

Case Number: WD18C00618

IN THE FAMILY COURT

11th May 2020

Before

His Honour Judge Middleton-Roy

Between

A Local Authority

Applicant

- and -

M

First Respondent

F

Second Respondent

U

Third Respondent

A, B, C, D and E

Fourth to Eighth

Through their Children's Guardian

Respondents

Mr Date, Counsel, instructed by the Applicant Local Authority

Miss Geddes, Counsel, instructed by David Barney & Co for the First Respondent mother

Miss Seidler, Counsel, instructed by Noble Solicitors for the Second Respondent father

Miss Vadera, Solicitor, Collins Solicitors, for the Fourth to Eight Respondents

Hearing date: 6th May 2020

Approved Judgment

This judgment was handed down remotely by circulation to the parties' representatives by email and by release to BAILII. The date and time for hand-down is deemed to be at 10:30am on Monday 11th May 2020. The Judge has given leave for this version of the judgment to be published on condition that, irrespective of what is contained in the judgment, in any published version of the judgment the anonymity of the children and members of their family must be strictly preserved. All persons, including representatives of the media, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of court.

His Honour Judge Middleton-Roy:

1. Autism, including Asperger syndrome, is a lifelong developmental disability affecting how people communicate with others and sense the world around them. Autism is a spectrum condition and although autistic people will share certain characteristics, everyone will be different. To have a diagnosis of autism, a person will have difficulties with social communication and integration and will demonstrate restricted, repetitive patterns of behaviour, interests, or activities.
2. Many autistic people will have difficulties with the following areas, although this is not a definitive list:
 - (a) Literal interpretation of language;
 - (b) Unclear, vague and ambiguous instructions;
 - (c) Unwritten rules;
 - (d) Unexpected and sudden change;
 - (e) Hypothetical thinking – specifically the ability to accurately interpret and make a decision based on something that has not yet happened;
 - (f) Hypersensitivity to lights, noise, temperature and/or touch.
3. Many autistic people are methodical and logical and demonstrate strengths in the areas of problem-solving, attention to detail, and creative thinking.
4. Historically, concepts such as ‘high-functioning’ and ‘low functioning’ autism have been used. However, thinking in these terms can be unhelpful as an autistic person who is ‘high functioning’ may still have high support needs in different situations, specifically unfamiliar high stress situations such as tribunals.
5. Many people have never had their autism diagnosed. This is partly due to the levels of autism awareness and understanding in society and amongst health professionals. It is not uncommon for people to be diagnosed with autism later in life following events such as redundancy or pending retirement, when the stresses trigger anxiety and demonstrably autistic behaviour. It is extremely common for women to be misdiagnosed or not diagnosed at all. Further, many people with autism have had a lifetime of difficulties interacting with others which can negatively impact on their self-worth and self-esteem.
6. Autistic parties and witnesses, depending on the nature of their autism, may have these difficulties in court:
 - (a) Sensory overload, for example, due to lights, noise or temperature;
 - (b) Difficulty answering hypothetical questions. This includes difficulty with a question such as ‘What adjustments would you find helpful?’ An autistic person may be unable to envisage how he or she would feel if certain adjustments were made;
 - (c) Difficulty with chronology and time-scales;
 - (d) Expectations;

- (e) Settlement discussion and mediation is difficult. An autistic person will find it difficult to imagine how much he or she would like to settle for because it is too hypothetical to be answered.
 - (f) Any lack of continuity, for example with legal representation / judge / environment.
 - (g) Unwritten rules, such as when is it appropriate to speak in Court;
7. Anxiety will most likely be the overriding difficulty an autistic person will face in court. This will affect a person's ability to use communication strategies. As a result, the person's body language and non-verbal communication may come across as aggressive, their voice may become louder and they may shout, they may use 'stimming' to self-regulate anxiety ('Stimming' is fidgeting, flapping, scratching, picking, humming, coughing – these are coping mechanisms) or they may be visibly distressed and start crying.
8. Reasonable adjustments are required to support autistic parties, to ensure as far as is possible, that the Court process is accessible and provides the best opportunity for that party to participate effectively in the proceedings. Whilst every autistic person is different, adjustments which might assist the individual may include the following:
- (a) Giving very explicit instructions on all case management directions;
 - (b) Aiming to keep the same judge in all preliminary hearings;
 - (c) Explaining in advance what the hearing procedure will be like;
 - (d) Providing a written time-table;
 - (e) Explaining that the party can visit the hearing venue in advance to look around;
 - (f) Reducing anxiety by reserving a private waiting/conference room for use by the autistic person rather than the general waiting room and telling the party that this will be arranged;
 - (g) Preparing a simple chronology of dates which are personal to the individual as reference points;
 - (h) Explaining the procedure at the outset of the hearing including the length and timing of breaks;
 - (i) Providing regular breaks, such as 10-minute breaks after every 60 minutes in court to prevent anxiety escalating and other symptoms developing as a result;
 - (j) Arranging appropriate seating: asking the person where they would like to sit such as a preference to sit near a door as an escape route;
 - (k) Preventing people going in and out the room or moving behind the individual;
 - (l) Switching off lights, fans and heaters with any humming sound, however quiet, allowing the party to wear sunglasses or a hat and use of window blinds;
 - (m) Establishing ground rules at the outset in terms of appropriate styles of questioning;
 - (n) Avoiding figurative communication, such as 'take a seat';
 - (o) Avoiding hypothetical questions, both regarding the substance of the person's evidence and regarding court procedure;
 - (p) Avoiding legal jargon.
9. The above guidance is provided in the invaluable Equal Treatment Bench Book published by the Judicial College, prepared with the assistance of the National Autistic Society.
10. The case before the Court concerns five children. Their mother is an autistic person.

11. The two youngest children, D and E, are both under the age of 4 years. The oldest children, A, B and C are aged between six and twelve years. Final orders in respect of the children A, B and C were made by this Court in June 2019. Each of the children has benefited from having the same Children's Guardian throughout the Court proceedings.
12. F is the father of the youngest three children C, D and E.
13. The father of the children A and B is believed to reside outside the United Kingdom, following deportation. His whereabouts are not known.
14. The children have a maternal uncle, U, who is also a party to these proceedings. Unlike the other parties who are all legally represented, U is a litigant in person.
15. The names of the children and the adult parties in this judgment have been anonymised, pursuant to the Practice Guidance of the President of the Family Division issued in December 2018 having regard to the implications for the children of placing personal details and information in the public domain.
16. The Applicant is the Local Authority. The Local Authority is not identified by name. The Local Authority is a public body with a statutory responsibility for the welfare and protection of children and support of families. Where that work has resulted in Court proceedings, the Local Authority is held accountable for its actions with families by the Court. The need for a public body to be identified when acting in respect of citizens is important. However, the Court concludes in the particular circumstances of this case that naming the Local Authority would carry with it a risk of identifying the children. Having balanced the risks between transparency of justice on behalf of the State where life changing decisions are made for children, and ensuring their privacy, welfare and safeguarding needs are taken seriously and protected, the Court concludes that the public interest in identifying the applicant Local Authority is outweighed by the risk of identification of the children.

The Background Concerns

17. These proceedings have a lengthy history. The family have been known to Local Authority Children's Services since 2012. The children A and B were made subject to child protection plans under the category of emotional abuse. The Local Authority's concerns for the children centred initially around domestic violence between the mother and her former partner, the father of A and B. Following his deportation, the case was subsequently closed to Children's Services. At that stage, it was considered that the mother's parenting had improved and she was receiving support from her family.
18. In 2015 the children A, B and C were each made subject to child protection plans under the category of neglect. The concerns centred around emotional harm to the children through exposure to domestic violence between their mother and F, the father of C. Further, the Local Authority was concerned about an inability on the part of the parents to establish and maintain appropriate boundaries, discipline and adequate supervision for all the children. The Local Authority was concerned that the parents appeared unable to manage the children's behaviour and aggression towards each other as siblings, particularly regarding the child, C, which resulted in the children presenting on several occasions with injuries.

19. In the autumn of 2017 a health visitor and outreach worker reported that during a home visit, C's behaviour was very challenging. C threw a bowl at the practitioner's face and she was hit on the head with a plastic bottle. C then hit his mother and D. The mother was reported to be unable to manage C's behaviour. Further, it was reported that C was seen to squeeze and pull D's feet and the social worker had to intervene when the mother did not. C was reported to have held the social worker's boot and began to bite it. C is also reported to have hit the social worker's leg. During a home visit, a children's practitioner was reported as having to intervene to stop the children fighting and seriously hurting one another. On that occasion neither the mother nor F intervened to stop the children and F was reported not to interact with the children at all.
20. At Pre-school, C is reported to have run away from his mother without her knowledge and to have been stopped by another parent from crossing a busy main road. It is reported that the mother was offered funds to buy reins to prevent this happening again but she refused. A similar incident is said to have taken place a few weeks later and again a few months thereafter, when C ran away from his mother in the school car park towards a busy road. A teacher intervened in chasing C. The mother is reported to have left D unattended in his pushchair on a path.
21. It was reported that the children communicated with aggression. In December 2017 the home conditions were reported to be chaotic. C is reported to have hit A in the face and A retaliated by hitting C hard with a large bottle several times. Further, there were concerns that A's medical needs were not being met. The Local Authority was concerned that there was a distinct difference in the way F treated A and B less favourably compared to C and D, his natural children.
22. It is reported that the mother did not keep to a urology appointment for A to investigate his frequent bedwetting and the mother did not rearrange an appointment until supervised by the social worker. Further, the Local Authority was concerned that the mother did not prioritise D's health needs in that she did not take him to see his GP in a timely manner despite health concerns. There were worries that the mother was minimising the concerns regarding D's health, that she was defensive and that she was ignoring professional advice.
23. Furthermore, there were concerns that despite ongoing parenting support and monitoring, while the children were sleeping, the mother invited into the home an unknown male she had met online. It is reported that professionals observed the mother to have bruises on her neck following this incident.

The Court Proceedings

24. The Local Authority applied for Care Orders in respect of the four oldest children in June 2018.
25. During the proceedings, the mother, who was pregnant with her fifth child, gave birth to E. The Local Authority was concerned that the birth of E would further impact upon the parents' ability to parent all five children safely.
26. The applications were allocated initially to Lay Justices. At the outset of the proceedings, the Justices made Interim Supervision Orders in relation to each of the children. The children C and D remained living with their mother in the family home under Interim Supervision Orders whilst the older two children, A and B, moved to live with their maternal grandparents. The Lay Justices also made a Non-Molestation Order on the application of the mother, which required F

to vacate the family home and not to enter or go within 100 meters it. Orders were made for a psychological assessment of the mother by Dr Dowd and for a psychological assessment of the children by Dr Phibbs. Thereafter, the action was reallocated to a Circuit Judge.

27. Following E's birth during the currency of the proceedings, the Local Authority applied for an Interim Care Order. The Local Authority's plan was one of interim separation of the mother and baby pending final hearing. That plan was not endorsed by the Court. At a contested hearing, an Interim Care Order was made in respect of the youngest three children C, D and E. The mother and baby, E, were placed together in a residential assessment unit. The older children A and B remained living with their maternal grandparents throughout. C and D were placed together in Local Authority foster care.
28. Directions were given for a Special Guardianship assessment of the maternal grandparents and for a psychological assessment of F by Dr Campbell. The child, D, subsequently moved out of Local Authority foster care back into the care of his mother at the residential unit, with his sibling, E. The child C remained in Local Authority foster care. The maternal grandparents were joined as parties to the proceedings and an interim Child Arrangements Order was made in their favour in respect of the older children, A and B, alongside the Interim Supervision Order.
29. In December 2018, following positive progress by the mother at the residential unit, a recommendation was made that the assessment of the mother's parenting should continue in the community. The mother, together with the youngest children, D and E, returned to the family home under the existing Interim Care Order. Directions were given for an extension of the parenting assessment, to incorporate a community-based assessment. Directions were also given for assessment of the mother by a psychiatrist, Dr Suleman. Again, A and B remained living with their maternal grandparents whilst C remained in Local Authority foster care.

The May 2019 Final Hearing

30. A final hearing took place over seven days in May 2019. The Local Authority presented to the Court a care plan for the oldest two children, A and B, to remain living with their maternal grandparents under a Child Arrangements Order. The mother supported the older two children living permanently with their maternal grandparents but she proposed that they do so under a Special Guardianship Order. The mother's position was supported by the Children's Guardian and by the maternal grandparents. The Court made a final Special Guardianship Order at the conclusion of that hearing. The children A and B have remained living with their maternal grandparents since then and by all accounts, they are thriving.
31. In respect of the child, C, the Local Authority sought a Care Order and a Placement Order, with a plan of adoption. The mother strongly opposed adoption for C. She accepted, reluctantly, that she was not able to care for C, given his high level of needs. She did not oppose a Care Order with a view to C being placed in long-term foster care. F too opposed a Care Order and a Placement Order. He sought a Child Arrangements Order for C to live with him. The Children's Guardian supported the making of a Care Order for C with the plan of placement in foster care. The Children's Guardian did not support the making of a Placement Order for C.
32. In respect of the youngest two children, D and E, the Local Authority sought a Care Order and a Placement Order for both children with the plan for them both to be placed for adoption together as siblings. Their mother and father both strongly opposed a Care Order and a Placement Order for D and E. The mother wished for D and E to remain in her care. The father supported the

children D and E living with their mother. The Children's Guardian supported the Local Authority applications for Care and Placement Orders for D and E and supported the Local Authority care plan of adoption.

33. At the conclusion of that final hearing the mother made an application for assessment by an Independent Social Worker. The father also made an application for assessment of his sister by an Independent Social Worker. Neither the mother's application nor the father's application for assessment by an Independent Social Worker were supported by the Local Authority or the Children's Guardian.
34. The Local Authority remained concerned that despite substantial levels of support from a multi-agency group of professionals and a written agreement setting out a list of expectations, the risks to the children could not be managed in the community, that the children remained at risk of significant harm in their parents' care and that the parents were unable to meet the children's day-to-day developing needs.
35. The Court delivered to the parties a reserved judgement at the conclusion of the final hearing. The Court found that the statutory threshold for the making of public law orders under section 31(2) Children Act 1989 was crossed. The Court found that at the time protective measures were taken, the children had each suffered or were likely to suffer significant harm if an Order were not made, not being what it would be reasonable to expect a parent to give to a child.
36. The following threshold facts were found by the Court:
 1. *The children have been placed at risk of physical harm*
 - a) A, B, C and D have been exposed to frightening adult behaviour. On occasion the children have been exposed to domestic violence and verbal abuse in the home which has taken place between their parents. The mother was subjected to domestic violence by her former partners, the father of A and B, and by the father of C, D and E. The children were at risk of being caught up in the physical harm;
 - b) A, B, D and E were at risk of harm from C who often physically harmed them. Neither his mother nor father attempted to or were able to manage C's behaviour which was often beyond their control. The children have suffered injuries as a result;
 - c) Whilst at the residential unit, C pushed E who was strapped in his bouncy chair causing it to fall on the floor resulting in E hitting his face on the floor causing a small mark to his face;
 - d) C was often at risk of coming to harm by being poorly supervised by his mother. He has often run away from her into heavily trafficked areas or into a busy road or in danger of doing so, thus placing him at significant risk of being knocked over;
 - e) On or around the 24th March 2019, the mother placed the children at risk of physical harm by inviting a male friend, with whom she had struck up a short online relationship, into her home whilst the children were present. The mother was observed by professionals to have bruising around her neck which mother said was caused by love bites from her male friend. Bringing an unknown man, unchecked by children's services, into the family home placed the children at significant risk of physical harm.
 2. *The children have suffered or are at risk of suffering emotional harm*
 - a) The children A, B, C and D have been exposed to frightening adult behaviour by being exposed to domestic violence and volatile behaviour between their mother and her former partners [the father of A and B] and [the father of C, D and E]. C has

said that his father swore at his mother and made her cry. C said this made him [C] feel good and he laughed;

- b) It has been observed that A and B who are not the children of F, were treated in hostile manner by him and treated differently to their half siblings; this included them being put outside in the garden as a form of punishment. B has alleged that F has physically chastised him. F's treatment towards A and B is likely to impact adversely upon their confidence, identity and self-esteem;
- c) The mother shows little or no emotional warmth to A and B;
- d) The child, A, presents as guarded when talking to professionals, has issues with food, spitting it out or vomiting after eating, and presented with low weight. He has a long-standing bedwetting problem;
- e) B has a history of speech and language difficulties, presenting at nursery as mute. His is observed to present with a blank facial expression. He has a long-standing bedwetting problem;
- f) The mother has been observed to shout, scream and hit C;
- g) The mother fails to regulate her emotions, often exhibiting distress in front of the children. D has been observed comforting his mother;
- h) F provides little emotional warmth and attachment to the children and is unable to read their emotional cues resulting in being unable to meet their emotional needs.

3. *Failure to protect*

- a) The mother failed to protect A and B from the physical and emotional harm caused to the children by F;
- b) The mother failed to protect A and B from the physical and emotional harm caused to A, B and D by C.

4. *The children have suffered neglect*

- a) The mother and father have not or are unable to establish and maintain appropriate boundaries, adequate supervision in or outside of the home, appropriately discipline the children and provide a safe home environment. The home environment is often chaotic. In particular the parents appear unable to manage the children's behaviour and aggression towards each other, particularly with regard to C. C has also shown aggression towards professionals;
- b) Whilst at the residential unit, C physically and verbally abused his mother;
- c) The mother has required prompting to address D's needs and emotional cues. She is inflexible and rigid in reading / addressing D and E's needs. She does not appropriately read when they should be fed, are hungry, unwell, or cold;
- d) Despite being offered support, the mother has not addressed dealing with her state benefits resulting in her having to live on a very limited amount of money impacting upon her ability to buy adequate and suitable food for the children.

5. *The mother has failed to address B and D's health needs*

- a) The mother failed to ensure that B wore his prescribed glasses. He had not worn them for months, the mother being unaware and unconcerned as to where they were;
- b) The mother has missed A's urology appointment to address his longstanding bedwetting issue. Mother did not rearrange the appointment until she was requested to under the supervision of, the social worker;
- c) The mother failed to prioritise D's health needs by failing to take him to the GP between 27th Dec 2018 - 9th January 2019 to address his constipation, even though she had been prompted by professionals on occasions.

6. *Relevant Expert assessments*

Dr Phibbs, Clinical Chartered Psychologist, dated 3rd November 2018 reports that:

- a) In respect of A, he is at high risk of developing disordered patterns of eating which may be as a result of maladaptive home environments rather than diagnosable disorders. He has learnt to manage relationships by keeping people at arm's length as a result of his early experiences. With regard to A's psychological difficulties, if they not ameliorated or seriously considered, he is at risk of developing serious mental health difficulties;
- b) In respect of B, there are some soft markers for potential autism, but it more likely in her opinion that his communication difficulties may be as a result of his adverse and neglectful early experiences. With regard to B's psychological difficulties, if these are not addressed, they will develop into more significant patterns of relating to adults and impact upon future relationships, progress in education and his to struggle with social communication and development;
- c) In respect of C, his extreme behaviour is highly related to disordered attachment patterns and his high level of anxiety. He is likely to have been exposed to traumatising experiences. He too may have soft markers for autism. That his psychological development presentation has been impacted as a result of his experiences in the care of his parents as a result of being parented in a chaotic, neglectful and frightening environment. His current presentation significantly increased the likelihood of him suffering mental health problems in his childhood, adolescence and adulthood. If his psychological difficulties aren't addressed robustly within a short time frame, the overall prognosis for him psychologically and emotionally is poor;
- d) In respect of D, he can be self-directed and self-reliant and he is at high risk of developing maladaptive strategies which in the future may be unhelpful for him when developing relationships with other. With regard to possible psychological difficulties, there is a concern that D may develop in a similar trajectory to his siblings, missing out on social cues and opportunities to learn and develop. In the short to medium term, this will have an immediate effect on his emotional wellbeing.

37. The Court heard a substantial amount of evidence from a large number of witnesses over seven days and considered a very substantial amount of documentary evidence. The Court was greatly assisted by Counsel for all parties, for which the Court is extremely grateful.
38. Dr Jonathan Dowd, Consultant Forensic Psychologist, completed an assessment in respect of the mother in 2016 and an updated report in October 2018. Dr Dowd noted that during the clinical interview, the mother cried frequently and at one point during the assessment, stood up and ran to the back of the room crying into her hands whilst facing the wall. These features of her presentation were apparent very clearly during the Final Hearing when the mother was similarly very tearful and left the Court room on several occasions in distress.
39. Dr Dowd was of the opinion that fearful personality traits predominate the mother's personality profile and she reports symptoms associated with clinical depression. Dr Dowd noted, "*I cannot suggest that her parental difficulties...can be attributed to low levels of intellect or indeed personality disorder, although it is very likely that her assessed personality traits have contributed to her overall behavioural pattern and decisions she has made in relation to relationship functioning.*"

40. Dr Dowd went on to report that the mother's presentation, *"does, once again, cause me to consider the potential that she experiences autistic traits...autistic traits are associated with a triad of social impairments and perceived emotional irregularities or behaviours to specific circumstances that may at times be demonstrated by those autistic traits and there may be occasions when they would be less able to understand the emotional needs of others, including their children and also professionals with whom they may be required to work cooperatively."*
41. Further, Dr Dowd explained, *"autistic characteristics are likely to include difficulties with communication, understanding body language, including the body language and emotional needs of children, appearing insensitive to the views and needs of others, a strong sense of right and wrong with sensitivity to perceived injustice and a somewhat 'black and white' view of issues and demonstrating overt emotional responses to perceived injustice. Such individual may have a reliance upon tried and tested behavioural process and experience greater difficulties than others demonstrating parental flexibility and the adoption of new parental skills. Reports that such parents have experienced difficulty benefitting from advice and guidance from professionals over time would be entirely consistent with the presence of autistic traits."*
42. Furthermore, Dr Dowd reported, *"People with autism can sometimes be vulnerable to mental health problems, particularly anxiety and depression and also low self-esteem. The National Autistic Society points out that for many people, autism is a hidden disorder. It is the case that many people with autism go through life without a diagnosis and within clinical practice it is not uncommon for people in their sixties and seventies to have done so."*
43. Dr Dowd informed the Court that, should the mother be experiencing symptoms of autism, this will persist over the course of lifetime and as a result, she will require additional parental support throughout her children's minority: *"There is no psychological therapy available to reduce or eliminate autism as there are for many other mental health and psychological conditions. Medication is not recommended as a treatment for autism."*
44. Dr Dowd went on to make the following observation: *"I must stress, however, that the mother is not precluded from being able to parent should she be experiencing mild symptoms of autism. Inevitably, however, the social deficits attributed to autism may have compounded her parental difficulties and also facilitated her partner's opportunity to manipulate her, either intentionally or inadvertently."*
45. Dr Dowd noted that the mother responded positively to her placement at the residential unit. Having regard to the interim report from the residential unit, Dr Dowd observed that there were positive comments in terms of the mother's progress and her ability to benefit from the support and guidance she was receiving. Dr Dowd noted that, in formal settings, such as meeting with the Local Authority or healthcare professionals, the possibility of an individual with autistic difficulties being affected by sensory input, which included verbal discussions that are complex or involve multiple speakers, is an issue that should be considered, as the sensory input could well disadvantage them. Further, verbal or didactically presented information and long discussions with the mother will be more difficult for her to interact positively with.
46. Dr Dowd recommended that those working with the mother would need to accommodate her emotional vulnerability to perceive negative appraisal and to employ encouragement and positivity in order to enhance her opportunity to benefit from such support.
47. Furthermore, Dr Dowd was of the professional opinion that, should the mother be experiencing unresolved or poorly managed symptoms of clinical depression, this may compromise her ability to benefit from professional support as such symptoms can reduce a parent's capacity to focus primarily upon issues of parenting as opposed to their own lifestyle difficulties.

48. Dr Dowd made no diagnosis of a personality disorder. However, he was of the professional opinion that the mother has strong personality traits which he believes impact on her decision making and parenting. Dr Dowd was of the opinion that the mother has limited insight into the concerns raised by the Local Authority and limited insight into the concerns relating to C's behaviour. Further, in his opinion, the mother seemed resistant to the suggestions about her parenting. Dr Dowd's assessment suggested that the mother would benefit from long-term psychotherapy for between 12-18 months to address issues of personality functioning which contributes to her poor decision making and her sustaining abusive relationships. It was recommended also that the mother should be assessed for autism.
49. Dr Dowd concluded by stressing again that the mother is not precluded from being able to parent effectively. He recommended clearly that the mother should:
- (a) remain free from negative influence and be supported appropriately by social support, professionals and specialist services that support such parents;
 - (b) maintain a meaningful therapeutic relationship with her GP in order to allow her ongoing emotional symptoms to be managed effectively;
 - (c) continue work in relation to domestic violence awareness. One-to-one work would most likely be preferable, given her apparent difficulties in benefiting from group-based work;
 - (d) have a robust social support network. It is perhaps less likely that social care professionals could offer the degree of support she may require within the community for the time she is likely to require it, which in reality will be until the children are not reliant upon her for their everyday welfare and wellbeing;
 - (e) be willing to discuss personal issues with her family members, to prevent social isolation so as to reduce the potential for her to be coerced or manipulated by any individual who seeks to do so;
 - (f) receive ongoing support in order to allow her to develop insight into her children's needs as they become more diverse and complex.
50. Following Dr Dowd's clear recommendation for the mother to have an assessment for autism, Dr Suleman, Consultant Psychiatrist was appointed to meet with the mother and produce a report. In February 2019, Dr Suleman reported that the mother fulfils the criteria of Autistic Spectrum Disorder. Dr Suleman was of the opinion that the mother is, "*on the milder end of the spectrum.*"
51. Dr Suleman reported that the mother's difficulties are mainly in social interaction and social communication domains. She finds it hard to understand others' emotions and therefore can be easily exploited by others. She does not like sharing her feelings or emotions with others. She struggles to make eye contact when speaking to others and has particular difficulty with to-and-fro conversation. She does not like to initiate conversation or speak to strangers. She has minor difficulties in restrictive, repetitive and stereotyped patterns of behaviour domain. She tends to check door locks repeatedly or places her hair straighteners at a certain angle. She has minor difficulties coping with sudden changes. Dr Suleman was of the opinion that the main difficulty relating to her parenting is her difficulty understanding others' emotions and intentions which can leave her vulnerable to exploitation.
52. Dr Suleman was of the professional opinion that the mother will benefit from learning about Autism Spectrum Disorder, which should enable her to understand her limitations and strengths due to Autism Spectrum Disorder, by obtaining information from the National Autistic Society or from her local Adult Autism Support Services. She should be referred to local Adult Autism Spectrum Disorder Services for advice and support. She could also be referred for parenting skills training.
53. Dr Suleman was clear in his opinion that the professionals should take into account the mother's Autism Spectrum Disorder difficulties when working with her. In particular, Dr Suleman recommended that professionals take account of the following when working with the mother:

- a. *Give clear, slow and direct instructions. Ensure that questions are direct, clear and focused to avoid confusion;*
 - b. *People with autism often understand visual information better than spoken words. It may be useful to use visual supports/aids, such as drawings or photos, to explain her, what is happening. It may be useful to put your information in writing;*
 - c. *Avoid using sarcasm, metaphors or irony;*
 - d. *Keep language clear, concise and simple: use short sentences and direct commands.*
 - e. *Allow her extra time to respond as people with autism may take a long time to digest information before answering, so do not move on to another question too quickly;*
 - f. *Reinforce gestures with a statement to avoid misunderstanding;*
 - g. *People with autism can take things literally, causing huge misunderstandings. Examples of idioms that may cause confusion are, "You're pulling my leg," "Have you changed your mind?" "Has the cat got your tongue," or "He'd make mincemeat of you," may be alarming to a person with autism;*
 - h. *People with autism may respond to questions without understanding the implication of what they are saying or they may agree with you simply because they think this is what they are supposed to do. If a person with autism is asked, "You didn't do this, did you?" they may repeat the question (echolalia) or say "No," but if the question is "You did this, didn't you?" they may repeat the question or say, "Yes".*
54. In a concise addendum report in March 2019, Dr Suleman informed the Court that the mother does have the potential to benefit from parenting training and her Autism Spectrum Disorder would not restrict her a great deal from learning new skills.
55. A report from an intermediary concluded that the mother has mild communication difficulties which are exacerbated by her difficulties managing her emotions. The report identified that the mother has difficulty understanding some low frequency vocabulary, words that are not commonly used in everyday life, and managing her emotions. The report concluded that the mother did not need the assistance of an intermediary at court, provided that recommendations were adhered to during the Court hearing. Those recommendations included, amongst other things, familiarising herself with the Court prior to the hearing, having regular breaks in the proceedings and specific recommendations as to the style of cross-examination. I am grateful to each of the advocates for carefully observing those recommendations.
56. Dr Phibbs, Chartered Clinical Psychologist prepared a comprehensive report in respect of the children A, B, C and D in November 2018 and an addendum in December 2018.
57. In summary, Dr Phibbs' conclusions in respect of the older children were that:
- (i) The children A and B should remain in the care of their maternal grandparents;
 - (ii) Child C's psychological development and particularly his behavioural development has been impacted as a result of his experiences in the care of his mother and father. C presents as a child who has significant maladaptive attachment patterns that are well engrained and he becomes dysregulated very quickly. There has been an increase in the level of his dangerous behaviour which indicated that his psychological needs were not being met. His behaviour has been so aggressive as to lead to the break down two foster care placements. His presentation significantly increases the likelihood of him suffering mental health problems in his childhood, adolescence and adulthood. His behaviour makes him a moderate risk to other adults and a significant risk to his younger sibling and potentially a risk to his baby brother. Further, his negative behaviour could preoccupy his mother such that she is unable to successfully care for her younger children, which also puts them at significant risk. C's emotional development was at risk as he internalises a belief that his mother cannot manage her own behaviour in response to him. Faced with a lack of containment, his anxiety will rise and he is likely to increase his responses attacking his mother and siblings. Some of the specific aggressive behaviour and especially swearing and particularly aggressive language is likely to have been modelled from interactions C has witnessed between his father and his

mother. His aggressive and coercive behaviour towards his mother is likely not only to be a result of his attachment strategies but in combination with learnt behaviour from things he has witnessed at home. His behaviour patterns are likely primarily to be the result of his disordered attachment difficulties which have been influenced by his maladaptive early experiences, most especially aspects of neglect and witnessing domestic violence and potentially witnessing differences in caregiving between himself and his other siblings. Should such patterns of behaviour continue or increase, he will pose a risk to his mother and others around him, his development trajectory from early childhood into school age will be immediately affected and overall the prognosis for him psychologically is likely to be poor with an increased risk of mental health problems. For the mother and C, the pattern of interacting was becoming so dangerous and difficult that ultimately it would not be sustainable.

58. In respect of the child, D, Dr Phibbs was of the opinion that at only 2 years old, he was displaying some concerning behaviour that, if not managed and noticed, was likely to escalate into further patterns of relating to others that may be unhelpful to him. Dr Phibbs reported that D is quite self-reliant and, although he will try to interact with others, he often gives up. Dr Phibbs was of the opinion that although his mother picks up on some of D's language, she failed to interact with many of his attempts to communicate and is not consistently reinforcing his use of language. Dr Phibbs observed, "*I felt that [the mother] was unable to interact with [D] in an age appropriate way and often miscalculated or misunderstood what he would be able or comfortable doing.*" Dr Phibbs observed that D's attachment strategies towards others, most importantly towards his mother, are developing and are likely to be relatively flexible. Further, it appeared to Dr Phibbs that D may well be trying both to minimise the impact that he has on his mother in order to keep himself occupied and out of her way but then at other time attempt to please her or make her happy, drawing attention to things but these are often ignored.
59. In conclusion, Dr Phibbs was concerned that if D's needs are not met within the context of his relationship with his mother or by other professionals around him, opportunities will be missed to help support normal development with the concern that D may develop in a similar trajectory to his siblings, missing out on social cues and opportunities to learn and develop. In the short to medium term, this will have an immediate effect on his emotional wellbeing.
60. Dr Phibbs told the Court that D is at a point where adoption, "may be a useful way forward." Dr Phibbs told the Court that the longer D remains with his mother and his attachment patterns become more engrained, the more difficult adoption will be.
61. No assessment was undertaken of the child E in light of his very young age. Although, Dr Phibbs observed a positive attachment between D and E. In her oral evidence, Dr Phibbs confirmed that in her opinion, D and E should be treated as a single sibling group and should be placed together.
62. Subsequent to Dr Suleman's diagnosis that the mother is autistic, Dr Phibbs concurred with Dr Suleman's opinion that the mother would benefit from informing herself about autism and that those supporting the mother should have a full understanding of autism. In Dr Phibbs' opinion, the difficulties that the mother has experienced in caring for her children is only partially due to her autism but not wholly down to this. Dr Phibbs acknowledged that the mother's ability to make safe choices in relation to partners and her capacity to reflect on her children's needs in part may have been impacted negatively by her autistic traits. In her oral evidence, Dr Phibbs went on to tell the Court that the possibility the mother had autism was highlighted as early as 2016 by Dr Dowd. Dr Phibbs told the Court, "*there is a risk that the mother's deficits in her parenting become all about autism. That is not my opinion. She lacks the ability to fully reflect upon her children's states of mind. Some of that is about autism and some is due to her personality traits. Approaches should be informed by autism but it is too simple to say it is just*

autism. That sits alongside an already complex picture. Just looking at autism support will not be reparative and will not be the thing that makes it better for the children.”

63. A comprehensive parenting assessment was prepared by the residential unit in December 2018. The report was prepared with the mother being in placement together with the children D and E. The child C had briefly been in the placement also, until C pushed E from his chair and C was removed from the unit.
64. The author of the parenting assessment told the Court that there had been no improvement in Cs challenging behaviours and the mother failed to control his temper tantrums safely. The Court was told that there were real concerns that C did not seem to have any respect for his mother and he appeared to hit his siblings when he was feeling angry or sad. The Court was told that C said he had seen his father abuse his mother when they were at home. The author of the report considered that some of C’s behaviours might have been the result of the abuse C witnessed when they lived as a family unit. The Court was told, *“Researchers on impact of domestic abuse on children have noted that children can experience both short and long term cognitive, behavioural and emotional effects as a result of witnessing domestic abuse. Each child will respond differently to the trauma and some may be resilient and not exhibit any negative effects.”*
65. The parenting assessment concluded that even with the best intentions, the mother cannot parent C together with D and E safely and appropriately. During this time, the mother could not meet the emotional and basic care needs of the three children consistently, as her day was spent trying to deal with C’s challenging behaviours, leaving the other two children unattended. The mother is reported to have been seen in tears almost daily and she appeared to be overwhelmed by C’s challenging behaviours, not knowing how to respond or what to do next.
66. The Court was told the Court that the residential centre provided the mother with intensive parenting support around behaviour management which included video learning, one-to-one parenting sessions, discussions and role-modelling parenting, teaching the mother how to use different techniques for different behaviours for each child. The report identified in particular the following methods used specifically to assess the mother:
 - (a) One-to-one discussions with the mother;
 - (b) Parenting sessions – Triple P parenting;
 - (c) Use of PAMS tools, including a parenting booklet and cards in pictorial format that can be used or utilised when working with parents to ensure the same level of understanding;
 - (d) Role modelling sessions;
 - (e) Reflective sessions;
 - (f) Cooking sessions;
 - (g) Healthy relationship sessions;
 - (h) Self-esteem sessions;
 - (i) Freedom Programme and Triple R sessions;
 - (j) Feedback of therapeutic intervention;
 - (k) Direct observations;
 - (l) Discussion with health professionals.
67. At the conclusions of the residential assessment in December 2018, the mother was reported as being able to meet D and E’s basic care needs, including feeding baby E when required, offering D balanced diet meals, bathing the children on a regular basis and providing them with clean and age appropriate clothing. It was reported that the mother took pride in the children’s appearance. She was able to dress both D and E in weather appropriate clothing and changed their nappies on time. The report recorded that the mother can meet most of her children’s basic care needs without prompting from staff.

68. In respect of emotional warmth and attachment, the assessment observed that E appeared to be an infant who was, 'easy,' calm and predictable. The report noted that when the mother started her placement initially with only E in her care, she was able to give E her full undivided attention and E's emotional needs were met without difficulties. The mother managed to establish a routine for E, she was able to feed E on demand, bathe him and respond when he cried, without any difficulties and with limited support from staff. The report cautioned however, that, whilst the mother does seem to understand the needs of her infant, problematic parenting deficits begin to show when her children become older and begin to push boundaries or to be challenging. The report cautioned that the same amount of high level of support that the mother would need to deal with D, might be similar to the support that E might also need in the future.
69. When D and C joined E, at the centre, it became evident that the mother found it difficult to divide the needed attention, love and care to all three children to an adequate level. When C left the placement, the assessment concluded that the mother was able to learn how to engage the children in play. Through play therapy sessions, role modelling sessions and one-to-one discussion with the mother, it was reported that the mother appeared to understand the importance of giving D and E toys that stretch their imagination and allow them to use their visual, hearing and coordination skills. The assessment reported that the mother continued to attend a local children centre and engage in organised play with both D and E. It was reported that the mother learnt lessons about keeping the children safe and was able to implement that learning whilst at the centre, being able to stop D climbing the table, coming down the stairs on his own and not letting him go off with strangers.
70. The report concluded that the mother would find it difficult to parent all her five children together, as she would not be able to multi-task, respond to their emotional cues appropriately, fully understand the trauma they have suffered and be able to offer more than good enough support that is needed to meet all their care needs.
71. The assessment observed that the older children A and B did not seem to be comfortable in their mother's care.
72. With regard to the child, C the report concluded that the mother cannot parent him safely as she is avoidant and fearful of him and cannot enforce firm boundaries. The report concluded that C should remain in his current foster placement where he is reported to be settled.
73. In relation to the child D, the report concluded that the mother needs high levels of support to be able to identify risks, interpret his emotional needs and put guidance and boundaries in place for him at every stage of his development: *"Through no fault of her own it appears that [the mother] cannot deal with new challenging behaviours that are presented by D...When D presents the mother with new challenging or normal toddler behaviours when pushing boundaries, [the mother] does need to be shown and be prompted on how she can deal with this appropriately. Without this level of high support being provided, at every stage of D's development until he reaches adulthood, we fear that his attachment with his mother will be strained and he might be out of parental control at a very young age. This might be similar to the way his older brother C misbehaved when he was in their mother's care. If this happens, this will put D at high risk of hurting himself, hurting his mother, hurting his brother and inevitably there will be placement breakdown with his mother."*
74. Following the conclusion of the residential assessment, a period of assessment took place in the in the community with the mother, D and E all living at home. Support workers from the same residential unit attended the mother's home daily for 3 hours in the morning and 3 hours in the evening. The community-based assessment concluded that there continued to be some positives in the mother's parenting of D and E and that she could meet some of their basic care needs such

as feeding, bathing, changing in clean, age appropriate clothing, taking D to nursery, reading them bed time stories, offering them shelter and providing them with age-appropriate toys. The assessment noted that the deficits identified in the previous residential assessment still remained. In particular, the concern was noted that the mother still found it difficult to be 'in tune' with the children's developmental needs. The assessment concluded that, if the support was removed, the mother would not be able to sooth or calm both D and E when they cry together.

75. A final report was prepared in May 2019. The report noted good routines. However, some basic care needs were noted as lacking, such as providing the children with sufficient fluids to prevent constipation and ensuring that medication is taken on time without prompting. The report records: *"We have been working with this family for nearly 9 months and my professional opinion is that [the mother] does not appear to have insight into her own limitations as a parent...we have noted that when [D] poses with new normal childhood behaviours, [the mother] continues to struggle with this...it is evident that she is not able to consistently sustain 'good enough' parenting for her children, without being highly monitored."*
76. The Court had regard also to a Psychological Report prepared in respect of the father by Dr Campbell, Consultant Clinical Psychologist, dated December 2018. Dr Campbell concluded that there were no overt indications that the father was suffering with a mental illness or that he would meet the criteria for a personality disorder. The father was observed to display, *"with a fair degree of clarity that he has sexist views about women. This suggests he may be disposed to denigrate women, that he may not compromise as much as he could, and that he may not see relationships as a place in which to be reciprocal and flexible...I also observed him not to take the situation all that seriously, i.e. in emotional terms he did not come across as troubled by this frankly messy family difficulty."* Dr Campbell observed that the father can be verbally abusive with professionals, *"which fits with the sexism and denigration he revealed to me and which I draw attention to, and which shows he can have an impetuous side characterised by impulse-control problems. Further, [the father's] offending history suggests he has quite a delinquent side...his presentation left me with the clear impression that he is a rather proud man who tends to like things his way and who has a particular way of seeing women and how they should defer to men. Cultural influences are likely to be very relevant in this...he has not resolved the side of his personality which does not find conflict aversive. This is based on how he has breached the Non-Molestation Order and, separately, not completed a domestic violence type intervention which in his case would be educationally useful."*
77. Dr Campbell recommended that the father should complete domestic violence intervention work, such as the Domestic Violence Intervention Programme ("DVIP"), noting that the DVIP model is a major time commitment, typically involving 26 sessions over around six months. Dr Campbell observed however, that his clinical impression was that the father may not see this as important or especially relevant. Dr Campbell noted that the father characterised the Non-Molestation Order as, *"not really [the mother's] idea or wish, rather that others set her up to it. This comes across as a deflection of his responsibility and a downplaying of the issues."*
78. Dr Campbell was careful to observe that, *"a person being sexist does not necessarily mean that they are also going to be disposed to arguing and conflict (or violence)...My overall impression of [the father] is that he has been grappling with what might be called the cultural disconnect between the norms and expectations he internalised during his upbringing...and what he has encountered in the English social fabric. I did not discern that he is a high-risk or malevolent individual but clearly he has a history of acting out and showing poor judgement. I also believe he was not as open, honest and complete with the facts as he could have been when I assessed him. Specifically, I do not think he told me anything like the whole story about his alleged criminal life...and what contact he is or is not having with [the mother] now, while there is a Non-Molestation Order in force. I would judge that this is more of the delinquent side of his personality I draw attention to."*

79. A parenting assessment was completed by the Allocated Social Worker relating to the father which was negative.
80. Having regard to all the evidence relating to the father, the Children's Guardian made the following observation, which I adopt: *“The father’s parenting assessment, his drug test results, his psychological assessment and his engagement and commitment to contact with his children raises very serious and significant concerns for him being able to parent any child safely or consistently.”*
81. I turn to consider the evidence of the maternal uncle, who I will refer to as ‘U’. He was assessed as a potential support network for the mother, to assist her in looking after D and E. The assessment concluded that U would not have the knowledge and skills to be able to manage the children’s complex behaviours. He works full time and was clear that he would be unwilling to give up his job to care for the children as he needs to work and earn a living.
82. In her oral evidence, although she had not assessed the him, Dr Phibbs noted that the maternal uncle brings some reassurance that the mother would not invite others into house. Dr Phibbs recognised also that the uncle, *“seems to have regularly made the difference to the children in emergencies.”* Dr Phibbs did not think that the uncle’s support would be enough to ensure the safety the children need, as the mother will remain the primary source of attachment.

The Children A and B

83. The social work assessment showed that A was aware of his mother’s vulnerabilities and it was likely that he felt responsible for ensuring that his needs, as well as those of his younger siblings, were met adequately by his mother. The Health Visitor recalled that A took on a lot of responsibilities in the family home. Other concerns related to A being at risk of developing mental health illness and that he was likely to develop an eating disorder possibly linked to his background of neglect. B has some speech and language difficulties although he was able to make his needs known. The Head Teacher at the school was concerned that adults need to make sure they attend to B as he is a child who can get lost in his own thoughts. Dr Phibbs reported that B was concerned about the Court proceedings and seemed quite wary of social workers. Dr Phibbs’ report also raised concerns in relation to attachment and the risk of developing mental health illness, as well as possible markers for autism.
84. A Special Guardianship assessment was completed. Whilst largely positive, the Local Authority panel did not approve the plan for a Special Guardianship Order, having regard amongst other things to the age of the grandparents and some health issues.
85. The Local Authority recommended that the children A and B remain living with their maternal grandparents on a permanent basis, where they had resided for almost one year, under a Supervision Order of six months’ duration. The maternal grandparents sought a Special Guardianship Order. The mother and the Children's Guardian also supported a Special Guardianship Order in favour of the maternal grandparents, as did Dr Phibbs. The Local Authority informed the Court at the final hearing that it would not oppose a Special Guardianship Order for A and B. In her oral evidence, the Allocated Social Worker acknowledged also that there were many advantages to a Special Guardianship Order for the benefit of the children.
86. The Children's Guardian was of the professional opinion that since A and B had been in the care of their maternal grandparents, they settled well. The Children's Guardian was very happy about the care provided by the maternal grandparents to A and B. Further the Children's Guardian was happy that both maternal grandparents had made inroads to understand their needs and follow professional advice. The maternal grandparents both positively engaged with courses and they improved their understanding of autism. The Children's Guardian’s view was that a Special Guardianship Order would be more beneficial for A and B than a Child Arrangements Order.

The Children's Guardian observed that with a Child Arrangements Order, there was a risk for the permanency of the placement of both siblings, as the grandparents would only share parental responsibility and they will not receive any additional ongoing support that a Special Guardianship plan could provide.

87. To her very real credit, the mother recognised the weight of the professional evidence and did not seek to invite the Court to consider reunification into her care.
88. At the conclusion of the Final Hearing in May 2019, the Court determined, having regard to section 1(3) of the Children Act 1989, that it was clear that the children A and B would benefit greatly from remaining in the permanent care of their maternal grandparents. Both siblings settled well and have thrived in their care. The Court found that continued placement with the maternal grandparents was in the best interests of both A and B individually and collectively. The Local Authority's recommendation for a Child Arrangements Order was not supported. In the judgement of the Court, a Special Guardianship Order would give the children more stability and a sense of permanence, the maternal grandparents would hold an enhanced parental responsibility. Placement under a Special Guardianship Order would ensure that the children's placement was secure with support provided under a Special Guardianship Support Plan. Accordingly, the Court made a Special Guardianship Order in respect of both children A and B, in favour of their maternal grandparents and endorsed the recommendation for the Special Guardians to support weekly contact between A, B and their mother, subject to the Special Guardians continuing to monitor the welfare needs of A and B.

The Child C

89. C's time in interim foster care during the Court proceedings and whilst at home prior to the proceedings had been very difficult. His mother and father both found it difficult to manage his behaviour. His behaviour was also difficult to manage in the residential assessment unit, with reports of C being very boisterous and aggressive towards his mother and siblings. C had several placement changes whilst in interim care as a consequence of the difficulties in managing his behaviour. Dr Phibbs concluded that C's extreme behaviour was likely to be related to disordered attachment patterns. C had made derogatory comments to his mother and had reported that his father said these things to his mother.
90. C's behaviour was assessed by Dr Phibbs, who concluded that C required an expert foster carer with no other children in placement. He required therapeutically trained carers who are well aware of the causes of C's violent reactions to female carers and who could offer C consistent, compassionate and boundaried caregiving so that he may begin to develop more appropriate attachment styles.
91. The Children's Guardian visited C in his interim foster placement and observed that C had settled in that placement. The Children's Guardian also observed a great difference in C's behaviour and insight. The Children's Guardian concluded that C had established a positive attachment to his foster carers. His foster carers confirmed this and reported that C's behaviour was manageable. Very pleasingly, the foster carers expressed a wish to care for C long term.
92. Again, to her very real credit, the mother took the very difficult decision to accept that C was best placed with his foster carers. She did not oppose a Care Order with the plan of long term foster care for C. She strongly opposed the Local Authority application for a Placement Order.
93. C's father did not accept the Local Authority plan for C to be adopted nor did he accept that C should remain in foster care. He sought an Order for C to be placed in his care.
94. The professional evidence identified an ambivalence on the part of the father towards the assessment process. The Local Authority was concerned that it was striking that the father had given little thought to his proposals. In his final statement, the Father's position was that all three

of his children should be placed in his care. In his oral evidence his position changed twice. He accepted that E should stay with the mother. He then accepted that D and E should stay with their mother. The Local Authority expressed the concern that the father had not given any careful thought to the best outcome for the children, the practicalities of him caring for one or all the children or planning for those eventualities, such as where they would live and how to obtain suitable housing.

95. The father's immigration status was not settled. He was in paid employment which he would not be able to continue, in reality, if he were to care for one or all the children. Having regard to his immigration status, he is not entitled to public funds in the form of State welfare benefits. Based upon his stated income from employment, he would have very little money for food and bills let alone child care while working. He provides financial support to his family abroad and he expressed no intention to divert or prioritise those funds to care for the subject children if they were placed in his care. When asked about the effect on any child in his care in the event that his immigration status was not secured and resulted in his removal, the father's response was that the children should then be returned to the mother, appearing to demonstrate a lack of insight into the difficulties the children have experienced and the need for change, let alone insight into the difficulties of his own parenting.
96. The father accepted that his accommodation was not suitable for a child. In his oral evidence, the father was far from clear about his plans for accommodation, his witness evidence identifying the possibility of a move to a different county to be closer to his sister but his oral evidence suggesting he would remain close to his current location.
97. The evidence from the contact notes was illustrative of the deeper problem highlighted in the professional evidence from Dr Phibbs and the social worker, of the father not anticipating the children's needs, not responding to the children's reactions, not accepting any mistake on his part and not adapting his approach to the children, reacting to the children with harshness and a lack of patience.
98. Whilst I have no doubt that the father loves C, the professional evidence highlighted a complex relationship between C and his father. The social worker's evidence was that the father idolised C. It is also clear on the totality of the evidence that the father was a significant influence on C at a time when the mother was working and the father was providing a large part of the care given to C. The weight of the evidence was that C reacted to his mother with aggression, verbally and physically, behaviour which the professionals considered was copied from the father. Whilst the mother accepted she was not able to cope with the many challenges C presents with, the father appeared to have no insight into C's behavioural difficulties and he appeared not to recognise any problems, notwithstanding the extraordinary amount of evidence he has access to.
99. On the evidence before the Court, it was clear that the father was capable of aggressive behaviour. The mother asserted in her evidence that the father was extremely unpleasant and that he would punch holes in the doors of the property when the mother was inside the room, in the presence of the children. The evidence before the Court is that the father was extremely unpleasant in his interactions with the social worker, when his behaviour was aggressive and abusive in his use of language. That was consistent with the evidence of Dr Campbell who reported observations of the father being disrespectful of women. Further, notwithstanding the Court making a Non-Molestation Order at the outset of the proceedings, the father breached the Order by returning to the mother's property on two occasions and entering the property, once whilst she was present. As a consequence, he was arrested and fined.
100. There were several police calls to the family home from 2015 to 2018 arising from allegations by the mother of domestic abuse perpetrated by the father. The father accepted that he was verbally abusive to the mother. Whilst Dr Campbell recommended that the father engage in domestic violence prevention work to enhance the father's capacity to parent safely, there was

no reliable evidence before the Court as to the father's commitment to engage in such work. The father told the Court that he started a course for a short time but that the course ended as there were not enough attendees.

101. The totality of the evidence weighed heavily against a conclusion that the father could safely parent C, having regard to C's complex needs. At the conclusion of the final hearing in May 2019, the Court found no reason to depart from the conclusions reached by the social worker in the parenting assessment and no reason to depart from the Children's Guardian's analysis relating to the father.
102. The Court rejected the father's proposal that his sister, the paternal aunt, should be considered as a sole or joint carer. A negative viability assessment was completed early in the proceedings which was not challenged. The paternal aunt gave evidence at the final hearing. The Court found no reason to depart from the conclusions reached in the viability assessment that the paternal aunt cannot be relied upon to work openly and honestly with Local Authority nor any reason to depart from the conclusion of the Local Authority that there had been an ambivalence on the part of the paternal aunt as to whether she and her husband wished to be considered as carers for C and a real doubt as to their commitment. The Court accepted the conclusion of the Local Authority that there had been no recognition on the part of the paternal family as to the problems facing C and the children generally. The Court accepted the conclusion of the Local Authority that there had been hostility toward and an unwillingness to work with professionals or to have anything to do with the Local Authority. The Court accepted the conclusion that the paternal family was unlikely to be cooperative with a full assessment and unlikely to work openly and cooperatively with the Local Authority, which would result in a delay in achieving permanency for C.
103. At the conclusion of the Final Hearing in June 2019, the Court made the following findings having regard to section 1(4) Adoption and Children Act 2002.
104. *The ascertainable wishes and feelings of the child regarding the decision (considered in the light of their age and understanding):* C is of an age where he can talk and he is able to articulate his wishes and feelings. C has at times said he wishes to live with his mother or his family who he identifies as his parents, and with D and E. When the Children's Guardian met with C in April 2019, C indicated that he is happy with his current foster carers and is happy to have contact with his father mother and siblings.
105. *The child's particular needs:* C needs a loving family, with carers who are able to meet all his needs in a positive and consistent manner. C will need support to understand why he was not placed with his birth family. C has very particular emotional needs, identified in the detailed report from Dr Phibbs. He will require on-going health reviews to check his development.
106. *The likely effect on the child throughout his life of having ceased to be a member of the original family and become an adopted person:* C had spent over seven months in Local Authority care. Some of that time had been in different placements. He was now more settled. His attachment is complex. Dr Phibbs reported that C's extreme behaviour was likely to be highly related to disordered attachment patterns. However, his foster care placement is the most settled C has presented since these proceedings commenced. The Children's Guardian observed this to be the case and C had a very good relationship and attachment to his carers. Accordingly, the Children's Guardian's view was firmly that C should remain placed with his current foster carers. His current carers were very keen to look after C in the long term. Given C's age, there would inevitably be a considerable impact on C of ending all links with his birth parents, siblings and wider family if an adoption Order was made. The highly important ties C has with his birth family could be maintained under a Care Order with a plan of long-term foster care which would otherwise not be maintained on adoption. This would reduce the impact on C

considerably by allowing him to maintain those important ties with his parents, siblings, grandparents, uncles, aunts and cousins through contact.

107. *The child's age, sex, background and any of the child's characteristics which the court considers relevant:* C, like his siblings, is of mixed British and African heritage. He has been brought up in the Muslim faith in accordance with his father's wishes.
108. *Any harm which the child has suffered or is at risk of suffering:* The harm already suffered by C has been well documented. C was placed in a foster placement in October 2018 which reduced the risks of C suffering further harm. The unanimous professional view was that C would be exposed to further significant harm in the form of neglect, were he to be placed with either of his parents.
109. *The relationship which the child has with relatives, and with any other person in relation to whom the court or agency considers the relationship to be relevant, including the likelihood of any such relationship continuing and the value to the child of its doing so, The ability and willingness of any of the child's relatives, or of any such person, to provide the child with a secure environment in which the child can develop, and otherwise meet the child's needs and the wishes and feeling of any of the child's relatives or of any such person, regarding the child:* The viability assessments conducted of willing family members were negative. C continued to have a relationship with his parents, siblings and his extended family through regular direct contact. Continuing those relationships through contact would help C develop his sense of identity and belonging. C's need for on-going contact with his birth family must be balanced against his need for a long-term stable family in which to belong and invest. If C remained in foster care, the relationship with his parents, siblings and wider family, including his maternal grandparents could and should continue through direct contact. In the event of an adoption Order being made, the reality is that all direct contact with his parents would cease. The reality is that direct sibling contact too would likely to come to end. Continuing those relationships would be of considerable value to C to help C to develop his sense of identity and belonging.
110. The unanimous view of the professionals was that C would remain at risk of significant emotional harm if placed in the care of his mother or father. The Court found no reason to depart from that professional consensus, accepting the unanimous professional opinion that C was a vulnerable child who required a safe, stable nurturing environment. Neither parent could provide safe care for C. Returning C to the care of either his mother or his father was not a viable option, having regard to the weight of the evidence which strongly in favour of placement outside his parents' care.
111. The Children's Guardian was of the professional opinion that, in light of the foster carers having been able to develop a good attachment to C and their wish to be considered for long term care of C, given also that C had been moved several times from foster placements and that C needed to build a strong sense of identity and permanency through consistent, nurturing and safe care and build and develop positive attachments and sense of identity, continued placement with his foster carers would be in C's best interests. In his oral evidence, the Children's Guardian was firmly against the prospect of a Placement Order for C, leading to adoption. Having heard all the evidence, including that of Dr Phibbs, the Children's Guardian told the Court, "*it would be a disaster for C*" if a Placement Order was made. The Children's Guardian went on to tell the Court, that C's "*time in care was disaster moving from one placement to another. They could not manage his behaviour in foster care. I now see him with his current foster carers and he is a different child. His behaviour was totally different. The foster care placement addresses his needs and the complexity of his behaviour. There is a higher risk of breakdown if placed in an adoptive family. It would be very difficult to find a match and a there is a high chance of placement breakdown. It would be heart breaking if an adoptive placement broke down and very difficult to address and repair. He is starting to get reparative intervention in his placement...it*

is also very important for C to maintain links with his birth family, to minimise the impact of separation for him and A and B.”

112. The Court found no reason to depart from the careful analysis of the Children's Guardian which accorded with the recommendation of Dr Phibbs. The Court concluded that the Local Authority's proposal for a time-limited six-month search for adoptive parents for C would not be in his best interests. Further, the evidence before the Court from the Senior Practitioner in Adoption was that, having regard to C's profile, in reality, it would be extremely difficult to find a suitable adoptive match for C and in the event of a placement breakdown, his behaviours may worsen. Dr Phibbs considered that C would be at greater risk of placement breakdown on adoption than other children and that the impact on C would be very damaging, with the likelihood that C would believe he was flawed.
113. In the judgement of the Court, C's welfare demanded that a Care Order be made and that C should remain in long-term foster care, ideally with his existing foster carers. A Care Order was a necessary Order and a proportionate response having regard to the risks. Set against the background of the very clear evidence of Dr Phibbs, supported by the Children's Guardian, adoption for C would be detrimental to his welfare.
114. The Local Authority's application for a Placement Order in relation to C was dismissed.

The Children D and E

115. The Local Authority's plan for D and E was one of adoption, together as a sibling group. That was supported by the Children's Guardian but strongly opposed by the mother and father. The mother sought to continue to care for D and E.
116. There was no dispute between the parties, supported by the evidence, that the mother is a vulnerable person. Further, she is a person who is unique. Her psychological profile includes a combination of Autism Spectrum Disorder and strong personality traits which impact on her decision making and parenting.
117. Since the proceedings commenced, the mother experienced very significant changes in her life:
- (a) She separated from F and there was no reliable evidence that they resumed their relationship nor that the mother intended to resume that relationship;
 - (b) She was no longer caring for all five of her children. Permanent decisions had been made in respect of the older children, A and B, for them to live together with their maternal grandparents. A permanent decision too had been made that the child C should remain in long-term foster care. The mother now had the sole care of the two youngest children only;
 - (c) Significantly, the mother had only very recently been diagnosed formally with Autism Spectrum Disorder during the course of the proceedings. Whilst the professionals had considered that the mother may have Autism Spectrum Disorder and whilst the mother had been encouraged to seek a formal diagnosis, it was not until 2019 that the diagnosis was made. That post-dated the significant assessment of the mother in relation to her parenting and post-dated her psychological assessments;
 - (d) Since the diagnosis of Autism Spectrum Disorder was made, the maternal uncle had made firm and clear proposals that he would support the mother in parenting the children by permanently cohabiting with her, sharing parental responsibility for D and E and supporting the mother in understanding her diagnosis;
 - (e) The strength of her support network had improved, including support from another parent with Autism Spectrum Disorder in addition to the focused support from the Maternal Grandparents.
118. In the judgement of the Court, the diagnosis of Autism Spectrum Disorder was highly significant. Dr Suleman identified that many of the features of the mother's presentation that gave rise to concerns on the part of the Local Authority identified in the Local Authority

parenting assessment, including a lack of eye contact, a lack of recognition of emotional cues and social cues, giving short answers, having a blank expression and having rigid routines, were all features of Autism Spectrum Disorder. The Court accepted the powerful submission made by Miss Geddes on behalf of the mother, that the mother is entitled to appropriate and targeted support to assist and support her in parenting her children, having regard to the diagnosis of Autism Spectrum Disorder.

119. Regrettably, it cannot be said that adjustments of the type recommended by the professionals were adopted consistently during the assessments of the mother undertaken at the residential assessment centre. Further, the Local Authority in its dealings with the mother did not adopt special measures particular to her needs. Whilst it had been highlighted some time ago that the mother may have signs of autism, the mother was not formally diagnosed until February 2019. By that time, the mother had already undertaken a lengthy residential assessment and was part way through her community-based assessment.
120. The residential assessment was by its nature an unfamiliar environment for the mother, where she was placed with strangers at short notice. That is likely to have been difficult for any parent but particularly difficult for the mother on account of her undiagnosed autism. There were several substantial changes in that placement with the children arriving and leaving at different stages of the assessment. That notwithstanding, the evidence before the Court was that the manager at the residential centre employed many models that were effective having regard to the mother's undiagnosed autism. The manager told the Court specifically that she had training in autism. It is not surprising that the residential part of the assessment, albeit not without difficulties, was largely a positive one and resulted in the recommendation for further assessment in the community.
121. Regrettably, the community-based assessment by the mother, whilst also undertaken by the same assessment unit, was less successful. It is clear from the evidence before the Court that a large number of different staff members came into the mother's home during the morning and the evening, without the mother knowing in advance who would be attending and without the mother being provided with any or any accurate rota. The Court heard that on occasions, staff would change at short notice. It was clear to the Court that, unlike during the residential part of the assessment, the staff entering the mother's home were either not specifically trained in autism or had limited training. Some members of staff worked more successfully with the mother than others. It is no coincidence that those members of staff employed some of the techniques used in the residential setting. It was also apparent on the evidence that on several occasions, the mother had staff from the assessment centre sitting with her in the home, particularly during evenings, when no assistance was provided or required, the children having been put to bed by the mother, whilst the staff waited around with little to do. On the mother's evidence, she was often told that there were no problems by staff visiting the home, only for her then to receive criticism in the assessment. Further, the mother was provided with almost no suitable written feedback following the community-based visits. In contrast the mother was provided with helpful written feedback when undertaking the residential part of her assessment each week and the keyworker then discussed the feedback with her. That approach appears to have been successful. The Court accepted the convincing submission made on behalf of the mother that the approach adopted during the community-based assessment is likely to have resulted in the mother being confused.
122. There were also aspects of the social work that did not employ models which might have best assisted the mother having regard to her autism. The social worker had been trained in aspects of autism, albeit that training was not comprehensive. The social worker accepted that she was unaware of the Department of Health guidance for social workers on dealing with autistic people. Some of the tools used in the form of worksheets were suitable. Others were less so, where the mother was required to think creatively around abstract lines and required to 'read between the lines.' The social worker told the Court that PAMS tools were utilised, although the

mother is not a person with a learning difficulty. The mother told the Court that at times she was made to feel stupid. The mother told the Court that during the lengthy parenting assessment by the Local Authority, she was given little praise and more criticism, which it was asserted on her behalf, was not the right approach for someone with Autism Spectrum Disorder.

123. Many of the assessments were largely undertaken prior to the mother's formal diagnosis of Autism Spectrum Disorder. The Court has no doubt that in each of the assessments, they were well intentioned and the assessors tried their best to adapt to the mother's needs. The social work assessment, however, was largely completed after the mother's diagnosis. It does not appear that the necessary adjustments were made effectively.
124. In comparison to the assessments by the social worker when the mother was largely distressed and tearful, during the psychiatric assessment by Dr Suleman, the mother presented as calm. Whilst the nature of that assessment was clearly different, the Court accepted the compelling submission made on behalf of the mother that in experienced hands, with a sympathetic approach and in circumstances where the mother's needs and condition are understood, the prospects of the relevant assessment being effective and of assistance in identifying and addressing the relevant issues appropriately were considerably improved.
125. The Court attempted during the final hearing to adopt the reasonable adjustments highlighted in the opening paragraphs of this judgment and having regard also the specific guidance provided by the intermediary relating to the mother, which set out a focused list of adjustments specific to her needs. It was unfortunate, however, that prior to the final hearing, this case did not benefit from judicial continuity, the parties appearing before four different tribunals since the application was issued. The well-established principle of good practice, that case management of a complex case should be conducted by one Judge, was not achieved. In the family jurisdiction in particular, judicial continuity serves to ensure the identification of a Judge responsible for the conduct of all case management and interim hearings and the early identification of the Judge to conduct the final hearing. The many benefits to be achieved through allocation to a single Judge are well rehearsed. The relevant issues in the case are easier to identify. Only one Judge need read the case papers. Firmer judicial control can be exercised over a case and case management is more consistent with interim applications being heard by the same Judge. Experience has also shown that Judges to whom cases are allocated are able to accept a greater responsibility for the progress of cases and urgent applications heard in a timely manner. The aspiration of judicial continuity was ever more important in this case, having regard to general the guidance that autistic people may experience difficulties if the same Judge is not involved throughout the proceedings and having regard to the specific needs of the mother identified by the professionals, including the need to limit the numbers of people working with the mother to as few as possible.
126. On the totality of the evidence, the Court accepted the powerful submission made by Miss Geddes on behalf of the mother that the professional support provided to the mother in the community, despite good intentions, was not effective and was not attuned to her specific needs. The Court accepted that not all the family support workers who attended the home were fully trained in autism and they lacked a full understanding of the mother's condition. The contents of Dr Suleman's report seemingly had not been shared with them. The large number of family support workers entering the home, was not consistent with Dr Suleman's advice to limit the numbers of people working with the mother to as few as possible. The absence of written feedback and the use only of verbal advice and role modelling was not consistent with Dr Suleman's advice. I accept the submission that it would not be fair to the mother to criticise her for not retaining information in the circumstances.
127. It was clear to the Court that the mother fully engaged in each of the professional assessments. The 16-week residential assessment was largely positive having regard to the methodology adopted, which anticipated the mother's diagnosis of Autism Spectrum Disorder. The

assessment unit reported that the mother listened to advice, learned and improved. The Court agreed with Miss Geddes' compelling submission that the subsequent assessment in the community was inadequate, having regard to the absence of effective, attuned support.

128. Notwithstanding the lack of effective assessment in the community, the Court found there were solid, evidence-based reasons to conclude that the mother had the potential to parent the children D and E successfully. The mother cared for E throughout the day while D attended pre-school. There were long periods when she parented the children alone with no concerns raised. There were no descriptions during these periods of the children running into the road or screaming or suffering accidents when in her care, as there had been with the older children. The school report for D suggested that he is secure at school and is developing well. The mother was punctual in taking him to school and the children were well presented and clean. D was described by the school as being a bright, confident child who always arrived with smile. Further, D was described as always being delighted to see his mother when she collected him from school. The manager at the residential unit described D as having behaviours of a normal child of his age and there were no significant reported concerns for E. The staff members from the assessment centre told the Court that the mother responded appropriately to D's health needs and accepted advice. The mother's evidence was that she also took advice from her GP and appropriately changed D's medication to something he found more palatable. The up-to-date evidence from the assessment centre in relation to the children appeared in contrast to Dr Phibbs' historic reports of the children from 2018.
129. The Court accepted the submission made on behalf of the mother that, whilst the mother's care of the children was not perfect, there were strong positive indications from the assessment logs relating to her care of the children, including dealing with D's tantrums, of the mother being able to calm him down, providing good, healthy, home-cooked food and fresh fruit, providing toys, games and stimulation, providing emotional warmth and affection and providing good bedtime routines. There was clear evidence that the mother could effectively parent the children D and E at times and that her parenting demonstrated improvements.
130. In the judgement of the Court, the absence of suitable, targeted and attuned assessment, having regard to the mother's Autism Spectrum Disorder meant that the Court could not attach sufficient weight to the community-based assessment or indeed to the social worker's parenting assessment, such that the Court could not be confident that final decisions could be made in respect of the children D and E without further evidence, necessary to assist the Court in concluding the proceedings justly. The Court did not accept the suggestion of the social worker and Children's Guardian that, as the mother's Autism Spectrum Disorder was diagnosed as being 'mild,' the impact of her autism on the assessment process should be disregarded. Whilst the Court accepted that the mother's Autism Spectrum Disorder is only a part of her psychological profile, in the judgement of the Court, it was an integral part of her psychological make-up that could not be ignored or its impact minimised.
131. In the judgement of the Court, there was patently insufficient reliable evidence to conclude that the welfare of D or E demanded separation from their mother. Further information was necessary to support and assess the mother's parenting and her ability to implement and maintain advice in respect of her parenting on a consistent and sustained basis. The mother required targeted assistance to overcome the deficiencies in the existing assessments. That evidence should be obtained through an Independent Social Worker with specialism in Autism Spectrum Disorder, in accordance with the mother's Part 25 application made during the Final Hearing.
132. Finally, the issue of the maternal uncle. He presented to the Court in his evidence as an impressive witness. He put himself forward to support his sister personally with her recently diagnosed Autism Spectrum Disorder and in assisting to co-parent the children D and E. He has no children of his own but had lived with the maternal grandparents when they have parented A

and B over the course of one year. He also has a good relationship with D, he helps with D's temper tantrums and takes D on activities. Immediately upon learning of his sister's diagnosis, he purchased books to assist her to understand her condition. He educated himself about the condition, as indeed has the maternal grandfather. He presented to the Court clearly as a motivated and impressive individual. He immediately sought to problem-solve by identifying possible practical solutions to assist the mother, including reminders for the mother to take her medication and reminders for the children's medication. Some other practical suggestions required fine-tuning. He presented as being fully motivated and committed to learn. He moved in to his sister's house to help her. He expressed further commitment to make that move permanent and a commitment to adjust his working hours to assist in collecting D from preschool.

133. It was difficult to understand the Local Authority's reluctance to find the uncle's significant commitment to support his sister as being anything other than positive. Whilst noting the concern, shared also by the Children's Guardian, that the long-term support offered by the uncle to the mother may not be realistic having regard to the sibling relationship, in the Court's judgement, the uncle and the mother in their evidence to the Court both acknowledged the potential challenges they might face in the dynamics of the family home but both approached the situation with their eyes open to those challenges. With the support also offered by the maternal grandparents between their caring commitments to A and B, in the judgement of the Court, the uncle had a great deal to offer the mother and the children D and E, as a co-parent or otherwise in providing guidance, nurturing and support in the family home.
134. In the judgement of the Court, it was necessary for the assessment of the mother by an Independent Social Worker to take into consideration the role the maternal uncle could play in supporting the mother in caring for the children. The Court found no basis for a psychological assessment of the uncle, which was proposed by the Children's Guardian, to facilitate assessment of his capacity to co-parent. The background information could not lead properly to a conclusion that psychological assessment of the uncle was necessary to resolve the proceedings justly.
135. The Court found in May 2019 that the case in respect of the children A, B and C should conclude with final Orders. Further evidence was needed to fill the gap before final decisions could be made in respect of the children D and E, which would involve a regrettable further delay. Having regard to the nature of the mother's specific needs, the Court determined that it was necessary for the case to exceed the statutory 26-week timescale in order to obtain further evidence to determine the case justly. Further assessment would impact on the welfare of the children having regard to that further delay. In the Court's judgement, however, further assessment was necessary as the evidence otherwise available did not assist the Court in determining the outstanding issues relating to D and E. The potential harm to the children caused by the delay was far outweighed by the benefit to them of obtaining the evidence necessary to fairly and justly make the important decisions for their future permanence. In the Court's judgement, there was a solid, evidence-based reason to believe that the mother was committed to making the necessary changes. Further, there some solid, evidence-based, reason to believe that the mother would be able to maintain that commitment with attuned, targeted support. Furthermore, there was solid, evidence-based, reason to believe that the mother would be able to make the necessary changes within the timescales of the children, with such attuned, targeted support. Furthermore, the delay for the children was mitigated by them remaining in the care of their mother, and maternal uncle, such that there would be no change of circumstances for them in the interim. Whilst noting the concern expressed by the Children's Guardian that the window of opportunity for adoption would narrow the longer the delay, in the judgement of the Court, that was no sufficient reason to conclude the case in the absence of the necessary evidence to make informed, evidence-based decisions as to their permanence. Furthermore, noting the concern that delay might result in emotional harm to the children through their mother's potential lack of attunement to their needs, the Court determined that the risk of future emotional harm could be mitigated through continued support in the family home through their maternal

uncle, support from the maternal grandparents so far as they were able having regard to their commitments to A and B and through some ongoing input from support workers or social workers entering the home at a reduced frequency to that which was currently in place.

136. The exceptional circumstances of this case, motivated by overriding requirements pertaining to the welfare needs of the children necessitated an adjournment of the final outcome for D and E to obtain the additional evidence identified.

The Outcome for D and E

137. Following the adjournment of the final hearing relating to the children D and E, further expert evidence was obtained in the form of report from Nicola Howard, Independent Social Worker and from Corrina Wood, Disability Consultant and Autism Consultant. Further, both parents engaged in Video Interactive Guidance (“VIG”) work to assist them in implementing and maintaining changes in their parenting.
138. The Health Visitor is reported to have said that D and E are thriving and meeting their milestones in their mother’s care.
139. Dr Phibbs observed the maternal uncle with the children and regarded him as a significant resource for the children, exhibiting attuned responses to the children and noting that he was very supportive of his sister’s care of the children. Dr Phibbs observed that the maternal uncle may have some particular skills in understanding the best way to communicate ideas and techniques to his sister.
140. The Independent Social Work evidence considered all aspects of the parenting provided by the mother and the support provided by the maternal uncle, including assessment of the mother’s basic care of the children, ensuring safety, providing emotional warmth, giving guidance on boundaries, stability, emotional and behavioural development, family and social relationships, housing and income.
141. The Independent Social Worker evidence concluded that the care offered jointly by the mother and the maternal uncle was good enough, that the co-parenting arrangement benefits the children and that it should continue. No concerns had been raised by the school in relation to D’s needs not being addressed. The Independent Social Worker expressed a professional concern that there have been unrealistic expectations set by the Local Authority and that this has caused both the mother and the maternal uncle to not believe in their own abilities to co-parent effectively, which has eroded their confidence and which may be detrimental to them accessing future early intervention or support. The report concluded that the VIG work helped the mother and uncle to identify the importance of and need for one-to-one time with each of the children and to ensure they give time and listen to each of the children. The practical feedback appears to have been beneficial to the mother and uncle and they appeared to enjoy receiving the feedback and saw the benefits of the work. In the VIG work it was recognised that the mother and uncle worked well as a team and the Independent Social Worker commented that it was encouraging to see their strengths.
142. Both the mother and maternal uncle accessed parenting support from groups and both are reported to have benefited from parenting classes. The maternal uncle attended a father’s parenting group and the mother attended a parenting course. The mother also attends a group for autistic parents monthly. Both are recorded as implementing the strategies they have learned and the Independent Social Worker observed that there had been positive changes to the home.
143. Further useful work was recommended, specific to the mother’s needs, including work around self-awareness and gaining an understanding of how her autism affects her, so as to enable her to implement her own self-management strategies, work around understanding sensory

difference, work around understanding social communication, interaction and imagination in relation to daily life, and work around managing and reducing general anxiety, specific anxiety or difficult emotions to support the mother in her overall well-being. Further, it was recommended that the mother develops practical strategies to address organisation, planning, memory, distractibility and procrastination, develop positive relationships and find ways to communicate effectively with professionals, friends and family as well as build appropriate local support networks including those within the autistic community, work around emotional regulation and understanding emotions and developing morning and evening routines.

144. Miss Wood, Disability Consultant informed the Court in her report that whilst she was aware that clinically, the mother's autism is regarded as 'mild', in her professional opinion, that this should not be misconstrued as being insignificant: *"Mild autism doesn't mean one experiences autism mildly... It means you experience their autism mildly."*
145. Miss Wood was of the opinion that that the assessments highlight how the mother's autism can create a barrier to her understanding information given to her by professionals and that instructions from professionals should be 'explicit'.
146. The Independent Social Worker concluded that in her professional opinion, it is in the best interests for the children D and E to remain in the care of their mother and maternal uncle. In her professional opinion, it was not in the best interests of the children to be made the subject of a Care Order or placed for adoption. The Independent Social Worker recommended a Supervision Order for both children.
147. At a repeat Issues Resolution Hearing on 6th May 2020, conducted by way of a remote video hearing in light of the national public health emergency, the Local Authority, having reflected on the evidence from the Independent Social Worker and Disability Consultant, commendably revised its recommendations for the children and proposed that a Child Arrangements Order ("live with" Order) be made in favour of the mother and maternal uncle, alongside a Supervision Order of 6 months' duration. Happily, this was not opposed by the mother, the father, the maternal uncle and the Children's Guardian. Although the Children's Guardian initially advocated for a Supervision Order of 9 months' duration, on balance the Children's Guardian accepted the Local Authority's proposal for a 6-month period of supervision.
148. That no parent must be precluded from being able to parent effectively on account of a disability is a bedrock principle of family law. The extensive specialist expert evidence in this case reaffirms the importance of recognising that parents with autism are as individual as any other parent. There is a risk that professionals may apply a set of criteria or expectations in relation to parents in light of a diagnosis of autism without fully exploring that parent's strengths and weaknesses. It is also important that a parent does not begin to explain or justify any difficulties in their parenting purely because of a diagnosis of autism. It is equally, if not more important, for professionals working with parents with autism to be alert to and take account of the parent's individual needs when working with them, bearing in mind at all times the well-established principle that intervention by a Local Authority in a family may be appropriate but that the aim should be to reunite the family when the circumstances enable that and the effort should be devoted towards that end. The Court's assessment of a parent's ability to discharge their responsibilities towards the child must always take into account the assistance and support which the authorities can offer, tailored to that parent's individual needs. Those needs must be assessed carefully, by skilled professionals, specific to that parent, without applying generalised criteria or expectations.
149. Having regard to each of the factors set out under section 1(3) of the Children Act 1989 and Section 1(4) of the Adoption and Children Act 2002, the Court is satisfied that the welfare of the children D and E demands the making of a public law Order in the form of a Supervision Order putting the children under the supervision of the Local Authority, together with the making of a

private law Child Arrangements Order. The Child Arrangements Order will reflect the reality of the situation that the children are living in the joint care of their mother and maternal uncle. A Child Arrangements Order will confer parental responsibility on the maternal uncle in respect of the children D and E.

150. A Supervision Order imposes a duty on the Local Authority to advise, assist and befriend the children. I reject the submission made on behalf of the mother that the Local Authority's suggestion of returning the matter back to Court for a further Supervision Order, if required, amounts to a threat. It is right that the parties are aware that if further supervision is required for the Local Authority to continue to provide advice and assistance to the family, it is an option for the benefit of the children.
151. The Independent Social Worker, Miss Howard, in recommending a Supervision Order also recommends that the Local Authority provide further support to the mother from an Autism and ADHD specialist, Carolyn Green. I accept, however, that Local Authority resources are not unlimited and the Local Authority must balance its resources for this family and resources for other families in need. The Local Authority has, commendably, already invested a great deal of time and resources into the family over a lengthy period of time. Under the Supervision Order the Local Authority is further committed to referring the mother to an autism advocate and refer the mother to further domestic abuse services. Additionally, the Local Authority will assist the maternal uncle in accessing a paediatric first aid course through the Family Centre when restrictions on social movements imposed by the government during the public health emergency are relaxed. The family will also have access to Children's Services and the multi-agency group under universal services, including the family centre, health visitor and allocated social worker. The Local Authority is committed to providing written feedback after each social work visit. The range of services provided by the Local Authority under the Supervision Order will enable the Local Authority to continue to support the mother and maternal uncle to ensure that the needs of the children D and E are met consistently. The Local Authority will encourage the mother to engage with further professional support to enable her to learn new strategies to manage healthier relationships. Furthermore, the children will be the subject of a Child In Need plan. The Local Authority will also assist the mother in making a backdated claim for Child Benefit. I accept the submission that Local Authority budgets do not stretch to further specialist VIG work. Whilst the VIG work undertaken to date has been useful in informing the professionals in the course of these proceedings, it is entirely understandable that this specialist work cannot be funded further for this family.
152. The Local Authority team is specialist in children matters and has equipped itself in the course of these proceedings with skills and training on issues relating to autism. There is also an overlap with the adult disability team. The Local Authority submits that it is not able to fund the specific program of work of 30 or more sessions proposed by the Independent Social Worker to be provided by Miss Green. Nevertheless, the Local Authority has recognised, commendably, that Ms Green is a professional trainer and the Local Authority proposes to undertake training work with Miss Green for its social work team, to enhance its expertise for the benefit of this family and other families within its area. That proposal appears to the Court to be a reasonable and creative solution. Although I would urge the Local Authority to consider the individual work recommended by the Independent Social Worker, ultimately that is a matter for the Local Authority.
153. These court proceedings have continued for a long period and the family has been the subject to professional support and intense scrutiny throughout. The Local Authority will, in exercising its duty of review, consider towards the end of the Supervision Order whether there is a need to extend the Supervision Order. I am satisfied that a Supervision Order of 6 months' duration is in the best interests of both children and is the proportionate response, having regard to the right of the children and the adult family members conferred by Article 8 of the Human Rights Act 1998.

In any event, the children will remain Children In Need for as long as necessary, whether or not the Supervision Order remains in force.

154. In all the circumstances, the Court happily endorses the Local Authority's final care plan for the children, as amended, including the recommendations in respect of contact. Contact has clearly been more difficult during the national public health emergency as the family have been shielding from the virus and the children's school is closed.
155. Contact in respect of the older children A and B will continue as a private family arrangement to be agreed by the maternal grandparents, who are also the children's Special Guardians, with the necessary flexibility originally envisaged. The Local Authority does not object to contact taking place at the mother's home. That will be left to the discretion of the maternal grandparents, the mother and the maternal uncle, to be guided by Local Authority during the Supervision Order.
156. In respect of F's contact, it is regrettable that during this national public health emergency, F declined to accept any remote contact with the children by video conference. During the current public health emergency, remote contact was plainly justified. From the children's perspective, remote contact with their father is important, until such time as direct face-to-face contact can resume. I am told that F has reflected on advice given to him and now sees the benefit to the children of maintaining remote contact in the short term. The professionals entrust the maternal uncle to manage contact with flexibility, given the good working relationship between him and F. The professionals recommend a light touch of supervision by the maternal uncle in respect of F's contact with the children, without too much intrusion, in a bounded environment, where supervision can take place at suitable distance. I accept that the location of contact must be kept under review, having regard to the availability of contact spaces and having regard to changing advice from the United Kingdom government on restrictions on social movement. Contact should not take place in the mother's home. For the reasons given by the Local Authority, fortnightly contact is appropriate and in the children's best interests, to be kept under review and subject to F demonstrating commitment.
157. In respect of the child C, he continues to have his own social work team. Ongoing work is underway on building up contact between C, his mother, father, uncle and maternal grandparents. The Court is informed that C continues to experience difficulties and I accept the Local Authority submission that caution is required on how to introduce the younger children, D and E, into his contact. That is a matter that will be the subject of ongoing review by the Local Authority under C's Care Order.
158. Finally, F applied only on 4th May 2020 for a Declaration of Parentage under section 55A, Family Law Act 1986 and a Parental Responsibility Order in respect of the youngest child, E. Paternity is not in dispute and the application for a Declaration of Parentage is not opposed by the mother. To his credit, F has engaged in the proceedings since the outset. He has always attended Court and prepared statements as directed. Although F has not engaged in recent remote video contact since the start of the Covid-19 pandemic and has chosen not to take up the maternal uncle's offer of attending an appointment at the Registry to amend E's birth certificate by recording F's name, F has largely attended contact previously, he engaged with the program of VIG work and he has started to make links between his behaviour and how this may impact on his children. The Court concludes that F has shown commitment and consistency. He remains present in E's life and there remains an attachment between E and his father. F already has Parental Responsibility for the child D. A Declaration of Parentage will provide a formal legal document for the child E reflecting the reality of his parentage and putting him on an equal footing with his sibling, D. It will also result in a legal record of his parentage he will have throughout his life. In all the circumstances, the Court declares F to be the father of the child E and makes a Parental Responsibility Order.

Conclusion

159. For the reasons given, the Court having made a Special Guardianship Order in favour of the maternal grandparents in respect of the children A and B and having made a final Care Order in favour of the Local Authority in respect of the child C, the Court now makes a final Supervision Order in respect of the children D and E, together with a Child Arrangements Order in favour of the mother and maternal uncle.
160. The Court dismisses the Local Authority's applications for Care and Placement Orders.

HHJ Middleton-Roy