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Case No: LV23C50317

Neutral Citation Number: [2024] EWFC 402 (B)

IN THE FAMILY COURT AT CHESTER

Trident House
Little St. John Street
Chester, Cheshire
CH1 1SN

Date: Wednesday, 17th July 2024

Before:

HIS HONOUR JUDGE PATES

Between:

A LOCAL AUTHORITY

Applicant

- and -

(1) KN

(2) LT

(3) MM

(4) AN

(5) THE CHILDREN

(through their Children's Guardian)

Respondents

MS. KATHRYN ANSLOW appeared for the **Applicant**

MS. PATRICIA PRATT appeared for the **First Respondent**

MS. HELEN VARTY appeared for the **Second Respondent**

THE THIRD RESPONDENT did not attend but was represented by solicitor **Ms. Edwards**

MS. SUZANNE DALEY (solicitor) for the **Fourth Respondent**

Ms. PARRY (solicitor) for the **Children's Guardian**

APPROVED JUDGMENT

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HIS HONOUR JUDGE PATES:

1. The court is concerned with the welfare of four children: AN, born on 14th June 2008, he is now 16 years 1 month old; LN, born on 15th December 2010, he is thus 13 years 7 months old; TN, born 14th April 2017, she is thus 7 years 3 months old; and ON-Rae (known as “ON”), born on 6th November 2018, she is thus 5 years 8 months old.
2. AN is represented by his solicitor, Ms. Daley. He is competent to give instructions directly. The other children are represented by their solicitor, Ms. Parry, who takes her instructions from their children’s Guardian, MS.
3. The Local Authority represented by their counsel, Ms. Anslow. The allocated social worker, certainly to the point at which all the evidence was filed, was RG. She was allocated since 12th June 2023. Prior to that, LK was allocated from 26th April 2023 until 5th June 2023.
4. The children’s mother is KN, born 14th January 1991. She is thus 33 years old. She is now living at an address with her father after the sad passing of her mother. She hopes to have the tenancy transferred into the name of herself and her father. This represents a hope that she will have acquired, by that means, stable accommodation.
5. The father of LN is LT, born 30th May 1985. He is thus 39 years old. He has parental responsibility.
6. The father of TN and ON is MM. He is born on 9th March 1995 and is thus 29 years old.
7. Within these proceedings Ms. KN is represented by her counsel, Ms. Pratt. She has attended throughout the hearing before me today. Mr. LT is represented by his counsel, Ms. Varty. He too has attended throughout the hearing.
8. So far as Mr. MM is concerned, he did not attend the hearing. He had previously been excused attendance at what were three prior final hearings in these proceedings and on day one of the hearing I excused his attendance. Given the ongoing question as to the precise nature of the arrangements for his daughters, the issue having been raised quite properly by Ms. Edwards on his behalf, I determined that she should remain in court and participate until the position had been clarified to make sure he was fully cognisant of the outcome. Accordingly, she has remained to represent him within this application.
9. So far as threshold is concerned for the purpose of making final care or supervision orders, the facts said to found threshold are agreed. They are set out within the bundle at A1 and in the amended form are incorporated and adopted by me for the purposes of this judgment. I do not propose to repeat them but they set out the issues which

gave rise to these proceedings and which justify the court in making care or supervision orders where they are consistent with the welfare of each individual child.

Placement

10. The placement position for the children is now agreed.
11. It is agreed that AN will remain living with his maternal uncle, RN and his partner, LB, under a special guardianship order, that plan being set out at C81 of the bundle.
12. It is agreed that LN will remain living with his father, Mr. LT, in a household incorporating CB and his other half siblings. There is a dispute as to whether that placement plan should be under the aegis of a Child Arrangements Order with a Supervision Order and a Supervision Support Plan or by way of a Care Order made in favour of the Local Authority.
13. It is agreed that TN will be subject to a final care order and be placed in due course with long-term foster carers with her sister, ON.
14. Having considered the evidence before me, I agree and concur with the agreed position of all parties that those placement plans are in the children's best interests.
15. There has been further considerable discussion around the contact or, as described "Family Time" arrangements, for the children, their parents and with each other. They are very much part of a sibling group. It is important that their relationships are prioritised and I am fortunate to record that all parties involved in their lives accept, understand and encourage that development.
16. A series of agreed arrangements in relation to the children were prepared and placed before me. Those agreements will find voice in the documents provided namely, so far as AN is concerned, the arrangements for his contact are set out in an agreed form in accordance with that document in an amended special guardianship support plan.
17. So far as LN is concerned, the arrangements for him will be set out in a revised care plan to be prepared or a revised supervision support plan which will embody those contact arrangements and, in addition, a series of additions which the Local Authority have sought to adopt and bullet pointed within the document prepared. Those cover the package of monitoring and work that is anticipated to be necessary within a placement with Mr. LT wherein Ms. CB (his partner) and the other children will continue to play an important role. The arrangements including reviews of contact which will be held to look at the progress of the arrangements, whether they should reduce in frequency as sought or suggested are, in my judgment, an appropriate balance between maintaining important relationships but also allowing all of the children, giving their differing ages, to settle.

18. It is important to remember that for AN he is coming to the latter part of the time during which parental responsibility will be exercised, a period in which he is growing ever more independent and parental responsibility is more of a guiding hand. LN is approaching that at 13 years 7 months but still a young teenager with additional needs and a diagnosis of autism. For TN at 7 years 3 months and ON at 5 years 8 months, there is a much longer period of more significant exercise of parental responsibility over their day-to-day lives as they transition and mature.
19. In my judgment the plans reflect their ages, their different degrees of autonomy and the importance of their place in the lives of their wider family. I approve them.
20. The issue which this judgment will largely concern itself with is whether LN's placement with his father should be secured by the making of a Child Arrangements Order for him to live with Mr. LT supported by a Supervision Order and a Supervision Support Plan or whether Mr. LT should become a connected carer because the placement will be secured by a Care Order and the Local Authority will continue to share parental responsibility with him and with mother and have a controlling hand in the exercise of that parental responsibility.
21. In determining that matter I heard oral evidence from the Local Authority social worker, RG and from the children's Guardian, MS and heard submissions by Ms. Anslow for the Local Authority and Ms. Parry for the Children's Guardian. So far as analysis is concerned I will observe the Following.

RG

22. I do not intend to read into this judgment large tracts of Ms. RG's analysis. In fairness, there is considerable repetition in different statements to the issue in regard to the making of a care order or of the making of a supervision order. One problem is that her final evidence in which she goes through the pros and cons in considerable detail is now substantially out of date. That evidence goes back to the 19th October 2023. It is an unfortunate fact that this case has taken 62 weeks to reach its fourth final hearing (the is the first such hearing before me). That is not a criticism but an observation that the various problems which have emerged have resulted in these proceedings becoming hugely elongated and the evidence becoming outdated.
23. Nonetheless, I find the comparison of the pros and cons at C65 where she deals with supervision order and C66 where she deals with care order appropriate. She seems to me to identify the factors which are relevant. She returns to the issues in her statement on 25th January 2024 (C121) at paragraphs 9 to 15 which I have read. Within her statement of 5th April 2024 (C141) she again covers a similar area at paragraphs 18 to 25. It will perhaps suffice if I quote from paragraph 25:

“The Local Authority plan for LN remains as it is set out in the final evidence. The Local Authority do not consider it proportionate or

necessary to share parental responsibility for LN and is content that the supervision order support plan identifies a thorough package of intervention and support over a 12-month period which will effectively safeguard LN and can be further extended beyond this point if required after full and careful consideration at Legal Planning nearing the end of the order term. Whilst there are some further concerns raised within this statement, the Local Authority has not been required to override parental responsibility to safeguard the children during this period and does not consider that a care order for LN would add any additional safeguards or support that can already be provided under a supervision order. A care order at home would still require and depend on the parents to work collaboratively with agencies. Therefore, it remains the view of the Local Authority that a supervision order is the most necessary and proportionate level of state intervention in the family's life to address the outstanding risks and needs.”

24. The final update to her evidence comes in her statement of 28th June 2024 (C171) at paragraphs 9 to 12, 24 to 28 and 31 to 34. Those paragraphs should be read into this judgment.

“ 9. LN continues to be settled in the care of his father and partner, LT and CB. LN has had a settled period in school. It has been shared in the most recent meeting that KN's attendance is 88% however this is not of concern as he had an authorised holiday (by school and social care) with his grandparents. This holiday was considered to be in LN's best interest given his experiences and the impact of delay in terms of permanency decisions being made for him and his siblings. LN has shared that he enjoys spending time with his dad and playing football. The only thing he has shared that is 'bad' has been one day when they had no internet and when his PlayStation controller broke. He describes no other worries.

10. School report that CB and LT have been engaging well with the school and are supportive of their behaviour management plan for LN in school. LN can present with challenging behaviours in school however recently has made good choices. There was an incident recently where there was a disagreement during a football game and LN took himself inside and calmed himself quickly. This is a significant improvement for LN given he has previously struggled with this and has lost his temper. The school report that they believe this progress has been linked to CB and LT attending school to support their behaviour management plan and implementing similar strategies at home.

11. LN has had 8 sessions over 2 months with Lisa Pritchard (youth worker) and has completed work around keeping safe online. There

have previously been issues with racist, misogynistic, homophobic language on LN's part. This has now improved both at home and in school. LT has been observed to challenge poor language in the home.

12. LN was supported to attend his grandmothers' funeral with CB. The starting well nurse has discussed bereavement support with the respective carers of each of the children. This is available when the children require this. LN continues to have family time with KN and his siblings twice per week at the family centre. On occasions when KN does not attend, LN still attends to have time with his sisters. LN had additional family time with his siblings during school holidays. LN's health needs are met, and he has recently been taken to the dentist."

"24. A strategy meeting was held on 23rd April 2024 following allegations made by LT and CB's children. The details of this meeting and its' outcome is already before the court. There have been at least weekly social care visits to the home and there have been school visits completed to each of the children. In addition, there has been three contacts with the family intervention worker per week which includes a telephone call at the start of the week and two intervention sessions with LT and CB at the home. There have also been early morning visits to observe morning routines.

25. LT and CB are engaging well with the intervention sessions. They are available for both planned and unplanned social care visits. The children continue to attend school and have been taking to dental appointments which had previously been outstanding. There have been no further allegations made by the children which were highlighted within the strategy meeting, and the oldest child has now been staying back in the home after a period of wanting to stay with her grandmother.

26. It was agreed that CB would have a SCRAM bracelet fitting as part of the pre-proceedings due to the issues with CB's hair growth impacting on her hair strand testing. The local authority has to date received notification of 19 confirmed alcohol alerts between 4th - 27th June 2024, 18 of which the testing company opine may be classified by them as 'high level drinking events' and 1 of which the testing company opine may classified by them as a 'low level drinking event. The testing company have confirmed that their agency considers a low reading to be between 1-4 units in a drinking event, medium is 5-7 and a high reading is 8 or more units in a drinking event. CB has been honest about her drinking during this

period. There have been challenges with the support available from the drug and alcohol service and only a community detox was offered to CB. Concerns were raised by the Local Authority about whether this would be successful given the limited support to CB in this context.

27. CB has been honest that she has been unable to successfully detox in the community and she wants a residential detox, with more intense support and the Local Authority are currently in discussions with the drug and alcohol service for the offer of service to be reconsidered. This has been escalated and a further meeting to discuss this has been arranged for 24th July, which is the first opportunity the drug service where available. Whilst CB does continue to use alcohol there has been no concerns in respect of CB's presentation or behaviours during home visits, during school drop off or during meetings. The children's wishes and feelings are not currently raising issues regarding CB's drinking or presentation in the home. LT has evidenced increased insight during this assessment period and has evidenced an understanding regarding how CB's alcohol use may impact the children. LT shares that he will encourage CB to go to bed or visit her mother, if he is aware that she has drunk to the point that it is changing her behaviour. If required, he would take the children out during the daytimes, but he reports that this hasn't been necessary.

28. An addendum parenting assessment will be completed by 5th July 2024 with the review pre-proceedings meeting planned for 12th July 2024, by which time there will be a decision regarding the conclusion of the pre-proceedings process.”

“31.LN - It remains the local authority's position that a 12 month Supervision Order is the most necessary and proportionate order for LN, to manage the remaining identified risks.

32. The local authority considers the duration of the supervision order proposed to be a proportionate response to the risks identified and the aims and objectives proposed within the support plan. A supervision order is proposed in the knowledge that an application can be made to extend the term of the order if considered necessary and proportionate, should any actions remain outstanding at the conclusion of the 12 month term which require ongoing oversight under a supervision order. The local authority considers the remaining support and intervention identified within the supervision support plan to be a necessary, proportionate, yet least interventionist response to the harm caused and the remaining risks identified. The

local authority will continue to implement the support services identified within the supervision support plan no.3 dated 28 June 2024, which reflects the updated position regarding the necessary support plan and intervention identified to safeguard and promote LN's welfare.

33. Whilst there is an ongoing need for social care intervention with the family, the Local Authority has not been required to override parental responsibility to safeguard the children during this period and does not consider that a Care Order for KN would add any additional safeguards or support, than can already be provided under a Supervision Order. The local authority has the positive benefit of parental engagement and cooperation on the part of CB and LT to promote the effectiveness of a supervision plan, without the significant and unnecessary intrusion within LN's daily life as a looked after child, which would be caused by the making of a care order.

34. A Care Order at home would still require and depend on the parents to work collaboratively with agencies. Therefore, it remains the view of the Local Authority that a Supervision Order is the most necessary and proportionate level of state intervention in the family's life for LN, to address the outstanding risks and needs. Should the required changes not be made, and the situation becomes such that it is considered the children in LT and CB's care need to be separated from their parents, or that the Local Authority is required to share Parental Responsibility for them, the appropriate application to the Court would be made in respect of all of the children at that time."

MS

25. Her final analysis is dated 2nd November 2023 (C94). For similar reasons it is outdated but the issues are clearly described at paragraph 19 of her analysis:

"There are concerns in respect of this placement. These issues are inclusive of neglect, drug and alcohol misuse and poor mental health. The younger two children have been subject to child protection plans whilst the issues are managed. There are significant difficulties in terms of Ms. CB's alcohol misuse which could affect the children in her care and prevent her from being available to them, meeting their needs safely. However, it is my understanding that Ms. CB is attending support for this and is following guidance to reduce her alcohol use safely ahead of becoming eligible for the detox programme. Whilst there is potential for significant risk, I can understand the plan of the Local Authority to have the children remain their whilst there is a clear plan for the detox. I agree with this. Whilst

the parents are actively working with professionals to improve matters and adhere to the plan to detox and become alcohol free that they must seek alternative arrangements for the children.”

She goes on in paragraph 20 to describe the necessity for a robust support and monitoring plan.

26. Within her position statement dated 26th January 2024 (C125) at paragraph 8 she noted the lack of any effective detox programme. At paragraphs 11 and 23 she said this:

“11. Whilst noting the Guardian’s previous support of the Local Authority’s plan of a supervision order in respect of LN and noting the court should make the least interventionist order, having considered the identified risk factors and welfare interests of the child, the Guardian now supports the making of a care order in relation to LN. Whilst the advantages of a supervision order would allow Mr. LT to exercise parental responsibility and make day-to-day decisions for LN without recourse to the Local Authority, a supervision order is time limiting and the court would need to be satisfied that the necessary interventions of monitoring have been completed within the timescales with the onus on the Local Authority to apply to extend this order. It is the Guardian’s view there remains significant work to complete with both Ms. CB and Mr. LT in reducing and working towards abstinence in relation to drug use on the part of Mr. LT and alcohol use in respect of both.”

27. I pause to observe that this very much presaged the arguments that were placed before me today. This appeared to be, on behalf of the Guardian, a submission that 12 months may not be enough time and that in some way the purpose of the care order would be to place the onus and the responsibility on the Local Authority to discharge the care order which would require approval of the court as opposed to the Local Authority being able to discharge its responsibility properly to seek to apply to extend the supervision order.

28. The statement continues at paragraph 13:

“Whilst it is acknowledged by the Guardian a care order is intrusive and such care order should only be made in exceptional circumstances, the making of a care order would enable the Local Authority to continue to review LN’s placement and the progress of Mr. LT and Ms. CB. Parental responsibility would be shared by the parents and the Local Authority and, given the recent test results, the question over the honesty of Mr. LT and Ms. CB, the Guardian would consider the

Local Authority's role in this respect would be crucial to LN's welfare."

29. The court did not receive any analysis by the advocates of the testing in question in relation to the father or Ms. CB but Ms. Parry was at pains to make clear that what she sought to rely upon was the testing which demonstrated continued use of alcohol at a level which was certainly, in Mr. LT's case, more than the abstinence which had been recommended at a much earlier stage and where there had been an admitted use of cocaine on one occasion. From Ms. CB's standpoint it was the submission that she had continued to consume alcohol excessively throughout the period from January 2024 until her recent admission to hospital for unrelated health issues whereupon there appears to be the start of her first steps of receiving support for a community-based plan to detoxify if not to a point of abstinence to a point under which it is effectively managed.
30. Within her statement of 3rd April 2024 (C140) at paragraph 11 she questioned the evidence of meaningful insight. She described that at paragraph 11 and remained of the view, in the preceding paragraph 10, that a care order may be intrusive and exceptional but the vulnerabilities in this placement were such that it was a proportionate and necessary order to make.

THE LAW

31. Ms. Anslow prepared a helpful summary of the law which I have considered. No party takes issue with it. It will suffice for the purpose of this judgment for me to refer to one authority, namely the decision of the Court of Appeal in *Re JW (Child at Home under Care Order)* [2023] EWCA Civ 944. I refer in particular to the judgment of Sir Andrew McFarlane. At paragraph 65 the President makes clear that the recommendations of the Public Law Working Group at paragraphs 158 to 162, and the Best Practice Guidance at paragraphs 34 to 37 of the report of the Public Law Working Group of March 2021 dealing with supervision orders are formally endorsed by the Court of Appeal.
32. He sought in paragraph 66 to reduce that guidance to the following points:
 - “(a) a care order should not be used solely as a vehicle to achieve the provision of support and services after the conclusion of proceedings;
 - (b) a care order on the basis that the child will be living at home should only be made when there are exceptional reasons for doing so. It should be rare in the extreme that the risks of significant harm to a child are judged to be sufficient to merit the making of a care order but, nevertheless, as risks that can be managed with the child remaining in the care of parents;

(c) unless, in an exceptional case, a care order is necessary for the protection of the child, some other means of providing support and services must be used;

(d) where a child is to be placed at home, the making of a supervision order to support reunification may be proportionate;

(e) where a supervision order is being considered, the best practice guidance in the PLWG April 2023 report must be applied. In particular the court should require the local authority to have a Supervision Support Plan in place.”

33. It is worth bearing in mind some aspects of the guidance to which he refers which has now been endorsed as the applicable principles governing the making of such orders. At paragraph 162 of the Guidance I would quote the following:

“The making of a final care order must be a necessary and proportionate interference in the life of the family. A care order has a very intrusive effect of state intervention, with ongoing mandatory statutory interference not only in the lives of the parents, but in the life of the child, who will have the status in law as a looked-after child and all that goes with this. It can only be justified if it is necessary and proportionate to the risk of harm to the child. Where such an order is made there will be a real prospect of further litigation in the future, because the responsible local authority should regularly review whether the care of the child is such that the order is no longer necessary, and if so an application to discharge the order should be made. In an appropriate case, consideration should be given to the making of a supervision order.”

34. Within Appendix F of the PLWG Report within the Best Practice Guidance I would refer to paragraphs 36 to 37.

“36. The risks of significant harm to the child are either adjudged to be such that the child should be removed from the care of her parents/carers or some lesser legal order and regime is required. Any placement with parents under an interim or final order should be evidenced to comply with the statutory regulations for placement at home.

37. It should be considered to be rare in the extreme that the risks of significant harm to the child are judged to be sufficient to merit the making of a care order but, nevertheless, the risks can be managed with a care order being made in favour of the local authority with the child remaining in the care of the parents/carers. A care order represents a

serious intervention by the state in the life of the child and in the lives of the parents in terms of their respective ECHR, article 8 rights. This can only be justified if it is necessary and proportionate to the risks of harm of the child.”

35. In my judgment there must be a combination of acute vulnerability of (a) the child concerned; and (b) the placement with a parent or family carer to justify such an exceptional step. A lack of resource cannot be a good reason to make a care order which suggests that factors such as the Local Authority requiring to share parental responsibility must be the critical question. The factor of effecting prompt removal would not be a good reason either so the question would ultimately be the need to remain involved in a directive way where, for example, the cumulative impact of the vulnerability eclipses the role of a Local Authority under a supervision order supported by a supervision support plan to advise, assist and befriend.
36. However, in any case in which there is a sufficient degree of honest engagement supported by a detailed supervision support plan in which the risks are well understood and manageable, whereby the placement plan is approved, it is hard to conceive of circumstances in which the making of a care order could be justified in accordance with the law.

LN

37. I turn now to the key factors in this case which, in my judgment, are relevant to LN. LN is 13 years 7 months old. He appears happy and settled where he is. He wants to feel normal. He has additional needs. His diagnosis of autism means that he can be impacted by change and has already had to cope with the impact of change with the necessary changes of personnel including the change of social worker and change of independent reviewing officer. He has already experienced the need to consult with the Local Authority over family holidays. The same could apply to the ability to stay overnight with friends. That is very much the intrusion which is, and always will be, and sometimes is a necessary part of becoming a looked-after child. In my judgment that is likely to have a detrimental impact on LN however sensitively it is managed.
38. In this case there is a detailed support plan which is intended to form part of an intensive package of support and monitoring. There is no question there is any material degree of difference in the support which would be provided or the monitoring on the ground whichever order is made. Ms. RG suggests that there has been real change over the course of the period during which she has been involved as the allocated social worker when one compares the presentation of father and Ms. CB from October 2023 to July 2024. Ms. CB is now open about her issues, open about her use of alcohol, has already begun to address historical issues with drug use and has shown a motivation to address these issues affecting her day-to-day functioning as an adult. The father has, from a low point of being somewhat dismissive of the significance of the issues, become more open and accepting of the significance of the

impact of these issues. He has formed part of a protective family package that seeks and has sought to mitigate the impact of this day-to-day risk to all of the children including LN.

39. The elongation of the proceedings to 62 weeks has had one consequence which is that it has provided Ms. RG with a substantial evidence base in order to provide opinion evidence as to the existence of “noteworthy change” as she would say it was. Her evidence is that there is no basis to think that there will be any reluctance, difficulty, lack of openness on the part of father or Ms. CB in working in and with a multi-agency plan. They are already part of a multi-agency plan in reality and have been for some time. The three other children remain under child protection plans which will last for at least another nearly six months before a further review. The evidence over the period of engagement is not of the father and Ms. CB withdrawing from the Local Authority, but becoming more engaged and open with the Local Authority.
40. A second feature which was noteworthy in her evidence is that criticism is made that from January 2024 there was expected promise of real change in the use of alcohol by Ms CB and that change has not been seen in any reliable way. There has been no successful detox and there have been issues which have brought the children as a whole within the household to the attention of the school because of alcohol-related problems and behaviours within the home.
41. Ms. RG’s assessment is that the package of support open to Ms. CB was inadequate and she was set up to fail. That must not form any part of a plan from today and any supervision order and support plan must embody the Local Authority taking ownership of the implementation and devising of a multi-agency plan which is appropriate. That appears to have begun because Ms. CB has already started coincidentally to detox within hospital and a referral has been made and accepted for drug and alcohol support via Via in Chester where it is hoped there will not be the same problems which were attendant upon her presentation at the establishment in Ellesmere Port.
42. Further to that, in the midst of the final hearing and belatedly, the Local Authority sought permission to file a parenting assessment of the father and Ms. CB in relation to the younger children principally and an update to a previous parenting assessment by Ms. RG dated 5th July 2024. It is not in the bundle and therefore I cannot refer to any pagination but I will refer to the paragraph numbering within it. Ms. RG notes at paragraph 66 the following:

“I believe there is evidence of change and progress with substance misuse and alcohol use. Although there is an ongoing issue with alcohol use for CB, I do not assess this to be at a level that it compromises her capacity to care for her children. CB is evidently able to function on increased levels of alcohol without this impacting

significantly on her daily functioning or her ability to meet the children's needs. In addition, there are protective measures in place from LT and family members for times when CB may drink beyond her capacity. However, it is important that CB is supported to take control of her alcohol use and ultimately for her to reduce this. Whilst her alcohol dependence may not impact her meeting the children's basic needs, it is likely to be impacting on how consistent and predictable she is for her children. We can evidence that there is an emotional impact for the children both in respect of their not knowing likely how she can behave but also the fear they may have for her health. This is a very real reality that CB could cause herself significant health issues should she not be able to address her drinking and she is aware of this.”

43. That, in my judgment, is a balanced appreciation of the issue. There is no sense in which Ms. RG is minimising the significance of alcohol as an issue. In my judgment it is a dynamic risk issue. The extent to which Ms CB misuses alcohol could have a direct bearing upon the burdens placed upon Mr. LT, the burdens placed upon the broader family and the impact upon the children as a result of those additional burdens and the result of experiencing the consequences within that home which should feel secure absent alcohol-fuelled shouting, arguing, screaming or worse. That is why it remains a significant factor of risk and is referred to as such.
44. It is appropriate to note that following some of the reports in April 2024, also referred to in the assessment, there has not been a repeat of observations of either Ms. CB presenting as clearly drunk or the children presenting as upset or impacted. But that is not to suggest one should be confident that that risk will remain without consequence or impact for the children living within the home. As Ms. RG put it in her oral evidence, this case is a complex assessment looking not only at the extent to which progress is made with alcohol or substance misuse by Ms. CB and the impact that has, but also upon the safeguarding ability of Mr. LT and the wider family and, ultimately, what impact that has on the day-to-day life and security of LN.
45. She addresses LN's progress within the care of his father at paragraphs 73 through to 75 together with what she has described in writing as “the significant changes” in both the father and Ms. CB. Those changes are reflected with progress in routines; school attendance; attendance at health appointments; and presentation. She acknowledges remaining worries about emotional and behavioural development likely impacted by parental ill health and alcohol use and she notes the protective measures that I have sought to summarise already. The concerns which I have already referred to are set out explicitly, for example, at paragraph 18 of her assessment when she refers, for example, to what Leon had said within the context of his primary school. Some of the measures are described within her parenting assessment at paragraphs 50 to 51.

46. In short, taking those paragraphs and her oral evidence in the round, in my judgment she gave a balanced, objective, analytical assessment of the factors and of the support and monitoring which would be necessary to ensure that the placement could continue to provide a good enough standard of care for LN and, one would hope, improve that standard as the burdens of alcohol misuse decrease either through a programme to abstinence or at least a programme towards a management of the issue so that child impact is minimal.
47. Ms. Smith, in fairness, did not suggest certainly in any convincing way that the practical terms of the supervision/support plan were lacking. However, I do agree there is some lack of clarity in the form of the support plan as it arrived in version number 3 dated 28th June 2023. It should, in my judgment, specifically reference the need of Ms. CB to achieve abstinence or a consistent managed improvement in her use of alcohol or drugs. The plan should outline the multi-agency planning so far as is now known and a commitment to take the lead in ensuring it is delivered, that it is intended to provide wrap-around support, to achieve effective management and mitigation of her misuse of alcohol and drugs. That may be tied to the underlying issues of Ms CB's trauma and her psychological functioning but the key, in my judgment, is achieving a management of her use of alcohol or drugs which does not result in a risk of significant physical or emotional harm to LN allied to and assessed with the strategies, the honesty and the impact of the role of Mr. LT as the primary carer and the wider family as a protective factor in mitigating that risk.
48. I will put it in these terms: if this chronic illness or dependency can be robustly addressed with engagement and attuned multi-agency support then the prospects for LN are good. However, the supervision plan should identify the subject clearly and, in my view, any decision to end the supervision order must be based upon good evidence of this having been achieved given the long-standing nature of the issues. For my own part, I do not consider the supervision order should be allowed to lapse until evidence of sustained progress has been made. It may be unfair to expect that to be done within nine months. I think testing may be an appropriating means to help build a scientific and contextual picture of progress. Scientific testing has its limitations and needs to be seen in context. It may be, in my judgment, an important tool for the Local Authority where they seek to validate progress with a view to allowing the supervision order to lapse at the end of the period of 12 months.
49. Nonetheless, taken with the additions to the supervision support plan now advocated on behalf of the Local Authority by Ms. Anslow, it is clear, in my judgment, that there is positive evidence of progress. That much is accepted by the children's Guardian through Ms. Parry. It is clearly sufficient to enable all parties to approve placement of LN with his father. This is a placement with risk but one in which, in my judgment, there is good evidence of a willingness on the part of the father and Ms. CB to engage. I accept Ms. RG's evidence about the reality of change but also the risks which remain. I accept that there is hope that the process of change has begun for

Ms. CB but, in reality, much of the real work in the community has yet to even begin and the Guardian is right to point out how little progress has in fact been achieved in regard to that risk over a significant period of time.

50. It would be naive, in my judgment, not to address that as a chronic and significant risk to the stability of the placement. It is, in my judgment, just that. When they come to review progress within and towards the end of the supervision order, the Local Authority must carefully analyse the impact on LN, particularly if, upon discharge, there is no effective plan to seek or to achieve management of alcohol and drug use. They must focus not merely upon whether Ms. CB presents as inebriated but what the lived experience of LN is within an environment where alcohol continues to be unmanaged and excessive and ensure that the emotional impact of that is kept as one of the factors which should not ever be ignored.
51. The Children's Guardian's analysis, in my judgment, really comes to this. In her opinion this is a high risk placement in which significant progress has not been made. The period since January 2024 has only demonstrated poor decision making by Mr. LT, the absence of abstinence on his behalf, continued and largely unmanaged inappropriate excess alcohol from Ms. CB and a plan which, whilst approved in terms of placement, comes with considerable and dynamic risk. A care order and the formal reviewing process is proportionate to monitor and assess the situation which is barely satisfactory in a complex presentation dating back to at least 2016. More than 12 months of monitoring the support are likely and rather than leave it to the Local Authority to apply to extend, the court should leave it to the IRO to monitor and for the Local Authority to apply to discharge at some point when they are satisfied on evidence that there is a justification for so doing.
52. The social worker's analysis and that of the Local Authority is that these issues are understood. The father and Ms. CB engage, the child is of an age whereby there are considerable benefits in not being subject to the intrusion of a care order. There is a detailed and effective plan which would not differ in terms of the support provided were a care order to be made. Ms. CB will now, it is expected, receive the support which will be tailored to her to engage effectively with and therefore the best opportunity to proceed. The Guardian is wrong to regard the analysis of the social worker as unduly positive. In fact on analysis it is balanced and reflective of the pros and cons and Ms. RG has had significant opportunity to provide that analytical assessment given the amount of work and time that has passed in preparing that analysis.
53. On balance I prefer the evidence of Ms. RG. I found her evidence objective. She had an analytical approach to risk. She did not appear to me to be minimising the risk and to understand that it remained a risk. There was, in my judgment, a balanced approach to that. I understood the approach of the Children's Guardian because she was clearly motivated by a concern about the resilience of the placement which she had approved for LN. However, in my judgment, she did not provide a convincing

analysis of her stance. She had accepted within her final analysis the suitability of a supervision order. I understand that the lack of progress in detox, the evidence of dishonesty on the part of Mr. LT and the question as to continuing alcohol drug use has caused her, by January, to feel that the pendulum had swung towards a care order. However, I disagree with that analysis.

54. At heart this is a good example of a placement in which there are risks which justify an intensive period of support and monitoring to establish more sustained progress. The father and Ms. CB engage well. In my judgment they are likely, more importantly, to engage well with any plan of the Local Authority. They are, in my judgment, motivated to seek to improve their parenting ability and, in the case of Ms. CB, to address the signal problem facing her, which is her misuse of, historically, drugs and, presently, alcohol. They are open about the difficulties which, in itself, is a significant change.
55. This case is not within that small core of cases where a care order with a child placed at home may continue to be justified. A supervision order will offer that which is required without adding to the instability of LN of being treated differently to the other children within the household (who would be subject to monitoring under child protection plans) with him being subject to the panoply of involvement of the Local Authority which is an inherent part of being a looked-after child. In my judgment it is important, given his autism, to avoid that where possible.
56. Whilst I accept there is a dynamic risk which could pose a threat to the stability of the placement and would require to be assessed and supported properly, that risk does not require a care order to be made.
57. Subject to the Local Authority adopting, first of all, the amendments proposed by them in written form within the supervision support plan and them incorporating the additional clarity sought by the court and inclusion of the multi-agency support plan, I approve the making of the Supervision Order and Plan.
58. I approve the making of a Child Arrangements Order for LN to live with his father, Mr. LT. I make a Supervision Order in favour of The Local Authority for a period of 12 months.
59. It has been agreed orally that the review of this plan must be by a senior manager. There may well be a number of meetings throughout the life of this supervision order but there must be a final meeting at no later than month ten where a senior manager is able to consider the evidence of assessment, the view of the parties and form a view as to whether, with assistance from a senior manager from Legal, the supervision order should be extended. This is certainly a case where there is good reason to think it may well be a case where a supervision order may need to be extended for a further period to evidence sustained change. Whether it is or is not, remains to be assessed on the ground and be considered in an open way by all parties.

60. Subject (a) to any clarification for the terms of this *ex tempore* oral judgment; or (b) any application arising out of it, that is my judgment.

(Discussion followed)

This judgment has been approved by the Judge.

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