not capable of being brought to an end which, were it otherwise, would render it an unlawful order.
7. In the YP case, the Full Court made a Supervision Order and it was agreed by all that YP did not require treatment so the making of a DAHMP Order would have been a breach of his Article 5 rights which I determined was a matter of Law and procedure and, under the terms of the Royal Court of Guernsey (Miscellaneous Reform Provisions) Law, 1950 Section 6, such matters are for the Judge alone so I sat alone and made no Order. In this case all are agreed that you do need treatment so the issue of breach does not arise and I have left the determination of the No Order Application to the Jurats. In the usual way, the Jurats were reminded that they must accept my directions on the law and follow them but that they are the sole judges of questions of fact. In this case the facts of the offences were not in dispute but there were disputes between those providing expert evidence to the Court as to the level and management of risk which are matters for the Jurats to evaluate. Expert evidence even where agreed need not be accepted by the Jurats. The decision whether or not to grant the Application is for the Jurats alone and is an exercise of discretion but, having heard representations from counsel, I decided that I should retire with them to assist them on the Law and to help them to formulate their reasons.
8. There is no Guernsey caselaw to guide the Jurats in considering the No Order Application so I thought that it might assist to explain what happens in England as I consider that it offers helpful guidance as to the approach to be taken. In England after a finding of unfitness, the Court must make one of the following orders:
 - a Hospital Treatment Order (“HTO”) for so long as the Secretary of State specifies;

- a Supervision Order to require the person to be supervised and may require the person submit to treatment; and
- an absolute discharge

thus, unless the case is such that an absolute discharge is appropriate, unless a Supervision Order is appropriate, an HTO must be made. If the offence has a sentence fixed by law (eg murder) the English Court is required to make an HTO with a restriction order whether or not such order is justified on medical terms.

9. In Guernsey, whilst we have HTOs, there has to be a conviction (a finding is not sufficient) and there is no equivalent of the Supervision Order. An absolute discharge is not available as that too requires a conviction (a finding is not sufficient). In England a Supervision Order can only be made if there is evidence that the necessary arrangements are in place, that supervision is available and that it is the most suitable means of dealing with the offender. The purpose of orders after a finding of unfit to plead is to protect the public.
10. Having made the DAHMP Order, I directed the Jurats that the only options open to them were to grant or refuse the No Order Application or postpone it further, if there was purpose in so doing. I directed them that they should only grant the No Order Application if they were satisfied that the risks identified in the reports could be adequately managed in the community in Guernsey under the SOPO and MAPPa, noting that MAPPa is an information sharing body with no enforcement powers. If the No Order Application were refused, the DAHMP Order would stand. It was for Advocate Ferbrache to persuade them that the risks could be managed locally.
11. In order to determine the No Order Application, it was necessary for the Jurats to hear the facts. They had been given the same detailed outline as given to the Full Court. It was summarised by Advocate Watson and the dashcam footage referenced below was played to them. The facts are summarised further below.

The Facts

12. In the early hours of 23rd April, you, in the form of an unlicensed taxi driver, picked up C (plus another person) from the bus stop at North Plantation and, having dropped off the other person, drove her around for about 2.5 hours which including a visit to your house and swapping cars. Those journeys were consensual. When you picked her up, she was drunk and by the time you parked at Icart, she said she was unconscious. She woke to find you, to some extent, on top of her or at least half in/out of the car next to her, with her pants down and her trousers partly off (“the sexual assault finding”). Your trousers were down. She could not recall seeing your penis. She screamed and you moved, pulled your trousers up and returned to the driver’s seat. She had lost her phone and was screaming at you to give her yours. She called 999 but you grabbed the phone. She was screaming for you to stop the car as she wanted to get out (the false imprisonment finding) but you would not for some time but eventually dropped her where she requested. In the course of the journey you apologised to her. Her evidence was supported by CCTV footage and dashcam footage from your car (which recorded her screaming and is harrowing to listen to), location data and other digital evidence. You made some comments to yourself which were recorded on the dashcam after C got out and you made some significant comments on arrest. It is of note that you were accessing pornography prior to picking up C, which included borderline images of children and a video involving bestiality. It is also of note that these acts were carried out when you were on bail in relation to the complaint of rape from the other Complainant. There is a Victim Impact Statement from C in the bundle which attests to the impact on her of the acts in terms of her health, ability to work and her personal relationships. She often has nightmares. She describes the impact as massive and negative in every aspect of her life.

The Reports and Evidence

13. The Court received and carefully considered the following reports/written information:
- a. the reports of Drs Garrett and Hill from the fitness to plead proceedings;
 - b. Reports dated 15th October and 31st December 2024 from Dr Radley, Consultant Psychiatrist, specialising in learning disability psychiatry;
 - c. Social Enquiry Reports dated 22nd November 2024 and 17th January 2025 prepared by Ms Golden, Probation Officer, whose qualifications and considerable specialist experience are set out in the bundle;
 - d. written information from Dr Bishop, Consultant Psychiatrist and Clinical Director, Guernsey Specialist Mental Health and Adult Disability, in the form of the text of an email dated 9th January 2025 detailing the availability of the Sex Offender Treatment Programme adapted for those with your IQ and issues, known as SOTSEC-ID (“ASOTP”) in the community and a document entitled “Further Information re treatment in the Community” handed into the Court at the hearing;
 - e. email exchanges between Advocate Roffey and Professor Glynis Murphy the creator of SOTSEC-ID;
 - f. written information from and about Dr Crawford who would deliver the ASOTP in Guernsey including her CV handed up at the hearing; and
 - g. two statements from your mother.

The Court also heard Advocate Ferbrache read a letter from you about your experiences and hopes. The Court heard evidence from Dr Bishop, Dr Radley and Ms Golden who were called by Advocate Roffey for the Law Officers, exercising the neutral role of minister of justice, and cross examined by Advocate Ferbrache. What follows is a summary only of the key points. There were essentially three issues: risk, treatment recommendations and treatment options, the SOPO.

In broad terms there were two treatment options described, (1) placement in a secure unit where you could receive specialist treatment – the ASOTP- which secure placement is only available in England, or (2) treatment, including the ASOTP, in the community with appropriate support and supervision which was originally thought not to be possible in Guernsey but which became an option to consider very shortly before the hearing. It seems sensible to focus on what the options were by the time of the hearing, rather than dwell on their development over the period prior to the hearing.

14. Ms Golden and Dr Radley had set out in their respective reports their assessment of the risk that you pose to the public and made recommendations as to the sort of treatment you need to address your sexual behaviour. Ms Golden explained that her report is limited by the fact that you have not been convicted of offences and your learning difficulties/autism. They updated their reports as above and in oral evidence.
15. There was a difference between Ms Golden and Dr Radley as to the risk you pose. Ms Golden used the Risk for Sexual Violence Protocol RSVPv2 which she considers to be the most appropriate risk assessment tool for the reasons she gives. It takes into account a broad range of material. Her assessment is that you pose a high risk and real threat of serious harm to the public, the risk being to vulnerable females which, in view of your internet search terms, could include female children. The harm is sexual and could include rape. It is high risk because of the seriousness of the behaviour and likely impact on victims. The risk factors of imminence (how quickly you are likely to repeat the acts) are present. Lone vulnerable females are identified as the most likely victims; there is some concern over re-victimisation. You are assessed as having a high likelihood of offending with indecent images of children or child exploitation materials and we have seen some of the search terms.

16. Dr Radley, using the same risk assessment tool, considered that you pose a moderate risk of sexually inappropriate behaviour. She and Ms Golden spoke, which was helpful, to see if they could come to agreement. They could not which we were told by both of them is not unusual. In her second report Dr Radley described her discussion with Ms Golden and the difference between their assessments of risk. She said that Ms Golden's assessment of high risk with moderate imminence is a justifiable conclusion if no mitigating arrangements were in place. In evidence Dr Radley said that there is a subjective element to risk assessment. She accepted that the risk would be high without any support worker or SOPO. In evidence Ms Golden said that they had approached the assessment from their different professional backgrounds, she as a Probation Officer actively managing clients in the community. In her view the SOPO and plan would not reduce the risk to moderate as the risk assessment takes account of those factors. She explained the term "moderate imminence", which was the real difference between Dr Radley and herself as being how quickly you would cause sexual harm or act in a way considered sexual within the terms of the assessment.
17. In terms of treatment, Dr Bishop gave evidence first at the hearing as he wanted to update the Court about the community-based programme he proposed could be delivered in Guernsey. His evidence was confined to that issue; he was not addressing the issue of risk or what treatment he would recommend. The Court records its gratitude to him for what was clearly a lot of work on his behalf to place before the Court a proposal for treatment in the community in Guernsey. Although there is no one on Island trained to deliver the adapted Sex Offender Treatment Programme, Dr Bishop had arranged for a UK based consultant Clinical Psychologist, Dr Grace Crawford, to deliver the ASOTP to you in the community in Guernsey. In his second document, the details of the programme proposed by her were set out. No one took issue with the content proposed. She would meet with you face to face for the first four to five sessions and deliver the remainder by a mix of online and face to face sessions. The programme would be delivered initially over 26 sessions. Local support would be available from (1) Dr John Kaleekal, Associate Specialist in Psychiatry for Guernsey Prison and the Adult Disability Service, who would provide ongoing psychiatric oversight of your mental health, supported by Dr William Howie, Consultant Psychiatrist Adult Disability Service and Dr Bishop himself and (2) Dr Sian Ogier Associate Director Specialist Mental Health and Adult Disability Service who would arrange the allocation of a support worker to address your social and functional needs. There would be regular team meetings. The support worker would be selected for his/her experience and competence and would be unregistered but part of a multi-disciplinary team from within his service and budget. An unregistered worker is best at forming relationships and can describe changes in presentation. The worker would be supported by the team and MAPPA. If released Dr Kaleekal would see you within seven days and set the frequency of meetings, minimum would be monthly and you could be seen relatively quickly should the need arise. In terms of housing, you would initially live with your mother and then it would be for States Housing to house you.
18. The plan would be provided under the framework of the SOPO. Dr Bishop made it clear that were there to be a deterioration in your presentation or concerns raised as to risk, consideration would be given to the use of mental health legislation which, he said, gave him all the tools in the box in terms of orders and options forensically and that there were beds available if needed though not specialist ones in Guernsey. When pressed on this in terms of the precise order, he referred to section 21 and 24 of the Mental Health (Bailiwick of Guernsey) Law 2010.
19. He accepted that detention could only be imposed under the MHL if there is a mental disorder and that Learning Disability is excluded unless the patient is abnormally aggressive or seriously irresponsible which he felt would likely be satisfied with the learning disability or the autism (which is not excluded) were there any deterioration.
20. By the time of the hearing he was quite confident that he would have the funding in place for you, there being no specific budget for such specialist treatment. Ultimately if treatment is required in Guernsey or off island, funding has to be found.

21. In Dr Bishop's view, Dr Crawford was sufficiently experienced to deliver the ASOTP to you as she would have been exposed to others with autism and learning difficulties in the course of her various roles. He considered it irrelevant that the prison HMP Styl, where Dr Crawford is currently working, is all female.
22. Dr Bishop explained that he had been aware of your case for years. No support worker had previously been allocated as you had been unwilling to engage and your need assessed as low. Now you should be required to engage with compulsion through a Court Order.
23. It is of note that Les Oberlands is not equipped to deliver specialist in patient care to you. Were you needing this sort of care you would have to be transferred off island and it was thought that it could take two to three months before a place would become available.
24. It was common ground between Dr Radley and Ms Golden that you require treatment not just for your sexual offending but in terms of learning life skills and to treat the depressive illness Dr Radley diagnosed. Your autism and learning disability complicate the delivery of treatment. The Court is focussing on the sexual offending treatment but has not ignored the wider picture. Dr Radley's original recommendation for your treatment would be for community based treatment (including the ASOTP), provided that there was appropriate support and supervision or in a specialist secure service for men with autistic spectrum disorders. She raised some concern about the fact that the latter would require you to be away from your family in Guernsey and a negative impact on your mental health. At the time of that report it was thought that no community-based options were possible in Guernsey. In her second report, and in evidence she gave more detail about the ASOTP which is described as a group programme (usually two to three men with similar needs and at similar stages) (which could not be delivered in Guernsey) but referred to it being delivered on an individual basis with "anecdotal reports of positive outcome" and she repeated that in her view the programme could be delivered in the community with the right support and supervision. She understood that Dr Bishop had identified a psychologist who could deliver ASOTP in Guernsey and opined that it could be achieved with you living with your mother with a support worker. That said, her recommendation, were you in England, would be for your placement in a specialist supported community placement for adults with learning disability and autism. She maintained her concern about your placement off-island and her point that you would need to be released into the community with support at some point.
25. Dr Radley acknowledged that your resulting limited insight could cause issues with effective treatment under supervision but her view was that you would be more likely to engage in the community, less likely to be distressed and angry and that it would take longer to engage you in hospital with a risk that treatment could be extended. She considered that 26 sessions would be adequate and made the point that the longer delivery time in hospital (18 months) to which reference had been made included a period of settling in. She could not explain why the SOTSEC programme referenced 52 sessions as she does not personally deliver it. She was confident that Dr Crawford would extend the programme as necessary. She appeared suitably qualified. A clinical Psychologist is well placed to judge if a person is engaging, even one with autism. Dr Radley herself had little experience of online delivery of therapy but considered that Dr Crawford would be able to judge engagement. It is to be noted that Dr Crawford had offered to repeat the risk assessment and share the results at the end of the 26 weeks.
26. In terms of the support worker, Dr Radley had no concerns about the worker being unregistered and agreed that they are often skilled at working with people with autism and can get alongside them. She was content with the proposed once a week visit though more might be needed and that would be assessed. Were you in a specialist community group setting in England there would be far more contact with the authorities than once per week as those being treated are housed with a support worker 24/7 so meet most days and concerns can be reported. What Dr

Bishop is suggesting is sufficient but is less than recommended in the UK. She agreed with Dr Bishop as to the use of mental health legislation if there is a deterioration, the English legislation being essentially the same as the Guernsey MHL.

27. Ms Golden's recommendation in her first report was that treatment should be completed in a secure environment to address the relevant areas before your risk could be considered manageable in the community regardless of any external risk management strategies in place. In her view treatment in a secure unit specifically for men with your type of risk profile and with learning difficulties, autism, and other mental disorders, would be preferable, but she was unsure whether you would meet the criteria for such treatment. She considered that it was not possible to support and treat you in Guernsey, based on the lack of forensic or mental health services available to deliver the ASOTP. In her second report Ms Golden referred to the developments in terms of what might be available in Guernsey and her discussion with Dr Radley. Her view remained that treatment should be delivered in a secure environment to ensure that treatment is delivered in a holistic and responsive way and is overseen by specialist mental health professionals in such forensic settings. She considered the proposal for ASOTP in the community in Guernsey, but could not support it. It would require a qualified professional to deliver it and that professional would need to commit to delivering the necessary sessions. She made reference to Professor Murphy's comments that the programme is usually delivered in two hour sessions over 50 weeks in a group and that "the group nature of CBT is thought to be very important". She reported her discussion of this with Dr Radley and they both agreed that whilst interventions can be delivered one to one, it is the "wrap around support" that is essential to ensure that the learning is put into practise alongside community support and monitoring usually provided by forensic services. If risk escalated then a person could be moved into a secure setting. The description of support workers and outreach services available in England do not exist to the same degree in Guernsey, and she was concerned that, in reality, you would be released into the community with limited additional support and monitoring. It was her conclusion that the risk you pose is not manageable in the community while you undergo the necessary and essential treatment. That view remained unaltered upon being presented with the update from Dr Bishop, hearing that a support worker would be available and that Dr Crawford could deliver the programme, initially weekly face to face then as a mixture of face to face and online sessions and hearing Dr Radley's support for the proposal. Ms Golden described the proposal as lacking certainty and the requisite amount of supervision. She raised a number of concerns about the proposal including, very respectfully, questioning Dr Crawford's expertise to deliver the programme, as she does not list experience of delivering sexual offending interventions to men. She disagreed that you would engage better in the community; that was not her experience of both types of programme. In her view there was a greater chance of success in hospital with a team, constant staff and peer support. Even a small group is preferable to one to one. Online delivery is the last choice, in her view, and she has concerns about your engagement. Group work is beneficial even for those with your issues. She referred to the details of community programmes in the UK with on call services, activities, different support services and much more contact that once per week. She foresaw difficulties ahead in housing you independently in Guernsey due to the presence of vulnerable persons in many settings including where you used to live.
28. Her view that the proposed treatment in Guernsey was not adequate was unshaken even under robust challenge by Advocate Ferbrache on your behalf. The challenge included Ms Golden's expertise as compared with Dr Radley's and a lack of time spent assessing you, and her experience with people with autism. Ms Golden considered herself to be properly qualified and experienced, having worked with autistic prisoners for 10 years. She had spent sufficient time with you. She rejected criticism that she had not engaged with your mother and explored the support she can offer you by saying that this was covered in the written assessments and was not necessary. She acknowledged the absence of family support in a secure unit. Family support can be a protective factor, but in the UK units can be miles away from the person's

family. In her view a restricted life in the community could be distressing and destabilise you. Whatever happens next to you will destabilise you for a period.

The Submissions

29. Advocate Ferbrache argued strongly the case for your remaining in Guernsey. He urged the Court not to adjourn for more information as your remaining in custody is the least favourable outcome. If the Court was not prepared to release you subject to the “severe” conditions of the SOPO with the power to enforce in case of breach, the other option was DAHMP Order and transfer to Les Oberlands. He made reference to intelligence the experts had seen as part of their risk assessment. He stressed the aims of the proposed plan in Guernsey to give you the treatment and support you need so that you would not pose a risk to females and children. He described your very loving, close and sensible family and your mother’s willingness to do whatever it takes to make it work.
30. He urged the Court to prefer the evidence and recommendations of Dr Radley with her superior professional qualifications and experience. He referred to the detailed assessment of Dr Garrett. He described the development of the proposal for treatment in Guernsey up to the point of the hearing which he said would achieve the goal of balancing your needs and treatment with the protection of society.
31. Advocate Roffey very helpfully drew together the key points and contrasting recommendations and evidence in his closing submissions for the assistance of the Court. It is not necessary to set them out.

Decision

32. The Jurats carefully considered all the evidence and submissions. They noted the professional qualifications of Dr Radley and Ms Golden and considered whether they should prefer the evidence of the former as urged by Advocate Ferbrache on the grounds of qualification alone. They concluded that both witnesses were qualified and skilled in their respective fields and that both witnesses deserved the full attention and consideration of the Court.
33. The first issue to consider is that of risk. The Jurats concluded that whilst Dr Radley’s assessment was “moderate” and Ms Golden’s “high”, there was not that much difference between them. They both assessed you as posing a risk and one which required specialist treatment. On balance they preferred the evidence of Ms Golden. The facts and evidence presented to them disclose a high level of risk.
34. The next issue was that of treatment. The Jurats understood that they could not dictate the type of treatment but their decision on the No Order Application would have practical consequences in terms of treatment at least initially. Were the Application, granted, treatment would be in Guernsey in the community under the SOPO and as proposed by Dr Bishop. Were the Application refused, you would be sent to Les Oberlands and, as it has been made clear that you cannot be treated there, likely sent off island to a specialist secure unit like the one described by Dr Radley.
35. The Jurats took as their test whether the proposal for treatment in Guernsey would be adequate protection for the public. They acknowledged that treatment is important for you and is part of risk reduction, but the primary test when considering the No Order Application is that of protection of the public. The crux of the matter is whether the Jurats were satisfied that Dr Radley was correct that it should be possible to provide treatment in a community setting, as long as appropriate support and supervision could be provided, or whether Ms Golden was

correct that there were too many uncertainties and that the risks were unmanageable in the community.

36. The Jurats were satisfied that, were the application granted, the SOPO would provide adequate oversight in terms of an order and they accepted what was said by Dr Bishop and Dr Radley about the use of MHL in case of serious deterioration. The position was less clear in terms of a more gradual deterioration but this was not the most significant point. They examined carefully the points made by Ms Golden about the proposal and the responses and assurances provided. There was no issue with the content of the ASOTP. They were not convinced that Dr Crawford, qualified and experienced as she is, has the specific experience to deliver an ASOTP, particularly in your case. They were concerned about the duration of it as it was at least initially to be shorter than the usual programme. Dr Crawford said that it was uncertain how long it would take, as the higher level of support and adaptation required to aid understanding and accessibility, can complicate matters further. It was said that she would extend the programmes.
37. There was insufficient evidence published or otherwise that it could be successfully delivered on a one to one basis. They considered the comments of Professor Murphy, creator of the ASOTP to be particularly pertinent. Even if it can be delivered on a 1:1 basis as Dr Radley suggests, that is in a setting with considerable support not available in Guernsey. The Jurats were concerned that its delivery partly online was not a tried and tested means of delivery and they had concerns about the practicalities of Dr Crawford travelling back and forth from the UK. They could not ignore that there is no guaranteed funding for the programme. They were also concerned that the proposed support in Guernsey with a support worker visiting maybe as little as once or twice a week, albeit supported by a team of professionals was no substitute for the 24/7 “wrap around” support in the community setting as described by Dr Radley and Ms Golden. They accepted that not every support worker needs to be qualified, as was explained by Dr Radley but it has to be acknowledged that no one in Guernsey (apart from Ms Golden) has any experience of delivering ASOTPs. They were concerned that too much emphasis was placed on the support from your mother and family and could not ignore that you committed the acts while in Guernsey with support from your mother. They consider her to be a great source of support but you need experienced, constant and professional support while you undergo your treatment. The Jurats accepted Ms Golden’s view that any concerns about separation from family and Guernsey were secondary to the need for the best treatment and that there is often separation from families and there is always destabilisation, which would be managed in any secure unit. In your case you are facing a major change whatever is ordered.
38. The Jurats considered that for all Dr Radley’s confidence that you can be treated in the Community in Guernsey, her primary recommendation remained a community-based programme in England. Their conclusion was that the proposed programme in Guernsey was in no way equivalent to that treatment. Put succinctly, the Jurats shared all of Ms Golden’s concerns about the proposal and that it would not manage the risk that you pose. All of those concerns taken cumulatively led the Jurats to conclude unanimously, without hesitation, that granting the No Order Application would expose the public and especially females to an unacceptable level of risk and would be irresponsible.
39. The Jurats having made their decision, I lifted the stay and the DAHMP Order was the final outcome. This was explained on the day of the hearing to you and your Advocate assured the Court that he would go through everything with you carefully.
40. The Court thanks Advocate Ferbrache who has undertaken his role of acting in your best interests professionally and conscientiously and Advocates Roffey and Watson for their efforts in gathering and presenting the relevant information to the Court.

**Catherine Maureen Fooks
Judge of the Royal Court**

17th January 2025