

IN THE CENTRAL FAMILY COURT

First Avenue House
42-49 High Holborn, WC1

30th September 2014

Before:

HER HONOUR JUDGE HARRIS
(In Private)

B E T W E E N :

THE LONDON BOROUGH OF X
Applicant

- and -

BZ
First Respondent

JZ
Second Respondent

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One Quality Court, Chancery Lane, London WC2A 1HR
Tel: 020 7831 5627 Fax: 020 7831 7737
info@beverleynunnery.com

MR. F. WILKINSON (instructed by the Local Authority) appeared on behalf of the Applicant.
MISS A. MOORE (instructed by MW Solicitors) appeared on behalf of the First Respondent.
MR. R. AMOLO (instructed by Blackfords Solicitors) appeared on behalf of the Second
Respondent.
MR. R. RAI (instructed by JD Spicer Solicitors) appeared on behalf of the guardian.

J U D G M E N T JUDGE HARRIS:

(Anonymised as per judge's instruction)

1 I am giving judgment today in relation to applications for care orders dated
20th November 2013 in relation to seven children and they are A, a girl, born
on 20th November 1997, who is aged 16 years and 10 months; B, a girl, who
was born on 30th October 1999, so that she is in fact aged 15 years today; C, a
girl, born on 25th September 2001, aged 13 years; D, a girl, born on 30th June
2003, aged 11 years and four months; E, a boy, born on 28th May 2005 and
therefore aged nine years and four months; F a boy, born on 30th May 2007
and therefore aged seven years and four months; and G, a boy, born on 24th
July 2009 and therefore aged five years and two months.

2 The parents of all the children are BZ, who was born on 15th April 1967, so

that she is aged 47, and JZ, who was born on 28th April 1965 and is therefore aged 49.

- 3 The representation of the parties, save for today when certain legal representatives were released, throughout the hearing was as follows:

Mr. Wilkinson of counsel represented the local authority, the London Borough of X; Miss Moore of counsel represented the mother; Mr. Alomo of counsel represented the father and the children were represented by Mr. Rai, the children's solicitor, who of course also represented the children's guardian Shannon Smart.

- 4 The applications for care orders are supported by the guardian Miss Smart and strongly opposed by the parents, who seek the immediate return of all the children to their care. I heard this case over six days, commencing 22nd September 2014 and having concluded yesterday reserved judgment until 2 p.m. today.

- 5 I have read substantial parts of seven lever arch files which also contain a large number of agreed documents from previous proceedings. I heard oral evidence from the following witnesses: Ida Birungi, the allocated social worker for the girls; Dr. Roger Kennedy, a consultant child and adolescent psychiatrist;

Anna Gupta, the independent social worker; Holly Mann, the allocated social worker for the boys; the mother, the father and the guardian.

- 6 I set out at the beginning of this judgment that it is for the local authority to prove the allegations made against the parents and those allegations must be established on the balance of probabilities. These are in fact the third set of care proceedings in relation to the children. I say to the children because G. in fact was not born during the second set of care proceedings.

- 7 The first set of care proceedings commenced in August 2006 and concluded almost two years later by the making of supervision orders in favour of Lewisham on 28th July 2008. Those proceedings were based on allegations of chronic neglect of the children and emotional and physical harm. In July 2008 the local authority made an application for a further supervision order but those proceedings concluded with the local authority withdrawing its application on the basis of the parents entering into a written agreement in November 2009.

- 8 The threshold document in these proceedings is at A64 of the bundle. These proceedings when they commenced were based on very similar matters to those asserted in previous proceedings. However, the picture changed very significantly as in March 2014 C. made a number of serious allegations, not just of neglect/omission but of commission, i.e. of physical abuse by both her

parents, but in particular her mother, and also of inappropriate and insensitive parenting and disciplining, including visual inspection of her vagina to check if she was still a virgin. The parents strongly deny that the threshold is made out and deny most of the underlying facts relied upon to support it.

9 Whilst until very recently they denied all C.'s allegations, the mother in her oral evidence for the first time conceded that three of the incidents relied upon were in fact true and the father also said the same thing.

10 The allegations in the threshold document which I will summarise are these::

(a) Neglect. The underlying facts are said to be that the children's schools reported the children attending school, being smelly and unkempt, with matted hair. The parents' home was entered by the police on 8th November 2013, the home was described as smelly with sparse furnishings and decoration and filthy bedding. The parents' response, again in summary, is that any dirtiness or difficulties in the children's presentation at school arose from the fact that they walked to school and, for example, one or more of the boys may have fallen and got dirty. They deny that the children are dirty and unkempt other than to the extent I have just stated. They say that the children are bathed regularly

and their clothes are washed regularly. Further, they say the home is neither smelly nor dirty. They accept that furnishings are sparse and decoration limited as a result of lack of funds and that they have taken steps to improve the home conditions since the commencement of the proceedings. Whilst bedding may have been dirty it was certainly not filthy.

(b) Emotional harm. The children's schools reported a lack of warmth between the parents and the children, the mother speaking in very directive tones to the children, the children not being allowed to go on school trips and a general lack of social life and friendships outside of the family group. In other words, that the family was socially isolated. The parents deny that there was any lack of warmth in their interactions with the children, the mother stating that she needs to be organised given the number of children, and they deny the allegations concerning school trips and social isolation, maintaining that the individual children will have differing needs in terms of their socialising.

(c) Physical harm. It is alleged that the children were skinny and undernourished and appeared to be always hungry. Further, that the police found no food when they went into the family home on 8th November 2013, that on some days the children received no lunch for

their packed lunches and on other days they were provided with too much. The parents' response is that the children are not undernourished. They are hungry because they are growing children. There was no food when the police attended as they had not done their shop for that day and they say the children are never sent without packed lunches.

(d) Lack of parental cooperation. The local authority assert that the parents refused to allow the children to be seen by the school nurse or to allow professionals access to the home. The parents in response accepted that they have not permitted the school nurse to see the children as the children have been signed off by various medical professions and they therefore question the need. They deny a refusal of access to their home.

- 11 The next allegation is that given the parental height and weight only the youngest child, G., is within the expected range. A. and C. are at the lower end of the expected range, with the other children being below the range. The paediatric evidence is that measurements outside the range are considered abnormal and worthy of further investigation. This feature, combined with the evidence about the lack of food and the children's food behaviour on their reception into care suggests, it is submitted by the local authority, that the children are undernourished. The mother accepts that there were historical

issues around nutrition, including food allergies, but asserts that there is no current undernourishment.

- 12 The local authority further asserts that paediatric examination of the children showed extensive signs of physical neglect. The parents deny any current physical neglect.
- 13 Further, the local authority submits that the abnormal family functioning has caused emotional harm to all the children. In this respect they rely upon the professional evidence of Dr. Kennedy. The parents deny that allegation.
- 14 Further, that C.'s allegations of physical abuse of her and the other children, including encouraging the children to beat each other up, are true. The parents, as I have said, in their response to threshold both denied all of C.'s allegations. As I have already stated, that position has been modified to some extent.
- 15 Finally, that the parents have a pattern historically of denial and minimisation. It is alleged they are unable to make sufficient change or indeed to sustain change. The parents in response assert that there has been significant change and that any difficulties have come from working with ever-changing social work personnel.

The parents' background.

16 The mother was born in London. Her family originally come from Nigeria. The father was born in Nigeria. Both, according to their accounts, had troubled and traumatic childhoods and adolescences. The mother was more explicit about these matters in the earlier proceedings. She reported that her father would be extremely violent to her mother but also to her and her siblings and that the children would sometimes be required to watch the father abusing their mother. She reported being present when her mother was stabbed by her father. She reported that her father was in fact schizophrenic. Further, she reported that she had been sexually abused by him on two separate occasions and that he tried to coerce her into committing suicide. She has given differing accounts to different professionals over time of her school experience and her educational achievements.

17 The father has given a very confusing account of his childhood, his adolescence and beyond. There are considerable inconsistencies in his account as given to different professionals in these proceedings and the previous proceedings. He says that his father died before he was born. He was

therefore blamed by his family and abandoned by his mother. He was scapegoated and treated differently from his other siblings. He says that he was brought up by his aunt and his grandmother, although I note in the history given to Dr. Bester in the previous proceedings it was suggested that he was brought up by his mother between the ages of nine and 19.

- 18 He said that he came to the UK when he was 13. In the previous proceedings it was recorded that he was 19 when he came to the UK. His mother is now living in London and he reports that she has continued to cause him and his family significant harm in his adult life. He says that his mother, together with his brother, DZ, have made several attempts on his life and indeed succeeded in stabbing him or arranging for him to be stabbed 14 times in 1986.
- 19 DZ has featured significantly in these proceedings as the parents have attributed social care's re-involvement in the family's life to his making malicious complaints, although the record shows that it was referrals from the children's schools that in fact caused the present round of involvement. The father says that DZ has claimed that these children, the seven children, were his and that DZ has been making referrals to social care since 2004, although in fact he, DZ, was guilty of behaviour towards his children that he ascribed to the parents. It was even alleged that DZ was having an affair with the current social worker for the girls, Ida Birungi, and that this was what was behind

social care's actions.

- 20 At the start of this hearing the parents sought to admit further statements from DZ's wife and adult daughter to attempt to prove their allegations. As I had indicated that I did not rely in any way upon the matters which DZ had reported against the family, I was not prepared to have those matters ventilated. In fact Ms Birungi confirmed on oath for the record that she had only had one telephone conversation with DZ in connection with these proceedings. It is significant, however, that the father did not make these allegations against DZ when he spoke to Dr. Bester, going so far as to say that he in fact had a good relationship with him.
- 21 The father asserts that as a consequence of the behaviour of his mother and brother he has suffered from post traumatic stress disorder and this was a matter considered by Dr. Bradley Mann, a psychologist who reported in these proceedings, in the course of his assessment.
- 22 The father has two girls called N and Z, who are now teenagers or slightly older in the case of the older child, from a previous relationship with a woman from Serbia, but he has not seen them since 1997. There is a suggestion from him that her family was racist and prevented them from seeing him.

23 There is an extremely confused picture of his employment history, which includes work as a DJ, a stock trader and a music producer. However, as I understand it, he has not been in gainful employment for some time.

The previous proceedings

24. The father met the mother in 1993 when she was working for him. They started living together in 1997, although there are some reports in the previous proceedings that this was in fact 2001.

25. Their first involvement with social care was in August 2006, when the health visitor made a referral concerning D. and E.'s failure to thrive. The health visitor had been concerned about the welfare of the children since late 2005. Although the health visitor was gaining access to the home, the children were not being weighed at clinic visits, the mother was not following up referrals for E.'s eczema and D. was not registered with a GP. There were concerns about overcrowding and home conditions. The family was then living in a two-bedroomed flat.

26. E. and subsequently D. were admitted to hospital for failure to thrive. There are very detailed paediatric reports in the previous proceedings which paint

an alarming picture about D. and E. E.'s weight was reported to be around the 91st centile at birth but had dropped so far below the fourth centile by the time he was 13 months that his weight could not be properly be recorded on standard charts. His weight was said to be that of a two month old baby. The parents alleged cow milk allergy and indeed continue to speak of milk allergies. This was found to be partly responsible for F.'s poor development but was ruled out as being a likely cause of the children's failure to thrive by paediatricians in the case of D. and E.

27. There was a steep weight gain observed for E. once admitted to hospital. He was also seriously developmentally delayed. He could barely roll halfway from front to back and could not sit up. Therefore the expert said this was not just a case of under-nutrition likely to be caused by delayed or inadequate weaning leading to gross failure to thrive, but also neglect in seeking medical attention about the child's evident developmental delay. The reference is to Dr. Ben Lloyd, consultant paediatrician at L32.
28. D.'s weight dropped too from the 25th to the 50th centile at birth and above the 50th centile when she was between 16 to 22 weeks to well below the fourth centile in July 2006 when she was just over three. Her height was on the second centile and well below her expected height given the parental heights.

She was still not walking at the age of two but no medical advice was sought.

The parents said that she had stopped walking at the time of E.'s birth.

29. When she was admitted to hospital she was diagnosed as suffering from rickets, which was in turn a result of vitamin D deficiency, either as a result of inadequate diet and/or insufficient exposure to sunlight. Her legs were perceived to be bowed; she had swollen joints and a painful, uncomfortable gait. The doctors ruled out rickets as the cause of her poor weight gain, her poor growth and her developmental delay. They concluded that her under-nutrition was probably as a result of delayed weaning but also severe neglect. She too showed a rapid weight gain in hospital.
30. The older children, especially A. and C., showed behavioural and emotional difficulties and a diagnosis was made of C., then aged only five, as suffering from a conduct disorder, including attention-seeking behaviours.
31. Care proceedings were issued. The local authority was seeking for the two younger children to be placed in care and for a package of support to go into the family home with the three older girls remaining at home. On 14th August 2006 the mother, having removed the two younger children from hospital the previous night, went to an unknown address with all five children. A recovery order was made the next day and then all the children were returned and placed

into care.

32. There then started what was an extremely lengthy period of assessment. The reports are very instructive and illuminating as many of the issues raised find precise echoes in these current proceedings. I will refer to some of them:

(1) The children's food behaviour, including gorging themselves when they first came into care; (2) The parents were extremely critical of the foster parents, including in front of the children, and there were many complaints about professionals; (3) The parents were often angry and threatening, believing themselves to be victims of racial prejudice; (4) There was a denial of concerns and an externalisation of responsibility for the physical presentation of D. and E.; (5) The children appear to be very reticent, quiet, controlled and watchful during contact. This contrasted with their behaviour when seen in the foster homes. (6) There were allegations of physical and sexual harm caused to C. by her foster carers, such concerns having not found to be made out.

33. The first assessment was by Joseph House. They and other experts recommended a residential assessment at The Cedars, followed by what they described as breakthrough in engagement with the parents in September 2006.

F. was born during the proceedings on 30th May 2007 and made subject to an interim care order. The parents moved into The Cedars shortly before his birth

on 18th May 2007. On 20th July 2007 the three older girls joined their parents and F. at The Cedars. D. and E. joined them at the end of August 2007.

34. The family were able to return to the community on 19th October 2007. There were considered to be positive changes at The Cedars, including the father becoming more actively involved in the care of the children and some acceptance of the concerns. However, F. was admitted to hospital in November 2007 and no medical reason was found for his weight loss by the hospital.
35. A supervision order was made in July 2008. The recommendation by Dr. Bester and the independent social worker was for the mother to undertake psychotherapy and the father counselling, together with couple therapy, but this has never taken place.
36. There was a very large amount of involvement by the children's guardian. The parents have complained about the lack of work carried out by the present guardian in this case and she said, and I agree, that part of the problem maybe the enhanced expectations of a guardian's role by the parents, but in the current climate the work done by the guardian is much more circumscribed than it was in earlier years.

37. Dr. Kennedy in his evidence spoke of a lack of clear expectations of the parents and a lack of persistence by the authorities in requiring the parents to undertake the necessary therapy. It is very difficult for me to piece together precisely what happened after the making of the supervision order and whether the lack of progress was down to parental resistance, a lack of robust social work or both. I would have expected a tight written agreement to be prepared to underpin the supervision order.
38. To the credit of these parents they clearly cooperated in what was a long period of assessment, which must have felt highly intrusive and difficult, and obviously sufficient progress was made for professionals to agree that the children could return home.
39. There was then an application to extend the supervision order on 27th July 2009. The concerns are set out in the threshold document prepared for that application. On a social work visit the children's interactions were their parents seemed very controlled. The children sat in line regimentally and only spoke when referred to. There was said to be a lack of cooperation with professionals and concerns by the school nurse about the children's weight and by the teachers about the children's physical presentation. The children were seen to be isolated and E.'s attendance at nursery poor. These proceedings concluded in November 2009 with the making of a written agreement. I note

that core assessments were completed on 24th March 2010. There then appears to have been little or no involvement with social care until November 2012, when the school made a referral to social care about neglect and emotional abuse. The case was closed, the threshold for intervention not being seen to be met.

The current proceedings

40. The current proceedings originated, as I have already said, from referrals by both schools attended by the children in late October/early November 2013. The concerns expressed by the schools closely echo the previous concerns. They are set out at C5, paragraph 13, and were summarised as follows: the children attended school presenting as grubby, smelly and unkempt. The children's hair was reported to be unwashed and not combed or braided.
41. The school also reported that the physical appearance was a concern. An example of this was that A. did not have the correct school trousers, her hair was described as being kept in the same style for several months, not washed or combed and her personal hygiene included bad body odour.
42. The school believed that the family environment was not nurturing due to inadequate parenting, a lack of emotional warmth and some traits observed

such as “a controlled military-like dialogue between mother and children”.

Also the children were not being allowed on school trips, were isolated from their peers in the community and not being allowed to form friendships outside of the immediate family.

43. The children were reported to be hungry and had been noticed to steal fruit from the younger classes. When they were given food the children were observed to consume this quickly. There was poor general health and parental refusal to engage with the school nurse. Also, poor engagement by the parents with professionals.
44. It appeared that Mr. and Mrs. Z did not allow access to the property despite attempts made by the school. Also the family appeared to be tight and secretive. An example of this when either A. or C. was staying behind for detention, Mrs. Z would wait with all her children at school.
45. The children were quite often arriving late at school. F. and G. were reported to be soiling and wetting at school. The reports stated that when Mrs. Z was contacted she refused to come to school and clean them.
46. The children were also seen to be very guarded if asked about their home life “We’re not allowed to talk about that”.

47. There then followed some unsuccessful attempts by social care to contact the parents from 31st October, being met with either no response or with aggression over the telephone. The parents say that they did not receive the communications, but given this has been a repeated claim, coupled with the uneven history of cooperation by them, on the balance of probabilities I find that they did receive notification but chose not to respond or responded in a hostile manner, as documented in the first social work statement.
48. Following on from this non-response, on 8th November the police arrested the parents at the school and police protection orders were taken in relation to the children. The parents understandably found this a humiliating experience and one which was damaging for the children. Despite the lack of cooperation, clearly it would have been preferable for the parents not to have been arrested in such a public way.
49. The police attended the parents' home on 8th November and took photos. There is a description of the state of the premises from Detective Sergeant Samantha Swift from the Child Abuse Investigation Team at C7. It reads as follows: "Incredible smell as you walk through the door. Sparsely decorated and furnished. Lots of egg boxes in the kitchen. No food, however, and three

Lucozade bottles in the fridge only. Some horrible concoction on the stove.

This was left there for days and going mouldy. Bedding has not been washed for some time.” It was described as filthy, dirty, stained and smelly.

50. The police also took photographs which I have seen. The photographs of the kitchen show it to be untidy with no adequate food and lots of empty egg containers. I have to say that other than the stove the condition of the kitchen, whilst untidy, did not appear to me from the photographs to be grossly unhygienic, but I have to take into account the entire description by the police. The other pictures do indeed show a filthy toilet and a carpet in the living room which was dirty, as was the covering on the couch. The wallpaper in the living room was peeling and altogether the pictures portrayed a very depressing environment. This was the scene confirmed by the social worker when she visited a few days later and the reference is C12. She stated that the boys were reported to sleep in two cots and a travel cot which had filthy mattresses.
51. The mother produced photos which she said she took the next day after their arrest. If so, I find that they must have been staged because when the social worker visited again after the police the conditions were similar to what was seen by the police.
52. It was reported that the parents’ attitude to the concerns was one of

minimisation or denial and the father appeared to be preoccupied by his own traumatic life experiences. The parents did not choose to take up contact with the children from 8th November until 12th December, despite what I am satisfied were repeated attempts by the local authority to make arrangements. Understandably the children were distressed when they were told contact was cancelled. The parents did see the older two girls at a placement planning meeting in November, when the father told them that they were being held prisoner and could leave whenever they wanted. He also told them that they were being enslaved and that they should read books about slavery. The local authority submits that this undermining of the children's placements has continued unabated until very recently.

53. In respect of contact the father first said in evidence that he was not aware of any attempts to make arrangements. He also said that Miss Birungi had made arrangements with security to usher them off the premises whenever they attended social care. He was reminded that Miss Birungi was not in fact the allocated social worker at that time. He was reminded also that the court on 5th December made attempts to get the parents to engage in contact. Eventually he acknowledged that the reason that the parents failed to attend was that they found it to be too distressing. I have to say that I find this stance to be a clear example of the parents displaying a lack of empathy for the

children and putting their own needs before the children's. The children had been precipitately removed from their parents' care and surely the parents would have appreciated their need for reassurance about what had happened to them and that they, the parents, were alright? The parents also failed to attend the various child protection medicals for the children.

The paediatric examinations of the children.

54. The children were examined within a matter of a week or two of being received into care.

A.

55.A. had significant folliculitis to the axillae, uncut, discoloured toenails and gingivitis, likely to be the result of poor hygiene. She reported a nut allergy but had no EpiPen available. The parents had refused for her to have the HPV cervical cancer vaccine.

B.

56. B.'s weight was between the second and the ninth centile. She looked thin for her height. She had consistently dropped from her birth centile. She had lost a prosthetic replacement to her two front teeth, but had not seen a dentist for 18 months.

57. Nothing particular about C.'s physical presentation was reported.

D.

58. There was evidence of dry skin and a probable fungal infection, together with dirty nails. When she was seen in June 2014 her skin and nails according to the paediatrician looked well cared for and healthy.

E.

59. E. has been seen to have grown at a faster rate since he has been in care. The paediatrician in a recent report said this is a typical pattern when children are happier as well as having adequate food intake. In January 2014 E., F. and G. were all found to have iron and vitamin D deficiency. E. and F. had very dry skin over their whole body, F. with some thickened skin over the knees and wrists. By June 2014 their skin was seen to be well moisturised with no signs of eczema.

60. The schools too reported a significant change in the children's presentation and demeanour, including greater interaction with other children following their reception into care. As Miss Birungi put it, the children were no longer sticking out like a sore thumb.

Observations of the foster carers when the children were first received into care

61. A. and B.'s foster carers felt the children had been put under pressure about what they should and should not tell professionals. For example, B., the more dominant one, was reported as not liking leaving the more vulnerable A. alone. C. in turn would attempt to speak for D., with whom she was placed, and try to control things.

62. The three boys were placed together initially. E. was seen to be very instructive and controlling of his younger brothers, including physical aggression, such that it was felt in due course best for him to leave the placement. He would get really angry if anything negative was said about his home. When he left F. took over his role in trying to control what G. said.

63. A. and B. reported that the home was in a clean condition and there was plenty of food. There were no problems at home, no one got hurt or hurt anyone else. A. was seen by the foster carer as being immature for her age, with poor independence skills. Dr. Kennedy too formed the view that she was immature.

64. A. and B. reported that they did not attend any activities and did not go to any social events such as birthday parties. Christmas and birthdays were spent just

with the immediate family. Their mother took them to and from school. The girls appeared never to have been on a bus before and the foster carer had to work with them to develop their independence skills. They were even frightened to cross the road.

65. C. and D. were also described as being unsocialised outside of home and school.
66. The children arrived in worn and dirty clothes, particularly their underwear. I have seen pictures which amply justify that description. A. in particular smelt strongly of body odour. Both A. and B. had dirty hair and B.'s hair was matted. They needed a lot of persuasion around personal hygiene.
67. The girls were noted to be hungry and ate fast. The boys were also reported to eat large quantities rapidly, to store food in their mouth and to steal food. The boys were reported to have very poor self-help skills. They were unable to use knives and forks and struggled to dress themselves. They did not appear to know how to brush their teeth or wipe themselves in the toilet.
68. The boys told the carers after being there a while that they had friends at school and E. said, "It is because we look smart. Before we smelt." A common theme was that all the children were guarded in what they said and portrayed a lack of

social skills.

69. In her evidence to me Miss Birungi reported how the girls have flourished and increased in confidence. This was less so the case with C. who, as I will relate, is a troubled young person. She said A. had changed from being extremely timid to being able to express her views. Their independence skills have increased; they are more open and relaxed. She said that C., who is the most troubled of the children, behaves differently with other adults compared to how she is with her parents and in her opinion she deflects her anger and rudeness onto other adults.

The issue of unauthorised contact

70. There has been concern expressed by the local authority throughout these proceedings of the parents having unauthorised contact with the children and thereby seeking to put pressure on them and undermine their placements. The local authority case is that the parents have persistently tried to manipulate and control the situation through the children when things do not go their way. This started from the beginning of December 2013 when the parents' then bail conditions prohibited unauthorised contact. The girls were using a friend's mobile to speak to the mother and indeed when the social worker was at school the mother phoned on the mobile. She had also been text messaging.

71. Once C. made her allegations in March 2014 there were two successive orders of the High Court of 8th April and 1st May suspending direct contact and these were extended in scope by me on 23rd May until the conclusion of the proceedings or further order. On 1st August I had to make injunctions because of reports of repeated breaches of the orders suspending direct unauthorised contact and these were continued on 7th August by District Judge Robinson.
72. Once the police indicated they were not charging the parents with any offence arising out of C.'s allegations, contact started again. It ceased again from 1st August as a result of my order. In fact the father had ceased to have contact prior to the order and has not had any direct contact since 9th June. He says that he has suffered from an ear infection, *otitis media*, which he says was painful and affected his breathing. However he has been able to attend court and various meetings.
73. During the week commencing 13th May the older girls, by which I mean A., B. and C., in different combinations or alone were going to their parents before and after school and this was seen to be on a daily basis. Indeed C. admitted on

occasions that this is what they were doing: she was arriving at school late and she was coming with money which she said was being given to her by her parents. The parents initially denied this, for example when the police attended and to social care, but have now belatedly admitted that this was the case. The mother was providing C. with a mobile phone. C. confirmed that she had been receiving money from her mother and also other items such as snack foods.

74. On 20th May C. said that she wanted to withdraw the allegations that she had made about her parents' treatment of her. She said she had told her parents what she had said to the police. She said her parents were not angry. They had given her money. As I have said, on 20th May she in fact met up with her mother again.

75. The statement of Holly Mann, the social worker for the younger children, refers to a number of concerns about the parents' behaviour towards the children which had the effect of distressing them or undermining their placement. The father, for example, was encouraging E. to look after his younger brothers. E. was in a separate placement by that time and he was becoming worried and agitated by these consistent instructions to look after them and act as a carer of them. The mother in fact told the children during

contact when the father ceased to attend that the father was at home choking and might be dying. The mother was consistently telling the children to write letters to the judge saying that they wanted to return.

76. The contact on 10th July was said by the social worker to be an emotionally abusive contact and B. received a very distressing call from her mother on 12th July. Contact was therefore suspended on 15th July. The mother was also seen to be parking outside the school where she could be seen by the children on a number of occasions.

The expert assessments

77. I will turn now to consider the expert assessments which have taken place in this case. Dr. Bradley Mann, conducted a psychological assessment, including a cognitive assessment of the parents. He was not called, although I gave the father the opportunity to put written questions to him. However, this was not taken up. He found both parents to be in the low average range of intellectual functioning.
78. The father described experiencing moderate levels of post traumatic stress as a result of the assault on him 30 years ago and subsequent assaults. Dr. Mann

did not consider that this would impact upon his parenting. He noted the parents' denial of concerns and the projection of responsibility outwards, which reflected the pattern of the previous proceedings. He assessed the risk of neglect to be present.

79. The father had a tendency to adopt a victim-like and paranoid position in relation to the concerns, i.e. his brother was behind them or the school raised concerns out of jealousy of his racial heritage or racial prejudice. Both parents, however, expressed themselves as being prepared to work with social care. The local authority case is that they have singularly failed to do that.

Dr. Kennedy

80. Dr. Kennedy is an extremely experienced child and adolescent psychiatrist with over 35 years' experience. His first report is dated 25th February 2014. He conducted a very detailed assessment of both the children and the parents. His findings echoed those of Dr. Mann, the social workers and the professionals involved in the previous proceedings.
81. The parents had declined and continue to decline therapy and couple work, which he felt was a matter of significant concern. He felt that the parents had reverted to the position that they took at the outset of the previous proceedings

before they undertook the work. He found it difficult to get the parents to focus on the children. He found the father in particular to be preoccupied with his own traumas and sense of injustice. It was positive that the father had such high aspirations for the children educationally, but Dr. Kennedy felt that this at times blinded him to the children's ordinary care needs. He felt that the father had been traumatised by his past experiences and needed trauma focused therapy as well as couple therapy.

82. The mother had also had a traumatic early life which she was not willing to discuss in detail. He considered that she would benefit from similar work to help her reflect on how her past continued to influence how she cared for her children.

83. The children. All the foster carers reported the children as being guarded about what they said about home life. There was a heightened sense of loyalty to the parents and it was difficult for them to express any negative views about life at home. They presented as rather rehearsed, unspontaneous and defensive. All the older children said the same thing when they were asked why they were in care. They said there were "concerns" but they did not know what these were. However, he saw chinks in the armour with the older girls, whom he felt were beginning to see the difference between life in care and what they had experienced at home. He felt the children had lived in a very closed

environment and had absorbed the parental perception of the world as an unsafe place where it is safer to remain at home. This made it less likely they would divulge anything perceived as negative about their parents.

84. He had not formed a final view in his first report about his recommendations in view of the past when the parents were able to make shifts in their parenting. He stressed that his default position in every case was that children should be at home. He also wanted to see the parenting assessment which was to take place. He was clear, however, that the children could not return without significant change. He felt that the expectations of the parents in the aftermath of the previous proceeding were not clear enough. For example, social care should have insisted that the parents undertook the necessary therapy. He was clear that what was needed was individual and couple therapy as well as family therapy.
85. He found C. to be the most disturbed of the children. She had difficulties in regulating her emotions and, in particular, her anger. He agreed with Dr. Bester's diagnosis of a conduct disorder and he also considered she had a form of attachment disorder, probably of the inhibited kind, which is usually caused by poor parenting. He felt that she was in need initially of CBT-type therapy to give her strategies to manager her anger and then to move on to more long-term psychotherapeutic work.

86. Dr. Kennedy described his meeting with the parents a “somewhat puzzling and unusual interview”. The parents refused to be seen separately. The father was quite loquacious and off the point. When Dr. Kennedy started the interview by asking them about the current situation the mother referred to attempts on the father’s life by his mother and DZ. It was hard to get the parents to focus on the children. There was still a high level of denial about D. and E., with the parents projecting blame away from themselves onto professionals.
87. From the parents’ description of their early lives he felt that the issue of trauma was something that they both shared. However, he said in oral evidence that in some families both parents coming together with this traumatic background could assist in the trauma being processed. He did not feel that that was the case here. The parents did not want to look back and were thus not willing to engage in therapy.
88. He said the lack of insight into the difficulties has been a constant theme repeated over and over in the documents. He described the level of denial in his oral evidence as “extraordinary.” From his analysis of the documents from the previous proceedings Dr. Kennedy could discern little that had changed. He felt the attachments which the children undoubtedly had with their parents had an anxious quality, given their anxiety about making any criticism.

89. At E155, paragraph 3, he summed up the situation from his perspective in this way, “The problem with the quality of the relationships is that the family function in an abnormal way in which the outside world is seen as persecuting. I think this seems to be mainly driven by the father’s extreme sense of persecution. The sense of persecution can be easily elicited in talking to him when he reveals very quickly all kinds of persecutory thoughts about what has happened to him in his life. I found this in my interview with the parents when it was very difficult for them to talk about the children. The father kept returning to his belief that DZ is the cause of the problems etcetera.
90. The family function by having a very strong belief that the outside world is a dangerous place. While of course all families have their own different belief systems, a normal family has a much more permeable membrane between itself and the outside world in which reality can impinge much more. It may well be that one of the reasons why the parents keep the boundary around the family very rigid is that there may be anxiety that someone coming into the home will see the actual neglect of the children in a day-to-day sense.
91. I was struck by the mis-match between the parents’ own appearance and the fact that they were using an iPad with what has been described in the home in terms of severe neglect of the property as well as neglect of the children’s

clothes and appearances. Some of the children had been kept from developing normally, for example by the younger ones not being able to eat appropriately, not having some of their medical needs met and their poor social skills and for the younger children difficulty in mixing with others.”

92. He concluded that the cause of the children’s difficulties is the abnormal family functioning coupled with physical neglect. He spoke of the long-term effects of neglect on children and young people at E158 and indicated that research shows that children who have been neglected are at much more of an increased risk of interpersonal problems, cognitive and academic impairment, aggression and delinquency, self-harm, suicidal behaviour, risk taking and psychiatric disorders. For this reason, he said, it is very important to intervene in situations where children are neglected. He felt that the limited capacity of the parents to reflect on themselves and the children’s needs meant that the children would to continue to suffer emotional harm and neglect.
93. Dr. Kennedy prepared an addendum report after he received Anna Gupta’s report and became aware of C.’s allegations. He found them credible, being about everyday issues and not out of the ordinary such that one would think they were mere fantasy. He spoke of the positive disincentive for C. to make such allegations. He had considered already that when the children felt more secure there might be such disclosures. C. had formed a trusting relationship

with her social worker. He supported Anna Gupta's recommendations that none of the children could safely return to their family and indeed agreed with her reasoning. He said the parents had reverted back to their previous stance of denial and once again there was a complete breakdown of trust with professionals. Hence the children would be subject to the same risks as before.

Anna Gupta

94. Anna Gupta is an experienced independent social worker. She stated that during the early part of her assessment in February and March she had a reasonable working relationship with the parents. That too was the evidence of Ida Birungi. She said that the parents were willing to make some changes which would increase the older girls' independence skills. They would allow, for example, the school nurse to see the children, for the children to have school meals and would engage with services, for example, family support workers into the home. They even said they would consider engaging in therapy, albeit that denial was still very much there.

94. She said she had discussions with the social workers about the possibility of a gradual return of the children home. C.'s allegations changed the entire landscape for her. She too formed the view that they were credible, indeed she believed them.

95. When she visited the parents on 30th May to discuss the allegations she reported that they had reverted to their previous stance of denial and blaming professionals, including wild allegations. At E173 she reports on that meeting at paragraph 4.14. She says this, “On 30th May 2014 I visited Mr. and Mrs. Z to discuss the allegations that C. had made and subsequently retracted. Mr. and Mrs. Z denied every physically abusing the children, emotionally abusing them or denying them food. They had not received the notes of the interview and I was not able to go through all the allegations, but the substance was denied.”
96. “Mr. and Mrs. Z expressed the view that Miss Birungi had bribed C. to make the allegations with a promise of Blackberry phone. They were extremely critical of Miss Birungi and the professional network for ‘grooming’ the children, who are experiencing ‘Stockholm Syndrome’, suggesting racism and that the social workers were receiving bonuses for the children being in care.”
97. “They also expressed their concerns about the care the children were receiving in foster care. They expressed distrust of the children’s guardian for misrepresenting A.’s views about not wanting to come home just yet. There was then a minor argument between them about how selfish A. was after I said she had considerable say in the decision to come home given her age.”

98. “Both parents found the interview and more generally the current situation very stressful. At one stage Mr. Z said that he could not cope anymore, that he was not a criminal and ‘that that was more important than being a dad.’ The parents showed me numerous cards and letters from the children, expressing their love for their parents and wish to come home. Following my visit the social worker informed me that A.’s foster carer overheard a telephone conversation between A. and her parents where they were both abusive to A. for not saying that she wanted to return home now.”
99. In oral evidence Miss Gupta said that the case had changed from one of omission to one of commission and she found that some of the allegations showed quite sadistic behaviour. At E186, paragraph 7.8, she said this:
“C. indicated to me and during the ABE interview that she feared the consequences of speaking out about problems at home. If her ABE interview is to be believed the experience of parental care and affection was conditional, inconsistent and often dependent on the parents, particular Mrs. Z’s emotional state at the time. The conditionality of Mr. Z’s relationship with his children was highlighted during my last interview when he said that he would leave home and the children rather than them be ‘branded a criminal.’”
100. “According to A.’s carer during a recent telephone call Mrs. Z threatened not to talk to A. during contact as she had been equivocal about her return home when

at her age she could be more demanding. I do accept that it is an extremely stressful time for both parents, but feel that when under threat or pressure their own needs overwhelm them and they revert to their own experience of punitive or rejecting parenting.”

101. Miss Gupta fully recognised the enormous challenge of caring for seven children on a very limited income. However, she formed the same view as Dr. Kennedy about the impact of the parents’ traumatic history on their parenting and at E190, paragraph 7.18 she said this: “However, also fundamental to the difficulties experienced by the children in their parents’ care is the impact of their parents’ traumatic histories on their emotional functioning. Mr. Z is quite open about experiencing PTSD and feelings of being persecuted by his family and the authorities. Dr. Kennedy concluded that the tight boundaries around the family and abnormal levels of control of the children were mainly driven by the father’s extreme sense of persecution. Unfortunately these feelings of mistrust and persecution dominate the parents’ views of professionals when their parenting is challenged. The assessments in the earlier proceedings suggested that both parents’ childhood distress was likely to be profound and that neither parent was given an adequate template for parenting by their own parents. Whilst this was beginning to be acknowledged and changes made, the parents did not receive any therapeutic assistance to address their histories. I think it is likely that Mrs. Z becomes

emotionally overwhelmed by the task of caring for the seven children and keeping the outside world at bay and responds to the children's needs in inconsistent and insensitive ways, including ones which mirror her own experiences of a controlling and punitive parent.” She concluded, as I have already said, that she could not recommend a return of any of the children to the parents.

C.'s allegations

103. On 12th March, during a visit by Miss Gupta, C. asked to speak to her on her own, but asked Miss Gupta to promise not to tell her parents or write it in her report. She said poignantly that she did not like to be the odd one out and wanted to be like other children. She asked Miss Gupta to tell Ida, that is Miss Birungi, that she had things to tell her.

104. On 18th March 2014 Miss Birungi told the parents that she would be contacting the father's mother as part of her ongoing enquiries. They were very angry about this in front of the children in contact and according to Miss Birungi during a phone conversation with C. On the following day, the 19th, C.'s foster placement broke down. Miss Birungi considered that the parents' response may have been one of the triggers to C. making the allegations. In other words, seeing them so angry again may have made her fearful of

returning, which she would have understood was on the cards at that time. Miss Birungi felt that the second possible trigger was the degree of trust which had been built up between herself and C.

105. On 19th March C. made detailed allegations to Miss Birungi about physical abuse at home and neglect and other incidents. On 24th March the police went to speak to C. at school to find out if she would agree to be interviewed together with Miss Birungi. Miss Birungi then saw her at home after that school visit, when C. sought to speak further to her about the allegations and indeed according to the referral that I have seen made further detailed allegations of abuse and harm.

106. Miss Birungi initially said that she had not spoken to C. again after 19th March as the matter had been referred to the police and as she was ABE trained she was aware she should not be speaking to C. again. She amended her account when she was shown the referral documents. Mr. Alomo on behalf of the father says that this affects her credibility and that she has been untruth in her account. He says this has a knock on effect on what she says about the events of 21st May onwards.

107. Miss Birungi says that she was dealing with this case at this point on a virtually daily basis along with the rest of her caseload and simply forgot the correct sequence of events. As I have said, Miss Birungi's account of what C. said on 19th and 24th is contained in the referral to the police; there is no separate case note. The reference is F160.

108. On 9th April C. went to the police station to familiarise herself with what an ABE interview would entail and Miss Birungi was present, although remained in a separate room. On 30th April C. was interviewed, extending over three hours 40 minutes, albeit with breaks. The interview transcripts are very long. I have read them fully and I have watched the DVDs of these interviews.

109. Miss Gupta summarises the principal allegations at E172 of the bundle and I shall read from her report: "Physical abuse of her and her siblings by her parents, particularly her mother, including the use of shoes, brushes, brooms, belts and cups and being threatened with a knife. She gave examples of a cup being thrown at D. that resulted in a mark under her eye, being woken with a slap from her mother and G. being thrown on the bed. When A. spoke about what went on at home she was beaten in the living room and the other children encouraged to call her wicked and beat her as well. On occasions not having enough food, with the children getting into trouble for taking food and Mrs. Z

taking food from them for herself. The children having baths together until A. was about 14 or 15, with her mother washing A.'s vaginal area. Restrictions in developing relationships with their peers, not being allowed to go out to their friends' houses and that Mrs. Z would get annoyed if they spoke positively about a teacher in school and would tell them that they liked their teachers more than her. C.'s vagina/hymen checked by her mother after she found the lyrics of the song Rude Boy. After C. and E. were caught pulling each other's pants down they were beaten in the living room. One of her parents smashed D.'s face on the arm of a wooden chair and they had to run around the house naked." She records that C. also spoke of good times, for example when the family went to Brighton, the meat market and the funfair and of times when there was food in the house, including traditional food.

110. She said she had found someone she could trust, namely Miss Birungi, the social worker. She also said that her parents will be unhappy that "she has not stuck to the agreement".
111. In addition to those allegations there are allegations that the mother would expose herself to the children, for example showing the children this is where they came from or when she thought they were looking at her breasts. The allegations mainly relate to the mother, but there are also lesser allegations of physical abuse against the father. The descriptions of the mother by C. made

her sound quite childlike and needy at times in my view.

112. As I have said, the parents were then prohibited from having direct contact with the children and I have spoken already about the repeated meetings before and after school during May. It was after those meetings that C. indicated that she wished to retract and did retract the allegations.

113. At C.'s request Miss Gupta visited her twice in late May and early June. During the first interview she spoke to Miss Gupta about the ABE interview and said only the good things that she said were true. Miss Gupta said that she said this with a wry smile/grin on her face which was out of context with the rest of the interview and she did not find her retraction at all convincing. Miss Birungi found C. equally unconvincing when she sought to retract the allegations to her.

114. On 30th May the police indicated they were not going to prosecute the parents and direct contact resumed, albeit that the father ceased contact after 6th June.

115. The local authority seek a further finding that the parents put C. up to making allegations of sexual abuse against the foster carers' son, leading to another breakdown of placement for her. They rely on circumstantial evidence, in

particular the timing of the allegations which followed on from an unauthorised meeting between the mother and C. on the previous night, the 20th, the allegations being made first thing in the morning at school on the 21st. They rely upon the fact that they say the mother was prevented from talking to C. that morning on the phone and on attending the school, yet the parents knew all about the allegations when they attended court on 23rd May. The mother wholly denied putting the child up to it and gave a different account about what happened at school that morning.

116. It was not evident from the local authority written evidence that this allegation was being made and although the facts were recited the actual allegation only came out under cross-examination of Miss Birungi.

My findings

117. I find the accounts of the school, the police, the social workers and the foster carers about the condition of the home and the presentation of the children to be accurate and well-founded. Each account corroborates the other. I can see no motivation whatsoever for these different professionals to give inaccurate or misleading evidence and despite the fact that some of the evidence comes to me in hearsay form I accept it in its entirety. Further, the allegations are very

similar to those made in the previous proceedings and so are the parents' denial of them.

C.'s allegations

118. I take into account that neither the school nor any other professional has reported any sign of physical abuse. This is not, however, inconsistent with abuse having taken place and is not infrequently the case in my experience of these cases. I accept that the account given by C. is a true and accurate account. I cannot say that every last detail is accurate and it may contain some exaggerations, but broadly I accept that the allegations are true and are an accurate portrayal of life at home.

119. I reach this conclusion on the balance of probabilities and indeed to a higher standard than the balance of probabilities for the following reasons: (1) C. talks fluently with barely a pause over the course of two interviews for over three hours. Her account presents as spontaneous. The allegations are rooted in everyday occurrences, they are all put in some form of context and none of them is suggestive of fantasy, as Dr. Kennedy says.

120. (2) Her account has been consistent over time from when she first related it to Miss Birungi and through the DVD interviews.

121. (3) The account was balanced and she was able to speak about good times in the family.
122. (4) She had an enormous incentive not to divulge given her loyalties and the code of silence in this family. She was plainly deeply concerned about the repercussions for her from both her parents and her siblings and being seen as “a grass.” She loves her parents and was wishing then to return home, so what would be the motivation for getting them into trouble and making it more difficult for her to return home?
123. (5) The retraction to Miss Birungi and Miss Gupta was found by both of them to be unconvincing. It was said in such a way, according to Miss Gupta, as if to say: “We both know I have to do this, but we both know the truth,” what I referred to as “a nudge and a wink.” The timing of the retraction is highly significant, coming immediately after a period of repeated unauthorised contact with the parents. Miss Gupta referred to children commonly retracting allegations when they fully appreciate the impact of the allegations. I note, however, that C. has now affirmed her allegations again in the context of her discussion with the guardian recently about her giving evidence. The reference is at E214, paragraph 24.
124. (6) I reject as ludicrous the suggestion by the parents that Miss Birungi in some

way bribed C. to make these allegations and this is the only possible motivation that they put forward. I also reject the contention of Mr. Alomo that Miss Birungi's meeting with C. on 24th March contaminated the subsequent DVD interview in some way or that she was in any way untruthful. I find that she simply forgot the correct sequence of events given all that was going on in this challenging case.

125. (7) The parents accept the truth of the more outlandish and bizarre allegations concerning inspecting C.'s vagina to see if she was a virgin and also the incident concerning E. and D.
126. (8) The allegations are wholly consistent with the other evidence about, for example, the lack of food in the home, neglect and social isolation.
127. (9) The allegations are corroborated in part by the other children. A. confirmed to Miss Birungi that she had been told by C. at the end of April or in May what C. had said about her parents. Miss Birungi asked her if what C. said happened had happened and she responded yes. It is regrettable that this important statement, albeit a short one, was not registered on the case notes.
128. There is a reference at F145 to what E said on 15th May when seen by the

social workers and the child abuse investigation team. He said that he wanted to return home quickly and made a point of emphasising the word quickly. He was reminded that he has always liked his placement, to which he replied: “That does not mean I do not want to return home quickly.” The note goes on: “He told us some of the things he had said before that his bed was rotting, that he was beaten on his back, legs and arms by his parents and siblings. I asked him the reasons why he received beatings. He said that this was due to him and his brothers eating off the floor. I asked him if food was on the floor, to which he replied yes.”

129. At F151 there is a reference to what E. and F. said to their back-up carer with whom they were staying and the record says that they appeared to be worried about food. They recently told their back-up carer that when they lived with their parents they sometimes went three days without food.
130. (10) The timing of the allegations. The allegations were made when C. was aware because Miss Birungi kept her aware of developments, that there were plans afoot for a possible return home. It also may have been of considerable significance that she made the allegations after seeing her parents so angry about the proposed contact to be made with the paternal family.
131. I will turn now to deal with the further finding of fact, which is about the

allegation of sexual abuse against the foster carer's son. I have to say that I find the timing extremely suspicious and the behaviour would be in keeping with the mother's other actions during the proceedings and previous allegations of sexual harm in foster care.

132. However, I do not make a finding that the mother put C. up to making the allegation of sexual abuse. This allegation was made for the first time under cross-examination of Miss Birungi and relies on inference, namely the timing of the allegation together with hearsay evidence from the school. The best evidence, which would be from the school, about the events of the morning of 22nd May could have been made available if the allegation had been made earlier. Therefore I do not find that allegation proved albeit, as I have said, that I am highly suspicious.

133. I will turn now to deal with my impression and findings about the individual witnesses.

Ida Birungi

134. I found her to be an honest witness and an effective social worker and that she was able in particular to build up a relationship of trust with C., which I consider was one of the triggers for C. to be able to break ranks and speak about what had been going on at home. This must have been an extremely

challenging case for her to work on with events happening at some points on a daily basis. My only criticism of her is that her account of events is not always accurately recorded. For example, the account of C.'s allegations of sexual abuse against the foster-carer's son refers to her saying to the police that the behaviour was consensual rather than what I was told in oral evidence that C. in fact said that the incident did not happen. I have already referred to the fact that I consider that A.'s agreement with what C. had told the police should have been recorded. Having said all that, I understand and accept that the life of a frontline social worker is incredibly busy and that this case alone must have occupied a great deal of her time. I therefore accept her evidence.

Dr. Kennedy

135 As well as being extremely experienced, Dr. Kennedy is both a wise and humane professional. I found his report of the greatest value and I accept all his conclusions and observations, which in fact tally with my own. He did not take a judgmental approach and was hoping in his first report that at least the girls would be able to return home.

Anna Gupta

136. I find she carried out a detailed and sensitive piece of work. Her report was highly impressive, perhaps her oral evidence less so. The guardian clearly felt that she was being somewhat optimistic in the early stages of the assessment in

looking actively at a return home in the face of such a limited acknowledgement of problems by the parents. She, too, I find was bending over backwards to see if there was any way that these children could be rehabilitated home. C.'s allegations were the turning point for her. I agree entirely with her analysis, which in turn is in agreement with that of Dr. Kennedy.

137. I heard from Miss Mann very shortly, but again she was not greatly challenged on her evidence and I found her to be an honest and conscientious social worker. The same conclusion applies to the Guardian

My impression of the parents

138. The parents were both polite and respectful when they gave evidence. When not giving evidence both sat impassively and displayed no sign of emotion in response to what was being said, including no indignation or anger.

139. From the beginning of the hearing the father had been typing on his tablet.

When I asked what he was doing he said taking notes. I gave permission for him to continue, although people are not usually allowed to use computers in court, and he continued to take notes throughout the hearing. I have to say that in many years' sitting I have never seen a parent do that before. My observations chime with those of the other experts, especially Dr. Kennedy.

140. The mother I found showed very little emotion during her evidence, although I have no doubt that she loves her children. Even her description of the children I felt lacked an emotional content. For example, she spoke of the children being polite. The father spoke much more passionately about the children. He too plainly loves them. However, like Dr. Kennedy, I found his evidence rambling and tangential and he repeatedly had to be brought back to the point. He constantly reverted to the various traumas he had suffered in his life.
141. The level of denial on behalf of both parents was extremely high and it was as if they had been completely impervious to all the evidence which they had heard in court, rather like the way that they tend to shut out the outside world. I take fully into account what Miss Gupta said about the mother finding the allegations shameful and humiliating and thus difficult to admit. Nevertheless, I entirely agree with Dr. Kennedy's description of the level of denial in this case as being absolutely extraordinary. Even objective medical fact that D. and E. had suffered gross failure to thrive is denied. It is as if the parents inhabit a parallel universe. Evidence is manipulated. A small example is that the father said I had given the guardian a second chance, when in reality I had dismissed the application to remove her as being without merit. I had simply said that she should arrange to see the parents before she filed her report.

142. Despite their love for the children, their empathy with their children was extremely limited. They could not see the distress and confusion that would be caused by their failure to take up contact. The mother in particular appeared impervious to the effect on C. of having to give evidence had her application to call her been successful. Whilst they said that they regretted various actions they had taken in hindsight, the fact that they did them at all demonstrates a total lack of sensitivity and insight into the children's feelings.
143. The behaviour in relation to the visual inspection of C.'s genital area after they discovered the Rihanna lyrics is wholly inappropriate, deeply insensitive and very worrying indeed.
144. Similarly, the punishments inflicted on E. and D. when they were found together partially clothed or wholly unclothed, it is not clear, and possibly behaving in a sexually inappropriate way, although the description is extremely unclear, are troubling, worrying and wholly inappropriate. Those children were made to run around the house in the nude for about 10 minutes and were beaten the father said so that they and the other children would never forget. This was a wholly insensitive and inappropriate way to deal with their actions, even if they had been engaged in some sort of sexual exploration with each other.

145. The mother also said that she had continued to wash A.'s vaginal area when she was 11 or 12 or at another point she said 12 to 13. Again, this wholly fails to understand the need for privacy and autonomy, in particular autonomy in relation to their private parts, that a young person needs and it is a very troubling description.
146. Further, I find the parents have persistently manipulated particularly the older children to attempt to secure their return home without any thought for the pressure that this places the children under and the position of conflict it places it them in.
147. I accept entirely the analysis of Dr. Kennedy and Miss Gupta as to the impact their traumatic pasts have had on their parenting. I find neither has had a proper template of what parenting should be to guide them. I find that the parenting, particularly of the mother, can be punitive and conditional and the descriptions that C. gives are troubling indeed.
148. I am afraid I found them both to be wholly unreliable witnesses. They continue to deny the undeniable. It is difficult to assess how much of the father's sometimes bizarre evidence about his traumatic life events is accurate. He continues to deny he has an criminal convictions save for a recent one, as

he did to Dr. Kennedy, and claims the convictions are those of his brother, which is plainly impossible. As I have said, his account of his life has varied greatly when recounted to different professionals. He repeatedly presented himself in his evidence as somewhat powerless over his children following his work at The Crescent because he said the unit had encouraged him to listen to the children and, in effect, be democratic. I am not at all convinced that this was how things operated in reality.

149. As I have said, the mother in her recent evidence and response to threshold entirely denied all C.'s allegations. She now admits three of them. The father also admits them, although he puts a different spin on how the mother came visually to inspect C.'s genital area. The father also accepts for the first time that he had to restrain the mother from hitting the children from time to time. Like the guardian, I find it strange that the parents should admit the allegations which depend solely on C.'s word against theirs and deny the ones where there is a plethora of corroborative evidence.

150. It is submitted by their counsel that I should attach great weight to the concessions that they have now made as showing that they have an ability to work with professionals and move forward. It is, of course, positive that they have made these concessions but in my view it is too little too late. They are still fundamentally in denial about the neglect and emotional and physical

abuse of the children.

151. They have both made wild and unsubstantiated allegations against professionals. They sought to allege that Miss Birungi told them that she knew the guardian well as they came from the same place in Canada. Whilst Miss Birungi and the guardian are indeed both from Canada, they are both clear they have never met there. They accuse Miss Birungi as I have already said, of having an affair with DZ and sought to call evidence to attempt to prove the same. Miss Birungi confirmed that she had never met this man and spoke to him once over the phone for a maximum of five minutes in connection with her investigations in this case.
152. They made an application to me to have the guardian discharged on the basis that she was not representing the children's wishes and was not doing enough work on the case. This I rejected too. All of this in my view is a repetition of previous patterns of deflecting responsibility away from themselves.
153. Sadly, the parents have been unable to sustain such changes as they made in the previous proceedings. In hindsight one has to ask the question whether these changes were purely cosmetic. The parents seem to be able to cooperate with professionals for a while and then revert back to the previous pattern of resistance to professional intervention, accusation and projection of

responsibility onto professionals. This has now been the pattern for at least nine years. In this sense I concur with Dr. Kennedy's classification of them as hopeless in the sense in which he meant it.

154. In saying this I recognise that there are positives and the picture is not and can never be wholly negative. There is undoubtedly mutual love and affection between the parents and the children. The contact notes are largely good. The parents have a good educational ethic which has been imparted to their children, although this may have been overemphasised by the father. All the children, save for A., are above average at school and the parents can properly claim credit for some of this. There were also, I am sure, good times, as C. describes. The boys still want to go back to their parents. There is a strong family identity, although this was at the expense of proper interaction with the outside world, and there are strong sibling bonds, although I have to say that this could be in part a coping mechanism to give each other comfort through difficult times.

155. So far as the guardian's evidence is concerned I am satisfied that she has conscientiously reported the children's wishes and feelings, which I will address when considering the welfare checklist. Her analysis closely resembles that of Dr. Kennedy and Anna Gupta.

156. It follows from my findings that the threshold conditions are all met in all aspects, as asserted by the local authority.

157. I have to turn then to deal with welfare issues. The children's welfare is my paramount consideration and I must apply the welfare checklist as set out in section 1(3) of the Children Act. I must also have regard to the important recent guidance given in the cases of *Re B* and *Re BS* and the importance of proportionality.

The care plans

158. The children are currently in five separate placements, only F. and G. remain together in the same placement since the beginning of the proceedings. A. and B. wish to remain in their current placements. C., sadly, has had five separate moves and since 21st May has been living in a children's home. She has been attending a pupil referral unit since the 5th June to help with behavioural management and has previously been subject to a number of internal exclusions at school. She wishes to have a foster placement and Dr. Kennedy's advice is that this must be a therapeutic foster placement with foster carers who have great experience of dealing with troubled young people. D. wishes to move to live with B. B. is not yet convinced and is thinking about it. The plan is for E. to move to live with his younger brothers again. Introductions have

already started and he has described his time at their foster carers as “spectacular.”

159. The proposal is for parental contact together with the maternal grandmother, who has started having contact, to take place on four occasions a year and for sibling contact to occur not less than twice a month with the girls also able to make their own arrangements, as they are currently doing. Plainly, the children who attend the same schools will also see each other.

The children’s wishes and feelings

160. In February and March Miss Gupta’s report says that all the children spoke of wishing to return home. The girls’ position has modified since then. The three older girls speak of wishing to return home but only if changes are made and they are assured, effectively, that they will have a type of life akin to what they have experienced in foster care. They have said this both to Miss Birungi and the guardian. It is extremely impressive that C.’s list at E215 as to what she wants precisely echoes the professionals’ concerns. All spoke of their concern about whether changes could in any event be sustained.

161. A., B. and D. also made it clear that they wanted the adults to make the decisions for them. D. in fact told Miss Birungi that she wanted to return home

on 10th July, but more recently when she spoke to the guardian she accepted the fact that the local authority plans were for her to remain looked after and the guardian did not report her requesting a return to her parents. All the girls felt that contact four times a year was a good starting point.

162. E. and F. have both expressed consistently a wish to return home as has G. although obviously his understanding is much more limited. E. has said that he wants much more frequent contact than is proposed.
163. So far as the other elements of the checklist are concerned I will focus in particular on the capacity of the parents to meet the children's needs and the risk of future harm. I can deal with these matters in a summary form, having dealt at great length in my judgment with the particular concerns which existed. So far as the parents' capacity to meet the children's needs I have highlighted the positives in terms of mutual affection and the promotion of the children's education. However, the sad fact remains that despite substantial and lengthy interventions over the years these parents on a profound level are not able to meet the children's physical or their emotional needs. They have been grossly neglectful of them and have subjected them to physical and emotional abuse. Therefore their capacity to meet their needs is fundamentally compromised.

The risk of future harm

164 Given the lack of change, the lack of insight and the inability to cooperate with professionals there in my judgment a significant risk that the children will be exposed to the same harm as occurred previously, namely physical and emotional abuse and neglect.

165. I have to consider the options and the pros and cons of each of them in a holistic way and, as I have said, I apply the guidance given in *Re BS*. I also have to consider carefully the proportionality requirement which has been emphasised in *Re B*, namely I should only sanction a removal from the care of the parents if no lesser option will do. Although this case does not involve the adoption of any children, the proposal is for long-term care and I adjudge the same principles to apply.

166 The only two options are home or long-term care. The local authority, for understandable reasons given the age of the children and their sibling bonds, have ruled out an adoptive placement for the younger boys. No other relative or indeed friend has been put forward as able to provide a home for the children on the paternal or the maternal side and this has been fully investigated by Miss Birungi.

167 Therefore I have to consider the pros and cons of those two

options. The pros of a return home would be that the children would be living together with their siblings in their family of birth. That is what all courts aspire to and would obviously be positive in terms of their sense of identity and their self-esteem. There is, of course, always the risk of a stigma or feeling different as a child in care. There is also the inability to guarantee permanency in foster care, which is especially important for the younger children, who have many years of their childhood ahead of them. Those to me seem to be the main pros of a return home.

168 The cons of a return home I have already indicated fully, both in my judgment and in my short analysis under the welfare checklist. I am not satisfied that the children can be protected from the risk of significant harm if they return home, that is, physical and emotional harm and neglect. Whilst this is a short analysis, the situation in my judgment is extremely clear-cut in this case. The cons of being children in long-term care are substantially and significantly outweighed by the risks of the children continuing to live at home with the limited change that I have observed.

169 I therefore conclude that the only option in this case -- and it is a very sad decision to have to reach -- is for the children to be placed in long-term care under care orders. I am satisfied in accordance with *Re B* that no lesser order

will do in this case and that my decision is a proportionate one, namely that the measures proposed correspond to the level of harm which would ensue if they were not adopted.

170 I turn now to deal with contact. The girls have indicated that they are content with the proposals for contact, at least as a starting point. I consider that they have found some of the contacts very difficult, pressurised and upsetting.

E. has consistently said he wishes to see his parents more often than is proposed; he spoke recently of on a weekly basis. Dr. Kennedy said that for children of the age of the younger children, the boys, four times a year seems like an extremely long time given their concept of time and he considered that such contact ran the risk of being meaningless or less meaningful for those boys.

171 I cannot be prescriptive about contact because so much depends on what happens when this case leaves this court. In particular, what will the parents' reactions be? Dr. Kennedy conceded that if there was a real issue of the parents pressurising the children or undermining their placement that that would be a reason to pull contact back from what it would otherwise be. The ball is wholly in the parents' court. Everything depends on how they react to this judgment. If they can show that they can support the children in their placements then plainly an increase in contact can be contemplated. If,

however, they continue to make allegations to undermine and to pressurise I see that contact will have to be relatively limited and Dr. Kennedy accepted that proposition.

172 Therefore -- and I stress that this is a starting point -- I approve the care plan for contact four times a year. It is not in accordance with E.'s wishes and feelings and probably not F.'s either. If the parents can show that they can support those boys in their placement then I consider that contact can and should be increased. Whilst the girls express satisfaction with the current proposal as a starting point, plainly their contact can also be looked at in terms of increasing its frequency. This will take place at the least at LAC reviews and can, of course, take place in between if real change is demonstrated. I would hope that the boys in particular can have more frequent contact with their parents than they are presently under this care plan, but I repeat the ball is entirely in the parents' court, it is now over to them.

173 I approve the proposal for sibling contact, not least because the children at the same schools can see each other and the girls are already making plans for seeing each other independently of the contact arrangements.

174 I add my voice to the many professionals who have stated their concerns about the parents' care. This is a really terribly sad situation because I am in no

doubt that the parents love their children. I have to say I have grave reservations as to whether the parents can accept my judgment any more than they have been able to accept the views of professionals over the last nine years. I continue to hope, however, that they will in time be able to accept my judgment. I have also formed a strong view that they both are in urgent need of therapeutic support and help to help them deal with their very difficult backgrounds.

175 I should say finally that I have read the emails which were put before me today before I gave judgment. They are very much in the same vein as the evidence about them that I have sought to analyse in this judgment and if anything they tend to confirm my views. That is my judgment. I make care orders in relation to all the children to the London Borough of X.