

This judgment was delivered in private. The Judge has given leave for this judgment to be published. The anonymity of the children and members of their family must be strictly preserved. All persons, including representatives of the media, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of Court.

IN THE FAMILY COURT

Case Number:
WD20C00886

25th February 2021

Before His Honour Judge Middleton-Roy

Between:

A Local Authority	<u>Applicant</u>
- and -	
Mother	<u>1st Respondent</u>
Father	<u>2nd Respondent</u>
The Child 'S' through his Children's Guardian	<u>3rd Respondent</u>
Paternal Grandmother	<u>4th Respondent</u>

Mr Tautz, Counsel, instructed by the Local Authority

Miss Webb, Counsel, instructed by Bretherton Law for the First Respondent

Miss Baruah, Counsel, instructed by Hepburn Delaney Solicitors for the Second Respondent

Mr Lafazanides, Solicitor, Fahri Jacob Solicitors, for the Third Respondent

The Fourth Respondent appeared *in person*

Hearing dates: 18th - 22nd January 2021 and 15th February 2021

JUDGMENT

Crown Copyright ©

His Honour Judge Middleton-Roy:

Anonymity

1. In line with the Practice Guidance of the President of the Family Division issued in December 2018, the names of the child and the adult parties in this judgment have been anonymised, having regard to the implications for the child of placing personal details and information in the public domain. The anonymity of the child and members of their family must be strictly preserved. All persons, including representatives of the media, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of Court and may result in a sentence of imprisonment.

Summary

2. The child in this case with whom the Court is concerned is a nine-month-old baby. He is loved dearly by his mother who wants to care for him. The child is also loved by his father. The father recognises that he is not in a position to care for his son. The child is loved by his paternal grandmother who wants to provide care for her grandson. Sadly, none of the professionals who are tasked with safeguarding the child considers that the child could be cared for safely by any of the adult family members in his life. The Court has reached the conclusion that, despite the love felt for him, the child would be at risk of significant harm in the care of any of the important adults in his life. The Court concludes that the child's welfare throughout his life demands that he is placed for adoption.

The Application and Background

3. The Applicant is the Local Authority. It seeks a Care Order and a Placement Order in respect of the child. Local Authorities owe a duty in law to safeguard and promote the welfare of all children within their area who are in need. In carrying out that duty in law, Local Authorities must promote the upbringing of children by their families and must provide services appropriate to those children who are in need.
4. The Local Authority applications are opposed by the mother. She seeks to care for her son. She has applied for further assessment in a residential unit and for assessment by an Independent Social Worker. The Local Authority opposes the mother's applications for further assessment. The father does not put himself forward to care for the child. The paternal grandmother seeks an Order that the child is placed in her care under a Special Guardianship Order. Her application is supported by the father. The Children's Guardian supports the Local Authority's applications for Care and Placement Orders. The Children's Guardian opposes the mother's application for further assessment and opposes the child being placed in the care of the paternal grandmother.
5. The background facts are largely not in dispute. The child became known to the Local Authority three months prior to his birth arising from concerns about allegations of significant domestic abuse within the parents' relationship. The child's mother disclosed physical abuse, emotional abuse and coercive control by the father. She was observed to have bruises to her back and face, which she said were caused by the child's father. Despite making allegations of domestic abuse, the mother did not cease her relationship with the father. She continued to prioritise that relationship over the needs of the child. Following the child's birth, the parents' relationship continued to be volatile whilst the child was in their care. The mother was observed to shout and become confrontational and unable to regulate her emotions whilst holding the child.
6. Both parents have a history of mental ill health. The mother has a diagnosis of Borderline Personality Disorder. The father has a diagnosis of Autism. Both parents

have a history of self-harm and suicide attempts. Both parents have abused illicit substances prior to and since the birth of the child, including during the period when the child was breastfeeding.

7. In June 2020, the mother and father had a verbal argument, during which the mother made a comment about going to jump off a bridge. It is alleged that the father locked himself and the child in a room and told the mother to call the police if she wanted to see the child. The mother reported to her GP that she had thoughts of self-harm and that she did not want to be alive. The mother left the property wearing only her dressing gown, taking the child with her. The police attended and the mother returned home but left again wearing only her dressing gown in the early hours of the morning, taking the child with her.
8. The mother left the Local Authority area to stay with the maternal grandmother briefly. The mother presented as distressed, whilst the child was in her arms. The mother did not agree to safeguarding arrangements being put in place to stay apart from the father. She told professionals that she wanted Children's Services to leave them alone.
9. On 28th June 2020, the paternal grandmother called the police reporting that she had been assaulted by the father, her son. He was then arrested.
10. The mother agreed to move to a parent and baby foster placement with the child on 1st July 2020. There are reports that during the night, the mother had to be physically woken by the foster carer three times in order to care for the child. The foster carer reported a smell of cannabis on the child's clothes and the mother appeared angry about being at the foster placement. The mother then left the foster placement at 1am on 2nd July 2020, without telling the foster carer. She returned later, slamming the door on her return and presenting in an emotional state. The foster carer reported that the mother was not eating or drinking, such that there were concerns she was unable to feed the child. The mother contacted the maternal grandfather on 2nd July 2020 asking to be collected from the foster care placement, as the situation was making her feel suicidal. She was again observed to be distressed, whilst the child was with her. The mother left the foster carer's property on 2nd July 2020. The police were called. The mother presented as distressed and in a heightened state of emotion. She was reported not to be able to recognise the child's distress. The mother was reported to be shouting, crying and swearing whilst holding the child and was not adequately supporting the baby's head.
11. The Local Authority applied for an Emergency Protection Order on 2nd July 2020. A Judge granted the Order on 3rd July 2020, authorising the Local Authority to move the child to accommodation provided by the Local Authority. On 7th July 2020, the same Judge made an Interim Care Order, placing the child in the care of the Local Authority until the conclusion of these proceedings. Case management Orders were made, including Orders for expert evidence and the Judge re-allocated the case to me for Final Hearing.
12. On the day following the making of the Interim Care Order, there were reports of further volatility between the parents, including arguing, loud banging and a female being heard to scream and cry, believed to be the mother. On 11th July 2020 the police were called to the mother's hostel following a report of the sound of a male punching a female or punching something in the room. The female was heard to scream in response. On 27th July 2020 the father is alleged to have attempted to strangle the mother and she lost consciousness. The mother then retracted her statement the following day. She informed the social Worker during a telephone conversation that she still wished to be in a relationship with the father. The father was charged with Actual Bodily Harm and

coercive control. He was remanded in custody pending a criminal trial. In November 2020, the mother was taken to hospital indicating that she wanted to kill herself. She then discharged herself and left without seeing any professionals.

13. In the course of the Court proceedings, a positive viability assessment was made of the paternal grandmother, recommending a full assessment. That full assessment was negative. At a hearing before me on 11th December 2020, the paternal grandmother sought to challenge the negative assessment and sought to be joined as a party to the case. Her application was granted. The paternal grandmother also agreed to drug testing, following one of the concerns highlighted in the assessment.
14. The final hearing took place before me over five days in January 2021. Having regard to the ongoing national public health emergency, the Court determined that the final hearing was suitable for a hybrid hearing, the parents being permitted to attend the Court building physically with Counsel, all others attending remotely by video link. The mother attended the Court building with Counsel on the day she gave her evidence and attended by video for the remainder of the hearing. The father chose not to be produced from prison to attend the Court building nor to attend by video. He was represented by Counsel throughout. The father participated in the proceedings by preparing a statement, providing instructions to his legal team, denying the allegations against him and advancing the paternal grandmother's case by cross-examining the paternal grandmother's assessor. The father supported a Special Guardianship Order being made in favour of the paternal grandmother and, in the alternative, he supported the child being placed with the mother under a Supervision Order. He sought ongoing contact in the event of a family placement. The paternal grandmother attended each day of the final hearing as a litigant in person, without legal representation. At the conclusion of the penultimate day of the Final Hearing, the paternal grandmother's drug tests became available, which recorded positive tests for cannabis use. On what was to have been the last day of the final hearing, when the paternal grandmother was due to give evidence, the Court was informed that she had fallen ill and had attended hospital. All parties and the Court agreed that the last day of the final hearing should be adjourned to another date, to allow the paternal grandmother the opportunity to give evidence. The adjourned hearing was fixed on 15th February 2021.
15. Prior to the adjourned final hearing, the Court received updating information, which is not challenged by the parties. The Court was informed that the father was released from prison on 29th January 2021, on bail, pending his criminal trial. His bail conditions are understood to have included a condition not to have any contact with the child nor to enter the Local Authority area where the mother was living. The Local Authority informed the Court that the social worker spoke with the mother on 1st February 2021 about the father's release from prison and discussed his bail conditions. The mother told the social worker that she had not been informed that the father had been bailed. The mother said that the father had not contacted her nor had he made any attempts to do so. She told the social worker that she obtained a new telephone number that weekend but this was just a coincidence of timing. She assured the social worker that if the father did contact her, she would inform both the police and the social worker. The Court is told that the Local Authority made provision for taxis to be provided to the mother to minimise any risk to her safety when attending contact with the child. A safety plan was also constructed to ensure the safety of everyone involved in the contact, especially the child. The mother told the social worker that the father did not know the details of her contact arrangements with the child and that she had never shared these with him.
16. On 8th February 2021, the social worker was contacted by the police to report that the mother had been in communication with the father following his release from prison on

bail and that she had met him on two occasions on 30th and 31st January 2021. The father was arrested and was returned to custody.

17. The mother then accepted she had met with the father but said she had met him only on one occasion, on 30th January 2021. She told the social worker that she had not been honest because she was "not thinking straight" and she was protecting the father. She said that she had then realised that she cannot protect him, which is why she then notified the police. She said she had initially ignored his calls and then changed her number but he was persistent and contacted her on her different social media accounts using fake accounts. She also said that the father is aware of the details when she has contact with their child and he knows her current address. It is understood that the father was released on bail again on 11th February 2021. It is understood that his current bail conditions prevent him from having any direct or indirect contact with the mother.
18. At the adjourned Family Court final hearing on 15th February 2021, the Court was again informed that the father did not intend to attend Court. No party sought to recall the mother in respect of the updated social work evidence, which was not challenged. The paternal grandmother gave evidence briefly by video link. Regrettably, her evidence was abandoned, at her request, after a short time when she became so distressed that she felt unable to answer any further questions during proper cross-examination by the Local Authority. The paternal grandmother sought to be excused from the remainder of the final hearing.
19. During the course of the final hearing the Court heard evidence from the Special Guardianship report author, from the social worker, from Dr Jones, Psychologist, from Dr Castle, Psychiatrist, from the mother, the paternal grandmother and from the Children's Guardian. At the conclusion of the final hearing on 15th February 2021, the Court reserved judgment. This written judgment was promulgated on 22nd February 2021.
20. The Court has carefully considered all the documents filed and all the evidence heard, whether or not referred to specifically in this judgment. I thank each of the advocates and the teams behind them for the sensitive approach taken in this case. Each of the advocates tested the evidence robustly but with compassion and with the highest level of skill, for which I am very grateful.

The Relevant Law

21. In any application for a Care Order the Court must apply section 31 of the Children Act 1989. Section 31(2) provides that a Court may only make a Care Order if it is satisfied that the child concerned is suffering or is likely to suffer significant harm and that the harm or likelihood of harm is attributable to the care given to the child or likely to be given to the child if the order were not made, not being what it would be reasonable to expect a parent to give. These provisions are commonly called the threshold criteria.
22. Section 31(9) and section 105 of the Children Act 1989 define "*harm*" as meaning ill-treatment or the impairment of health and development including, for example, impairment suffered from seeing or hearing the ill-treatment of another. "*Development*" is defined as meaning physical, intellectual, emotional, social or behavioural development. "*Health*" is defined as meaning physical or mental health.
23. Practice Direction 12J at paragraph 3 defines domestic abuse as, "*any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 years or over who are or have been intimate partners or family*

members regardless of gender or sexuality. This can encompass, but is not limited to, psychological, physical, sexual, financial or emotional abuse."

24. *"Controlling behaviour" is defined in PD12J as meaning, "an act or pattern of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour."*
25. *"Coercive behaviour" is defined in PD12J as meaning, "an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim".*
26. In *JH v MH (Rev 2)* [2020] EWHC 86 Russell J set out further guidance on the Court's approach to addressing domestic abuse by reference to PD12J: *"Domestic abuse can inflict lasting trauma on victims and their extended families, especially children and young people who either witness the abuse or are aware of it having occurred. Domestic abuse is rarely a one-off incident and it is the cumulative and interlinked physical, psychological, sexual, emotional or financial abuse that has a particularly damaging effect on the victims and those around them."* This Court is fully cognisant of the relevant guidance and this Court explicitly bears that guidance in mind.
27. The purpose of the Family Court in proceedings of this nature is not to establish guilt or innocence or to punish or criticise parents but to establish the facts as far as they are relevant to inform welfare decisions about the child. To prove the fact asserted, that fact must be established on the civil standard, that is, on the simple balance of probabilities. (*Re B* [2008] UKHL 35). There is only one civil standard of proof, namely that the occurrence of the fact in issue must be proved to have been more probable than not. The burden of proof lies upon the person or body that makes the allegations.
28. If satisfied that the threshold criteria are made out, the Court must proceed to consider section 1 of the Children Act 1989. At this second stage, the welfare of the child is the Court's paramount consideration.
29. When considering whether or not to make a Placement Order, the Court's paramount consideration under section 1(2) of the Adoption and Children Act 2002 is the welfare of the child throughout their life. The Court must at all times bear in mind, pursuant to section 1(3) of the 2002 Act that any delay in coming to the decision is likely to prejudice the child's welfare.
30. The Court must take into account all the matters set out in the welfare checklist at section 1(4) of the 2002 Act and consider the whole range of powers under that Act and the Children Act 1989. Section 1(4) of the 2002 Act provides that the Court must have regard to the following matters (among others):
 - (a) the child's ascertainable wishes and feelings regarding the decision (considered in the light of the child's age and understanding);
 - (b) the child's particular needs;
 - (c) the likely effect on the child (throughout his life) of having ceased to be a member of the original family and become an adopted person;
 - (d) the child's age, sex, background and any of the child's characteristics which the court or agency considers relevant;
 - (e) any harm (within the meaning of the Children Act 1989 (c. 41)) which the child has suffered or is at risk of suffering;

- (f) the relationship which the child has with relatives, with any person who is a prospective adopter with whom the child is placed, and with any other person in relation to whom the court or agency considers the relationship to be relevant, including:
- (i) the likelihood of any such relationship continuing and the value to the child of its doing so,
 - (ii) the ability and willingness of any of the child's relatives, or of any such person, to provide the child with a secure environment in which the child can develop, and otherwise to meet the child's needs,
 - (iii) the wishes and feelings of any of the child's relatives, or of any such person, regarding the child.

31. Section 52(1)(b) of the 2002 Act makes clear that the Court cannot dispense with the consent of any parent of a child to the child being placed for adoption or to the making of an Adoption Order in respect of the child unless the Court is satisfied that the welfare of the child requires the consent to be dispensed with.
32. The Human Rights Act 1998 applies to these proceedings. Under Article 8, everyone has the right to respect for private and family life, home and correspondence. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society. Each individual family member in this case has that right, including the child, the mother, the father and the wider family. These rights must be balanced. Any interference with the right to private and family life must be a necessary interference and must be proportionate, having regard to the risks.

Threshold

33. The relevant date for determining threshold is 1st July 2020 when the Local Authority placed the mother and the child in a mother and baby foster placement.
34. The Local Authority asserts that on the relevant date the child, 'S' was suffering and/or was at risk of suffering significant harm attributable to the care given to him or likely to be given to him by his mother, the First Respondent, and/or his father, the Second Respondent, such care not being what it would be reasonable to expect a parent to give.
35. The Local Authority asserts the following:

The Mother's Mental Health

1. The mother has long-standing mental health issues and currently has a diagnosis of unstable personality disorder and/or complex PTSD.
2. The mother's inability to regulate her emotions has caused and/or has put 'S' at risk of emotional harm, for example:
 - a. On or around 24.06.20, the mother was shouting and distressed while holding 'S' in her arms;
 - b. On or around 01.07.20, the mother exposed 'S' to her elevated emotions on their first night at a mother and baby foster placement;
 - c. On or around 02.07.20, the mother was in heightened emotional state and unable to recognise 'S's distress.
3. The mother has not been consistent in taking prescribed medication and has not been honest with social worker about it this.
4. More recently on 17.11.20 and 24.11.20, the mother has experienced deteriorating mental health and suicidal feelings but has not accessed appropriate support.

The Father's Mental Health

5. The father has a diagnosis of autism, and at times he has experienced poor mental health and self-harm; the father's inability to regulate his emotions put 'S' at risk of emotional harm.

The Mother's Cannabis Use

6. The mother's cannabis use put 'S' at risk of emotional harm and neglect.
7. The mother has a diagnosis of cannabis dependence syndrome.
8. The mother used cannabis regularly during pregnancy and while breast-feeding.
9. The mother was not honest with professionals about her cannabis use during pregnancy or while breast-feeding.
10. The mother was still using cannabis as of 27.10.20.

The Father's Cannabis Use

11. The father's cannabis use put 'S' at risk of emotional harm and neglect.
12. The father was regularly using cannabis up to the relevant date.

Domestic Abuse

13. Domestic abuse and conflict between the parents caused and/or put 'S' at risk of emotional harm and put 'S' at risk of physical harm.
 14. The mother reported that bruises to her body and to her face were caused by the father but then later denied it.
 15. There have been a series of domestic abuse incidents between the parents:
 - a. On or around 07.06.20, following conflict between the parents, the father locked himself and 'S' in bathroom;
 - b. On or around 19.06.20, after an argument, the mother took 'S' out of house late at night while wearing a bathrobe; police were called;
 - c. On around 23.06.20, after an argument, the mother again took 'S' out house in middle of night; police were called;
 - d. On or around 28.06.20, the father assaulted the paternal grandmother and a police officer; the mother and 'S' were in the paternal grandmother's home at the time;
 - e. There were domestic abuse incidents at the parents' accommodation, and police were called on or around 11.07.20.
 16. On or around 27.07.20, the father assaulted the mother causing bruising.
 17. The father is coercive and controlling towards the mother.
 18. Following the father's arrest for ABH against her and coercive control, the mother remained in communication with the father.
36. There are three elements to the harm required by the threshold conditions in s.31(2) of the Children Act 1989. The harm must be actual or likely; it must be significant; and it must be due to parenting that is not reasonable. The concessions made by the parents together with the totality of the evidence in the case leads inexorably to the conclusion that all three of these elements are satisfied. The parents' concessions alone are sufficient to cross the threshold for the making of Orders in respect of the child. Threshold allegations are separated out by Local Authorities for forensic purposes but there is only one threshold and the Court measures the effect of all its findings against it. Facts, which are minor or even trivial if considered in isolation, when taken together may suffice to satisfy the Court of the likelihood of future harm. The Court attaches to all the relevant facts the appropriate weight when coming to an overall conclusion on the crucial issue. Each piece of information affects the calculation of risk. This is different to the position of findings of primary fact, where unproven facts cannot be aggregated to form proven facts. That the threshold conditions are satisfied has a factual base. An alleged but unproved fact, serious or trivial, is not a fact for this purpose. Nor is judicial suspicion, because that is no more than a judicial state of uncertainty about whether or not an event happened.

37. The mother has made several concessions to the pleaded threshold statement. Some of the threshold assertions were denied outright. However, during the mother's oral evidence, she accepted key facts which she had previously denied, in particular regarding the allegations of domestic violence, when the mother accepted in oral evidence that the father strangled her. Further, the mother accepted that she remained in communication with the father whilst he was in prison. The mother takes issue with the assertion that the child suffered actual harm. She accepts that domestic abuse would have been unsettling for the child and undesirable but she denies actual harm. The father has provided no response to the threshold assertions.
38. On the plain evidence before the Court, the Court makes findings of fact as pleaded by the Local Authority. Witnessing domestic abuse during childhood is recognised as a form of child maltreatment. Impairment suffered through hearing or seeing the ill-treatment of another is a form of harm. This is due to the negative impact both the child's maltreatment and/or exposure to domestic abuse can have on social, emotional, behavioural and cognitive development. Dr Jones highlighted the same in her independent psychological assessment of the mother, having regard to the volatile and abusive nature of the parental relationship. It is plain that, although no direct physical harm has come to the child, the child's direct exposure to the mother's inability to regulate her emotions and the child's direct exposure to domestic abuse and parental conflict has caused emotional harm to the child and I find accordingly.
39. The inevitable conclusion by the Court on the evidence before it is that the threshold for protective intervention is crossed, treating each individual finding not in a compartmentalised manner but looking at the whole picture and based on the findings herein. The emotional harm suffered by the child in the past plainly gives rise to a real likelihood of future harm, both physical and emotional, that cannot sensibly be ignored. The harm that might result is significant and is undoubtedly not what is reasonable for any parent to give. The Court finds that the threshold condition under s.31(2) Children Act 1989 is satisfied.

Welfare

40. An independent psychological report of the mother was prepared by Dr Jones, Consultant Forensic Psychologist in November 2020. Dr Jones assessed the mother's level of cognitive functioning as being in the high-average range. From a cognitive perspective, there is no reason why the mother would be unable to undertake any aspect of daily life, including matters relating to child care.
41. In Dr Jones's professional opinion, the mother is a young adult who has experienced significant traumas of varying degrees. Dr Jones is of the professional opinion that the mother's personality features borderline personality traits. Individuals with borderline personality styles, Dr Jones told the Court, often tend to be impulsive. They often demonstrate lability of emotions regarding others, with an almost uncritical positive regard. However, this can rapidly change over a short period of time, over several days or even within a few hours, to intense dislike or even loathing. Such individuals often experience feelings of low mood, characterised by feelings of worthlessness, emptiness and hopelessness. They also fear abandonment but will engage in behaviours which will tend to push those close to them away. Mood instability and self-medication through substance misuse and/or self-harm, in addition to symptoms of depression, are characteristics of this personality style and each has features in this mother's life. She has experienced repeated disruption to attachments during her own troubled childhood and adolescence, often with ruptures occurring at crucial times in terms of attachment and personality development.

42. Personality dysfunction, Dr Jones told the Court, is pervasive and persistent. Personality dysfunction is primarily a dysfunction within the context of relationships with others. This is exacerbated when attachment triggering events happen within such relationships. If such events occur and an individual's psychological needs are not being met, this raises the likelihood that the individual will behave problematically in order to avoid distress caused by the attachment reactions. The mother's assessment suggests a deficit in coping mechanism for stress and distress, with a tendency to employ emotion or avoidance orientated methods.
43. Dr Jones told the Court that the mother has had numerous negative experiences with authority figures throughout her lifetime. As a result of the chaotic environment within her family home, the mother has largely been reliant on herself from a young age, particularly in terms of meeting her own emotional needs. This is likely, Dr Jones considered, to have contributed towards the development of her personality traits in addition to mistrust in others and fear of rejection, reinforced by each subsequent negative experience. Her personality traits and likely attachment difficulties mean that professionals involved in her child's care should have an understanding that hostility and aggressions is likely to be within the mother's presentation, as this is her primary defence mechanism if she is feeling anxious or criticised. Dr Jones noted that the mother has suggested that the level of input from professionals is causing her significant stress and symptoms of low mood. Dr Jones considers that the mother is unlikely to consider external input warranted. She is of raised risk of perceiving external advice and input as criticism which is likely to subsequently lead to feelings of hostility and inadequacy.
44. Although Dr Jones did not consider she was in a position to diagnose a personality disorder due to the mother's relatively young age and due to the lack of psychometric evidence, Dr Jones considered that the mother is of an age where therapeutic intervention can be of considerable benefit. Given the mother's significant attachment-based trauma and associated personality and attachment difficulties, Dr Jones recommended that the mother would benefit from:
- (a) the opportunity to undertake a therapeutic mother and baby placement;
 - (b) alternatively, engaging with specialist services such as those provided by those who cater specifically for Personality Disordered parents who have children in their care, including groups structured around a Mentalisation Based treatment framework;
 - (c) alternatively, engaging in a prolonged period of therapeutic intervention of a period of at least 12 months, ideally psychotherapy with a psychodynamic aspect such as Psychodynamic Psychotherapy, Cognitive Analytical Therapy or Schema Focussed Therapy, within the context of attachment-based trauma. This would provide her with the best potential for a positive prognostic outcome;
 - (d) if she were to return to engaging in self-mutilation or suicidal behaviour, an immediate and urgent referral for Dialectical Behavioural Therapy (DBT), requiring a GP referral, available on the NHS;
 - (e) an immediate referral to her local Community Mental Health Team;
 - (f) engaging in mentoring, with a peer mentor who has experienced similar difficulties to herself.
45. Dr Jones noted that the mother is a good candidate for intensive psychotherapy. She is expressive and able to reflect upon her own mental states and that of others. She is also open to discussing past events and reflecting upon the impact of these. She appears motivated to undertake psychological intervention. She wishes to make changes to her mental state. She is extremely able cognitively, which is a further positive prognosis factor in terms of therapeutic outcomes. Dr Jones cautioned that the mother's personality traits predispose her to be reluctant to engage meaningfully in relationships, be mistrustful of others and react negatively to those who she perceives as trying to control her. She is likely to remain resistant to external influence. Dr Jones was unable to stay how long the

mother would need to spend in a specialist mother and child residential placement before she would be able to parent her child safely.

46. An independent psychiatric report of the mother was prepared by Dr Castle, Consultant Psychiatrist in September 2020. Dr Castle noted that the mother has suffered from anxiety, low mood, self-harm, mood swings and anger since the age of 11. At 11 years old, her parents separated and there was significant emotional conflict. Since that time, there have been ongoing emotional difficulties. The mother attended the Child and Adolescent Mental Health Service from the age of 11, throughout her adolescence. She was placed with a small group of pupils at school who had emotional difficulties because she was isolating and avoidant. She was carefully further assessed when she was 14 years old. At that time, she suffered from mood fluctuation, suicidality, self-harm, anxiety, low weight, low mood and anxiety. The following year, two significant overdoses were reported and a further two overdoses in the year following. She was under the care of the Dialectical Behavioural Therapy team, which specialises in treating emotionally unstable personality symptoms. The mother found this intervention difficult and was discharged from the service. The following year she had ongoing mood suicidality, self-harm, suicidal thinking and markedly low weight. She was prescribed medication for depression and anxiety. She reported keeping calm by smoking cannabis daily. In 2018, she had a diagnosis of emotionally unstable personality. She also had clinically low weight and was using cannabis daily. She used 'club drugs' at the age of 17, including ecstasy, mushrooms and acid. She reported forming overly intense sexual relationships to feel better about herself. Although she reports ceasing club drugs, she has always used cannabis to 'calm down.' Dr Castle noted that the mother has smoked cannabis regularly from mid-adolescence and throughout the pregnancy. She was able to markedly reduce the level of use after her child's birth but then returned to the previous intensity on leaving the placement. She reported smoking the night before the psychiatric assessment. She continues to use cannabis to self-medicate, which she acknowledges perpetuates the problem.
47. Dr Castle noted that the mother felt, 'a little more stable' during the pregnancy, despite the relationship with the father becoming increasingly difficult. When her son was removed from her care, her mood destabilised. Dr Castle noted that the mother's mood was very low at the time of the assessment, although not acutely suicidal. Dr Castle noted that the mother can feel very socially anxious and unfairly judged and this can develop into intrusive paranoia. She regularly self-harmed until 2019. Dr Castle noted that the mother's anger outbursts are usually restricted towards people to whom she is close, such as her partner, rather than with the general public. Dr Castle noted that the mother understands that she has been given a diagnosis of an emotionally unstable personality disorder and feels this is 'appropriate.' Dr Castle reports that the mother was unwilling to discuss her relationship with the child's father in detail, "*because allegations she previously made have resulted in him being imprisoned.*" Dr Castle told the Court, "*She was clearly conflicted about this and the issue was very anxiety-provoking for her. Nevertheless, she intimated that the relationship is over.*"
48. In Dr Castle's expert opinion, the mother suffers from an emotionally unstable personality disorder. Dr Castle explained that to suffer from this condition, there must be sustained maladaptive behaviours since adolescence. The particular diagnostic criteria of an emotionally unstable personality disorder are a marked tendency to engage in quarrelsome behaviour and to have conflicts with others, especially when impulsive acts are thwarted or criticised, liability to outbursts of anger or violence, with inability to control the resulting behavioural explosions, difficulty in maintaining any course of action that offers no immediate reward, unstable and capricious (impulsive, whimsical) mood, liability to become involved in intense and unstable relationships, often leading to emotional crisis, excessive efforts to avoid abandonment, recurrent threats or acts of self-harm,

chronic feelings of emptiness and demonstrating impulsive behaviour, including substance abuse.

49. Dr Castle further diagnosed cannabis Dependence Syndrome or Harmful Use, meaning that she compulsively uses an addictive substance despite the obvious psychological and social harm that it causes. In this case, the harm would include the perpetuation and exacerbation of the personality difficulties. It will also impact on all aspects functioning, including parenting. In his oral evidence, Dr Castle told the Court that both alternative diagnoses, Cannabis Dependence Syndrome or Harmful Use, are both recognised addiction syndromes, the latter being the lesser diagnosis. Dr Castle told the Court that in many ways, cannabis addiction is a manifestation of Emotionally Unstable Personality Disorder.
50. In noting that the independent psychologist, Dr Jones, did not consider she was in a position to diagnose a personality disorder, Dr Castle, whilst being cautious about commenting on another expert's opinion, told the Court, politely, that it is the Consultant Psychiatrist who makes the diagnosis. Dr Castle was clear in his oral evidence as to his principle diagnosis of Emotionally Unstable Personality Disorder. He told the Court that on the evidence, this has largely been undiminished in the mother since her mid-adolescence. Dr Castle told the Court that this condition is due to childhood trauma and damaged attachment, manifesting at times with untenable emotions and emotional instability associated with impulsivity. Dr Castle told the Court that, although the mother intellectually understands the diagnosis, has a high IQ and can speak about the diagnosis accurately, this does not mean she is insightful or in control of her emotions. In Dr Castle's expert opinion, the same patterns of behaviour are likely to reoccur in some form, without appropriate treatment.
51. Dr Castle acknowledged that 'Personality Disorder' is an uncomfortable term. However, therapeutically, resources are available for treatment of Emotionally Unstable Personality Disorder within the Complex Needs service. Accordingly, Emotionally Unstable Personality Disorder is an important diagnosis for resource identification. In Dr Castle's opinion, eighteen months of therapy is required. Dr Castle noted that intoxication through cannabis use stops the process of reflection necessary for effective therapeutic intervention. Ideally, cannabis use should cease before commencing the complex therapeutic process, as cannabis use impacts upon at least some period of reflection. Further, given that therapeutic services are so overwhelmed, NHS service providers frequently have a zero tolerance of co-existing substance misuse before starting the therapeutic service, meaning that the mother may be turned down for the therapeutic service if still using cannabis. In Dr Castle's opinion, the mother's cannabis use needs to be addressed promptly. Dr Castle noted that treatment can be very effective and the diagnosis is not a 'life sentence.'
52. In my judgement, Dr Castle was a considered and reliable witness, whose evidence was reflective, thoughtful and very clear. I find no reason to depart from his expert opinion. Where there was a difference in the approach between the experts on the issue of the diagnosis Emotionally Unstable Personality Disorder, I prefer the evidence of the psychiatrist, Dr Castle over that of the psychologist, Dr Jones. For the reasons articulated by Dr Castle, I find that Dr Castle was well placed to make that diagnosis.
53. A Parenting Assessment of the mother completed in September 2020 concluded negatively, highlighting the mother's lack of insight into and denial of domestic abuse, her poor mental health, substance misuse and lack of adequate support network. The parenting assessment refers to the mother's narrative in respect of domestic abuse:

“[The mother] disclosed that [the father] was in prison because she had ‘made up a load of bullshit about him’, having become aware of an affair that he was having. [The mother] shared that the bruises were from rough sex and that there was no domestic abuse. It is reported that [the mother] appeared to be sympathetic towards perpetrators behaviours, apportioning blame on herself as a female in her relationship with [the father]. [The mother] reported that ‘women victimise themselves’, they need to ‘grow up’ and take responsibility. [The mother] expressed her frustration that she found the work that they were doing was encouraging women to be victims and not take responsibility for their own behaviours”

“It is evident that from the conversations, at times [the mother] was able to demonstrate good knowledge of domestic abuse and this was expected, given that she is a smart young woman. [The mother] said that she had this knowledge prior to the birth of [‘S’] so it is evident that she struggled to apply the knowledge within her relationship with [the father], which subsequently had significant implications for [‘S’]. [The mother] was inconsistent in stating whether or not she wanted to get back into a relationship with [the father]. [The mother] did recognise that she did want [the father] to change.”

54. The Social Worker’s evidence highlighted the mother’s lack of housing, periods of non-compliance with prescribed medication (the mother told the Social Worker that she had been taking her prescribed medication regularly, however, she had not collected her prescription from September to the beginning of November 2020) and the mother’s lack of effective engagement in domestic abuse work. The mother had undertaken some domestic abuse work, however, this had to be terminated as, although she has an understanding of domestic violence, when the domestic abuse worker attempted to relate this to her and her relationship with the father, the mother became extremely emotional to the extent that the worker felt that the session had to be ended. The mother did not accept domestic abuse in her relationship with father and said that he will change. When asked what change was needed, the mother said that he should not talk to other girls, go on dating apps or cheat on her. The mother said that she does not feel she needs domestic abuse work.
55. The social work evidence identifies that the mother did not engage effectively with local drug support services, indicating in November 2020 that she no longer wanted any support, as she feels the work is not useful.
56. The mother, in her evidence, maintained initially, as she had in her written evidence, that she had no contact with the father since he had been in prison. She maintained that the father had not sent letters from prison to her at the maternal grandfather’s address, notwithstanding reports of the same from the maternal grandfather, suggesting that the maternal grandfather was seeking to lie about that fact, so as to negatively affect her case. The foster carer has observed the mother to have three mobile telephones, one of them containing a sticker with the father’s initial on it. Further, the maternal grandfather reported receiving threats from the father from prison and is reported to have told professionals that the mother regularly speaks to the father. The Court found the mother’s evidence on this issue to be unreliable. Her evidence was not given in a direct manner and she answered questions in cross-examination with evasion. The mother’s oral evidence then changed significantly. The mother told the Court that there had in fact been contact between her and the father, contrary to her earlier oral evidence and contrary to the written evidence set out in her statement endorsed with a statement of truth. The mother told the Court, *“there has been contact between me and [the father]. I’m sorry for the lack of, not insight...there has been insight. I’ve been put in a very difficult position. I’ve tried to do what’s best for my son. I understand what’s gone wrong. I don’t want to*

involve ['S'] in that any more. It's about making sure ['S'] is safe and I don't want to be around anyone that would bring me and ['S'] apart. I know [the father] is part of that. He is ['S's] dad...He does not have my address now. I'm not in contact with him now. - I stopped for ['S'] because I realised to properly get the chance to get my child back, I needed to cut out all the toxic past. I appreciate there is a conflict in my emotions about [the father], however...I'm not sure. I'm sorry."

57. The mother went on to tell the Court that she had been in communication with the father daily by telephone since September 2020: *"I did not feel like it was having a positive impact on me. It was not making it easier on me on focusing on getting ['S'] back. All the professionals were telling me [the father] is a danger and is violent and was unsafe. I've been a very conflicted position trying to balance everything out in my head...I stopped picking up the phone. We are not in a relationship...I've just been scared and I didn't know how to tell the truth. I'm scared of it getting worse for me. I've not done the right thing in the proceedings but I'm trying to now because I don't want to lose my child. I appreciate I've done things that are wrong. I've been really scared and I'm sorry...I believe I'm a vulnerable young parent. I possess the capabilities going forward to keep ['S'] safe and loved. I love him. I know I need protection and security and I want to give him that for rest of his life."*
58. The mother went on to tell the Court that the child's father was violent to her and was controlling and manipulative. She told the Court that the he became more violent after 'S' was removed from her care. She told the Court that the father was not in control of his actions: *"I have not said until today that he was violent and I have not accepted until today that we remained in touch after he went to prison...It's not about being truthful. It's about being ashamed and embarrassed about what I have been through...I'm sorry the case has been muddled. I have not been in the greatest place. I deserve to be ['S's] mum without anyone else being involved. I tried to make that clear but I don't think I was properly listened to."*
59. If the mother had a moment of enlightenment during the course of her oral evidence regarding the professionals' unanimous concerns about the impact of domestic abuse, it was short lived. In the three-week adjournment of the final hearing, arising from the paternal grandmother's illness, the mother accepts being in further contact with the father following his brief initial release from prison and spending direct time with him until his further incarceration. That is despite the mother continuing to be under the scrutiny of the Court. I did not find the mother to be a reliable witness of truth. Whilst I very much take into consideration her vulnerability and whilst she must be commended for speaking some truths in the witness box, her evidence highlights the very long way she still must go to address her vulnerabilities.
60. Regrettably, it is common for parties and witnesses in Court cases to tell lies in the course of the investigation and the hearing. The fact that a witness has lied about some matters does not mean that they have lied about everything. The Court takes care to bear in mind at all times that a witness may lie for many reasons, such as shame, misplaced loyalty, panic, fear, and distress. I take into consideration the mother's lies in the context of her diagnosed psychiatric condition and psychological profile. I have regard also to the principle that it is essential that the Court weighs any lies told by a person against any evidence that points away from them having been responsible for harm to a child. The pertinent matter for the purpose of this Court concerns lies in the context of welfare. Lies, however disgraceful and dispiriting, must be strictly assessed for their likely effect on the child, and the same can be said for disobedience to authority. In some cases, the conclusion will simply be that the child unfortunately has dishonest or disobedient parents. In others, parental dishonesty and inability to co-operate with authority may decisively affect the welfare assessment. The mother's lack of honesty regarding her

contact, communication with and relationship with the father of the child is of direct relevance to the issue of the child's future welfare. Put simply, the Court has found that the child has suffered emotional harm arising out of his parents' volatile relationship and he remains at risk of significant emotional and physical harm in the future. The mother has consistently misled the professionals tasked with safeguarding the child, including the social worker, the Children's Guardian, her social support network, her legal team and this Court. Those lies are significant to the extent that they directly affect the future welfare of the child. The information given by the mother to professionals was not on account of inaccuracy, mistake, faulty recollection, confusion or fallible human recollection nor were they due to the limitations of memory arising from the passage of time. Whatever the reason for the mother's lack of openness and honesty, whether through shame or embarrassment as she asserts, the effect of her psychiatric diagnosis and psychological profile or designed to attempt to evade culpability, the fact is that those lies entirely undermine the systems of protection designed to keep the child and the mother safe.

61. I have considered whether too much emphasis has been placed by the professionals on the lies told, to the extent that the professionals regarded this feature alone as determinative of the case. I have considered whether there was, as a consequence, a failure properly to set those undoubted and serious concerns against any progress made by the parents. In my judgement, each of the professionals has given proper weight to the lack of openness and honesty, in the context of all the other multifactorial concerns. Ultimately, I find no reason to depart from the unanimity of professional opinion that the child would not be safe in the care of his mother or his father and would highly likely suffer significant emotional and/or physical harm.
62. The maternal grandfather, while not putting himself forward to be assessed as a kinship carer for the 'S', has proposed that the mother and 'S' should move in with him. Neither the Local Authority nor the Children's Guardian supports this proposal. The relationship between the mother and her father is a troubled one. There is no reliable evidence before me to satisfy me that it would be appropriate to depart from the consensus of professional opinion.
63. A positive viability assessment was completed in respect of the paternal grandmother, recommending a full Special Guardianship assessment. The full assessment was negative. I acknowledge that the paternal grandmother found the Court process difficult. She did not qualify for public funding, such that she was not legally represented at this final hearing. She has commendably supported her son and has fought hard to get him the support he has needed throughout his childhood and into adulthood arising from his autism diagnosis. She has also raised another child, in addition to coping with her own challenging health conditions. She has attempted to support her son, the mother and the child by allowing them to live in her home prior to and after the child's birth, which she described as a very stressful situation with the couple arguing and being threatening towards each other. The Special Guardianship assessment records that the paternal grandmother did not want to interfere with the couple's relationship but she considered that the mother instigated the arguments by "*constantly being in [the father's] face and winding him up.*" The assessment considered that the paternal grandmother did not appear to accept that her son also played a significant part in these arguments. The assessment notes that the paternal grandmother feared for the child's safety in the care of the parents and considered that the stress within the family home had reached an unmanageable level, yet she required the mother, father and child to leave the family home together. The Special Guardianship assessor considered that the paternal grandmother's insight into the risks to the child were concerning, given that she did not know where the parents would take the child or who would be caring for him, raising questions about her ability to safeguard the child.

64. Further, the Special Guardianship assessment highlighted the paternal grandmother's own significant vulnerabilities, including her own physical health condition. The medical evidence from her Consultant Rheumatologist suggests that the paternal grandmother appeared to be quite vulnerable looking after her own health, taking care of her children and dealing with multiple stresses around her. An earlier report from an Associate Specialist in Rheumatology in 2018 recorded that most of the consultation centred around the paternal grandmother's difficulties at home with her son, who was then seventeen years old. *"He has not left his room for almost one year and does not communicate with her or anybody else...it was heart breaking to hear how difficult her life is at the moment. She does not have many friends and neighbours that she can ask for help."* The evidence records that patients with the type of mobility difficulties experienced by the paternal grandmother, *"feel challenges in every aspect of their daily lives and life in general...[the paternal grandmother] unfortunately has a difficult situation at home caring 24/7 for her son who has Aspergers."*
65. Furthermore, the Special Guardianship assessment highlighted the paternal grandmother's substance misuse. The assessment records that the paternal grandmother denied any cannabis use since the couple moved out of the family home. The toxicology evidence filed in respect of the paternal grandmother concludes that the paternal grandmother has been a regular cannabis user over the six months from June to December 2020, throughout the Court process, at medium levels, reducing only to a low level in the month prior to the final hearing, bringing into question her ability to be open and honest and further bringing into question her ability to provide safe care for such a young and vulnerable child. The paternal grandmother, regrettably, was not able to assist the Court during her oral evidence. The paternal grandmother went to some lengths to explain in strong terms her dissatisfaction with all the professionals involved, including how she feels she has been let down in trying to seek help for her son: *"I've done everything possible for them lot and I'm tired of people telling lies. I'm sick of it, sick of lies and picking up the pieces. Every time I ask for help, there's been nothing. I'm sick of it all and I've had enough. I don't agree with any of this, the behaviour of them two and what's going on, [the father] is falsely imprisoned because of [the mother], he's self-harming, there's no help for him...I've had enough."*
66. Sympathetic as I am to the difficult position the paternal grandmother finds herself in, admirably coping with a multiplicity of challenges of her own, including anxiety, depression, chronic pain and mobility difficulties, I find no reason to depart from the conclusions reached in the Special Guardianship assessment, which I find is a fair, balanced, thorough and reliable piece of work. Further, I find no reason to depart from the professional opinion of the Children's Guardian who considered that the paternal grandmother is both physically and emotionally unable to care for her grandson: *"Her fragility precludes any possibility of care on her own without significant outside professional support. Her emotional difficulties, whether or not these stem from her physical disabilities, also preclude her caring with the mother or the father. In addition, she has demonstrated a distinct lack of insight...caring for a very young baby is a life challenge in itself. Having two parents with their own complex emotional and mental health needs is clearly something [the paternal grandmother] will struggle with and appears to have struggled with in the past. The relationship dynamics between [the paternal grandmother] and [the father] and separately with [the mother] are clearly complex. [The father] has gone from not supporting his mother in seeking care of [his son], to making allegations against her, to now supporting her. The same goes for [the mother]."*
67. The significant and complex parental dynamic and family dynamic adds a further layer of difficulty, such that I cannot be satisfied on the totality of the evidence that the paternal

grandmother could prioritise or meet the welfare needs of the child, thereby placing the child at risk of harm, notwithstanding her love for her grandson.

68. The Children's Guardian prepared a very thorough, detailed, fair and balanced final analysis. I find no reason to depart from the conclusions of this experienced Children's Guardian. The Children's Guardian told the Court, "*This is an extremely sad case. We have in essence a vulnerable child... aged eight months and his mother, who is in my view also a vulnerable young first-time mother with complex needs of her own. [The father] is incarcerated...for [an alleged] assault against [the mother] and coercive control. [The father] too is a vulnerable first-time parent and has complex needs of his own.*"
69. The Children's Guardian recognised that the mother has fully committed to attending supervised contact with the child, even when faced with long hours of traveling to and from contact, which is plainly to her credit. However, the Children's Guardian considered that the mother, "*has not really begun to gain a meaningful understanding of domestic abuse/violence or the impact upon a young baby. In my view [the mother] needs to address her therapeutic needs...and cannabis dependence before generic courses are likely to have any significant impact, as is evidenced in her engagement in the previous domestic violence work.*"
70. I turn to consider the mother's application for further assessment. Having regard to all the evidence, I am of the clear opinion that neither residential assessment nor assessment by an Independent Social Worker is necessary and would not be in the best interests of the child. The applications are not supported by the Local Authority or the Children's Guardian. Dr Jones considered that any residential placement should be therapeutic in nature. A standard parent and child residential placement would not have the components for the intense therapeutic element required by the mother. There is no reliable evidence before the Court that such placement is available nor is there reliable evidence of the timescales necessary to effect change. In my judgement, whilst such placement might be aimed at assisting the mother, it is outside the child's timescales and is not directly focused on the child's needs. The Local Authority attempted a parent and child foster placement at the outset of the proceedings, which lasted no more than 48 hours before it was terminated by the mother. The evidence is plain that the mother could not be relied upon to keep the address of such placement confidential from the father. Her ongoing communications with the father, despite safety measures being put in place to protect her and the child, together with her ongoing drug misuse are further factors that militate against the likely success of such placement. Furthermore, the mother has made clear on several occasions that she resents professional involvement. The mother made clear in her oral evidence that she, "*deserves to be a mother, without anyone else being involved.*" Dr Jones acknowledged that the level of input from professionals causes the mother significant stress and symptoms of low mood and that the mother is unlikely to consider external input warranted. In my judgement, not only is such placement not necessary for the Court to determine the proceedings justly, it is likely that such placement would end prematurely given the pressures of intense, high level professional involvement, which is likely to cause the mother heightened anxiety and resentment, leading to a placement breakdown. In my judgement, there is no gap in the evidence that necessitates further assessment of any kind, whether by way of residential assessment or assessment by an Independent Social Worker. I share the opinion of the Children's Guardian that such assessments as proposed by the mother would mean that the child's development, emotional and physical welfare will be lost in the shadow of his mother's significant own complex needs. It follows that the mother's applications for further assessment must be dismissed.

71. The paramount consideration of the court must be the child's welfare throughout his life. Under s 1(4), Adoption and Children Act 2002, the Court has regard, amongst other things to the following:
72. *The ascertainable wishes and feelings of the child regarding the decision relating to adoption (considered in the light of his or her understanding):* The child has no understanding of his situation, in light of his young age. It is likely that any child would wish to remain with their birth parent or extended birth family if it was safe to do so and where all their welfare needs were met.
73. *The child's particular needs:* The child has no known particular or specific needs above that of any child of his age and stage of development. He needs a loving, nurturing, environment free from substance abuse and domestic abuse, with a carer who can provide permanence, security, stability and consistent and safe parenting, where he can flourish and reach his full potential.
74. *The likely effect on the child throughout his life of having ceased to be a member of the original family and become an adopted person:* 'S' has lived in foster care for the large majority of his life and he is unlikely to have an understanding of his birth family in light of his young age. He is not likely at his age to experience feelings of loss following separation from his birth family. The impact of such loss will likely affect him in different ways at different stages of his development, across the whole of his life. At his current young age and in the increasingly familiar care of his foster carer, it is likely that any distress or confusion experienced by him will be managed and he will adapt to his mother's absence. If adopted, all direct contact with his mother, father, paternal grandmother and wider family would cease, permanently. As he grows older and becomes more aware of his adoption, his observations about families may trigger a sense of being different and an awareness of his loss. Some children feel the loss most keenly in adolescence when they are striking out for independence and trying to determine an identity which is in some way different and separate to that of their parents. Placing 'S' in an adoptive family will mean that he is denied permanently the opportunity of being cared for by his mother and enjoying a range of birth family relationships. This is a very significant loss indeed, the extent of which will only be realised and felt as 'S' becomes aware of and understands the enormity of his adoption. 'S' may develop an adoptive identity, which may become his primary identity. As the Children's Guardian said, the loss can be ameliorated by good quality Life Story Work, Later Life Letter and Letterbox contact. He has developed an attachment to his foster carers and he is very settled with established routines. This, the Children's Guardian says, bodes well for his future placement.
75. *The child's age, sex, background and any of the child's characteristics which the Court or Agency considers relevant:* 'S' is an eight-month-old boy of mixed heritage. He is reported to be a physically healthy, happy child.
76. *Any harm which the child has suffered or is at risk of suffering:* 'S' has suffered emotional harm whilst in the care of his mother and father. He is at risk of future significant harm in the care of any of the familial adults in his life, for the reasons already articulated, arising from his parent's unmet mental health needs, substance misuse and exposure to his parents' volatile relationship, even with a high level of professional support and monitoring.
77. *The relationship which the child has with relatives, and with any other person in relation to whom the court considers the relationship to be relevant including, (i) the likelihood of*

any such relationship continuing and the value to the child of it doing so, (ii) the ability and willingness of any of the child's relatives, or of any such person, to provide the child with a secure environment in which the child can develop, and otherwise to meet the child's needs and (iii) the wishes and feelings of any child's relatives, or of any such person, regarding the child: The overwhelming evidence before the Court leads to an inescapable conclusion that the child's mother and father are unable to provide him with safe care. The assessments undertaken in respect of the mother, the paternal grandmother and other family members including the paternal great uncle and the maternal grandfather all conclude that it is not safe for 'S' to be placed in the care of any family member, notwithstanding their wishes and willingness to provide care for 'S'. 'S' has benefited from regular supervised contact with his mother, both direct, twice-weekly contact and indirect contact twice each week. He has had minimal contact with his father due to his father's incarceration. The mother is reported to provide warmth and affection to 'S' during supervised contact. She must be commended for her commitment to contact with her son, which involves a lengthy and challenging journey. The Local Authority's Care Plan in respect of 'S's contact with his parents is for indirect letterbox contact with his mother and father once each year. The mother, father and paternal grandmother are all opposed the Local Authority's care plan for adoption. All family members wish for 'S' to remain within his birth family. Each of the professionals considers that it is not in 'S's best interest to have any direct contact with his birth family post-adoption. Each of the professionals considers that the risk factors of direct contact taking place and the likelihood of destabilising the adoptive placement outweigh the benefits to 'S'.

78. Having regard to each of the factors under s 1(4) Children Act 1989, in addition to those matters expressly set out in this judgment, I respectfully adopt the detailed written analysis of the Children's Guardian.
79. The advantages of 'S' returning to the care of his mother or living with his paternal grandmother undoubtedly include the benefit for 'S' of being raised within his birth family network and having the opportunity of direct contact with extended family members. This would provide him with the opportunity to have a good awareness of his identity, cultural needs and heritage. This would plainly be the best option for 'S' if it was achievable whilst maintaining his safety, without exposure to the risk of significant physical and emotional harm. The disadvantages of such option are as identified in the unanimous opinions of the professionals, including the parenting assessment and the analysis of the Children's Guardian. 'S' would likely be exposed to the risk of significant physical and emotional harm, through exposure to domestic abuse, the parent's unmet mental health needs, substance misuse and chaotic lifestyles, risks that could not on the evidence be ameliorated to such a degree that the risks could be managed. I accept the consensus of professional opinion that even with a robust support package in place and protective Orders, either under the Family Law Act 1996 or the Children Act 1989 or supported by written agreements, the level of effective engagement by the parents with the Local Authority combined with the lack of openness and honesty means that no amount of adequate safeguards could be put in place to manage the risks. In my judgement, the totality of the evidence leads to the inexorable conclusion that safe reunification of the child to the care of his mother, father or other family members is not in his best interests.

80. No party considers that permanent long-term foster care is a suitable option for the child, having regard to his very young age. Similarly, permanent residential placement is plainly unsuitable having regard to his very young age.
81. The advantages of adoption for 'S' are that, given his young age, needs and profile, adoption has the real likelihood of providing him with a stable, secure attachment relationship throughout his minority into adulthood. Adoption offers him a permanency option in a legally secure, permanent placement, without the Local Authority being involved in the whole of his childhood but with ongoing access to adoption support services, training and psychological consultation, if ever required. He would no longer be subjected to the risks associated with his parents' care and wider family network. He will have the opportunity to feel a sense of belonging within a family unit and to feel safe and secure, physically and emotionally with the ability to develop a positive sense of identity. Adoption would provide a secure environment in which to grow up, with carers with whom he can develop secure attachments. Adoption would provide him with the opportunity to be cherished, to be 'claimed' and to thrive within a family unit, albeit outside his birth family, where he can be encouraged to achieve his full potential and have his needs consistently prioritised.
82. The plain disadvantages of adoption for the 'S' include the severing of the parental relationship, along with a severance of all ties to the extended birth family, including with grandparents and wider family members, the enormity of which cannot be underestimated. Whilst adoption would offer 'S' a sense of belonging, an adoptive parent having 'claimed' the child to be part of their family, this must be balanced against the very real negative impact of ceasing to be part of their birth-family, with the knowledge that the adoption was without the consent of his mother, father and family members. This may leave him with questions when he is older about his birth family and the reasons for his adoption. Life story work would ensure that he can be supported by his adoptive parents(s) with his identity needs, together with ongoing indirect contact with his parents.
83. A care plan for the adoption of a child must be an option of last resort and will not be ordered unless it is demonstrated that nothing else will do, when having regard to the overriding requirements of a child's welfare. The Court must be satisfied that there is no practical way of the authorities providing requisite assistance and support. It is not enough to show that a child could be placed in a more beneficial environment for his upbringing. In deciding issues in respect of 'S's welfare, the task of this Court is not to improve on nature. The best person to bring up a child is the natural parent, provided the child's moral and physical health are not in danger. The Court recognises also that there are very diverse standards of parenting. Children will inevitably have very different experiences of parenting and very unequal consequences flowing from it. Some children will experience disadvantage and harm, while others flourish in atmospheres of loving security and emotional stability. The State does not take away the children of all the people who abuse alcohol or drugs, who suffer from physical or mental ill health. Nevertheless, where adoption is in a child's best interests, Local Authorities must not shy away from seeking, nor Courts from making, Care Orders with a plan for adoption, Placement Orders and Adoption Orders.

84. Having regard to the type of harm that might arise, the likelihood of it arising, the likely severity of the harm to the child if the harm did arise and the lack of any adequate support services that are or could be made available sufficient to reduce the chances of harm happening, having undertaken the comparative evaluation of the welfare advantages and disadvantages of the child growing up with his mother or father compared with those of adoption, having independently considered all the realistic competing options and having given them proper, focussed attention, on the facts of this case I find no reason to depart from the consensus of professional opinion that the balance falls firmly in favour of 'S' being adopted. In my judgement, having considered the parents' ability to discharge their responsibilities towards the child, taking into account the practical assistance and support which the authorities or others would offer, having regard to all the evidence, the Court is satisfied that this is a case where adoption is the only option that would meet the child's needs and no lesser Order will do. In my judgement, 'S's welfare should not be compromised by keeping him within his family at all costs. Even with professional support and support from family members, the risks remain so great that the child could not be safeguarded.

85. Each of the professionals in this case recognises that the child is loved by his mother, father, paternal grandmother and all other family members. In proceedings of this nature in which the care plan is for permanent separation of the child from his birth family, the Court is sympathetic to the plight of the parents who face the loss of their child. It is essential, however, that in reaching this decision, the Court's focus is the child's welfare as the paramount consideration.

86. In the judgment of this Court, the welfare of the child throughout his life demands the remedy of a Placement Order, leading to adoption. Furthermore, the high degree of justification necessary under Article 8 is established. That interference is necessary and is a proportionate response, having regard to the risks and having regard to the welfare evaluation. The Court makes a Care Order and a Placement Order. The Court approves the Local Authority care plan.

87. Further, the Court dispenses with the consent of both parents pursuant to section 52(1)(b) of the 2002 Act, the welfare of the child requiring their consent to be dispensed with.

Conclusion

88. For the reasons given, the Court makes the following Orders:

- (a) A Care Order;
- (b) A Placement Order;
- (c) The consent of the mother and the father to the child being placed for adoption is dispensed with;
- (d) The mother's applications for residential assessment and for an assessment by an Independent Social Worker are dismissed.

HHJ Middleton-Roy
25th February 2021