

Before:

HER HONOUR JUDGE VENABLES

(In Private)

IN THE MATTER OF S (A CHILD)

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MISS R. CABEZA (instructed by the Legal Department, London Borough of Haringey) appeared on behalf of the Applicant.

MR. S. MOMTAZ (instructed by Fahri Jacob Solicitors) appeared on behalf of the Respondent Mother.

MISS M. CRANK (Solicitor, L & Co.) appeared on behalf of the Children's Guardian

J U D G M E N T

(As approved by the Judge)

JUDGE VENABLES:

- 1 I have before me today an application for a care order made by the London Borough of Haringey in respect of a little girl called CHILD S , who was born on 10th February 2005. Her mother is Miss J; her father Mr. S. Mr S does not have parental responsibility; the Local Authority has not been able to trace him and he has played no part in the proceedings. Mr S has not seen CHILD S for a number of years.
- 2 CHILD S appears through her Guardian, Jackie Anderson. All three parties have been represented. I have read the two court bundles and the plethora of documents filed and served even as the hearing has progressed over the last five days. The last document received was marked as the third (albeit the fourth) version of the final care plan, the detail of which I shall come to.
- 3 The Local Authority invites the court to make a full care order with a plan that CHILD S remains in a residential unit known as FH with significant therapeutic input. The Local Authority propose that CHILD S 's contact to her mother and her maternal family be reduced to six times per annum on a direct basis with fortnightly telephone contact to mother and maternal grandmother in alternate weeks. The Local Authority's plan is strongly opposed by her mother, who seeks CHILD S's return to her care. In the alternative, she asks the court to return CHILD S to the care of the maternal grandmother.
- 4 CHILD S is nine. She is not separately represented but it is clear that she wishes to return to the care of her mother or the maternal grandmother. The guardian supports the Local Authority's plan for CHILD S to remain in FH and she further supports the plan for contact subject to a full contact review.
- 5 This is a very sad case. It is quite extraordinary for the court to be asked to make an order that such a very young child should be placed in a residential unit. The children's Guardian says it is the first time in 35 years of working with children that she has supported a placement for such a young child in such a unit.
- 6 Over the course of the last five days I have heard evidence from Dr. Butler, child and adolescent psychiatrist; Ms Barker and Mr Hussain, who each completed a parenting assessment of mother. I have heard from Ms Wheeler, contact supervisor; CHILD S 's former special educational needs co-ordinator for CTS. MW, the unit manager from FH has also given evidence and I have heard, of course, from mother and from PJ, the maternal grandmother, and from the social worker and the Guardian.

- 7 The two parenting assessments of mother conducted by Ms Barker and Mr Hussain are negative. The assessment of the maternal grandmother as carer has also been negative. Dr. Butler endorses the plan for CHILD S to remain in a therapeutic residential placement.
- 8 Where there are factual matters in dispute I shall consider those on the balance of probabilities. The threshold is agreed as set out at A49 of my bundle. The mother accepts that she abandoned CHILD S in the offices of the Local Authority as a means of persuading the Local Authority to provide her with accommodation. It was a bluff that backfired and an action which I am clear she regrets greatly. The Mother and the Local Authority accept that this event had a profound effect on this little girl.
- 9 On being received into police protection on 2nd July 2013, the Local Authority checks on Mother and CHILD S revealed that Mother had experienced a very challenging childhood. She had experienced periods in care under a number of s.20 agreements when the maternal grandmother was unable to manage Miss J's behaviour. The primary records of Miss J's periods in care have not been disclosed. I am aware that some of the matters relied upon by the Local Authority as to Mother's history are challenged by her. I make no findings as to her history, but I shall refer to some of the recorded history to give some context to the concerns surrounding CHILD S and the reported parallels in the character and behaviour of mother and daughter.
- 10 Miss J was accommodated when she was 11 or 12 and from the ages of 15 to 18. She was exposed to domestic violence in the parental relationships. Her biological father had mental health issues and I am advised within the papers that he was diagnosed with schizophrenia. He spent periods of time in prison. Miss J had difficult periods in school. She was a bright child, easily bored, who was excluded from a number of schools where she was noted to be violent and aggressive to peers and staff. When in the care system, she used alcohol and drugs. The Mother's account of her relationship with her own mother is reported to have been very difficult, such that even today Dr. Butler considers she has unresolved trauma around the care and rejection she experienced as a child.
- 11 In her teenage years she had a number of residential placements in care which broke down through non-engagement and reported violence. In early adulthood there was limited antisocial behaviour with convictions for low level violence; a number of more serious allegations of violence were either dismissed or not actioned.
- 12 She fell pregnant with CHILD S, I calculate, when she was only 18. Miss J was determined that she would do things differently for her baby. CHILD S began

attending nursery when she was very small. When she was just three years old she is reported to have told nursery staff that Mother placed her hands around her neck and squeezed after she spilt a drink. During that same year CHILD S was left on her own in her flat. Mother accepts that she left CHILD S on her own alone at just three years but asserts it was for ten to 20 minutes. Mother disputes the allegation that CHILD S was left alone in the flat with a dog for up to two hours.

- 13 Subsequently a s.47 investigation was prompted by referrals from CHILD S 's school to the police. The s 47 investigation resulted in a core assessment which was not completed because of mother's non-engagement.
- 14 CHILD S was removed from school when she was six. The mother says that was because she wished to home-school CHILD S and was considering a referral to an Islamic faith school. The Local Authority suggests that CHILD S removal was a response to the school expressing concern about CHILD S behaviour: noted to take the form of aggressive and sexualised behaviour that fell outside the range of normal childhood behaviours.
- 15 Miss J s converted to Islam in 2010. She says that through her faith she has found peace and no longer uses alcohol or drugs. CHILD S attitude to Islam is ambivalent and this is something the mother feels CHILD S will resolve for herself in time.
- 16 In the period immediately following CHILD S reception into care, she experienced five foster placements and a number of respite placements which broke down in quick succession. She was seen by the Tavistock and Portman Screening Service who reported under the name of 'First Steps', on 22nd August 2013 where CHILD S presented as a child with profound psychological needs. Her behaviour was described as hyper-vigilant and highly anxious. The assessors, Dr Kershaw, clinical psychologist, and Ms Weilandt, clinical social worker, were struck by her behaviour, which was observed as controlled and controlling. The level of violence displayed, coupled with the sexualised play was particularly concerning [E184]. The assessors expressed the view that CHILD S posed a risk to herself and others and required a high level of support. At E186 they said:

“The severity of CHILD S psychological health needs and the high risk she presents warrants intensive as well as organised intervention.”

- 17 The report goes on to consider the issue of her educational needs whilst noting her intelligence and says:

“CHILD S will struggle to access education in a mainstream setting and therefore requires an assessment for a Statement of Special Educational Needs at the earliest opportunity.”

- 18 Within the broken foster placements, CHILD S was noted to be threatening and physically abusive towards younger children in a range of settings. She is reported to have driven a scooter into a two-year-old and shouted at and shaken a baby whilst living with a foster family.
- 19 In October 2013, after a series of failed foster placements, the Local Authority made the decision to effect a pragmatic placement by placing CHILD S with her maternal grandmother. Such a placement presented significant difficulties in view of the problems Mother had experienced in the maternal grandmother’s care coupled with the maternal grandmother’s failure to act protectively in respect of CHILD S . Nonetheless, the Local Authority appear to have considered that this was the only viable option for a family placement. The maternal grandmother was asked to sign a written agreement setting boundaries around Mother’s contact with CHILD S [G24-26].
- 20 CHILD S contact with her Mother whilst in foster care indicated that Mother and daughter had a complex and challenging relationship. Dr. Butler considered the descriptions of contact indicated that Mother was critical and controlling. Dr. Butler noted that CHILD S made allegations that she had been physically abused by her Mother and had been hit with implements. Whether such allegations are well-founded has not been tested, but the fact of the allegations indicates a significantly damaged child and a troubled Mother and child relationship.
Dr. Butler observes[E68]:

“There are real concerns that there has been significant aggression in the relationship between the mother and CHILD S . This is backed by CHILD S disclosures of physical abuse.”

- 21 She summarises CHILD S as presenting with significantly disordered attachment development and says that this has developed within her relationship with Mother from birth. She says [E77]:

“I think she has symptoms of unresolved physical abuse and she is constantly driven by the need to keep herself safe. She is hyper-vigilant to environment, aggressive in a pre-emptive way, and extremely controlling.”

- 22 In looking at placement plans, Dr. Butler opined that her future placement needs should include consideration of therapeutic residential placement and therapeutic foster placement.
- 23 The Local Authority say that CHILD S presentation in care was indicative of the abusive parenting she received from her Mother: which relationship was necessarily made more intense after her removal from school in 2011. I note that Mother was prosecuted for removing CHILD S from education.
- 24 Mother says that it was CHILD S removal into foster care and the repeated rejection she experienced with the broken foster placements that caused the extraordinary behaviours recorded during contact, in foster care and in school. the Mother and Maternal grandmother said in evidence that the level of disturbance noted in CHILD S behaviour after she was placed in foster care had never previously been seen in the family. The mother told me with considerable feeling that her own experience in care led her to feel rejected and to reject, to rebel and to disengage, and she is fearful that CHILD S is repeating her behaviours.
- 25 Dr. Butler, Mr. Hussain, Ms Barker and the guardian all challenge the proposition that CHILD S problems have only arisen in care. Dr. Butler in her oral evidence said that in her professional opinion CHILD S level of disturbance was unlikely to have arisen for the first time in foster care. She posits that CHILD S attachment strategies developed in infancy and says that whilst the challenges of foster care may have heightened her stress the pattern of behaviour was already established.
- 26 The Local Authority allege that Mothers behaviour contributed to the breakdown of CHILD S foster placements by her failure to adhere to contact regimes, the provision of a mobile phone to CHILD S, tracing the foster carers' number and contacting CHILD S without agreement. The Local Authority further assert that Mother's unauthorised contact with CHILD S whilst she was with the maternal grandmother served to undermine that placement as well.
- 27 It is not possible for this court to determine the full chronology of events surrounding the breakdown of the placement with the maternal grandmother. What is clear, however, is that when CHILD S was placed with her grandmother on 23rd October last year, the Local Authority agreed that contact would be supervised independently through the Five Rivers Agency and that within a relatively short period Mother was having additional contact including unsupervised contact. The mother acknowledged in evidence that she and CHILD S made two unauthorised trips to Birmingham to see Mother's partner Mr. L including a full week in Birmingham over the school Christmas break.

- 28 The mother and the Maternal Grandmother have described their relationship becoming strained in February 2014. They say the strain was, in part, caused by the maternal grandmothers wish to regularise Mother's contact in line with the local authority plan. At the February 2014 LAC review it became apparent that Mother understood rather more about CHILD S routine than the Maternal Grandmother. I note that CHILD S was present and challenged the professionals at the review about the amount of contact she was formally allowed with her mother. This suggests she had become caught up in the adult deceit of the Local Authority since she was enjoying a significant amount of contact with her mother outside the formal arrangements.
- 29 When challenged the Maternal Grandmother admitted, that Mother and CHILD S had been having more contact than authorised. She told the Local Authority that she felt herself to be under pressure from Mother.
- 30 During the course of the placement it would appear the extended family tried to help Mother and Maternal Grandmother to manage their differences. There were a number of informal and formal family group conferences. The Local Authority say the family made it clear Mother was demanding and bullying which behaviour was placed a strain on the maternal grandmother. Furthermore significant tensions were noted between CHILD S and R (the Maternal Grandmother's 14-year-old daughter). CHILD S is reported to have used physical violence against her young aunt on a regular basis. R is recorded as saying that she would run away if CHILD S didn't move out.
- 31 The Maternal Grandmother accepts that she spoke to the Local Authority solicitors in March 2014 about problems within the family and agreed to make a statement on behalf of the Local Authority about the pressures on the placement. In her oral evidence she acknowledged that things had been strained between her and Mother and that it had been her wish to do things properly. She accepted that Mother and her daughter CJ had an unstable relationship; that CJ had described Mother as a bully and told her to call the police if Mother came round.
- 32 It is clear that the Maternal Grandmother loves CHILD S very much and has been very distressed by her removal from the family. However, when the case came before Recorder Gupta in April on the hearing of the Local Authority's application for permission to remove CHILD S from the Maternal Grandmother the Maternal Grandmother elected to play no part in that hearing.
- 33 It is the Mother's case that CHILD S time in the Maternal Grandmother's care was a period of relative stability, notwithstanding the unauthorised maternal contact. Further, she asserts that CHILD S behaviour improved. Unfortunately,

the changing positions of Mother, the Maternal Grandmother and the maternal siblings Cardell and Clarissa means the court is unable to rely on the family's assessment of CHILD S progress with the Maternal Grandmother.

- 34 I am mindful that CHILD S attended the CTS during the period she was with her grandmother. CTS report that her behaviour was managed but became more challenging. In evidence Mr C (Senco) said that the cumulative behavioural difficulties caused the school to look at its strategies to keep her within school. Very sadly, they were beginning to consider the option of exclusion but did not do so in view of CHILD S impending removal from the to FH.
- 35 In her oral evidence Ms Wheeler, from Five Rivers spoke positively of the contact she observed between Mother and daughter. Ms Wheeler appeared in place of the principal supervisor M Aron. Regrettably Ms Aron was unable to give evidence as she is now living abroad. Ms Aron's written observations of contact were largely positive, save for her contact report on the final contact she observed. This report makes clear that the contact was difficult and challenging. She concluded her final entry with a recommendation that contact should revert to a contact centre.
- 36 CHILD S moved to her current placement in the residential unit known as FH in May. She has had three contact visits with the maternal family since that date. The Local Authority say that CHILD S' behaviour was challenging and disruptive in the days leading up to and immediately after her first two contacts with the family. Ms Wyatt, the manager of the unit did not observe the same problems before and after the third contact. Furthermore, the unit say that Mother and Maternal Grandmother have been having telephone contact without difficulty. Dr. Butler felt that the level and form of telephone contact should be managed by the unit. The Local Authority and the Guardian have reservations about such contact because they feel the principal priority for CHILD S is to settle in placement and for the unit to begin to assess and implement a therapeutic package of support.
- 37 Mother has been very well represented throughout this hearing, and I have been impressed by the quality of the statements produced on her behalf. Mother has been described as a bully, bullying, lacking in insight, manipulative and aggressive. Her early statements and exchanges with professionals, as recorded in the assessments, indicate she is a woman of considerable intellect who has an enduring mistrust of professionals. Her recent statement and her oral evidence to this court suggest a shift in that position and in her presentation.
- 38 Miss J has just had her second child, AL. AL is but a few weeks old. She too is the subject of proceedings. The Local Authority responsible for AL is TH. The

baby has not been removed. Mother and her husband, Mr. L, are being assessed. Miss J has more trust in the professionals in TH. They report she is working well and there is an intensive parenting assessment underway. So far the assessment appears positive.

- 39 The proceedings concerning AL are currently before another Family Court. Those proceedings were not transferred to this court. I am advised that Mr. L is regarded as a protective factor by both the court and the professionals concerned with AL's care.
- 40 In her oral evidence to this court Miss J spoke of the recent parenting course she attended called Parenting Practice; the details are set out at C24 in my bundle. Miss J was able to articulate what she feels she has learned in terms of both applied and reflective parenting. Her learned knowledge has not yet been significantly tested around contact. I note that the last contact supervised by Miss Aron took place at the end of April by which time mother had completed most, if not all, of this parenting course. However, as the Guardian and the social worker noted, Mothers presentation in evidence during this hearing and her evidence as set out in her last written statement is very different in tone and quality to that seen before. She acknowledged a developing awareness of the contribution she had made to CHILD S' extraordinary difficulties by the imposition of her authoritarian parenting style.
- 41 Dr. Butler sees the damage to CHILD S as being of a much greater significance and degree than Mother is yet able to take responsibility for. However, I think Mothers shift in position is both positive and important for CHILD S.
- 42 I accept the basis of the assessments of Dr Butler, First Steps, the social worker and the Guardian as to the nature and degree of harm suffered by CHILD S. I further accept the assessment and recommendations of the parenting assessments of Mr Hussain and Ms Barker.
- 43 Recent Court of Appeal authorities have served to remind the court of the need to conduct a clear and comprehensive evaluation of the placement options for a child in assessing welfare. CHILD S welfare is paramount in my deliberations and it is important for me to consider the welfare checklist. I remind myself that the threshold having been crossed: Articles 6 and 8 of the Convention are engaged.
- 44 It is perhaps unfortunate that the written evidence of the Local Authority and Guardian did not expressly set out the pros and cons of the realistic placement options for CHILD S. Whilst this was addressed in oral evidence, *Re BS* makes

clear that it a written summary of the internal positives and negatives should be provided.

Positives of placement with mother:

- 45 CHILD S strongly desires to return to the care of her mother. She seeks to be with her baby sister and be part of the family unit with her stepfather Mr. L. Mr. L has not played a part in these proceedings save to write a statement of support for Mother, but he is someone CHILD S knows.
- 46 CHILD S is only nine; she is a little girl. A family placement will enable her to be in a familial environment which is consistent with her cultural and religious needs. Miss J s says that CHILD S could return to her immediately. She has accommodation and CHILD S could return to CSchool. Mother asserts that the local CAMHS could be asked to address CHILD S' therapeutic needs within the community. Furthermore Mother says she will seek therapy for herself
- 47 Dr Ratnam Consultant adult psychiatrist assessed Mother. She considers Mother to demonstrate borderline personality traits and recommends therapeutic provision which she anticipated may be available for 16 to 20 weeks. Miss J says she is now ready to engage with the Local Authority.

The disadvantage of a placement with Mother

- 48 To date Miss J has shown limited engagement with the Local Authority. She has shown limited insight; has undermined the authority of the foster parents; provided a phone to CHILD S; traced a foster carers number. Furthermore she failed to work openly with the Local Authority when CHILD S was placed with the Maternal Grandmother and ultimately undermined contact arrangements and placement with the Maternal Grandmother. It is noteworthy that Mother did not introduce the name of Mr. L into these proceedings until April 2014 notwithstanding the couples' marriage last year or their subsequent cohabitation earlier this year. Neither did she share the fact of her marriage with her own family until relatively recently this year.
- 49 Whilst I understand Mother is reluctant to trust and engage with this Local Authority, she must recognise that she has a long history of non-compliance in working with authority figures, and that it will take some considerable time for the agencies to be confident that she has developed a real, as opposed to manufactured, insight. I hope that her heightened intellect will enable her to see the value of sustained engagement for both children.

- 50 Dr. Butler and the other professionals are also concerned as to the level of risk CHILD S would pose to AL. Mother feels that the risk is manageable and that CHILD S' triggers can be monitored. Dr. Butler disagrees. She describes the risk to AL posed by CHILD S as being 'in the moment' and considers that CHILD S is impossible to predict and would need 24-hour supervision around a small child.
- 51 Mother asserts that the Local Authorities' assessment of the risk posed by CHILD S to small children is wholly inconsistent with the Local Authority's decision to place CHILD S with Auntie Clarissa and her new-born baby for respite earlier in the year. I agree there is a tension in their position but it does not serve to reduce the risk but rather raises questions as to the basis of their earlier decision. Indeed this court would be concerned that if CHILD S were returned home then those assessing the placement risks for AL may come to share the views of Dr. Butler, the Guardian and this court, as to the risk CHILD S currently poses particularly for a sibling with whom she would have to share her mother's time and affections.
- 52 It is further important to record that I accept the assessments of Miss J by Dr Ratnam and Dr Butler and consider she has a significant level of therapeutic need. In consequence there is an enhanced risk that the complex and enmeshed parent/child relationship will revert to the pattern of behaviours that caused such significant harm to CHILD S' emotional and psychological health.

Positives of placement with the maternal grandmother

- 53 CHILD S would benefit from the same positives that would flow from a family placement with her mother as set out above and I am clear that CHILD S would wish to be with her Maternal Grandmother, for whom she has great love and respect, if she cannot be with her Mother.

The disadvantages of a placement with Grandmother

- 54 The disadvantage of such a placement flows from the maternal grandmother's failure to work co-operatively with the Local Authority or to protect CHILD S both during the course of these proceedings and historically. This will therefore place CHILD S at ongoing and significant risk of emotional harm.

The positives of FH

- 55 FH is a small residential children's home which has access to therapeutic support through its sister resource at CX. The Local Authority has confirmed its commitment to this court to fund a psychiatric assessment of CHILD S within

four weeks either on a private basis or by urgent referral through CAMHS, whichever is the earlier.

56 It is noteworthy that CHILS S' Guardian, who has 35 years experience of working with children, finds herself, supporting a residential unit as the only effective means of meeting CHILD S' needs. I accept the Guardians analysis of CHILD S' presentation and need.

57 Very sadly CHILD S has not been able to settle in a family environment. This alternative form of placement is the only realistic placement option that will enable her to settle and to re-engage with education. Once she is settled, a therapeutic package can be built around her. Her high level of need can only be met with such a supported placement.

58 I note that the unit is not operated on a therapeutic model as recommended by Dr Butler . It has to bring in or buy in services. I further note the unit did not work to fix a timeframe around obtaining a psychiatric assessment and developing a therapeutic package until the court asked for clarification of the package. Thus, whilst the plan is now choate, it will be incumbent on the IRO, that is the independent reviewing officer, to work proactively to ensure;

59 (1) the psychiatric assessment takes place within four weeks;

60 (2) the package is devised with clear therapeutic input;

61 (3) there is a named lead in the therapeutic team who should confirm the resources required to the Local Authority within four weeks.

The disadvantage of the placement at FH

62 The unit does not operate on a therapeutic model; it does not provide the nurturing environment of the family; it does not meet CHILD S' cultural or religious needs.

63 It is very important to recognise that CHILS S' self-esteem and identity have already been challenged by her life experiences to date. The Local Authority accept that this is, principally, an all white placement and further that CHILD S is in a, predominantly, all white school. It seems likely that she will face some degree of racism.

64 The Local Authority has taken some time to recognise the need to train someone to help CHILD S manage her personal hygiene, her skin and her hair. Making provision for her to make one visit to a culturally appropriate hairdresser who can

dress her hair is simply insufficient. Further her diet has not been tailored to meet her cultural needs. There is a clear need for staff to take on board her dietary needs.

- 65 The Local Authority's propose that CHILD S be integrated with other non white pupils across CX and other resources within the PG. CHILD S is a young girl on the cusp of puberty and the Local Authority will need to develop an enhanced personal plan for her care by the time of its LAC review.
- 66 The experts in this case are all of the view that CHILD S extraordinary level of complex need means that her return home to Mother or the Maternal Grandmother is simply unsafe. Thus, and notwithstanding the deficits in the local plan, I remain satisfied that the plan is choate and weighing in the balance the positives and the negatives, conclude that the balance must tip in favour of a full care order with a plan for placement at FH which I consider to be a proportionate response to the risks of harm.

Contact

- 67 The Local Authority care plan is for direct contact with the maternal family to take place six times per annum subject to review. It is a level of contact that Dr. Butler and the Guardian support as being necessary to enable her to settle and engage in therapeutic work. Of the three contacts CHILD S has had with the family at FH it would appear that her behaviour spiked before and after the first two. The evidence of Ms Wyatt is that there has been no reported spike around the third contact. Furthermore, Ms Wyatt says that CHILD S enjoys the telephone contact with her mother each week and that has not proven disruptive.
- 68 As a Looked After Child, there are statutory six-monthly reviews. The Local Authority proposed professionals' meetings eight-weekly where contact will be looked at in the context of the overall plan. They have formally agreed to call LAC reviews every three months for the first 9 months of this order.
- 69 Whilst I accept the considered evidence of Dr. Butler and am persuaded of the need to see CHILD S settle in placement, it is important for contact to be carefully managed as part of the assessment of CHILD S therapeutic needs. I consider that any review of contact should be conducted on the presumption that contact will be increased in consultation with her therapist. She is such a young child to be living away from her family and loved ones. She will not have the benefit of the close physical nurturing elements of care that all experts say mother has been able to provide from time to time. I am concerned that a review should critically examine the option of increasing the time or frequency of contact during the longer holidays in consultation with her therapist. I will ask the Local

Authority to confirm its commitment to conduct its review of contact on that basis. I shall in any event record this court's assessment on the face of my order in a recital and direct that this judgment be made available to the IRO.

- 70 As to indirect contact, I again accept the recommendation of Dr. Butler which is that the unit, in consultation with the therapeutic team, should determine the level. I further consider it necessary for the Local Authority to call LAC reviews three-monthly for the first nine months so that the mother can participate. It should not be forgotten that mother is engaged with another Local Authority with whom she enjoys a more positive relationship. If, as she hopes, AL remains in her household and subject to the development of her own insight, mother's contribution to intelligent debate around CHILD S needs should be actively encouraged.

Education

- 71 Turning now to education which is the last matter of concern to me. CHILD S is a very bright child, even as her mother is a very bright woman. CHILD S' intellectual functioning has enabled her to function academically in school. She has had significant difficulties in engaging with peers and teachers because of her significantly impaired social development. Dr. Butler and Mr. Hussain both urge the Local Authority, as corporate parent, to ensure this child is made the subject of an educational statement because if one is not prepared and she is not appropriately supported in the primary context, she will have significant difficulties in secondary school.
- 72 I was very concerned to hear that the Local Authority's Complex Children's Panel appeared to take the view that, because CHILD S is keeping up academically, she could be managed within the state system without the need of a statement. Both Dr. Butler and Mr. Hussain are clear that this is ill-judged.
- 73 I propose to direct that there be a transcript of Dr. Butler's evidence to be ordered at the expense of the Local Authority which will be passed with her report to the IRO, together with this judgment, and those documents shall be listed in the recital to this order.
- 74 I am aware of the limits of my jurisdiction. Furthermore, I am alive to the fact that the Local Authority's plan is sufficiently Choate for the court to go on to make a final order. Nonetheless, I am hopeful that if the IRO has access to the expert evidence and the evaluation of that evidence by this court, it will enable the Local Authority, as corporate parent, to ensure the child's developing needs are addressed in a timely fashion.