

SAFEGUARDING ANNEX

Medical and Autism Evidence in Support of Urgent Reconsideration

A. Purpose of this Annex

1. This Annex consolidates the medical and autism evidence demonstrating (a) the Claimant's clinical vulnerabilities and (b) the safeguarding risks created by handling this Judicial Review on the papers or by written-only procedures.
2. It supports the request for a short, urgent **oral, in-person permission hearing** by showing that:
 - paper-based processes are **clinically unsafe** for the Claimant;
 - delay or continued non-engagement **worsens her mental and physical health**; and
 - the requested in-person hearing is a **clinical necessity**, not a preference.
3. All documents summarised here are already in the court papers and/or contained in the public, timestamped GitHub repository for this Judicial Review, which holds only official, lawfully publishable materials.

B. Clinical Background and Hospitalisations

4. The Claimant is diagnosed with **Autism Spectrum Condition** and **Post-Traumatic Stress Disorder (PTSD)** and has a long history of trauma-related psychiatric vulnerability.
5. During 2025, the Claimant experienced **three significant hospitalisations** (in **March, June and November 2025**) associated with acute mental-health crises. These episodes were closely linked to:

- escalating legal stressors,
 - inaccessible, unadjusted court communication, and
 - the absence of any recognised participation measures or safeguarding response.
6. Crisis team reports, A&E and hospital notes, and GP evidence collectively show a pattern of:
- suicidal ideation and severe distress triggered by legal correspondence,
 - functional collapse when required to process complex legal instructions without adjustments, and
 - repeated warnings by clinicians that the Claimant's health is being destabilised by the way the legal process is conducted.
7. Clinically, these three hospitalisations are not isolated incidents. They demonstrate a **continuing risk trajectory**: if the Court process continues to operate in a paper-based, unadjusted way, further crises are foreseeable and preventable.

C. Medical Evidence – Dr Hayse's Report (Exhibit Section C)

8. The most recent medical evaluation is the report of **Dr Bruce Hayse**, dated **25 November 2025** (Exhibit Section C). Dr Hayse is an experienced physician who reviewed the Claimant's condition in the specific context of ongoing litigation.
9. Dr Hayse records that the Claimant has experienced **recurrent psychiatric crises during 2025**, directly connected to the stress and inaccessibility of the court process. He notes that the combination of autism, PTSD and chronic stress has led to:
- marked cognitive overload,
 - disorganisation and confusion in response to legal instructions,

- severe anxiety and intrusive trauma symptoms triggered by court communications.

10. Dr Hayse expressly concludes that **paper-based or written-only procedures are medically unsafe** for the Claimant. In particular, he identifies:

- the **volume and complexity** of written material,
- the **absence of real-time clarification**, and
- the **unpredictable arrival** of court and legal correspondence

as factors that significantly destabilise her mental state.

11. The report further explains that **remote or virtual hearings are not a safe alternative**. Sensory overload, technological unpredictability, and the lack of embodied, human cues increase anxiety and reduce the Claimant's ability to process information.

12. Dr Hayse states that the Claimant's autistic and PTSD-related symptoms are **exacerbated by uncertainty, ambiguity and lack of adjustments**, and that her current mental-state fragility requires:

- clear structure,
- predictability,
- paced communication, and
- person-to-person interaction.

13. On this basis, Dr Hayse concludes that an **oral, in-person hearing** is clinically necessary to:

- stabilise the Claimant during legal engagement,
- allow clarification and reassurance in real time, and
- minimise the risk of further psychiatric deterioration.

14. His overall safeguarding conclusion can be summarised as follows:

Continuing the present paper-based process is medically unsafe and presents a foreseeable risk of further psychiatric destabilisation.

D. Autism Assessment and Functional Participation Evidence – CLAAS (Exhibit Section B)

15. The Claimant has been formally assessed by **CLAAS** (autism service) in **2025**. The **Autism Diagnostic & Functional Assessment Report** (Exhibit Section B) confirms diagnoses of:

- Autism Spectrum Condition, and
- Post-Traumatic Stress Disorder.

16. The CLAAS assessment makes clear that the Claimant's difficulties with:

- abstract information,
- ambiguity,
- high-load written communication, and
- rapid processing demands

mean that conventional legal procedures put her at a **substantial disadvantage** compared with non-disabled court users.

17. The assessment notes that the **withdrawal of court-ordered participation measures** after the February 2024 trial caused **significant distress** and left the Claimant unable to understand or navigate subsequent orders and deadlines safely.

18. CLAAS identifies that the Claimant's autistic processing profile means that **ambiguous instructions, written-only communication and complex procedural requirements are functionally inaccessible** unless appropriately adjusted.

19. CLAAS recommends that the Claimant requires, at minimum:

- clear, structured and simplified communication,
- opportunities for **interactive clarification**,
- adjusted pacing and generous time for processing,
- a predictable environment, and
- **consistent participation measures** throughout any proceedings.

20. The report's functional conclusion is that, without such adjustments, the Claimant **cannot meaningfully participate in judicial processes** and is at high risk of clinical destabilisation.

21. Read together with Dr Hayse's report, the CLAAS evidence confirms that an **oral, in-person hearing** is not a luxury but an **access requirement** under the Equality Act 2010 and Autism Act statutory guidance: it is the only safe mode of engagement for this Claimant.

E. Safeguarding Communications and Non-Response (Exhibit Section A)

22. In parallel with the medical and autism assessments, the Claimant repeatedly notified HMCTS and associated bodies during **October–November 2025** that she was **not coping**, was **medically unsafe**, and required urgent intervention and recognition of her vulnerability.

23. These safeguarding emails (summarised in Exhibit Section A) describe:

- escalating confusion and disorientation,
- inability to understand or comply with unadjusted directions,
- fear that she would miss deadlines or misunderstand orders,
- explicit references to medical decline and crisis episodes.

24. Despite the seriousness of these communications, there was **no substantive safeguarding response**. The administrative silence itself became a further source of harm:

- PTSD symptoms worsened,
- the Claimant's anxiety intensified,
- her ability to organise, respond or self-advocate diminished.

25. From a safeguarding perspective, the non-response is clinically significant.

Clinicians had already linked court processes to crisis episodes; ignoring or failing to act on the Claimant's warnings increased the risk of further hospitalisation.

F. Combined Clinical-Safeguarding Conclusion

26. The medical and autism evidence, viewed as a whole, demonstrates that the Claimant is at **ongoing and foreseeable risk** of serious deterioration if this Judicial Review is managed on the papers, by written-only procedures, or without appropriate participation measures.

27. The key points are:

- a) The Claimant has **Autism Spectrum Condition and PTSD**, with documented crises in 2025 culminating in **three hospitalisations (March, June, November 2025)**.
- b) Written-only, paper-based court processes are **medically unsafe** for her and have already contributed to psychiatric destabilisation.
- c) Remote or virtual hearings are also clinically unsuitable; they do not provide the regulated, predictable environment she requires and may increase sensory overload.
- d) Autism assessments confirm that, without structured adjustments and interactive support, the Claimant **cannot effectively participate** in proceedings.
- e) Repeated safeguarding warnings to HMCTS about these risks were not substantively answered, compounding both clinical and procedural risk.

28. In these circumstances, the **only safe and lawful way** to proceed is through a **short, urgent, oral, in-person permission hearing**, at which:

- the Claimant's participation needs can be understood in real time,
- appropriate adjustments and safeguarding measures can be structured,
- and the Court can discharge its duties under Article 6 ECHR, the Equality Act 2010, the Autism Act statutory guidance, and the Public Sector Equality Duty.

29. Delay, continued paper determination, or further administrative silence would not be neutral; it would **increase the safeguarding risk** and perpetuate the disadvantage already evidenced by three hospitalisations and multiple crisis interventions over the past year.

30. This Annex is therefore relied upon in support of the Claimant's request for urgent reconsideration of the 4 December 2025 order and for the listing of an urgent oral, in-person permission hearing.