

IMPORTANT NOTICE

This judgment was delivered in private. 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 no person other than the advocates or the solicitors instructing them and other persons named in this version of the judgment may be identified by name or location and that in particular the anonymity of the child[ren] and members of their [or his/her] 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.

Case No: ZC19C00242.

IN THE FAMILY COURT AT CENTRAL FAMILY COURT

IN THE MATTER OF [THE CHILDREN ACT 1989

AND IN THE MATTER OF C (A CHILD)

Date: 6 January 2020

Before :

DISTRICT JUDGE DUDDRIDGE

Between :

ROYAL BOROUGH OF GREENWICH

Applicant

- and -

M (1)

F (2)

Respondents

C (THROUGH HER GUARDIAN) (3)

(instructed by) for the

(instructed by) for the

Hearing dates: 18 – 22 November 2019, 18 December 2019

APPROVED JUDGMENT

CARE PROCEEDINGS BROUGHT BY THE ROYAL BOROUGH OF GREENWICH

IN THE MATTER OF C (a child)

JUDGMENT

Introduction

1. I shall use the following abbreviations:
 - a. LA: the Royal Borough of Greenwich, the Local Authority bringing these proceedings
 - b. C: the child the subject of these proceedings
 - c. M: C's mother
 - d. F: C's father
 - e. G: C's guardian ad litem
 - f. PGP: F's mother and step-father who were assessed as potential special guardians
 - g. MC: a cousin of M and her partner, who were also assessed as potential special guardians.
2. I mean no disrespect by these abbreviations, which I adopt both for convenience and because the parties have requested that this judgment be published in anonymised form. In addition to the above abbreviations, I use further abbreviations below to refer to the authors of the various reports and statements and the other witnesses.
3. This is my judgment following the final hearing which took place during the week commencing 18 November 2019. LA was represented by Mr Clough, M by Ms Mather, F by Ms Hughes and G by Mr Bain, all of counsel. I am grateful to each of them for their assistance. I record my particular thanks to Ms Mather, who was instructed at very short notice to represent M after counsel originally instructed was taken ill during the weekend immediately before the final hearing. I am also grateful to the advocates who assisted both parents during the hearing and to LA for enabling the advocates to attend.
4. I also express my gratitude to TM, the team manager, who stepped in to complete LA's social work evidence after SW, the allocated social worker, fell ill during the hearing and to ISW, independent social worker, who interrupted her holiday in Jamaica to give evidence by videolink.
5. At the conclusion of the hearing, I announced that my decision was that C should remain in her parents' care but I required further evidence as to the support LA, other agencies and family and friends could provide to the parents before I could decide whether to make a supervision order or no order. I directed LA to file and serve further evidence and adjourned the case to 18 December 2019 for delivery of my judgment and making of final orders. LA's

further evidence is dated 29 November 2019 but, for reasons not known to me, did not reach me until 16 December 2019 when LA forwarded it to me directly at my request. In that evidence, LA sets out that it seeks a supervision order and gives details of the support that can be made available to the parents by LA and other agencies and family members. A separate letter, also dated 29 November 2019, addresses the parents' housing status.

6. At the hearing on 18 December 2019, I was unable to deliver judgment and my final decision, partly because I had not had sufficient time to consider LA's further evidence properly but also because I had not had sufficient time to complete this judgment although I had largely written it. I therefore adjourned the case to 10 January 2020 when this judgment will be handed down in writing.

Overview

7. M is 20 years old and F is 22. Each has a learning disability. M has a severe learning disability and has been assessed with a full scale IQ of 63. F has borderline learning difficulties with a full scale IQ of 73. F also has ADHD, for which he requires medication. When he doesn't take his medication, he is prone to frustration and loses his temper easily. He has also been prescribed anti-depressants.
8. C was born prematurely at 34 weeks on [a date in] 2017 with a congenital heart condition (Tetralogy of Fallot), which was repaired by heart surgery on 9 February 2018, when she was about 6 months old. She has a number of other conditions including:
 - a. Global development delay ("GDD")
 - b. Reduced tone of lower limbs
 - c. Brachycephaly (flattened profile to the back of the head and the trunk)
 - d. Small chin
 - e. Short palpebral fissures (openings in the eyelids).
9. During these proceedings, genetic testing has been carried out on C which has identified that she has an underlying genetic condition, HIVEP2-related intellectual disability inherited from F. This predisposes her to learning disability and, according to the paediatric report of Dr R obtained during these proceedings, is a causal factor in her GDD.
10. LA has been involved with the family since before C was born. A referral was made to them by the Family Nurse Partnership ("FNP") before she was born, raising concerns about the parents' ability to understand and meet C's needs, F's aggression and the hygiene of the home environment. C was made the subject of a child protection plan under the category of neglect on 17 October 2018. The Pre-proceedings Public Law Outline ("the PLO") was implemented on 2 November 2018 and the parents have had separate legal representation since then.
11. During the PLO, LA commissioned cognitive assessments of each of the parents by MC, who provided the reports on their respective IQs and the severity of their learning disabilities referred to above. LA also commissioned a "PAMS" parenting assessment by ISW. That assessment was conducted over a period of about 5 weeks and ISW prepared a substantial and detailed report running to 386 paragraphs over 63 pages (not including the appended letter of instructions), dated 8 February 2019. ISW identified a number of shortcomings in the parenting C had received and expressed the views that she had been neglected throughout her whole life and changes in parenting were needed to address the parenting

issues she had identified. She said that C was showing signs of an insecure attachment in which she makes few demands upon her carers, does not express her needs consistently and her parents are not sensitively attuned to her needs, and she had experienced harm as a result of exposure to domestic abuse. ISW expressed concern that change would not be achieved within C's timeframe and that she was already in need of compensatory care. She was concerned about the parents' inability to engage in support and their lack of motivation. She thought that they would require intensive parenting programmes that would be likely to take between 6 and 9 months to complete, given their learning difficulties. Changes would only be achieved if the parents accepted the need for change and were committed and remained motivated. She expressed serious doubts that they would be able to make long term changes. Significantly, having regard to issue of "parenting with support" raised by this case, she also said that there were indications that appropriate services have not been made available to the parents in a timely manner.

12. Throughout the report, ISW made recommendations for further support including childminding, and for teaching or training to be provided to the parents to address their learning disabilities and enable them to improve their parenting capacities. In her recommendations, she identified four options for LA to consider and analysed the strengths and weaknesses of those options:
 - a. C to remain at home while the parents engage in change promotion work for 8 weeks, but in reality change would potentially take between 2 to 6 months.
 - b. An additional carer to be identified to support the parents in caring for C at home.
 - c. The parents be placed with C in a parent and child foster placement.
 - d. C be placed with alternative carers while the parents engage in change promotion work.
13. It is worth noting that the fourth option contemplated that C's removal would – or at least might - be temporary whilst the parents engaged in change promotion work. It is also notable that the report focussed on the work required to bring about changes within a reasonable timescale rather than the long-term support M and F might need throughout C's minority.
14. Having outlined and analysed those options, ISW recommended that work begin with the parents under option 1, with preparations being made to remove C from their care if the situation did not improve quickly or there was a further decline in C's care. At paragraphs 381, 382 and 383, ISW made a number of specific, detailed recommendations about the support and interventions that were required and the issues the parents needed to address. At paragraph 384 she recommended that the parents' progress be reviewed at least every 6 weeks and that there should be an updated parenting assessment on completion of the programme to see whether they had made sufficient progress, developed new skills and were able to sustain changes. At paragraph 385 she made recommendations as to the circumstances in which the plan should stop.
15. The above recommendations by ISW were made before any genetic testing had been carried out on C and before the paediatric report of Dr R had been obtained. ISW therefore did not know that C has HIVEP2-related intellectual disability which is a causal factor in her GDD. Her opinion that C was showing signs of an insecure attachment, based on her observations that C "*makes few demands upon her carers, does not express her needs consistently and her parents are not sensitively attuned to her needs*", therefore needs to be viewed in the context of that gap in the evidence available to her.

16. On 21 March 2019, DF carried out a Bayley Assessment of Infant and Toddler Development. C was at that date 19 months, 18 days (18 months 4 days corrected for her pre-term birth). DF's assessment of C's development, which was consistent with GDD, was as follows:
 - a. Cognitive abilities were equivalent to 10 months
 - b. Receptive language was equivalent to 13 months
 - c. Expressive language was equivalent to 11 months
 - d. Fine motor skills were equivalent to 2 months
 - e. Gross motor skills were equivalent to 7 months.
17. LA did not in fact implement, or fully implement, the detailed recommendations made by ISW before they issued these proceedings on 9 April 2019 (by application notice dated 4 April 2019).
18. It was not clear from LA's written or oral evidence what caused them to issue the proceedings at that time without first pursuing the programme of support and intervention recommended by ISW. G recognised in her evidence that, in neglect cases in which there is no precipitating event, the assessment as to whether to issue proceedings can be a difficult one for local authorities to make. G suggested that it might have been the letter from Dr B, community paediatrician, dated 27 March 2019 which led LA to conclude that they should bring proceedings. That letter contained a number of positive observations about C's development but concluded that generally her development had improved only very slightly and this was not satisfactory. She had also dropped her weight percentiles. Dr B intended to refer C to a dietician but recommended that she be weighed monthly by the Family Nurse Practitioner and that she might have to be admitted to hospital for investigation if she continued to fail to thrive. But, whilst the contents of that letter were concerning, they did not show any urgent need to issue proceedings at that stage: certainly, Dr B did not suggest that that was necessary. Moreover, it should be noted that Dr B was unable to carry out a full developmental assessment because C was unwell.
19. In his closing submissions, Mr Clough said that there had been a core group meeting shortly before the proceedings were issued which linked the proceedings to C's continuing failure to gain weight.
20. I shall address LA's final case as to threshold in due course. The interim threshold set out in the application notice asserted that C had suffered significant harm or was likely to do so attributable to her parents' care not being what it would be reasonable to expect parents to give. LA relied on the fact that C had been subject to a child protection plan since 17 October 2017 under the category of neglect and asserted that there remained concerns of cumulative neglect and the lack of understanding on the parents' part to adequately meet C's needs. The threshold allegations were grouped under four headings:
 - a. Neglect, relying substantially although not exclusively on the contents of ISW's report;
 - b. Emotional harm and abuse, asserting (implausibly, in my view, given C's age) exposure to emotional harm by exposing C to violent video games, but also that F often tells C to "shut up" when he is playing video games and she seeks attention;
 - c. Domestic abuse, relying on a number of incidents reported by professionals;
 - d. F's mental health, in particular the impact on his mood and behaviour of failing to take his medication for ADHD.

21. LA's interim threshold was supported by the written evidence of SW, set out in the initial Social Work Evidence Template ("SWET"). That evidence asserted that "*[C] is suffering significant harm as a result of neglect and her holistic needs are not being met adequately*" (emphasis added). The chronology set out in that document contained a number of examples of arguments between the parents and observations suggesting that they were not meeting C's needs or implementing advice they had been given about how to promote her development. SW's evidence referred to her own observations but it is clear that the chronology is based largely on the observations and reports of other professionals such as ELA, CE and Artemis.
22. As with ISW's report, LA's case at the commencement of proceedings has to be viewed in the context of the gaps that existed in the evidence available at that time, as compared with the greater knowledge that is now available as a result of the assessments carried out during the proceedings.
23. When the proceedings were issued, LA sought an interim care order ("ICO") and planned to place C with PGP, subject to assessing them. The initial assessment was concluded on 29 April, shortly before the first hearing. It was generally positive about PGP's ability to care for C but came to a negative conclusion. According to LA's case summary for the first hearing: "*The main reason for reaching this conclusion was that while [PGP] had initially accepted [LA's] concerns about the care Emily was receiving, they informed the social worker on 23 April that they did not believe there were any concerns and did not know why [LA] had started care proceedings.*"
24. G did not support C's removal from her parents' care in the interim. At the first hearing on 1 May 2019, I found that the threshold under s.38 Children Act 1989 was established but I was not satisfied that C's welfare required her removal from her parents' care in the interim or, indeed, the making of any interim public law orders. I therefore made no order but directed that there should be a written agreement between LA and the parents on the basis that LA could restore the matter to court if the parents did not keep to the terms of that agreement.
25. On 10 May 2019, I made detailed case management directions, including directions for various assessments and timetabling through to a final hearing. On 20 May 2019, I made directions for genetic testing to be carried out on C. I have made other case management orders as required during the progress of the proceedings but need say no more about them at this point.
26. I have already mentioned the results of the genetic testing, which were set out in a report dated 27 August 2019.
27. I have also briefly referred to the opinion of Dr R, Consultant Paediatrician, set out in a report dated 23 August 2019. Dr R set out C's history in some detail and referred to previous assessments that had been carried out, including the assessment by DF (the results of which are consistent with GDD), and the genetic analysis. Dr R stated that the description of C being hypotonic and her gross motor skills being more delayed than other aspects of her development is consistent with HIVEP2-related intellectual disability. Developmental delay can also be associated with congenital heart defects. Tetralogy of Fallot is considered of medium seriousness and is associated with an increased risk of developmental delay over the more simple forms of congenital heart disease. A further risk factor is that C was born preterm.

28. According to Dr R, C therefore potentially has multiple causes for her developmental delay. He said that the developmental delay caused by inherited HIVEP2-related intellectual disability and any aspect associated with tetralogy of Fallot will not ameliorate with time. If there is an environmental aspect to her developmental delay, which cannot at present be delineated, that could be ameliorated by stimulatory input. As to whether C's GDD was a consequence of the parenting C had received, Dr R said:
- a. "It is not possible to comment as [C] has multiple causes for her developmental delay so it is not possible to state that the lack of progress between her assessments was caused by lack of parental stimulation or was entirely related to the organic causes of her developmental delay", and
 - b. "It is not possible to contribute (sic) any aspect of C's developmental delay to her parenting as she has proven organic causes for that delay. The only way that a parental factor could be elucidated is if C is placed in a different environment and shows developmental catch up which would indicate that lack of parental stimulation was a factor in an element of C's developmental delay."
29. Dr R expressed the view that, because of her GDD, C requires a type or level of care above that which a parent would ordinarily be expected to give: she requires consistent increased input to try to maximise her developmental ability in all areas of her developmental delay regardless of the cause of that delay. In response to a question about the support or guidance that should be provided to C's carers to ensure that her needs are met as fully as possible, he stated:
- "In my opinion [C] requires ongoing physiotherapy both at home and professionally to improve her fine and gross motor skills. She requires formal child development assessment with a subsequent child development plan to maximise skills with regard to cognition, expressive and receptive language and social skills."
30. Dr C carried out a psychological assessment of both parents and reported on 6 September 2019. He detected no signs or symptoms of any mental health problem affecting M and considered the primary influence for her would be her intellectual level. He said she also has a rather deferential and non-assertive personality. The relevance of her intellectual level should not be under-stated: her intellectual functioning appears in functional terms to be quite limited and, accordingly, to have a significant influence on her capacity to be a good enough parent. So far as F is concerned, Dr C found that he was not all that directly revealing of his mental health but was guarded and had a, not unpleasant, "let's get this over with" approach to their meeting. He commented that F's ADHD was sufficiently serious to require medication and he was also seen as needing an anti-depressant although there was not a lot of information to explain why he needed it. Dr C's "reading between the lines" was that F's anger and frustration tolerance issues were not resolved. So far as their relationship is concerned, F is more intellectually able than M and it is very likely that he will consistently be the dominant personality in their relationship. If he has a problem with anger and frustration tolerance, then M is in a "one-down" position and essentially vulnerable. Both parents said their relationship had improved but Dr C did not feel able to assess this very well as neither was very revealing. However, he said the best prediction he could offer is that *"there is a good chance that there will be more conflict unless things change and settle down, and their capacity to manage conflict and adopt a constructive or conciliatory approach is unclear."*

31. So far as parenting is concerned, Dr C said that:
- a. based on what he had observed directly and read “it is clear enough that neither will have the wherewithal to set up and maintain the right kind of high-standard of parenting that [C] requires for the foreseeable future.”
 - b. “I think both parents struggle to understand how much they need help. Both ... are broadly aware that [C] will require ‘more’ care than most babies, but I think they do not come very close to appreciating what this would involve in detail. And we know that medical care requires careful attention to detail.”
 - c. Addressing the prospects of success for any treatment recommended (for F), Dr C said that the main thing that would make a difference to F is setting up his life where he wants to be, living where he wants to live, in better accommodation and for things to settle down. “But the important issue remains his intellectual capacity to take on the task of parenting [C], to an extent compensating for [M], and making the requisite difference. I do not see that he is going to be able to manage that in the long term.”
 - d. M “is someone with disabilities who will struggle to meet the complex requirements of being a good enough parent in this situation.”
32. Dr C’s written report was, therefore, quite negative about the parents’ ability to meet C’s needs. However, his report was silent about whether they can parent with support and the nature of the support they would need.
33. LA did not carry out an updated parenting assessment. They relied on the assessment carried out by ISW in February 2019. They also asserted that the evidence of SW, the allocated social worker, set out in the SWETs dated 8 April 2019 and 17 October 2019, dealt with all aspects of parenting.
34. LA carried out full Special Guardianship Assessments of PGP and MC. Both were positive. At the IRH, LA’s position was that C should be removed from her parents’ care and placed with MC under a SGO. That remained their position when they served their final care plan shortly before the final hearing began but, at the start of the final hearing, they altered their position to placement with PGP under a SGO. This remained their position at the conclusion of the hearing.
35. The parents opposed LA’s care plan. Their position was that C should remain in their care and LA should co-ordinate a suitable package of support from LA, other agencies, and family members to enable the parents to bring up C in their care.
36. In her final analysis, G supported the parents’ position. She was critical of LA’s evidence, which she considered did not adequately address either the parents’ parenting capacity or the support that they required. She said that LA had not complied with the written agreement entered into on 1 May 2019: in particular they had not provided either childminding support (which ISW had identified as necessary in her report) or family support from Artemis before the end of August 2019, when Artemis started providing weekly support. G said that, in her meetings with the parents, they had demonstrated insight into LA’s concerns. They accept that they need support and can use it, and F accepts that he must

take his medication and address his anger issues. G found the parents' care of C to be impressive – not only her basic care but her need for stimulation, soft tones used, encouraging and responding with praise. The home had been untidy but not unhygienic.

37. G reported that C had made significant progress since G first saw her in April. When G observed C at home and nursery on 11 November 2019, apart from her small stature and lack of speech, she was like her peers, running, playing, engaging with parents, nursery staff and other children. She was sociable. She was initially cautious but with her parents' comfort approached and interacted with G in her own unique way. She is beginning to vocalise and is on a long waiting list for speech therapy. She is putting on weight and eating foods higher in calorific value. On 18 October 2019, she had a paediatric review with Dr B-R, who was pleased with her progress and would not need to see her for a year. The parents had followed advice from the dietician and C was doing well. She was now walking independently. G found her progress extraordinary. G observed her to have a strong and significant relationship with her parents. The nursery manager told her that C is delighted when her parents arrive to collect her, and is *"scooped up, hugged and kissed."* G said that ISW would be surprised to see C now. The nursery manager is very pleased at C's progress in the nursery and reported that she (the nursery manager) has a good relationship with the parents. Contrary to the impression of vulnerability in the written evidence, C is a resilient, steely, determined little girl who has developed her own sophisticated communication system to play and interact with others. The parents are emotionally attuned to her and her emotional touchstone. She does not stand out in a nursery of two year olds.
38. G's view is that C can remain with her parents with a scaffold of support in place. She identified a number of sources of support from the parents' family and friends, who G said would do what is asked of them. If she remains at home, C will continue to have access to the Children's Centre; morning sessions will be available from January 2020 and C could then attend stay and play sessions at the Centre in the afternoon. Physiotherapy and speech and language therapy will take place at the nursery and the parents will receive support from the staff there. F had begun "Time to Talk" counselling and would like specialist anger management work and parenting courses. G said that he may well respond to the Caring Dad's programme. Both parents would benefit from healthy relationship work and M would respond well to the Freedom Programme. G mentioned that F's mother had reported that a change in medication had helped him. The parents would need help with managing money. In G's view, C remaining in the parents' care was *"the only realistic option, a safe decision and one that is in C's lifelong best interests. C and her parents need support not removal."* She had made significant progress and the parents had *"continued to be cooperative, engaged in assessments, appointments for C and crucially proved that they have the capacity to benefit from support."* G recommended that Artemis should continue to visit fortnightly for 6 months, tapering down to monthly and said what the family need *"...is in fact old fashioned social work, a sympathetic worker, kind and ready to offer advice and support."* Other agencies may also be able to offer appropriate support. G doubted that a supervision order would add anything and, in oral evidence, suggested that it might inhibit other agencies from providing support because they would view it as LA's responsibility to do so.
39. Although G did not support C's removal from her parents, she said that, if C were removed, she would not support her being placed with MC but with PGP.
40. It is clear that a number of things have changed during the course of the proceedings: we now have a better understanding of C's condition and the reasons for her GDD; F's medication has been changed and he is taking it regularly, helping to stabilise his mood; C

has been receiving physiotherapy at home from CE, a physiotherapy technician; the parents have been receiving family support from Artemis since the end of August; C has been attending the Children's Centre; C has made significant progress in relation to her development and, for example, is now walking, interacting with others and gaining weight. The parents showed me a delightful video taken on a mobile phone of her walking and interacting with them, as well as some photographs of them together. C has made this progress while in her parents' care and without any interim order in place. This needs to be seen in the context of Dr R's opinion that the only way to ascertain if parental care had contributed to her GDD would be to remove her from their care and see if her development caught up: her development has progressed whilst in their care, with the benefit of the support they have been receiving from CE, the Children's Centre and their families and without the need for an interim order.

41. One thing that has not changed during the proceedings is the parents' housing situation. They are currently occupying temporary accommodation, in a one bedroom flat in a hostel providing supported accommodation for young people. LA conceded that the flat is inadequate and unsuitable accommodation in which to bring up C. For example: it is too small and provides limited space for C to have suitable toys or to play in, particularly now that she is mobile; its location in a hostel for young people means M and F are exposed to antisocial behaviour and theft or damage to their belongings in communal areas; they do not have access to their own washing machine but have to pay to use communal laundry facilities, although the Children's Centre is now helping them with their laundry. G's report refers to them struggling to do their laundry before this, including when the lift at their accommodation was out of service. However, although LA accepts that their accommodation is unsuitable, they have been suspended from bidding for alternative accommodation. LA has given inconsistent information about the reasons for their suspension:

- a. A statement from SW dated 8 May 2019 stated that they had been suspended because of "*collective concerns from all professionals involved with them*" but did not identify specifically what were the concerns or which professionals held them. She stated that it was felt that their current accommodation was the best place for them to remain while there were concerns and *all* professionals did not deem it appropriate for them to move on.
- b. An update from LA's housing department dated 31 May 2019 explained that LA offered a move on service for residents in supported housing, which is something they are not legally required to do and has no statutory framework. The letter set out the nature of the support that is provided, which appears to be designed to assist parents in such accommodation to manage a tenancy agreement, with a view to avoiding homelessness. However the letter went on to say that "*the criteria for move on had been reached*" (emphasis added) but there was uncertainty about the number of bedrooms M and F would require and their application had been suspended because "*the housing department was aware that the court had to decide on whether C should remain in their care*". They had been liaising with SW and ELA. The housing team awaited clarification from the Court in order to reactivate the housing application and "*the only matter remaining to be clarified is the size of the property*" (emphasis added). The clear inference of these statements is that M and F had met the criteria required by the support programme to move out of the supported accommodation and had been suspended from bidding solely because of the uncertainty caused by LA's position in the care proceedings.

- c. In oral evidence, TM said that M and F had been suspended from bidding because they required to complete the supported housing assessment as to whether they could move on, implying that their failure to complete the programme is the reason for the suspension and they are therefore responsible for it. That oral evidence is supported by the letter from the housing department dated 29 November 2019, which states that, whilst M and F are now eligible to bid for a two bedroom property their ability to do so remains suspended pending completion of the housing support programme, and encourages F in particular to engage in completing the assessment.
42. The provision of appropriate accommodation to M, F and C is a matter for LA which lies outside my jurisdiction or proper influence: Holmes-Moorhouse v Richmond-upon-Thames LBC [2009] UKHL 7. However, I am concerned about the contradictory evidence LA has provided on the issue. At the very least, it is clear that the suspension of the parents' ability to bid for alternative accommodation was influenced predominantly by LA's position in the care proceedings. SS accepted that the unsatisfactory nature of the accommodation has imposed additional stress on the parents and impacted on their ability to provide good enough care to C. I question whether this was compatible with LA's duties under s.17 of the Children Act 1989 but that is not for me to decide. The progress M, F and C have made has to be viewed in the context of the unsatisfactory and stressful environment they have been living in.
43. Having said that, Ms Mather told me at the hearing on 18 December 2019 that she has been reassured that the parents' housing will be resolved shortly.
44. At that hearing, Mr Clough informed me that LA has agreed to a change of social worker, as requested by the parents and G. LA sought a supervision order for reasons set out in its further evidence. The other parties informed me that they invite me to make no order. Miss Hindle, who appeared for G at that hearing, said that G did not consider an order to be necessary in view of the evidence of the parents' engagement with LA during these proceedings and their willingness to engage in future.

Learning disabled parents: parenting with support

45. In In re D (A Child) (Care Proceedings: Adoption) [2016] EWFC 1; [2017] 4 WLR 55, Sir James Munby P considered what approach social services and the court should take to parents with learning difficulties. The entire judgment merits careful reading but paragraph 1 of the headnote distils the following principles from it (the underlining is mine):

“(1) that it was vitally important to bear in mind that family ties might only be severed in very exceptional circumstances and that society had to be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent; that the concept of parenting with support had, wherever possible, to underpin the way in which the courts and professionals approached parents with learning difficulties; that judges had to make absolutely certain that parents with learning difficulties were not at risk of having their parental responsibilities terminated on the basis of evidence that would not hold up against normal parents; that their competences were not to be judged against stricter criteria or harsher standards than other parents; that where, however, adoption was in the child's best interests, local authorities had not to shy away from seeking, nor courts from making, care orders with a plan for adoption,

placement orders and adoption orders; that there were occasions when nothing but adoption would do; and that it was essential that in such cases a child's welfare should not be compromised by being kept with their family at all costs."

46. In his judgment, Sir James Munby P. adopted the observations made by Gillen J in the Northern Irish decision of In re G and A (Care Order; Freeing Order; Parents with a Learning Disability) [2006] NIFam 8, para 5, and appended the relevant paragraphs of Gillen J. to his judgment. Those paragraphs are essential reading, but the following statements are particularly important (again the underlining is mine):

"(2) People with a learning disability are individuals first and foremost and each has a right to be treated as an equal citizen. Government policy emphasises the importance of people with a learning disability being supported to be fully engaged in playing a role in civic society and their ability to exercise their rights and responsibilities needs to be strengthened. They are valued citizens and must be enabled to use mainstream services and be fully included in the life of the community as far as possible. The courts must reflect this and recognise their need for individual support and the necessity to remove barriers to inclusion that create disadvantage and discrimination. To that extent courts must take all steps possible to ensure that people with a learning disability are able to actively participate in decisions affecting their lives. They must be supported in ways that take account of their individual needs and to help them to be as independent as possible.

(3) It is important that a court approaches these cases with a recognition of the possible barriers to the provision of appropriate support to parents including negative or stereotypical attitudes about parents with learning difficulties possibly on the part of staff in some Trusts or Services. An extract from the Baring Foundation report provides a cautionary warning: 'For example, it was felt that some staff in services whose primary focus was not learning difficulties (eg in children and family teams) did not fully understand the impact of having learning difficulties on individual parents' lives, had fixed ideas about what would happen to the children of parents with learning difficulties and wanted an outcome that did not involve any risks (which might mean them being placed away from their family); expected parents with learning difficulties to be "perfect parents" and had extremely high expectations of them..."

(4) This court fully accepts that parents with learning difficulties can often be 'good enough' parents when provided with the ongoing emotional and practical support they need. The concept of 'parenting with support' must underpin the way in which the courts and professionals approach wherever possible parents with learning difficulties. The extended family can be a valuable source of support to parents and their children and the courts must anxiously scrutinise the possibilities of assistance from the extended family. Moreover the court must also view multi-agency working as critical if the parents are to be supported effectively. Courts should carefully examine the approach of Trusts to ensure this is being done in appropriate cases. In particular judges must make absolutely certain that parents with learning difficulties are not at risk of having their parental responsibilities terminated on the basis of evidence that would not hold up against normal parents. Their competencies must not be judged against stricter criteria or harsher standards than other parents. Courts must be acutely aware of the distinction between direct and indirect discrimination and how this might be relevant to the treatment of parents with learning difficulties in care

proceedings. In particular careful consideration must be given to the assessment phase by a Trust and in the application of the threshold test.

(5) ... Too narrow a focus must not be placed exclusively on the child's welfare with an accompanying failure to address parents' needs arising from their disability which might impact adversely on their parenting capacity Trusts should give careful consideration to providing child protection training to staff working in services for adults with learning disabilities. Similarly those in children's services need training about adults with learning disabilities ...

(7) Children of parents with learning difficulties often do not enter the child protection system as a result of abuse by their parents. More regularly the prevailing concerns centre on a perceived risk of neglect, both as a result of the parents' intellectual impairments, and the impact of the social and economic deprivation commonly faced by adults with learning difficulties. It is in this context that a shift must be made from the old assumption that adults with learning disabilities could not parent to a process of questioning why appropriate levels of support are not provided to them so that they can parent successfully and why their children should be taken into care. At its simplest, this means a court carefully inquiring as to what support is needed to enable parents to show whether or not they can become good enough parents rather than automatically assuming that they are destined to fail. The concept of 'parenting with support' must move from the margins to the mainstream in court determinations."

47. In In re D, it was argued that D would require better than good enough parenting. In response to that submission, Sir James Munby P. said (para 143):

"...Although ['better than good enough parenting'] is a conventional way of expressing it, the real point surely is this. What is required is parenting which is 'good enough', not for some hypothetical average, typical or 'normal' child, whatever that means, but for the particular child and having regard to *that* child's needs and requirements. Where, as with D, the child has needs over and above those of other children his age, then what is 'good enough' for him may well require a greater level of input."

48. In the event, Sir James Munby P. concluded that D's parents could not meet his needs even with support and made a placement order (a care order having been made earlier in the proceedings). There were three main reasons for that conclusion: (i) parenting with support was not sustainable because the parents would not be able to work in partnership with the agencies providing that support; (ii) the gap between D's needs and his parents' abilities was too great to be bridged with support; (iii) in reality, D would end up being parented by his professional and other carers rather than his parents and that was not in his best interests.

49. Mr Bain drew my attention to the President's Guidance on Family Proceedings: Parents with a Learning Disability, which refers to the guidance issued under the title "The Working Together with Parents Network update of the DOH/DfES Good Practice Guidance on working with parents with a learning disability (2007)" ("the WTPN Guidance"), which was updated in September 2016. The President's Guidance states that the 2016 WTPN Guidance was referred to with approval and applied in A Local Authority v G (Parent with Learning Disability) [2017] EWFC B94, a decision of HHJ Dancey which is available on Bailii. Paragraph 38 of HHJ Dancey's judgment contains a very helpful summary of the key principles contained in the WTPN Guidance. I do not intend to set that summary out in full; the following statements (with cross-references to the relevant parts of the WTPN Guidance) are

of particular relevance in this case (the paragraph numbers are those in the judgment, the underlining is mine):

“i) Services need to help enable children to live with their parents (as long as this is consistent with their welfare) by providing the support they and their families require. This accords with the general duty under s.17(1) of the 1989 Act to provide a range and level of services to safeguard and promote the welfare of children in need and their upbringing by their families (insofar as it is consistent with their welfare). (p.4)

ii) Good practice is also underpinned by an approach to parenting and learning disability which addresses needs relating to both impairment and the disabling barriers of unequal access and negative attitudes. Such an approach recognises that:

... If the problem is seen as entirely related to impairment and personal limitations, it is difficult to understand how to bring about positive changes for parents and their children.

... If the focus is, instead, on things that can be changed (such as inadequate housing) and support needs that can be met (such as equipment to help a parent measure baby feeds), there are many more possibilities for bringing about positive improvements. (p.4)

ix) A range of services is required. All families are different and at different stages of their life cycle families require different types of support. (1.3.3., p.16)

x) A need for long-term support does not mean that parents cannot look after their children. (1.4.1. p.20)

xi) Although a parent with learning disabilities can learn how to do things, their cognitive impairment will not go away. Just as someone with a physical impairment may need personal assistance for the rest of their life so a person with learning disabilities may need assistance with daily living, particularly as new situations arise. Secondly, children and their needs change. A parent may have learned to look after a baby and young child and be coping well. However, as the child enters adolescence other support needs may arise. (p.21)

xii) Where a need for long-term support with parenting tasks is identified, it should form part of the community care and or child in need plan. (1.4.2. p.21)

xv) It is particularly important to avoid the situation where poor standards of parental care, which do not, however, meet the threshold of being of significant

harm to a child, subsequently deteriorate because of a lack of support provided to the parent. A failure to provide support in this type of situation can undermine a parent's rights to a private and family life and may also contravene an authority's disability equality duty. (p.25)

xvi) Families affected by parental learning disability are likely to have an ongoing need for support. (p.27)

xviii) Both children's and adult workers will need specific training in order to respond appropriately to the needs of families affected by parental learning disability. Child protection training strategies should include adult learning disability services."

50. In that case, HHJ Dancey concluded that the parents could not provide good enough parenting to meet their children's needs even with support. Their mother would need such extensive support that it would amount to substituted parenting. Their father was unable to bridge the gap because he had not sufficiently understood the local authority's concerns to enable him to change. The judge was concerned that the stress caused by returning the children to their parents' care would cause the placement to break down, and the children needed attuned parenting to repair the harm they had already suffered due to neglect in their parents' care.
51. The statements made in the above authorities and guidance need no further elaboration. It is clear that local authorities and the court must ensure that the possibility of parenting with support is properly and thoroughly investigated before concluding that a child should be removed from learning disabled parents, and that learning disabled parents are not discriminated against or treated unfairly in the approach taken before and during care proceedings. The recognition that cognitive impairment is permanent means there is a requirement to consider not merely what changes can be made to the quality of parenting given to the child but how parents with learning disabilities can be supported to provide good enough parenting throughout the child's minority. The fact that parents with learning disabilities are likely to need support throughout the minority of the child is not, by itself, sufficient justification for removing a child from their care. On the other hand, it will be right to do so where the evidence shows that the parents will be unable to provide good enough care to meet the child's needs even with support.
52. The authorities suggest two main reasons that might lead the court to conclude that parents cannot provide good enough parenting even with support:
- a. the gap between the child's needs and the parents' abilities is too great to bridge with support: for example, because the support will amount to substituted parenting;
 - b. parenting with support will not be sustainable because the parents do not have the capacity to work in partnership with the agencies supporting them or to make necessary changes.

The Evidence

53. I have read the written evidence contained in the documents, reports, assessments and statements in the hearing bundle. I have already referred above to some of the significant parts of the written evidence.
54. I heard oral evidence from the following witnesses:
- a. Dr C, who was questioned about his psychological report on the parents.
 - b. ELA, from FNP, who made a statement setting out the contents of emails she sent to SW on 24 June 2019 and 8 August 2019, in which she expressed concerns about what she had observed on those dates. ELA had also provided the LA with a document headed "Report for Court" dated 1 May 2019. Although that document is contained in the Expert Reports section of the bundle, it addresses factual matters rather than matters of expert opinion. However, it set out a detailed chronology of ELA's involvement with the family and provided much of the factual foundation for LA's case on threshold.
 - c. CE, the physiotherapy technician, who had prepared a statement dealing principally with her observations of the family during a home visit on 3 July 2019, which also stated that C was making good progress with her therapy and M had engaged well with her.
 - d. SW, who had prepared the social work evidence contained in the initial and final SWETs, the care plan, the SG assessments and the housing report dated 8 May 2019 referred to above. Unfortunately, SW fell ill and was taken to hospital the evening after she had given evidence in chief and was therefore unavailable for cross examination.
 - e. DJ, a support worker from Artemis, who has provided written reports of the sessions that she has had with the parents since she became involved in August this year.
 - f. ISW, the ISW whose report I have referred to above.
 - g. TM, SW's team manager, who stepped in to complete the social work evidence and was cross-examined about LA's case after SW was taken ill.
 - h. G, whose analysis I have referred to above.
55. The parents each made written statements, which I have read. All parties agreed that it was not necessary for me to hear oral evidence from them and, therefore, they did not give oral evidence. Neither of the proposed special guardians gave oral evidence but I have read their written statements.
56. Dr C's written report was short and its conclusions stated very concisely. In oral evidence he explained that this is because his approach is to listen to his subjects and base his conclusions on what he gets from them. In this case, the parents had not had a great deal to say, so he had limited material to work with. However, he accepted that he had not considered the question of support at all. He explained that this was because of a sense of realism about what support could be provided in the real world but accepted that the question of support was fundamental and his failure to address it therefore undermined his

report. He said he did not strongly disagree with G's view that the parents need old-fashioned social work. He agreed that his conclusions were pessimistic and had focussed on the parents as individuals without placing them in a support context. He accepted that his report was compromised but said he had not arrived at grossly inaccurate conclusions. He said that the type of support the parents need was outside his expertise. Addressing their housing situation and "*things settling down*" after these proceedings have ended will make the biggest difference to F. He agreed with me that the facts that F had been in work consistently since C was born and that the parents were up to date with their rent and were not in debt, showed that they can function well although it does not necessarily show they are good parents. He also agreed that they are devoted to C, committed to her and highly motivated to care for her and that makes a lot of difference: it is a building block on which a lot can be built. The parents and G made reference to Dr C's description of one paragraph of his report as "a car crash", but I do not think too much can be made of that. The paragraph in question suffered from a lack of proof-reading, but that does not necessarily undermine the rest of the report. It is, however, consistent with an overall impression I have formed that Dr C's written evidence was superficial, prepared quickly and, as he himself accepted, lacking in rigour.

57. ELA has worked with the family since C was born and has provided a detailed chronology of her involvement. Mr Bain remarked on the fact that she had been asked to provide a witness statement that focussed on two incidents (in which she expressed concerns about F's behaviour). He submitted that this showed a lack of balance on LA's part and an intention to focus on a certain outcome. To be fair, the witness statement dealt with concerns that ELA had raised after her first report dated 1 May 2019, which was included in the bundle and includes much more detailed and balanced information about ELA's work with the parents. However, it is important to evaluate Mr Bain's criticism in the context of CE's evidence also as set out below.
58. In her oral evidence, ELA told me that she had not been updated on C's progress since August. She had last seen her on 6 August, when she had witnessed F become angry and aggressive over the telephone when trying to deal with issues about his council tax. She accepted that he had a lot to be frustrated about and that she had no evidence to support her statement that this might be typical of his behaviour at home. She accepted that she had been surprised that C remained with the parents following the first hearing in May, because she thought C should have been removed. She also accepted that, when she had set out her concerns in writing, she had not drawn together the positives although her report had referred to positives and she had had positive interactions with the parents. She was unaware of Dr R's assessment and could not comment on the genetic testing. Her view was still that the parents would need a lot of support and she was debating with herself whether C should remain in their care. Her evidence was helpful but it is important to read her report fully to gain a balanced view of positives and negatives, and to place her views in the context that she has not directly observed the progress C and her parents have made since early August, with the benefit of the support they have received from the Children's Centre and Artemis.
59. CE's written statement dealt with one visit that she had made on 3 July 2019 and is implicitly critical of F for not interacting with her, M or C, during that visit. In her oral evidence she explained that she had been contacted by LA's safeguarding team and asked to prepare a statement dealing with one of the notes she had put on the computer. However, she had made a record of every visit she had undertaken and did not know why LA had singled out that particular visit. She accepted that F had not interacted with her during that visit

because she was busy working with C, although it would not necessarily have been disruptive had he done so. She said that this lack of engagement was not typical and during other visits she had observed F interacting well with C and he had also interacted with her. The general tenor of CE's oral evidence was that the parents had engaged well with her. Although they had missed some physiotherapy sessions, they had now completed the two blocks of work she had been assigned to do. She described C cruising around and said it was positive that she was now mobile.

60. Mr Bain made a similar criticism of LA in respect of CE's evidence as he made about ELA's. LA made it known at the first IRH on 15 October 2019 that they intended to serve evidence from ELA and CE. They also made it known at that hearing that their final care plan would be for C to be removed from their parents and placed with MC. It is also notable that they invited MC (but not PGP) to attend at that hearing, which understandably distressed the parents and caused their advisers a certain amount of consternation. If Mr Bain's criticism was confined to ELA's witness statement, it would have rather less force, since that witness statement deals with matters that had arisen since ELA's first report. However, the obvious inference in respect of CE's evidence is that LA had asked her to prepare a witness statement dealing with the single negative report that she had made, because they considered that supported their case for removal. Furthermore, they did not ask for a statement from DJ (whose evidence about the parents was positive: see below) separate from the reports that she prepared following her sessions with the family. Viewing ELA's and CE's witness statements in that context, I am left with the impression that LA was, by that stage, focussing narrowly on obtaining the evidence that would support the outcome it sought, rather than standing back and considering whether the totality of the evidence justified that outcome. It is likely that this was because, at that stage in the proceedings, LA was focussing on the evidence required to discharge the burden of proof. However, in my opinion, Mr Bain's criticisms of a lack of balance and an intention to focus on LA's desired outcome are justified.
61. As mentioned above, SW was taken ill after giving her evidence in chief and so was not cross-examined. Her written evidence relies to a significant extent on the observations and expert evidence of others, particularly ELA and Dr C. The chronologies in both her initial and final SWETs refer largely to incidents reported to LA by other agencies. SW did not carry out a parenting assessment of the parents because LA relies on the assessment by ISW and the cognitive and psychological reports provided by Mr C and Dr C respectively. It is difficult to discern which parts of SW's evidence, and which of her conclusions, are based on her own, independent observations and assessment of the parents rather than the reports and assessments of others. In her oral evidence, SW accepted that she had relied on Dr C's opinion and acknowledged that he had accepted that he had not considered the question of support. She maintained that LA and other agencies had provided substantial support, which the parents had failed or been unable to engage with or respond to sufficiently, and that they would continue to need substantial support. However, I found her evidence on these particular issues, and how they have impacted or will impact on C's development, to be rather vague and generalised. No doubt they would have been explored with her in more detail had she been available for cross-examination.
62. DJ prepared a number of reports following her sessions with the parents. As I have mentioned, she was not asked to prepare a witness statement. In her oral evidence, she confirmed that the parents had both worked well with her and benefited from her support. They had been courteous and welcoming. She had no concerns about their relationship. F was pro-active with C when DJ was there. DJ had provided them with general family

support, including supporting M to ensure she kept appointments, and with some financial matters. The parents had shown no reluctance to work with her and had not missed a session. She had been able to work in partnership with them and she had seen them make progress. She confirmed that she would most likely be the support worker assigned to continue working with the family if Artemis remain involved for 6 months after conclusion of these proceedings.

63. ISW's evidence was interposed to enable her to give evidence by videolink at the arranged time. She said that she had been most concerned about the parents' apparent lack of motivation: they had been dipping in and out of services and saying they would engage with certain things but not doing so. She acknowledged that her evidence was 9 months out of date by the date of the final hearing, and that LA had not carried out the work that she had recommended or obtained an updated parenting assessment. She said that LA had not contacted her since her assessment to discuss that work but this was not unusual. She accepted that there had been significant changes since her assessment and the description given by G is very different from what she observed but said it was difficult to say how much was attributable to changes in parenting and how much to the support they had received. She expressed the opinion that the support they required could amount to co-parenting. When she saw C, C needed compensatory parenting. But ISW accepted that her assessment was out of date and I had to be careful how much weight to place on it in the context of the information that is now available. She was at a disadvantage providing any up to date opinion as she had not seen the parents for 9 months.
64. As I have mentioned, TM stepped in at short notice to complete LA's evidence. This meant that she had only a very limited opportunity to prepare and refresh her memory of the documents and SW's evidence. Of course, I take that into account in evaluating her evidence. However, even making allowance for it, I was surprised at her apparent lack of familiarity with the details of LA's evidence given that she had approved the social work evidence and care plan and had attended court throughout the hearing. I felt that her answers tended to be rather general rather than specific, and she found it difficult when challenged to give precise evidence, for example about some of the threshold issues. I found her quite a defensive witness who was anxious to justify LA's conduct and position. She accepted that Dr C had acknowledged that his evidence was compromised and said she had discussed that with the service manager, but LA's position had not changed because that was not the only evidence they relied on. She accepted (although seemed reluctant to do so at first) that LA had not carried out the work recommended by ISW or carried out a further parenting assessment, although she asserted that SW's evidence had dealt with all aspects of parenting. She accepted that it had been a mistake not to carry out the work ISW recommended but was unable to explain why not, other than that it had been an oversight. That is not a satisfactory explanation, given that LA had decided to commence proceedings despite not having acted on ISW's recommendations. TM maintained that LA had been providing support throughout its involvement and that, whilst the parents have made progress, it was not sustainable and LA still considered that the parents will not be able to provide good enough parenting to C. She said that LA had "exhausted every resource".
65. I found it revealing that TM considered that C and her parents will need support throughout her minority and this would not be in C's interests, because she would not have a "normal childhood". In my judgement, that answer ignored the fact that C needs significant professional intervention in any event (e.g. physiotherapy, speech and language therapy (SALT) and, in due course, support for any learning difficulties that emerge). It also betrayed that TM had not really grasped the concept of parenting with support. She later said that she

had heard of that concept, but had not received any training in working with parents with learning difficulties following the decision in Re D. She said that the support the parents require would mean *“it was all down to professionals”*. When I asked her to give specific details about that support, she referred to things such as potty training, help setting boundaries as C grows up, engagement with SALT, and pre-empting C’s health needs. But she did not give details of what support with those aspects of parenting would actually entail or how it would be provided; the evidence she did give failed to demonstrate that the parents would need such extensive support as to amount to substituted parenting or to undermine C’s relationship with them.

66. Cross-examination of TM exposed a number of other gaps in LA’s evidence. I have referred to the absence of any up to date parenting assessment. SW’s evidence deals with LA’s views about parenting capacity but, as mentioned above, it is difficult to discern what, if any, direct observations those views are based on. The final SWET contains no analysis or assessment of C’s attachment to her parents. TM asserted that it did contain an assessment of the impact on C of removing her from her parents but the only references to that issue in the final evidence appear in the realistic options analysis at s.7 of the report, which lists within the factors against removal, that C *“will be separated from her parents”*. That conventional, banal statement is essentially meaningless in the absence of a proper, appropriately detailed, assessment of the relationship between C and her parents and the particular impact on her, given her specific circumstances, of removing her from their care. The final SWET contains no such assessment. The evidence in the initial SWET was limited to a brief statement that C would be likely to find removal from M’s care traumatic, although it suggested that a move to PGP might mitigate the impact on her. Another surprising omission from LA’s final evidence is that, despite having carried out positive assessments of two potential sets of special guardians, and there being evidence of other family members who are willing to provide support, and there having been a family group conference at my direction shortly before the final hearing, the evidence contains no assessment of the support that might be available from the family or the effect such support would have on the parents’ ability to care for C. TM accepted that the evidence did not give specific details about the support that could be provided through other agencies.
67. TM accepted that the parents’ accommodation is unsatisfactory. As I have mentioned, she asserted that they were suspended from the bidding process for alternative housing because they had yet to complete an assessment with their current housing provider as to whether they could maintain their tenancy, implying that they are responsible because they have not undertaken that assessment. I have already referred, above, to the contradictions in LA’s evidence on this issue. In her further evidence dated 29 November 2019, TM states that the letter from the housing department of the same date demonstrates that the decision about housing has been taken by the housing department and not children’s services. I infer that she has included this defensive statement in an attempt to continue to justify her view that children’s services are not responsible for the suspension of bidding for more suitable accommodation. However, it misses the point. I accept that housing decisions are taken by the housing department but it is clear from the evidence referred to above that the decision to suspend bidding was influenced significantly by children’s services, with whom the housing department were liaising closely. I find TM’s continuing failure to recognise that concerning as it suggests a resistance to considering whether children’s services should have done things differently in this case.

68. All of the above creates the impression that, as Mr Bain submitted, LA's approach has been driven by a narrow focus on the outcome it has sought since the start of proceedings, instead of standing back and looking at the evidence as a whole, in a balanced way, when formulating and reconsidering its final care plan. This impression is reinforced by LA's decision to press on with its case despite Dr R's evidence, G's final analysis and, in due course, the admission by Dr C that his conclusions (on which Mr Clough had said LA relied heavily) were compromised. At the conclusion of the evidence relied on by LA, I invited them to reconsider their position. They did so, but stated that they wished to pursue their case and to cross-examine G. Of course, they were entitled to do that but it adds to the impression that LA was determined to obtain the particular outcome it sought. Mr Bain did not suggest, and I do not believe, that this was due to any lack of integrity on LA's part. In my view, it most likely stemmed from a failure to internalise the principles in Re D and integrate them in practice. This has led LA to focus on deficiencies in the parents' capacity and adopt inflexible assumptions about their impact on C's welfare, to rely on evidence that has become out of date whilst giving insufficient recognition to the changes and progress that have been made during these proceedings, and to fail properly to consider and identify how the parents can be supported in the long-term to provide good enough parenting to C. I can understand that, at the start of these proceedings, LA believed based on the evidence then available that C was already suffering significant harm as a result of neglect by her parents. But once the evidence revealed that her GDD could not be attributed to her parents' care, the focus should have shifted to identifying and providing the support the parents needed and reviewing the progress they made, as had been recommended by ISW.
69. TM repeatedly made the point that, however sympathetic we may be to the parents, we have to focus on C's welfare. Of course, that is correct: C's welfare is the court's paramount consideration. But it is well established that a child's interests include being brought up within her family unless that would be harmful to her. This principle is embedded in s.17 (1) of the Children Act 1989 and referred to in a number of leading authorities. The authorities I have referred to above make it clear that, wherever possible, learning disabled parents must be enabled to bring their children up. I did not get the impression that LA has really understood these principles as applied to learning disabled parents.
70. G stated that, having heard the other evidence, her opinion remained that the only realistic outcome for C was to remain in the care of her parents with a scaffolding of support around them from family and friends, the Children's Centre, Artemis, LA and voluntary agencies such as Greenwich Mencap, coordinated by LA. Their housing situation needed to be addressed urgently and things needed to settle down. She was concerned that, if I make a supervision order, agencies external to LA might not provide the support they could otherwise provide, because they would regard it as LA's responsibility to do so under the supervision order. She made a number of criticisms of LA's approach and felt they had treated the parents badly and had been inhumane. She felt angry that LA had pursued its case to conclusion of the final hearing. She had found it difficult to work collaboratively with the social work team as they had not kept in contact with her. She did not agree that her own opinion was too optimistic. She referred to the fact that support from Artemis and the Children's Centre had not been provided until August, but C had made remarkable progress despite only limited support being in place. The evidence showed that with the right support, guidance, help and kindness, the parents are able to make changes that are substantial and sustainable. She did not accept that they would need daily professional input. Her experience was that they had a lot of support from their wider family and she had found them easy to engage with and willing. She accepted that there had been concerns about the relationship between the parents and incidents of F becoming aggressive but said

those incidents had reduced in recent months and their relationship is improved. In cross-examination she accepted the validity of ISW's assessment but said things had turned around for the family over the last 9 months. She said that LA's approach seemed like social engineering; these proceedings are not about whether there are better parents out there, but whether C's parents can provide her with good enough parenting. G is convinced they can do so if provided with appropriate and reasonable support.

71. Mr Clough criticised G's evidence, suggesting that she had made a "snide" dig at ISW in her first analysis when she queried ISW's expertise in attachment, had minimised the amount of work ISW had put into her assessment and had "sidelined" ISW's and MC's reports. The implication of his submissions was that G had inappropriately sought to substitute her opinion for theirs based on more limited involvement with the family. I do not accept those criticisms. I did not think G was being unfairly critical or questioning of ISW's or Mr C's evidence; she was pointing out that her own observations were different. I agree with LA that ISW's report is thorough and detailed but her conclusions need to be re-evaluated in the light of the significant evidence that has been obtained about C's condition and the progress she has made since that report. As Mr Bain submitted, G has a particular role to play within these proceedings which requires her to review all the evidence in the light of her own observations when preparing her analysis of C's welfare needs and to express her independent view. I do not think she can be fairly criticised for questioning the evidence relied on by LA or pointing out where her own observations differed. G is a very experienced guardian; that does not mean her opinion should automatically prevail when it differs from other professionals or experts, but her views carry significant weight, particularly when set against evidence that has been shown to be out of date, compromised or flawed by important omissions. G's views are optimistic but her optimism is properly founded on the evidence of the improvements and progress that have been made in recent months and her own observations of M, F, C and the wider family.

Threshold

72. LA's case on threshold is now set out in its "Revised Final Threshold" dated 20 November 2019. In paragraph 3 of that document, LA pleads that, when these proceedings were issued on 2 April 2019:

"C was suffering or was likely to suffer significant harm; and that harm, or likelihood of harm, was attributable to the care given to her, or likely to be given to her if an order was made ... not being what it would be reasonable to expect a parent to give her.

73. However, although LA pleads both actual harm and likelihood of harm, there is no evidence that C has suffered actual harm apart from her GDD. It is now known that there is a genetic component to this as well as other organic causes, i.e. her heart condition and her premature birth. The effect of Dr R's report is that it has multiple causes and it is not possible to attribute it to the care provided by the parents. As Mr Clough rightly conceded, LA is therefore unable to prove threshold based on actual harm and must rely on the likelihood of harm.
74. The burden is on LA to prove that threshold is crossed and, therefore, to prove the allegations on which it relies. The burden is not on the parents to disprove them. The standard of proof is the simple civil standard: that is, the balance of probabilities. Allegations must be proved by evidence and inferences that can properly be drawn from the evidence,

not suspicion or speculation. In short, I will find an allegation proved if the evidence satisfies me that it is more likely than not to be true.

75. Some of the evidence relied on by LA is hearsay. Hearsay evidence is admissible in civil proceedings but, in evaluating its weight, I bear in mind that it has not been tested by cross-examination. Where appropriate, I also bear in mind that hearsay varies in its quality and reliability. For example, contemporaneous notes taken by professionals who are experienced or trained in taking notes are inherently more likely to be reliable than unattributed statements by unidentified witnesses.
76. As set out in paragraph 3 of its Revised Final Threshold, LA has to prove that threshold was crossed on 2 April 2019, when these proceedings were issued, but evidence and information obtained since then may be taken into account in deciding whether threshold was crossed on that date: Re G (Care Proceedings: Threshold Conditions) [2001] 2 FLR 1111 (CA). On the other hand, it is not unusual for parents to make improvements in response to care proceedings; the fact that such changes are made does not, by itself, mean that threshold was not crossed when the proceedings started: Re K [2019] EWCA Civ 2044.
77. When considering whether C is likely to suffer harm, likelihood means “*a real possibility, a possibility that cannot sensibly be ignored having regard to the gravity of the feared harm in the particular case*”; the threshold of likelihood is relatively low but the more significant the feared harm, the lower the required level of likelihood and vice versa: Re B (Care Proceedings: Appeal) [2013] 2 FLR 1075 (SC).
78. In Re D, referred to above, Sir James Munby P. alluded to the remarks of Hedley J. in Re L (Care Proceedings: Threshold Criteria) [2007] 1 FLR 2050, that “*society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent. It follows too that children will inevitably have both very different experiences of parenting and very unequal consequences flowing from it. It means that some children will experience disadvantage and harm, while others flourish in atmospheres of loving security and emotional stability. These are the consequences of our fallible humanity and it is not the provenance of the state to spare children all the consequences of defective parenting. In any event, it simply could not be done.*” This statement has been cited with approval, and similar statements have been made, in a number of cases including decisions of the Supreme Court. In this context, “*significant harm*” means something out of the ordinary, something more than commonplace human failure or inadequacy. The harm must be significant enough to justify the intervention of the Court.
79. At paragraph 46 above, I have quoted paragraphs from the extract from the NI decision in Re G and A which is appended to Re D. In paragraph 4, Gillen J. referred to the possibility of discrimination against parents with learning difficulties and said: “*In particular careful consideration must be given to the assessment phase by a Trust and in the application of the threshold test.*” This appears to imply that the threshold test might be modified in the case of parents with learning disabilities. However, in Re D (Care Order: Evidence) [2011] 1 FLR 447, a case which concerned a parent with learning difficulties, the Court of Appeal decided that the threshold test is and has to be an objective one. The “*care which it is reasonable to expect a parent to give*” is therefore to be judged objectively, not by the standards of the parent with the characteristics of the particular parent in question. Hughes LJ (as he was) stated: “*It is abundantly clear that a parent may unhappily fail to provide reasonable care even though he is doing his incompetent best.*” He went on to say that, when addressing the threshold conditions, concepts of discrimination in relation to the parents are simply not helpful and should not be permitted to intrude. This decision of the Court of Appeal is

binding on me and, therefore, there is no scope for adapting threshold to fit the subjective characteristics of parents with learning disabilities, notwithstanding what Re G and A, as approved in Re D, appear to suggest. Further, threshold is to be resolved from the perspective of the child, not the parents: Re H-L (Children: Summary Dismissal of Care Proceedings) [2019] EWCA 704.

80. On the other hand, the parents' learning difficulties, their capacity to parent with support and the impact on C of enabling them to do so are clearly vital questions that are highly relevant at the welfare stage of my inquiry and to the final outcome of these proceedings. Furthermore, although the threshold test is to be applied objectively, higher standards should not be expected of parents with learning disabilities than of other parents, as Re D makes clear.
81. LA sets out the factual allegations it relies on at paragraphs 4 to 10 (albeit there is no paragraph 9) of its Revised Final Threshold, with cross-references to the evidence in the hearing bundle. The Revised Final Threshold is supplemented by a Schedule which contains a list of cross-references to ELA's report.
82. Some of the cross-references to the evidence suggest that LA does expect higher standards of these parents than it would of other parents. For example: the evidence of ELA about F becoming frustrated and angry when dealing with the council tax department by 'phone on 6 August 2019 – of course, children may be upset by witnessing their parents become angry but many people, including parents, become frustrated and angry under these circumstances; ELA has reported that, on 19 January 2018, F called C fat when she had gained weight – LA specifically refers to this incident as evidence that F called C "*hurtful names*", without taking into account the context (F's learning difficulties and the fact that C had been struggling to gain weight), or that ELA reported that F said he would follow her advice; the reliance on evidence that F did not interact with C during CE's visit on 3 July 2019, discussed above; reliance on C being overdressed in hot weather on 8 August 2018 and the suggestion that they ignored advice to put her in something cooler without recording that F did take advice and opened a window to help cool the room.
83. On the other hand, the evidence contains a number of reports, by ELA in particular but also others, of M and F arguing with each other and F becoming aggressive, shouting and being abusive to M in C's presence, F not engaging with C when engrossed in his video games, some missed medical appointments, and the parents struggling to understand and implement the instructions about exercises and physiotherapy techniques for C.
84. My findings as to LA's Revised Final Threshold are as follows:
 - a. Paragraph 4: I find that, especially when F does not take his ADHD medication, he loses his temper easily and this causes him to become angry and aggressive, and sometimes to speak to M and others in ways that are abusive, including on occasions in C's presence. See, for example, ELA's reports dated 3 May 2018, 23 May 2018, 20 June 2018 and the entry dated 29 August 2019 in the social work chronology (F shouting and swearing at the SALT drop in session).
 - b. Paragraph 5: I find that there has been domestic discord between M and F in C's presence. I am not satisfied that there is a pattern of bullying and controlling behaviour on F's part but, as stated above, he can become angry and abusive, particularly when he does not take his medication. There has been one reported

incident when F is said to have hit M but both parents have said, and I accept, that he hit her accidentally while waving his arms about in the course of an argument. I am satisfied that this was an isolated accident and not a deliberate assault.

- c. Paragraph 6: M denies this allegation. It is based on an anonymous report from a parent: i.e. unattributed hearsay. In the absence of any other evidence to corroborate it, I find it is not proved.
 - d. Paragraph 7: I find that the parents have missed some medical and other appointments. The evidence suggests that this has been for a variety of reasons: sometimes they have forgotten (see the entry dated 22 May 2019 in the social work chronology); on another occasion M did not have the money to travel to the appointment (entry dated 14 August 2019); on other occasions they have arrived late due to feeding or changing C, or difficulties getting on the bus. It appears that they have not been supported with appropriate visual aids, adapted to their learning needs, to remind them of the dates and times of appointments. TM's statement dated 29 November 2019 contains evidence about a recent missed appointment with the housing support worker which both demonstrates the parents' continuing difficulty keeping appointments and highlights the failure of professionals to grasp the need to support them with this. It appears that an appointment had been made for the morning but they forgot about it and were still in bed when the housing worker arrived. This could have been avoided by the straightforward step of telephoning them in advance to remind them of the appointment. Given that it is known that they have difficulty remembering appointments, it is surprising that this was not done.
 - e. Paragraph 9: I agree that ELA's evidence shows a number of occasions of the parents arguing, evidence of F not taking his ADHD medication (which was the substance of ELA's email to the social worker dated 24 June 2019), and not taking up offers of referral to the Freedom Project, Greenwich Domestic Violence Advocacy Service, Parents as Partners and Time to Talk. G's evidence was that F had started Time to Talk, but TM's statement dated 29 November 2019 states that he has stopped. The evidence shows that the parents have had some difficulty in following advice about C's feeding and stimulation; some of this may be due to their particular learning needs but, for example, the failure to give C "tummy time" might be explained, at least for a period of time after her heart operation, by their fear of hurting her. ELA has recorded that, on 28 November 2018, M *"voiced that she didn't know how she was expected to do all the things the doctor had asked"*. However, as ELA states in her records, M was feeling overwhelmed by the instructions and needed them to be broken down into smaller steps. That is unsurprising, given her learning needs, and it is harsh for LA to characterise what she said as an "admission", with its forensic overtones.
 - f. Paragraph 10: I agree that ELA's records over her long period of involvement show that, as at 2 April 2019, the parents had been unable consistently to meet C's needs; a significant reason for this was their learning difficulties and need for the support and training identified (at a late stage in the pre-proceedings process) by ISW.
85. Bearing in mind the objective nature of threshold, I am satisfied in view of the above findings that threshold based on likelihood of significant harm was crossed when these proceedings were issued. It is known that children may suffer harm from being exposed to

their parents angry, aggressive and abusive behaviour. It is obvious that missing important medical appointments for C and failing to implement instructions as to the particular care she needs to address her GDD is likely to be harmful to her. In my view, the above matters meant that, when these proceedings started, C was at risk of not having her needs met by her parents consistently. As such she was at risk of significant harm through neglect, in particular, neglect of her enhanced needs.

86. Mr Bain submitted that, if threshold is crossed, it is “*at the lower level*”. Whilst I have some sympathy with the sentiment behind that submission, I do not think it is helpful to analyse threshold in these terms. Whether threshold is crossed or not is essentially binary and, by definition, requires the identified harm to be significant: in this case, I am satisfied that the threshold of likelihood of significant harm is crossed. Neglect of C’s enhanced needs has the potential to cause her grave harm given the complex nature of her conditions.
87. It should nonetheless be acknowledged that a lot more is known now about C’s conditions and the cause of her GDD than was known at the start of these proceedings. The parents have been living in very stressful circumstances, in accommodation LA admits is unsuitable, with the added stress of these proceedings hanging over them. F’s ADHD, which appears to cause or contribute to his inability to manage his anger, is itself a form of disability and is now being better managed following his change of medication. LA’s failure to implement ISW’s recommendations has meant that the parents have only relatively recently begun to receive support that they have needed. They have shown themselves willing to engage with that support and able to benefit from it. The evidence shows that they and C have begun to make significant progress with the benefit of that support. Although threshold is crossed, I am not satisfied on the evidence available to me either that the gap between the parents’ capacity and C’s needs is too great to be bridged with reasonable support, or that the parents will not engage sufficiently with that support.
88. In my view, albeit with the benefit of hindsight, these proceedings might have been avoided if LA had implemented ISW’s recommendations fully and promptly after receiving her report. Whilst it would be unfair to criticise LA based on hindsight, that observation is relevant to the outcome of these proceedings, as set out below.

Welfare and Outcome

89. As set out in s.1 of the Children Act 1989, C’s welfare is my paramount consideration in deciding what, if any order is appropriate. I should only make an order if satisfied that doing so would be better for C than making no order at all. I must have regard, in particular, to the welfare checklist set out in s. 1(3), which I will return to below. M, F and C are entitled to respect for their private and family life in accordance with Article 8 of the European Convention on Human Rights (ECHR). I have already mentioned that a child’s interests include being brought up by her parents unless that would be harmful to her. In accordance with Article 14 of ECHR, M, F and C are entitled to enjoy those rights without discrimination on the grounds of their various disabilities.
90. The following aspects of the welfare checklist are the most relevant:
- a. Wishes and feelings: C is too young to express her wishes and feelings. But the evidence shows that she has a close and affectionate bond with M and F. LA did not dispute this but, for example, as mentioned above, G’s evidence is that the nursery

manager has reported that C is delighted when her parents collect her from nursery and she is scooped up, hugged and kissed. G observed that their relationship is significant, the parents are C's emotional touchstone and they are emotionally attuned to her. I can readily infer that C would wish to be brought up by her parents if that can be done consistently with meeting her needs.

- b. Physical, emotional and educational needs: C has complex needs as a result of a number of factors including her premature birth, congenital heart condition and HIVEP2-related intellectual disability. She has GDD which is likely to be a feature throughout her childhood and beyond. She therefore has enhanced needs including for SALT, possibly further physiotherapy and, in due course, learning needs of her own. She is likely to require support from a number of agencies throughout her childhood in addition to her parents' care for her and independently of the support that they themselves need. As well as the needs that all children have, to have her physical needs met and to be loved, nurtured and given emotional security by her parents, C needs parents who will be able to work with those agencies to meet her needs and promote her welfare.
- c. Likely effect of any change in circumstances: In my view, given the strength of her relationship with her parents, C is likely to suffer significant emotional harm if she is now removed from their care such that removal could only be contemplated if that emotional harm is clearly outweighed by some detriment C will suffer in their care. TM effectively acknowledged this, although the social work evidence contains no real analysis of the impact of removal or the balance to be struck between the benefits and detriments to her of such removal. The impact would, however, be likely to be mitigated by placing C with family members who would promote her relationship with her parents and allow significant contact between them.
- d. Age, sex and background: C is a child aged 2 years, 4 months who is wholly dependent on her caregivers to meet her needs and is, as yet, unable to articulate her own needs, wishes or feelings. She therefore needs carers who are attuned and responsive to her.
- e. Any harm C has suffered or is at risk of suffering: I have addressed threshold above. Notwithstanding the progress the parents have made during these proceedings, leaving C in their care is not risk free: there is some risk that C might suffer neglect and emotional harm if the parents do not continue to receive appropriate support or engage with it, if they do not cooperate with other agencies who are involved directly in meeting C's complex needs, if F does not continue to take his medication, which appears to stabilise his mood, and if they do not continue to sustain improvements in their own relationship. However, removing C from their care is not risk free either since it is likely to cause C significant harm.
- f. Capability of C's parents (or any other person the Court considers relevant) of meeting C's needs: The evidence shows that the parents have, historically, struggled to meet C's complex needs but they have not received the support that ISW identified they needed until recently. The support they have received has been moderate and not so extensive as to amount to substituted parenting. The evidence shows that the parents have engaged with that support and are willing to continue doing so. C has made substantial progress with the benefit of that support, without an interim order in place, and despite the stress of these proceedings and the

unsatisfactory accommodation the family have been living in. On the evidence before me, I infer that the parents will be able to provide good enough parenting for C provided they receive appropriate, reasonable support from LA, other agencies and their family. I have not had to consider the parenting capacity of the proposed special guardians in any detail, given that I was not satisfied that LA had proved the necessity of removal in this case, but the positive assessments provide evidence that either of the proposed special guardians could meet C's needs. The PGP are better placed to do so as they live closer to the parents and already have a relationship with C. I infer that the proposed special guardians will also be able to support M and F although LA did not address that issue expressly in their evidence.

- g. The range of powers available to the Court: I should make the "least interventionist" order consistent with C's welfare. The options before me are to make a special guardianship order placing C with one of the special guardians, all parties proposing PGP if C cannot remain with her parents, or to leave C with her parents under a supervision order or to make no order.

91. I agree with G that the welfare balance in this case lies decisively in favour of C remaining in her parents' care. On the one hand, the evidence shows a close, loving attachment between C and her parents such that removal from her care would be likely to cause her significant emotional harm; C has made significant progress in her development whilst in their care over the last few months, with the benefit of support from the Children's Centre, Artemis and CE; that support has not come near to substituted parenting and the parents have been able to engage with it; they have themselves made improvements in their own parenting and their engagement with professionals; I infer on the basis of the evidence of Dr C and G that their ability to care for C is likely to be improved by a move to more suitable accommodation and things settling down after these proceedings have finished. On the other hand, although there is some risk that M and F will be unable to meet C's needs in future if they do not receive and engage with appropriate support, that risk is not sufficient to outweigh the significant emotional harm that removal would cause C, it is not necessary to remove her from their care now in order to mitigate that risk and it would be disproportionate to do so.

92. I also agree with G that C's welfare does not require a supervision order to be made in this case. In general terms, I accept that a supervision order adds little in practical terms in a case, like this, where the evidence shows that the parents are able and willing to engage with and benefit from the support provided by LA and other agencies. Specific to this case, the progress referred to above has been made, with the assistance of that support, although no interim order has been in place. I also accept G's evidence that a supervision order might have a detrimental effect by deterring other agencies from providing appropriate support because they will assume that it is LA's responsibility to do so. Crucially, in this case, what C and the parents need is not the relatively short-term intervention that a supervision order is designed to achieve, but support in the long term, throughout C's minority and possibly beyond, from a range of sources including LA, other agencies and their wider circle of family and friends. It is important therefore that the focus is on co-ordinating that long term scaffold of support, not on what can be achieved during the limited life of a supervision order. In all the circumstances, I am not satisfied that making an order would be better for C than making no order. Her welfare would be better served by LA providing and co-ordinating the long-term support that she and her parents will need.

93. I shall therefore make no order.

Final Observations

94. Ms Mather, Ms Hughes and Mr Bain submitted that LA's approach to this case demonstrated that they had not understood or internalised the principles set out in In re D and the WTPN Guidance. They have asked that this judgment be made available to the head of children's services so that they can consider what lessons should be learned from this case.
95. It will be apparent from a number of my findings above that I consider that criticism to be justified. Like G, I recognise that the resources of social services are stretched and they are performing a difficult job, under difficult conditions, for which there is little public recognition and they do so from a sense of vocation. I also accept that, in a case like this, the decision whether to start proceedings involves a difficult evaluation and a local authority is particularly vulnerable to criticism, whichever decision it makes, if it gets it wrong. LA clearly invested significant resources during the pre-proceedings phase, including obtaining the cognitive assessment by Mr C and the parenting assessment by ISW, for which they are to be commended. LA proved threshold in this case. The evidence showing that C's GDD could not reliably be attributed to her parenting and has genetic and organic causes was only obtained during the course of the proceedings. For those reasons, it would not be fair to criticise LA for issuing these proceedings even though I consider, with the benefit of hindsight, that they could have been avoided had LA implemented ISW's recommendations fully. It is, however, regrettable that LA did not attempt to fully implement those recommendations before commencing these proceedings and the explanation that this was due to an oversight is unsatisfactory. Furthermore, in my judgment, LA should have reconsidered its position robustly and thoroughly as soon as the genetic testing and the evidence of Dr R were available.
96. On the other hand, LA's evidence and conduct in these proceedings have demonstrated that, in a number of respects, they have not understood the recommendations in Re D and the updated WTPN Guidance referred to above and integrated them into their practice when dealing with learning disabled parents. It appears from TM's evidence that she, and by implication her team and children's services generally, have not received training on those recommendations and working with learning disabled parents, even though those recommendations specifically identify a requirement for such training. TM's evidence also demonstrated that she did not adequately understand the concept of parenting with support or that the fact that learning disabled parents may need support, of varying kinds, throughout a child's minority does not in itself mean that they cannot bring up their children. It is concerning that TM's evidence was so defensive, as that in itself may be a barrier to learning and producing better outcomes. The decision to suspend M and F from bidding for alternative accommodation whilst keeping them in accommodation that TM accepted was both unsatisfactory and, more importantly, impacted adversely on their ability to care for C, was a harsh and unsupportive by-product of the stance taken by children's services. TM's failure to acknowledge the role children's services played in that decision is also concerning. I can understand that the housing department will not have wished to allocate permanent accommodation until they knew whether C was going to remain in M and F's care but I question why a temporary solution was not considered. TM's attempt, in evidence, to shift responsibility for this state of affairs onto the parents unfair. LA's conduct of these proceedings has, in some respects, also failed to take into account the particular needs of learning disabled parents to receive important information in good time to enable

them to process it. In particular, their failure to serve their final evidence in accordance with the court timetable, the late obtaining of evidence from ELA and CE, the late announcement of their likely final care plan shortly before the IRH, and their decision to invite MC (but not PGP) to the IRH without forewarning the parents in advance are all open to criticism. This conduct would have been harsh and unsympathetic to parents without learning disabilities; its impact was magnified by the specific disabilities of M and F.

97. I am concerned that the criticisms I have made within this judgment might be indicative of a systemic failure to implement the guidance I have referred to. I invite LA to consider whether that is the case and, if so, what steps need to be taken to address it. I hope they will do so.

DISTRICT JUDGE DUDDRIDGE

6 January 2020