



Neutral Citation Number: [2020] EWHC 1940 (Fam)

Case No: ZC19P00137

IN THE HIGH COURT OF JUSTICE
FAMILY DIVISION

Royal Courts of Justice
Strand, London, WC2A 2LL

Date: 15/07/2020

Before :

MR JUSTICE WILLIAMS

Re S (Parental Alienation: Cult: Transfer of Primary Care)

Will Tyler QC and Kate Grieve (instructed by **Peacock and Co**) for the **Applicant**
Daphne Baker (instructed by **Direct Access**) for the **Respondent**

Hearing dates: 9, 10 and 15 July 2020

Approved Judgment

I direct that pursuant to CPR PD 39A para 6.1 no official shorthand note shall be taken of this Judgment and that copies of this version as handed down may be treated as authentic.

.....

The judge has given leave for this version of the judgment to be published on condition that (irrespective of what is contained in the judgment) in any published version of the judgment 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.

Williams J:

1. On 29 April 2020 the Court of Appeal gave judgment on the father's appeal against the decision of HHJ Meston QC by which he refused to order a transfer of the care of the child to the applicant father: Re S (Parental Alienation: Cult) [2020] EWCA Civ 568. The Court of Appeal allowed the appeal and remitted the case for further consideration by the President of the Family Division. As a result of the President's hospitalisation the case was reallocated to me and over the course of the 9th and 10th of July I heard evidence from both parties, the psychotherapist instructed by the mother to provide treatment and a report to the court and from the independent social worker Helena Ware.
2. Prior to the commencement of the hearing, on 7th July the mother's direct access counsel, Ms Baker (nee O'Connor) had emailed the court seeking an adjournment of the hearing on the basis that she was unwell. I declined to adjudicate upon the adjournment application on paper and dealt with this at the commencement of the hearing on 9 July. Having heard from the parties and having read a witness statement filed by Ms Baker I refused the application for an adjournment so the hearing continued. I gave an extempore judgment on the adjournment application setting out my detailed reasons for concluding that a fair hearing could take place notwithstanding the absence of the mother's counsel. In reaching that decision it was of course necessary to balance the mother's rights to a fair hearing within a reasonable time along with the child's rights and those of the father. Part of the consideration was the scope of the hearing before me and the issues which were the central focus of the hearing.
3. The parameters which the Court of Appeal set for the remitted hearing were narrow. Lord Justice Peter Jackson said this:

101....She now approaches the arrangements for the child on the basis that she knows best and that the father is someone from whom the child is to be protected. She views Universal Medicine as a vital and benign entity. She has not begun to understand the substance of the judge's findings and the concerns expressed by others. That is how cults work.

102. What then is the practical solution? The current situation cannot be allowed to continue. If the mother continues to ally herself with Universal Medicine there are only two possibilities. Either, on the mother's case, the child's time with her father would have to be reduced in an attempt to reduce her anxieties. Or, on her father's case, her time with her mother must be reduced in an attempt to remove her from the source of anxiety and build up her resilience. One approach addresses the symptoms, the other the cause.

103. It will be apparent from our analysis so far that we find that the child must be distanced entirely from Universal Medicine. Shared care can therefore only continue if the mother makes an immediate and definitive break with the organisation. Otherwise the child should move to live with her father. A period with him would give her a sustained opportunity to experience a less anxious and prescriptive way of living. There is a strong argument for saying that the time for such a move has now arrived, that this court should make the necessary orders, and that nothing short of the shock of actually losing the child's care is likely to impel the mother into doing what is necessary. The alternative is to remit for a further hearing, giving her a final opportunity to dissociate herself in a determined way from Universal Medicine and seek the help she needs to do so. That

brings more delay against a deteriorating background, and in the meantime, if the mother does not change her self-defeating stance, matters may get worse.

104. We find the arguments finely balanced. In the end, and not without hesitation, we have concluded that the risks involved in postponing a final decision are just worth taking. The current circumstances, adding to the difficulty of an immediate transfer of care, have also been significantly in our minds. With the agreement of the President of the Family Division, we shall remit the father's application for early final determination by him. By determining the matter in this way, we are giving the mother a very short respite during which she will have one last chance to take her own steps to leave Universal Medicine, start intensive therapy, and reverse the process of alienation of the child from her father. In doing this, we are taking a different course to that taken by the judge, as we now explain. Normally, when remitting a case we would emphasise that this court holds no preconceptions about the outcome. Not so here. In the first place, while the welfare decision will ultimately be for the judge, we remit on the limited basis that the factual foundations for future decisions are contained in the judgment of HHJ Meston

QC and of this court, and that the only further evidence that will be needed is in relation to subsequent events. Similarly, the evaluations of the harm being caused to the child by Universal Medicine and by alienation from her father are left undisturbed by this appeal. Above all, and so that the parties are left in no doubt, we warn that we foresee that without a wholesale transformation in the mother's position the court at the further hearing is likely to find it necessary to transfer the child's care to her father. The main thing that deters us from making that order now is the possibility, and it is no more than that, that the mother will finally and with a full heart see that she needs to take immediate and unmistakeable steps if she is to continue to play a central part in the child's upbringing. If that can happen, the child can return to a balanced arrangement that gives her the best of both parents, something that she is not getting and will not get as matters stand. If it cannot happen, her loss will be very great, but she will gain from growing up in the care of a good parent while attending the same school, and her childhood will not continue to be overshadowed by the baleful influences that have led to the present situation. [My emphasis added]

4. The judgment makes it clear that whilst the ultimate evaluation of welfare is one for me to determine, the focus of the remitted hearing was on whether the harm that was being caused to the child by her exposure to the mother's adherence to the practices and teachings of UM and the conflict this caused between the mother and the father had begun to be reversed, and whether the risk of future harm had been very significantly reduced by the mother's immediate and unmistakable disassociation with the organisation, its teachings and practices. Of course, in reaching my decision the welfare of the child is paramount, the presumption of parental involvement is engaged, the welfare checklist must be taken into consideration and the article 8 rights of the child, the mother and the father are all engaged. However, the dominant features in the welfare landscape are issues of ongoing risk, the capability of the parents and the effect of a change, with even those various aspects revolving mainly around the mother's disassociation from Universal Medicine.
5. Thus, the focus being on the mother and what she had done to dissociate herself from Universal Medicine and to reverse the process of alienation, it seemed to me at the time I was considering the adjournment application, and indeed it transpired in the course of the hearing, that the most significant part of the case before me was an evaluation of

the mother's evidence of what she had done in that regard and what her current attitudes to Universal Medicine were, supported by her psychotherapist's assessment of progress she had made and her current approach to Universal Medicine, its teachings and practices.

6. During the hearing the mother represented herself. She is an articulate and intelligent woman and asked appropriate questions of the witnesses and made appropriate and coherent submissions. However, I do not underestimate the challenge that this presented the mother with. The issue with which she was dealing was whether or not she would retain the care of her daughter who, I think, is the centre of her world. The stress of representing herself was undoubtedly considerable. At times she became frantic with emotion. However, she was rapidly able to regain composure and return to articulate and measured submissions. I was conscious throughout the hearing of whether the balance of fairness had shifted. I allowed the mother further time to deal with matters and as a result the case did not conclude within the 2 days provided but I adjourned to consider my judgment. Ms Baker, on behalf of the mother subsequently sent in Written Submissions which supplemented the oral closing submissions that the mother had made. Ultimately, I am satisfied that in the context of the case before me a fair hearing has been provided, notwithstanding the differential in terms of representation between the parties.
7. The father continues to be represented pro bono by Mr Tyler QC and Ms Grieve and their instructing solicitor Ms Kirby.
8. The child was not separately represented. The Court of Appeal had been invited to appoint a FPR 16.2/16.4 children's Guardian but declined the invitation on the basis that the appointment of Helena Ware, the independent social worker, was an appropriate means by which the child's interests would be front and centre and her voice appropriately heard. I considered the issue myself and was satisfied that, having regard to the conclusions of HHJ Meston QC and the Court of Appeal, the issue of the child's voice being coloured by alienation and the involvement of Ms Ware, separate representation was unnecessary. Nor did I consider that it was necessary to instruct a psychologist to prepare a report on the child's situation; an application which appears to have been issued by Ms Baker on 2 July 2020. This was not actively pursued by the mother; albeit it was addressed in the course of adjournment application. The parameters of the hearing before me and the findings as to the impact on the child of continuing to live in a situation of alienation as compared to the impact of a change in primary carer led me to conclude that the instruction of a psychologist to report on the child and the impact on the child of the alternative courses was not necessary to enable me to determine the proceedings justly.

The Findings of HHJ Meston QC

9. The judgment of 2 January 2020 runs to some 124 paragraphs over 30 pages. The Court of Appeal did not disturb the judge's conclusions on the facts but only his evaluation of the prospect of a change in direction on the part of the mother and thus what order was required to best promote the child's welfare. Relevant extracts of the judgment include the following.

Both parents love the child. Each is capable in practical terms. The order made in 2017 and its implementation showed that the parents were each willing and able

to promote the child's continuing relationship with the other parent. The father has shown himself to be reliable and consistent in meeting the full range of the child's needs. The mother too has, of course, much to offer the child, but inevitably the focus has been on the ability of the mother to recognise and accept the concerns about the effect of the beliefs and practices of Universal Medicine on her daughter. Ms Ware put it starkly: "[Her] commitment to and involvement with Universal Medicine interferes with her ability to meet the child's needs in all aspects of her care....".

I have summarised above the views of Ms Ware which I accept. In her view and in my judgment the child's exposure to Universal Medicine is harmful, causing the child to see her father's way of life as different to that of her mother and herself. If her mother remains involved with Universal Medicine or their practices, the child is at risk of further harm. However, there is also a risk of considerable harm as a result of a transition from the existing arrangements for the care of the child to the full-time care of the father with restrictions on contact between the child and the mother. However carefully such a transition might be managed and explained, it is difficult to measure how the child might react.

Having reviewed the evidence I confirm that I accept, as submitted on behalf of the father, that

- i) *Universal Medicine is a cult with some potentially harmful and sinister elements. I find the available evidence presented by the father relating to the harmful and potentially harmful influence and effect of Universal Medicine to be compelling. The mother's attempts to explain and justify some of the teaching and practices of Universal Medicine were unpersuasive. The independent social worker in these proceedings clearly and, in my judgment, correctly considered that aspects of the teaching and practices of Universal Medicine were unsafe, particularly for such a vulnerable and impressionable child.*
- ii) *The mother has been an uncritical adherent to the beliefs and practices of Universal Medicine and has expressed unqualified admiration for Serge Benhayon.*
- iii) *The mother has inevitably exposed the child to the beliefs and practices of Universal Medicine, and naturally the child has been influenced by her mother's thinking. This does not appear to be disputed on behalf of the mother.*
- iv) *Continued exposure of the child to the beliefs and practices of Universal Medicine gives rise to the risks identified by the independent social worker.*
- v) *The increased anxiety shown by the child, about which both parents gave evidence, is not just the result of her awareness of these proceedings and of the continuing disputes, but it is the result of the child coming to feel that her father is different to her mother and herself, of her worry that the father will have a heart attack or die as a result of his not being "love" and of eating things that she does not eat, and also of her feeling that deviation from the beliefs and practices of Universal Medicine would be disloyal to her mother [and] also would make her ill or lost.*

- vi) *Either because she has been told, or has recognised, that she must not tell the father about what she and the mother think the child feels compelled to hide her beliefs and to speak to the mother in a secretive way.*

Specifically, I have no hesitation in making the findings sought by the father in respect of paragraphs 1 and 2 of the Scott Schedule, and accept without qualification the detailed evidential points made in respect of those allegations in the written closing submissions on behalf of the father. The third allegation by the father, that the mother has been attempting to alienate the child from the father, is less easy. In reality, even though the mother does not see herself as alienating the child from the father, that has started to occur. It is the result of what the child, whose predominant loyalty is to the mother, has come to think about the father as someone who does not follow the “Way of the Livingness”

10. The findings referred to by HHJ Meston QC are contained in a Scott schedule. Item one alleges:

The child is preoccupied with food and illness which mirrors her mother’s views on the teachings of UM. This is as a result of mother exposing the child to her beliefs and applying pressure to her to comply with the teachings of UM.

Item two alleges:

The child’s behaviour is consistent with the teachings and beliefs of UM. The mother follows these teachings and beliefs and’s comments on the blog setting out her beliefs

11. The brevity of these headline allegations is not matched by the very detailed particulars in support setting out specific instances of the child’s behaviour or comments demonstrating how profoundly influenced she had been by the teachings of Universal Medicine. These range from the relatively innocuous such as her refusing to sit at a meal when there was alcohol on the table, through to saying that eating pasta would make a hole in your tummy, that a heart attack might be the result of living outside the Way, insisting on ringing her mother to check ingredients in food, ensuring actions were undertaken in an anticlockwise manner whether walking around a shop or stirring pancakes, through to telling the father that he does not know anything and Serge knows everything, to believing that accidents are the result of choices made by the individual who sustained the accident, that your actions in this life affect your ability to be reincarnated. The particulars in support of the third allegation in the Scott schedule which was that the mother was attempting to alienate the child from the father as a result of his opposition to the teachings of UM included encouraging the child to keep secrets from the father and undermining the arrangements for the child to spend time with the father. It is clear from HHJ Meston QC’s judgment that he accepted the thrust of the particulars. The mother did not accept the allegations or did not accept that they were harmful.
12. The basis of HHJ Meston QC’s decision not to transfer the care of the child was that the mother had in the course of her evidence said that in order to retain the care of the child and a role in her life she would do whatever might reasonably be required of her. She had said she would renounce Universal Medicine, speak to a therapist and consult a dietician in respect of the child. She said she would accept that the Supreme Court in

New South Wales had made serious findings about Serge Benhayon. The judge accepted that she was sincere and genuine in what she was saying and that she could now reasonably be expected to give appropriate and necessary undertakings to protect the child is required and to modify, if not wholly change, her thinking about Universal Medicine and Serge Benhayon.

13. As the Court of Appeal identified, events following the conclusion of the evidence before HHJ Meston QC and events leading to the finalisation of the order were not propitious in terms of the mother's response to the hearing or the judgment. The relationship between the child and the father further deteriorated following the hearing. In her evidence to me the mother linked this with her having returned from court one day and the child having detected fear in her eyes. She also linked it to the father's parenting style and his unwillingness to listen to what his daughter said she wanted.
14. Ultimately the Court of Appeal allowed the appeal because of the approach the judge had taken to undertakings, both in terms of his evaluation of the likely efficacy of such undertakings in terms of their effectiveness in preventing or substantially reducing the exposure of the child to the mother's beliefs and the course he adopted to identify the scope of the undertakings and to make them binding. The arguments before the judge in relation to the undertakings identified the profound disparity between the father's formulation of what was required and the mother's willingness to adapt her approach. The Court of Appeal said that the father's approach to the detailed content of the undertakings was a proper reflection of the judgment. In contrast the very limited scope of the mother's proposed undertakings wholly failed to acknowledge the sort of change in approach that the judgment required were she to maintain care of the child. It is clear that at the later hearings before HHJ Meston QC, the mother's willingness to accept the conclusion that she must distance herself from Universal Medicine had not taken root. She described the father's proposed undertakings as an attempt to control her life. In a message she sent on 6 March there was no acknowledgement of the conclusions of HHJ Meston QC as to the reasons why the child was becoming estranged from the father but rather the responsibility was laid at the father's door and he was invited to consider ways to repair his relationship with the child.

The Court of Appeal Decision

15. By the time the case reached the Court of Appeal pursuant to directions I gave following the lodging of the appellant's notice by the father, the mother's position had further hardened. As the Court of Appeal identified, the effect of the mother's position in the Court of Appeal was to cross-appeal on the basis not only that the judge was right in his outcome but that the case the mother had presented at trial as to the freedom to pursue her beliefs and the absence of harm ought to have been adopted. The mother went further during the appeal in insinuating sexual impropriety on the part of the father in relation to the child. That approach was comprehensively rejected by the Court of Appeal who refused to grant permission to appeal in respect of the mother's cross-appeal. However, it did illustrate the fundamental lack of acceptance by the mother of the basis of the judgment of HHJ Meston QC and by implication the evidence upon which the findings as to the harmful consequences of adherence to Universal Medicine were based. This of course included the judgment of the Australian court and the report of Mr Millikan.

16. The mother opposed the appeal, seeking a reduction in the father's time and contended that HHJ Meston's decision should be upheld on four different or additional grounds. Those were developed in the skeleton argument filed on behalf of the mother. Criticisms of the father and the bed sharing issue and an inference of possible sexual abuse were maintained. At the hearing of the appeal the mother sought permission to cross-appeal given the extent of her criticisms of the decision of HHJ Meston QC. The Court of Appeal rejected all of the mother's criticisms of the judgment and refused the mother's application for permission to cross-appeal. They said:

'the way in which her case has been presented has only served to amplify the father's legitimate concerns and corroborate the judge's primary findings'

17. They went on to say at paragraph 92 that the evolution of the mother's case showed that the mother's unmistakable position was that she did not accept the judge's findings about Universal Medicine and that she had no respect for the experienced opinion of Ms Ware. Lord Justice Peter Jackson noted that she had no time for the fears of the father and her response had been to attack him. From beginning to end, they said, there has been no sign that the mother actually wants to distance herself and the child from Universal Medicine. They noted that *'even if she did want that it would be a considerable achievement to free herself from the beliefs that have underpinned her thinking for so long. In those circumstances her repeated, unsupported assurances that she would do anything that is required of her to keep the care of the child can carry very little weight.'*

18. The Court of Appeal set out a succinct summary of the approach to cases such as this. At paragraph 13 Lord Justice Peter Jackson said:

'In summary, in a situation of parental alienation the obligation on the court is to respond with exceptional diligence and take whatever effective measures are available. The situation calls for judicial resolve because the line of least resistance is likely to be less stressful for the child and for the court in the short term. But it does not represent a solution to the problem. Inaction will probably reinforce the position of the stronger party at the expense of the weaker party and the bar will be raised for the next attempt at intervention. Above all, the obligation on the court is to keep the child's medium to long term welfare at the forefront of its mind and wherever possible to uphold the child and parent's right to respect for family life before it is breached. In making its overall welfare decision the court must therefore be alert to early signs of alienation. What will amount to effective action will be a matter of judgment, but it is emphatically not necessary to wait for serious, worse still irreparable, harm to be done before appropriate action is taken. It is easier to conclude that decisive action was needed after it has become too late to take it.'

19. The Court of Appeal described the four kinds of harm that HHJ Meston QC identified as follows:

- i) The wide-ranging psychological and physical effects on any young child of Universal Medicine ideas;
- ii) The particular emotional harm to this child arising from the parental rift over Universal Medicine;

- iii) The emotional harm to the child of becoming alienated from her father;
 - iv) The harm arising from a change in the child's living arrangements.
20. The Court of Appeal concluded that he had erred in the balancing of the risks and that error fundamentally undermined his decision. They said:

'In the first place, the judge's findings at paragraphs 111 and 112 identified an immediate risk to the child's welfare in all its aspects, arising from the mother's adherence to Universal Medicine. The judge rightly considered that this state of affairs could not be allowed to continue. However, such slight measures as he then took to mitigate the harm were in our view highly unlikely to be effective. His assessment at paragraph 115 of the mother as sincere and genuine could not be sufficient without some solid reason for believing that, as he put it, she was likely to modify, if not wholly change, her thinking about Universal Medicine and Serge Benhayon. It is difficult to know what led the judge to believe that this was at all likely. The mother had been a convinced adherent for almost all of the child's life and the father had been raising formal concerns since the child was aged three. The clear evidence of Ms Ware, which the judge accepted, was that, given the mother's heavy involvement over 8 years and her continued support for its teachings and leader, it was unlikely that she could extricate herself without significant therapeutic support and a true commitment to do so. Neither of these conditions was met when the judgment was written and there was in our view no reasonable basis on which the judge could have expected them to be met in the foreseeable future.

91. Moreover, the judge found that the decision of the Australian court was one that no reasonable parent in the mother's position could disregard, but that is exactly what the mother had done throughout the year of the proceedings, to the extent that it was not apparent that she had actually read the Australian decision, still less had she taken any interest in the material that led to it. In addition, events following the judge's own judgment were bound to dissolve any hope that the court might have entertained that she was now going to approach matters differently.'

21. The Court of Appeal concluded that the dismissal of the father's application at a point where the mother was yet to give any undertakings at all represented a clear failure to get to grips with the rooted problem that the judge had identified. They said that in that situation the harm arising from Universal Medicine both from its teaching and its divisive effect was set to continue.

'[94] The second way in which we consider the judge to have been in error concerns his response to his findings of alienation. Having found that a process of alienation had started to occur, he did not in our judgment take effective steps to counter it. By the time of the order of 15 January, the relationship between the child and her father was in considerable difficulties. The court's response was to re-instruct Ms Ware to advise the parents. However, even if advice from any quarter was likely to be effective, the mother showed no sign of being amenable to receiving it from Ms Ware. The orders made following the dismissal of the father's application were not made in any recognisable proceedings and disclose no identifiable strategy for addressing the damage that was being caused to the child's relationship with her father. There was no incentive for the mother to change her approach of laying all problems at the father's door, with time passing all the while.

[96].... He correctly reminded himself that he was concerned with the child's medium to long term welfare, but we do not consider that he brought that objective sufficiently into account when reaching his conclusion. There is a contrast between on the one hand the long-term nature of the harm arising from Universal Medicine and from parental alienation, and on the other hand the short or short-to-medium term harm that would be caused to the child by a change in her living arrangements. The order sought by the father was indeed a significant change in the child's circumstances and implementing it against her wishes would undoubtedly be very steep challenge in the short term. But the court's powers are ample to achieve and enforce such an order if that is necessary in the child's interests.'

22. Lord Justice Peter Jackson went on to say,

'[97]....We infer that he found that the harm arising from a move to the father's care would outweigh all other forms of harm. In our view, that minimised the continuing and untreated harm to the child from Universal Medicine and from the developing parental alienation while at the same time it gave inordinate weight to the disadvantages of change designed to address the deep-seated problems within the family.'

23. At paragraphs 101 onwards they considered whether they should substitute their own decision ultimately concluding that the case should be remitted on the limited basis set out earlier. They gave detailed case management directions to prepare the case for final hearing.

24. The mother's immediate response to the draft judgment circulated by the Court of Appeal was to seek permission to appeal to the Supreme Court. In her grounds the mother sought an assessment of the child, denied alienation and denied that the difficulties with the relationship between the father and child were related to Universal Medicine. It was asserted that *'the child is happy and content in every other aspect of her life and every other adult in her life [...] The length of time the child spends with the father and the sleeping arrangements are the only real issue with the relationship with the father and the child'*.

25. This shows that following the Court of Appeal's decision the mother had not by that stage accepted anything the Court of Appeal had said or had revised her approach to the findings made by HHJ Meston QC. However, the Court of Appeal refused permission and the mother did not renew the application to the Supreme Court itself. The mother in her evidence to me said that the Grounds had been settled without being seen by her. I do not accept that counsel of the experience of Ms Baker would permit such a situation to occur.

The Parties Positions

26. The father's position was set out in the written document filed by Mr Tyler QC and Miss Grieve. Essentially, they argued that the evidence as to the mother's disassociation from Universal Medicine demonstrated that there had been no substantial shift in her position in relation to Universal Medicine, its beliefs and practices. Whilst the mother may have stopped associating with Universal Medicine or individuals associated with it this was the extent of the dissociation and her attitudes to the father and her acceptance of the effect on the child of her adherence to Universal Medicine demonstrated that she

had not altered her attitude substantially, if at all. The child was in fact becoming more alienated from the father rather than less. The father as a matter of last resort invited the court to direct that the child live with him; that now being the only way in which her welfare could be promoted by permitting a relationship with both her mother and father. Any short-term harm would be more than balanced by the medium to long-term benefits of the change.

27. The mother submitted that the court should maintain the current arrangements on the basis that they were now working to the child's benefit. The mother submitted that her evidence showed that she had made a definitive break with Universal Medicine by ceasing all contact with the organisation and deleting contacts. She submitted that she would indeed do anything required of her to retain the primary care of the child including wholeheartedly dissociating from Universal Medicine. She said that the evidence of Mr Sydney demonstrated that she had undertaken the sort of significant disassociation that the Court of Appeal identified and that the court could properly rely on the evidence of Mr Sydney. She invited me to prefer the evidence of Mr Sydney as to the benefits to the child of continuing to live with both parents to that of Ms Ware, in particular because Ms Ware has not seen the child for many months. She said that a proper assessment of the evidence should lead me to conclude that in fact the situation was improving and that the father was downplaying the extent to which the child was now showing a more positive relationship with him. She invited me to conclude that continuing with the current arrangement with her encouraging the relationship and with the support of Mr Sydney for her own purposes and to assist with the child's therapeutic needs represented the most appropriate and workable arrangement to promote the child's welfare.
28. In her written submissions Ms Baker developed four particular themes. I do not intend to rehearse all that the document contains but set out the principal elements. I bear all that is said in mind.
 - i) The court is in no position to make an order to change the child's residence and primary carer because there is a deficit in the information that the court has about the child and what it does have lacks credibility.
 - a) The court does not have the views of the child because Ms Ware declined to see her. It is central to the evaluation of paramount welfare that the court has available to it the views of the child.
 - b) The change in recommendation of Ms Ware was without any basis and no credible welfare professional could make such a recommendation without seeing the child.
 - c) The evidence of Mr Sydney is preferable to that of Ms Ware because he is better qualified and he concludes that she should remain living in the current arrangement.
 - d) The proper application of the welfare checklist demonstrates that the harm in transferring primary care at this stage outweighs any benefits. The deployment of therapy and mediation and work with the father and daughter to improve their relationship is a more appropriate solution.

The Draconian solution of a transfer of primary care is only warranted in the most serious of circumstances.

- ii) The evidence shows that the father has no intention of behaving in the way that was envisaged by the Court of Appeal.
 - a) if the father intends to move to Dorset this will remove the child from her school which was not contemplated by the Court of Appeal he specifically referred to her continuing at the same school.
 - iii) Removing the child would put her in the immediate and serious physical danger and caused her irreparable emotional damage.
 - a) There is a risk that the child will run away whether in London or in Dorset and the risk of her running away from the father and trying to travel to London is a very significant one.
 - iv) The hearing was unfair and a violation of article 6 of the ECHR including cross examination of the mother that was unnecessary and amounted to bullying.
 - a) The imbalance between the mother representing herself and the father being represented by leading and junior counsel as well as a solicitor was unfair.
 - b) The cross examination of the mother about her involvement in Universal Medicine and about things she had said and done whilst involved in Universal Medicine was unnecessary and served no purpose save to bully and diminish the mother.
29. I would like to express my thanks to Ms Baker for undertaking the work on the written submissions in the circumstances and for the additional points she raised in support of the mother's case.

The Evidence

The Father

- 30. The father's evidence was contained in his detailed written statement of 3 June 2020 supplemented by his oral evidence before me. Much of his statement takes the form of a chronology recording events relating to the child and their relationship. He told me that periodically he kept a diary of events although he said sometimes he felt unable to do so; he described it as a sort of litigation fatigue.
- 31. The thrust of his statement was that since the decision of the Court of Appeal the child had begun to come to his and stay the night but he said that although she would stay, the relationship between them was at times very bad; indeed, as bad as it ever had been. However, there were also good times but he said the essential message that he got from the child was that she did not want to be with him, did not respect him as a parent and continued to look to the mother for what she was allowed to do and not to do and was sometimes extremely volatile including hitting him. He said that as a minimum she was crying when she arrived to spend time with him, sometimes taking several attempts to get her to come into the house. She continued to exhibit behaviour consistent with UM

beliefs. In particular she appears to blame the father for the court being involved and for the father keeping her away from the mother when she was with him. However, he also noted that she had said *“I’m a mess daddy! I don’t want to be like this, I don’t want to be angry with you, I don’t know what’s going on.”*

32. In his evidence the father was in the main measured and sought to answer questions, occasionally taking time to reflect. He appeared a somewhat defeated figure who appeared to have run out of ideas of how to resolve the difficulties in his relationship with the child. He said that whatever he tried did not appear to work, and to questioning by the mother he became quite animated when she suggested that he was adopting the wrong approach saying in terms that he had tried everything and nothing worked. He was clear that he could see no way of continuing the current arrangements given how corrosive they were to his relationship with the child. When asked what the impact on the child would be of transferring to his care he candidly said that it would be devastating and that it was the last thing he wanted but there were now, no longer any other options. He rejected wholeheartedly the mother’s suggestion that things were now improving and I accept his evidence. His description of the way the child is in his care, her behaviour and things she says, make it quite clear that there has been no significant change in the child’s attitude to him. Indeed, it would be surprising if there had been given the mother’s evidence that she had not spoken to the child at all about dissociating from Universal Medicine, its practices and beliefs, and had not sought to give any explanation to the child of why the mother had now reached the conclusion that adherence to UM was harmful to the child and to the mother and father’s relationship.
33. Occasionally when being asked questions by the mother he became quite defensive or assertive, in particular when the mother was suggesting that it was his parenting style or management of the child that was a source of the difficulties in their relationship. At times he appeared tearful. One of the most significant indicators of how powerless he seems to feel was how he had not been able to configure a plan in his own mind to implement a transfer of the child’s care were that to be the outcome. However, when I insisted that he addressed the point he did make proposals which in the main appeared to be sensible and child-centred, although his suggestion that he would have to review the child’s attitude after the first night, implying perhaps the child might accept the transfer of care after one night’s sleep, seemed woefully unrealistic. Having considered his evidence, I thought this was a reflection of his deep-seated desire to see some sort of normality restored in his relationship with his daughter and indeed in his daughter’s relationship with her mother. However, this seems to be wishful thinking in the context of this case.
34. Overall, I reach the conclusion that the father was a truthful witness, he was giving a substantially accurate account of the current situation relating to the child and in general a child-focused and sensitive parent.

The Mother

35. The mother’s evidence is contained within her written witness statements, and in her oral evidence to me. She adopted much of what she had said in submissions and in her questioning of the father as her oral evidence as well as supplementing that both in chief and in answering questions put by Mr Tyler and myself.

36. The mother was clearly under significant strain during the proceedings and in giving evidence. The issue which I am to determine could not be of more seriousness to the mother. The absence of legal representation, in particular the absence of her counsel of choice, notably added further strain to the mother. She emphasised to me how inadequate she felt in the face of the father's legal team. I, of course, take this into consideration in assessing her evidence. At times the mother was composed, articulate and focused. She prepared by making a list of questions or notes of matters that she wanted to address. Her demeanour mirrors that which Ms Baker set out in their instructions to Mr Sydney. At other times the mother was intensely emotional, tearful, occasionally almost frantic as she contemplated the possibility of being separated from the child. At others she was impassioned, in particular in relation to her assertion that she had dissociated herself entirely from Universal Medicine and the individuals who she knew through it. Sometimes she spoke in a rehearsed way repeating that she was focussing on the future, that she had left UM behind and was not interested. At others she was entirely spontaneous telling me she had left UM but she still had some belief in something, not a God but something. She spoke of how the child had picked up on her fear when she had returned from court in November and I have little doubt that the mother's emotions lie close to the surface and will be evident to the child. Ms Ware described it as being difficult to discern where the mother ended and the child began at times and having seen both the mother's openly emotional nature and her description of how closely she aligns herself with the child's feelings and vice versa that this is an apt description.
37. It was clear from the mother's evidence, but it is hardly a surprise, that the child is the centre of her existence and that she would do almost anything for her. I say almost anything because the effect of the mother's evidence was to demonstrate quite clearly that there are limits when it comes to Universal Medicine. She was emphatic in her insistence that she has dissociated herself from Universal Medicine and individuals she had come into contact through it. However, as her evidence developed I got the clear impression that for the mother, dissociation from the organisation and associated individuals meant simply that. It did not extend to dissociation with the beliefs or practices of Universal Medicine and nor did it extend to acceptance of criticism of the organisation or Serge Benhayon. When pressed about whether she accepted the findings of the Australian Supreme Court the mother refused to answer the questions saying simply that she is not interested in any of it, as she wants nothing to do with Universal Medicine. She insisted on trying to redirect the questioning to look at where she is now. When asked about the consequences of her involvement in Universal Medicine she focused particularly on how it had generated conflict between herself and the father rather than on the harm it had caused the child as found by HHJ Meston QC and the Court of Appeal. Asked about the findings of harm her answer suggested that she could not recall what the findings were and when asked about specifics in relation to them her answers were in the main rambling or evasive and did not engage with the substance of the findings made. Although the mother repeatedly asserted that she accepted the findings of the courts, when pressed as to what her understanding of the findings were or what she had to say about them in retrospect, she would not engage with the details of the findings, her attitude to them now and the implications for the future. On a number of occasions, she repeated that she accepted the findings and the focus should now be on her current position rather than what had happened in the past.

38. She said that she had made mistakes in the past but when asked what they were was unable to articulate what those mistakes were. I asked her how she had sought to reverse the harm done to the child and to unpick the beliefs that had caused the child to become alienated from the father. The mother said she had done nothing and had wanted advice on how she should approach it. She appeared unable or unwilling to grapple with the notion of having to explain to the child that for the last eight years they have been following an organisation and leading their lives in a way that was fundamentally at odds with societal norms and which had harmed the child. The mother had a tendency under pressure to extemporise explanations which caused me to question her reliability or honesty. In answering my questions, she said she had been fearful of discussing Universal Medicine with the child because she feared that the child would speak to the father about it and she would be criticised. When I questioned how that could be if she were telling the child that Serge had tricked her into believing he was good when in fact he was bad, the mother was simply unable to answer this. There were other examples of the mother appearing to exaggerate or to create evidence on the hoof. Another theme emerged when the mother answered the questions about speaking to the child when she said that she wanted help and guidance from others. At other times in her evidence she sought to avoid responsibility for significant matters. She maintained that in retrospect she wished she had taken a different course and implied that advice she had received had led her to adopt the strategy she had in relation to the litigation. On another occasion she suggested that she had never given instructions to seek to appeal to the Supreme Court and it had been done without her knowledge. She later retracted that and said she had given instructions to consider an appeal but had never approved the draft grounds that were put to the Court of Appeal in pursuit of permission.
39. Her witness statements, in particular that of 1 June, and her oral testimony asserted that things had improved significantly since the Court of Appeal and that the child was now much happier with her situation and was looking forward to spending time with her father and was content going to the father's. Under questioning she accepted that there were times when the child still did not wish to go and that she cried at handover but she maintained that the trajectory was generally positive and that maintaining the current arrangements would ultimately lead to the restoration of a positive relationship between the child and the father.
40. It is self-evident that her immediate response to the Court of Appeal's decision was to reject those conclusions. Her witness statement which is only some five weeks old and which followed several sessions with Mr Sydney does not paint a persuasive picture of a significant change in attitude on the part of the mother. She emphasises in that that she has not had any bad experience and has never witnessed anything bad or that would damage the child's emotional and physical welfare. That is of course inconsistent with the findings made by HH J Meston QC and upheld by the Court of Appeal. She says that Universal Medicine has had a negative effect on the child not because of anything that "*I have done to her or exposed her to but because it caused the relationship between [the father] and I to deteriorate*". In her oral evidence her focus was on the detrimental effects of her adherence to Universal Medicine on the relationship with the father although it appeared that she then realised the possible dangers in this position and moved somewhat to accepting that Universal Medicine had led her to make mistakes. Her statement refers to the father wanting to control her and believing that it is still the case. This notwithstanding the rejection of that allegation by HH J Meston QC. Much of her written evidence and oral evidence and her questioning of the father was focused

on his responsibility for the situation with the child and what he could do to improve it. This was particularly the case with the reasons underpinning the deterioration in the relationship between November and the Court of Appeal hearing but also extended into April. The mother submitted that it was the father's insistence on the child staying with him and his refusal to accept her visiting only for short periods of time that were the cause of a further deterioration.

41. Unfortunately, the longer the evidence of the mother continued the more apparent it became that the mother's dissociation from Universal Medicine and the individuals she knew from it represented an upper limit on what the mother had done in response to the conclusions of HHJ Meston QC and the Court of Appeal. It is clear that the mother has made almost no progress in accepting the findings of HHJ Meston QC and Court of Appeal. There is almost no engagement with the harm that the child has been caused and the process which has led to that harm. There is thus no engagement with the damaging nature of the beliefs and practices of Universal Medicine. In her evidence it was difficult to discern what harm the mother did acknowledge emerged from Universal Medicine save that it caused conflict in her relationship with the father. She did appear to acknowledge that there was a concern about sexual abuse or financial control but as she said she has never experienced them she was unable to identify them as harmful in her case. Whatever she may have said to Mr Sydney during their counselling sessions did not find a mirror in the evidence she gave me. Whilst I am prepared to accept that the court process represents a different arena and that it may be harder in the face of the court and in particular in the presence of the father to make acknowledgements of that sort, the reality is that the mother has been unable to acknowledge the harmful effects of her adherence to the beliefs and practices of Universal Medicine, whether in her written statements, in any sort of detailed discussion of the findings with Mr Sydney, in evidence or in discussion with Ms Ware.
42. The lack of progress that the mother has made is illustrated by events relating to the meeting that Ms Ware convened on 20 June between herself, the mother and the father. Ms Ware said that she had got the impression from the mother that she wished to make some sort of acknowledgement of the harm that had occurred and to apologise to the father. However, the meeting took a completely different course with the mother repeating matters that had been consistent themes throughout Ms Ware's involvement and in particular with the mother raising the spectre of the father co-sleeping with the child when she was three which had been condemned in the Court of Appeal as an insinuation of sexually inappropriate behaviour.
43. In her evidence the mother emphasised that, having dissociated herself from Universal Medicine, she still had a belief in something, not a God but something. This seemed to me to chime with the point that Ms Ware said that Universal Medicine had met some need in the mother. There were several examples, some of which I have already referred to, in the mother's evidence where she appeared unable to accept responsibility for significant matters but rather looked to others to take responsibility for them or sought to pass responsibility for events to them. I wondered whether the difficulties the mother finds in accepting responsibility and her desire for some belief in something were connected and that what the mother found in Universal Medicine was some sort of scaffolding which gave structure, direction and support to her life which was otherwise lacking. However, that is not a conclusion which I feel I can properly reach and nor is it necessary to do so. I do not need to understand the reasons why the mother adhered

to the teachings and practices of Universal Medicine in order to determine that she has not left them behind. Whilst I'm prepared to accept that she is at the moment dissociated from Universal Medicine and that she would maintain that physical dissociation whilst the threat of separation from her daughter hangs over her that is a far remove from the full-hearted and definitive break which entirely distances the child from Universal Medicine and which reverses the process of alienation. Whilst the mother has undergone some therapy its utility is limited when it has not expressly addressed the harm that has been caused to this child as a result of the mother's involvement with Universal Medicine.

44. All that said the mother clearly loves the child and is devoted to her. HHJ Meston QC found that she has many qualities as a mother and I accept that. However, those qualities exist in the shadow of the significant limitation on her capability as a parent arising from her adherence to UM.

Helena Ware

45. Ms Ware had concluded during the proceedings before HHJ Meston QC that if the mother was unable to make the break from Universal Medicine in an effective way that the child should move to live with the father. Following the remission of the matter to this court Ms Ware has filed 2 further reports. She also gave evidence before me. In preparing her report she spoke to both the mother and father and to Mr Sydney. She did not speak to the child further because she felt further interviews would cause her further conflict and distress. She spoke to the child's school who said that they felt the child had become increasingly stressed, anxious and unsettled over the last year and that her emotional and mental state had changed. They felt the ongoing and prolonged proceedings were impacting on her. They had accepted her into school during lockdown (whether the mother requested this or the school requested it is neither here nor there) because they felt she needed some nurturing and TLC. The school confirmed that she had been refusing to go to her father's and was saying he was mean for not letting her stay with the mother. Ms Ware decided not to see the child again although was pressed to do so by Ms Baker
46. The parties' interviews with Ms Ware were consistent with the contents of their witness statements and with the tenor of the evidence they gave to me. Ms Ware noted that the mother's deletion of all her contacts and association with Universal Medicine was a promising step which she had resisted in the past. However, she also observed that she refrained from criticising Universal Medicine or elaborating on how or if, she has dissociated herself from the belief system. This was the dominant impression of the mother's oral evidence to me as outlined above. Ms Ware thought that the mother's engagement with Mr Sydney was of assistance but her understanding from her discussions with both the mother and Mr Sydney was that the therapy had focused on parenting issues and the mother's relationship with the father. She said that it appeared to her that the mother was only at the beginning of a long journey in extricating herself fully from the influence of Universal Medicine and objectively seeing the way in which it had impacted on her and on the child. In her oral evidence she said she did not share Mr Sydney's confidence in the extent of the mother's dissociation with Universal Medicine. She said that when she last saw the child her relationship with the father was far more positive than it is now and that she is becoming increasingly alienated from him. The recent situation where the child has stayed with the father did not give her confidence that a significant change had occurred. Ms Ware was surprised at the way

the meeting on 20 June developed she having thought that in her discussions with the mother that the mother was making some progress. However, the matters the mother raised in that meeting suggested to Ms Ware that the mother's position was largely unchanged since last year.

47. In her report Ms Ware said that she found herself in some difficulty in terms of recommending long-term arrangements. She noted that it would take considerable time and commitment to achieve complete dissociation said she felt it was for the court to decide whether it would be best for the child to move to live with the father whilst the mother continue to engage with expert help. Ms Ware did not consider that the current arrangement could continue. However in her evidence, having seen Mr Sydney give evidence and having been given a summary (accurately) of the mother's oral evidence to the court she reached a clearer oral conclusion. It was clear from her evidence that she considered the end of the road had been reached. Although considerable short-term distress would be caused as a result of moving from the mother's care to the father, her medium to long term welfare required this. Absent a move Ms Ware considered that the child's relationship with the father would ultimately be terminated as a result of the child's developing alienation and eventual rejection of the father.
48. She considered that the move should be supported by the father and the child having an extended summer break away from London at the home of the paternal grandmother and grandfather in Dorset. She thought that there was a risk that the child would run away from the father's if they remained in London. During that period, it would be important that there was no direct or indirect contact between the child and the mother as that would tend to undermine any progress that the child might make in adjusting to the care of the father and coming to terms with the separation from the mother. Ms Ware was prepared to advise the mother and father and the child as to how the relationship thereafter the re-developed. She said it was important that the child should have a means of knowing that the mother was safe and that there should be a means by which the father could communicate to the mother information about the child. .

Louis Sydney

49. Mr Sydney is a psychotherapist and clinical supervisor with an MA in integrative adult psychotherapy. He has extensive experience in counselling and child and adult therapy and psychotherapy. In his evidence he said he had experience of counselling half a dozen individuals linked with cults. He was not instructed purely as a therapist nor was he instructed as an expert but rather he was approached on a hybrid basis where he was instructed to assess and report on the mother's disassociation from Universal Medicine.
50. The circumstances of his involvement with the mother were that he was contacted initially by telephone by Ms Baker and was then asked to assess the mother and decide what level of counselling she required and for how long to allow her to dissociate from Universal Medicine and to provide a report to be submitted to the court as part of her witness statement. Mr Sydney accepted this instruction noting that he was not willing to give evidence in court. In the email exchanges he expressed the need to see the independent social worker's report and the latest court report conclusions.
51. Mr Sydney saw the mother via the medium of Zoom, meeting with her on five occasions prior to providing his first report. He was not provided with nor did he ask for the judgments of HHJ Meston QC or the Court of Appeal beforehand. Between the first

and second sessions he spoke with Ms Ware, and following the fifth session he spoke again with Ms Ware. It seems the only documents he had access to were Ms Ware's reports of 4 October 2019 and 29 October 2019. In relation to his discussions with Ms Ware he said:

'given the ongoing nature of the court proceedings, Helena expressed her understandable concern that, hitherto, [the mother] had not tangibly dissociated herself from UM, nor had she been able to acknowledge the worrying nature of some of its alleged practices. Of greater concern, was that the mother may be demonstrating a 'masked compliance' whereby she could state that she had distanced herself from UM but in reality, could not in practice.'

52. In his conclusions in his first report he said:

'After the first two meetings I felt that there was a blind spot regarding the wider impact and response to her involvement with UM, an organisation widely reported for exploitation, malpractice and potential abuse. [The mother] could comfortably acknowledge what she understood about the organisation yet would equally state that she had not experienced this herself..... However, the subsequent meetings provided the necessary levels of reflection and feedback to leave me satisfied that [the mother] is both currently disconnected and intends to remain dissociated from UM in the future..... In our last meeting, [the mother] reiterated her desire to remove herself from all connections with UM and ensure that she and her daughter would remain safe and able to enjoy a life without worries about court proceedings. I am confident that [the mother] is now able to demonstrate that she can reflect and act on the wider concerns of UM for herself and for [the child].'

53. Given that Mr Sydney had not been provided with the judgment of HHJ Meston QC or the detailed schedule of findings or the Court of Appeal's judgment it is perhaps not surprising that his record of the sessions with the mother do not contain any discussion about the court's conclusions about the impact of the mother's involvement with UM on the child and her relationship with the father. The discussions are mostly of a more general nature arising from what Mr Sydney had discovered on the Internet about UM save there was some specific discussion about food and diet. However, in this regard the mother told Mr Sydney that she had not imposed a diet regime and wanted the child to have a balanced diet. This of course is in direct conflict with the findings made by HHJ Meston QC that the mother had pressurised the child into particular attitudes towards food and imposed certain dietary restrictions. The discussions about the general concerns in relation to UM resulted in the mother acknowledging concerns but saying she had not experienced any concerns herself; she had an *'untroubled personal experience'*. Whilst the mother might not have experienced sexual abuse or direct financial control, the findings made by HHJ Meston QC, reinforced by the Court of Appeal, about the impact on the child of the mother's adherence to UM's teachings and practices were of extreme concern. However, these received no attention during the sessions; no doubt because Mr Sydney was unaware of them and the mother did not raise them. There was also discussion about the child being exposed to ongoing parental conflict but this appeared to be in general terms rather than arising out of the mother's adherence to UM and the father's justified concerns about it. Mr Sydney explored with the mother what narrative and internalised story she might share with the child and the need to extricate herself from it. She wrote a letter not to be sent which appears to have focused on the court process and the necessity of stopping links with

UM in order to keep the child safe. When Mr Sydney explored the letter with her the mother became very distressed but when they were able to discuss it the focus of the discussion appears not to have been the substance of the concerns about the harm that adherence to UM's beliefs and practices caused to the child but rather the conflict the mother had experienced over differing advice and her wish to maintain links with UM as part of a control battle with the father. When she was able to discuss what she would eventually share with the child she told Mr Sydney that '*she had been safe but was not willing to associate herself or [the child] with an organisation where others had been harmed.*' There does not appear to be any acknowledgement in this that the child had actually been harmed. Mr Sydney does not appear to have been in a position to challenge the mother's formulation because he himself was not aware of the detailed nature of the harm that had been found. By the end of this session the mother had expressed the hope that the father would be able to provide a child-centred account for the child about the court proceedings without '*laying sole blame*' on the mother. The final session in this tranche also demonstrates that the mother was focusing on protecting the child from potential harm rather than reflecting on any harm that had also been found to have occurred.

54. Following the directions hearing that took place before me, Mr Sydney was provided with the judgment of HHJ Meston QC and the judgment of the Court of Appeal along with the parties' witness statements and Ms Ware's addendum report. Two further Zoom meetings took place on the 29th and 30 June 2020 and an addendum report was prepared, notwithstanding my direction that no further evidence be filed. He describes the central purpose of these meetings being to consider and explore the merit or not of a therapeutic programme that could ensure that all parties remain confident that the mother is able and continues to disengage from involvement with Universal Medicine. He considered that the mother remained engaged during this second tranche of sessions. Within these he focused on three issues:
- i) Her experience of feeling depressed, guilty, alienated or angry since exiting UM;
 - ii) her current experience of forging a life with healthier networks and friendships out of UM;
 - iii) her ability to make informed decisions regarding her departure from UM.
55. In the course of the sessions the mother was said to be adamant that she is not interested in the more esoteric and alternative practices at UM and that she is not feeling cut off, alienated or depressed in relation to leaving UM. She emphasised that "*it was simple, nothing else*" and that she felt relieved to have separated from something that has caused her and the child and the father so much distress. He concluded that she was not struggling with her well-being since exiting UM, rather the opposite. In considering her ability to make informed decisions about her departure from UM the mother acknowledged the problems that UM has caused her, that she was aware of the gravity of her situation and of the negative impact of her choices in the past. However nowhere in the discussions does the mother or Mr Sydney address the findings that were made, still less what led to the mother adopting those beliefs and practices, the consequences for the child or how they were to be reversed. Given the lack of engagement with any of the specifics, it is difficult to understand how Mr Sydney was able to conclude that his discussions clearly demonstrated that the mother acknowledged that her previous

choices, involvement and links with UM have caused distress to her daughter, the father and family and friends. In his evidence before me Mr Sydney did not expand on this or suggest that there had been any direct discussion between himself and the mother of any of the specific findings of HHJ Meston QC or of the Court of Appeal. However, it did seem to emerge fairly clearly from the report and from his oral evidence that the motivation for the mother to leave UM was the risk that if she did not do so she would lose the care of the child. This of course is a quite different motivation to realising the harmful effect of the beliefs and practices of UM and wishing to dissociate as a consequence of that realisation. In his report and in his evidence Mr Sydney did not really get to grips with this issue even when pressed about the question of disguised compliance.

56. His addendum report concludes that:

'[I am] satisfied that [the mother] is both currently disconnected and dis-identified with UM and intends to remain dissociated from UM in the future.'

He said that the mother had demonstrated the necessary levels of critical thinking in relation to UM and can coherently state and recognise the worrying practices of UM and is able to scrutinise them and her prior involvement with UM. In his oral evidence he said that he was fully satisfied that the mother had dissociated from Universal Medicine. He also said that he would be concerned if the child were to be living solely with the father, as he would be if she were to be living solely with the mother. He said that he did not think that there should be a transfer of care because there would be a huge break and rupture to her relationship with the mother might jeopardise her relationship with the father. He identified the principal problems as being the court case and the conflict between the parents. He did not identify the harm to the child which had already occurred and which remained a risk if the mother had not dissociated from Universal Medicine, and its practices or beliefs as being a relevant consideration at this time. He said he had no doubts about the mother's withdrawal from and dis-identification from Universal Medicine. He said that important signs of the mother's true rejection of UM could be found if she were able to describe its flaws, to acknowledge it is abusive and that Serge Benhayon was a sexual predator. He said in her sessions with him she had been able to do that. This is of course in complete contrast to her evidence to me. He thought that her openness to interventions was a positive sign but did not seem to qualify this with any evaluation of the pressure to demonstrate disassociation that the mother was under arising out of the Court of Appeal's decision. About the particular findings of HHJ Meston QC and the Court of Appeal Mr Sydney was not able to identify any significant part of them that he had discussed with the mother, still less challenged her upon. In fact, he said that he did not think the child had been alienated from the father, which suggested he had not taken on board the effect of the two judgments. He was inclined to describe the problem in the case as being one of conflict between the parents rather than the mother's adherence to UM beliefs and practices.

57. Ultimately, I was left unimpressed by the nature of the work undertaken by Mr Sydney with the mother and doubtful about either the actual impact of the work or Mr Sydney's opinion as to its effect. Both HHJ Meston QC and the Court of Appeal made clear that the need for the child was to protect her from exposure to the harmful effects of the mother's adherence to Universal Medicine. The harmful effects arose from the mother's adherence to and practice of the beliefs and teachings of Universal Medicine.

Disassociation from the organisation itself and individuals associated with it is clearly only a small (albeit necessary) part of the solution. The much more important part is shedding the harmful beliefs and teachings, ceasing their practice and implementing steps to reverse their effect on the child. Critical to that process is acceptance, or at least acknowledgement on the road to acceptance, of the harmful effects of those practices on the child and the need from the child's perspective to protect her from further harm and to start to reverse the harm already done. Whilst Mr Sydney's work with the mother focused on disassociation from the organisation itself and associated individuals because of the general concerns about Universal Medicine and its founder, what is evident from both Mr Sydney's evidence but also from the mother's own evidence is the almost complete lack of acknowledgement of the actual harm that had been caused to the child over a period of several years through adherence to the practices and teachings of Universal Medicine. Also, it seems to me that absent from Mr Sydney's exploration was any real consideration of the issue identified by Ms Ware which was what had led the mother to align herself with Universal Medicine and to adhere to it for so long and in the face of such clear evidence as to the harmful nature of the organisation. Although Mr Sydney touched lightly upon the mother's beliefs there was no substantial analysis or exploration with the mother of what need Universal Medicine had fulfilled in her and what had changed so as to indicate that need no longer persisted. Nor did Mr Sydney appear to have given any real thought to the question of disguised compliance or the relevance of the mother's motivation in seeking his help. In terms of the likelihood of continued disassociation, and more importantly dis-entanglement from the beliefs and practices of Universal Medicine, the reasons must surely be factored in. Realisation of the harmful effects upon herself or the child might provide a powerful internal motivator to dissociate herself. Being forced to reject an organisation she valued because of the sword of Damocles hanging over her might be a powerful external motivator but what does that tell us about the possible longevity of her disassociation? Although Mr Sydney acknowledged that early in the process he had wondered whether the mother would be to demonstrate disassociation he did not appear to have posed himself the question of whether she might be dissembling to him in order to demonstrate compliance. The particular context in which the mother sought his assistance one would have thought would have required the most careful evaluation of the court's findings and the careful testing with the mother of whether she was genuinely motivated to change. Overall whilst I do not doubt Mr Sydney's sincerity in his conclusions I do not consider that those conclusions emerge out of the sort of robust process of challenge and discussion that were essential to a reliable evaluation of the mother's disassociation not only from the organisation and individuals associated with it but more importantly, disassociation from the beliefs and practices of the organisation.

58. As it happens the effect of the mother's evidence demonstrated how superficial the disassociation really was. Thus, for a variety of reasons relating to the nature of Mr Sydney's instruction (a mixed therapeutic/opinion role), the evidence relating to the process which he undertook and the shortcomings in his ability to challenge the mother and the evidence of the net result of that process as demonstrated by the mother's oral evidence I am satisfied that his conclusion that the mother has dissociated herself from Universal Medicine is not one which can carry much weight.

Conclusion

59. The welfare of the child is the paramount consideration. I bear in mind the welfare checklist, the presumption of parental involvement contained in section 1(2A), that an order which transfers the primary care of a child and restricts their relationship, and thus which significantly interferes with the relationship between the child and a parent, should only be made where it is necessary and proportionate. Whilst a significant order, as the Court of Appeal emphasised, a transfer of primary care is not limited to cases of last resort. Such an order will be appropriate where assessment of the paramount welfare of the child justifies such an order. In a case such as this the evaluation of paramount welfare and the necessity or proportionality of the appropriate order to give effect to that evaluation of paramount welfare are inextricably linked; and indeed, in a case such as this, the conclusions as to paramount welfare make the resulting order necessary and proportionate.
60. Although the parameters of this hearing were set on a fairly narrow basis by the Court of Appeal, inevitably in conducting the ultimate evaluation of paramount welfare I have sought to survey the totality of the welfare landscape and have considered all of the circumstances and the welfare checklist as part of that survey. Ultimately the evaluation of welfare on the evidence as it stands before me was my function.
61. Given the issue in the case and the situation which confronted the mother with the absence of her counsel of choice compared to the full legal team deployed by the father I have been conscious throughout of whether proceeding with the hearing struck the proper balance between the rights of the mother, the father and the child. Although, of course, I accept that the mother will feel that she was at a disadvantage, the reality is that this case hinged upon the evidence and the evidence emerged very clearly both from written documents prepared whilst the mother was represented, from the evidence commissioned by the mother's counsel from Mr Sydney, from the mother's oral evidence and from the factual evidence of the father and of Ms Ware. I do not accept Ms Baker's written submission that the hearing was unfair. In particular the submission that the cross examination of the mother was unnecessary and inappropriate is entirely misplaced. It may be that Ms Baker, who of course was not present at the hearing, did not fully understand or was not fully informed of the nature of the questions as to Universal Medicine that were put to the mother. It is central to the assessment of the mother's disassociation from Universal Medicine to consider how she views the findings that were made, what her attitude is to the organisation and to its founder and to the evidence of its pernicious and abusive nature which are found in other sources. The cross examination of the mother was appropriate and the evidence which it elicited was important in shedding light on the reality of the mother's alleged dissociation from Universal Medicine.
62. The balance of harm is one of the most significant components of the ultimate welfare determination. As in so many cases this also incorporates other elements of the welfare checklist including the effect of a change and the capability of parents. As the Court of Appeal identified, leaving the child in a situation where her alienation from the father as a consequence of ongoing adherence to the teachings and practices of Universal Medicine continues, would ultimately lead to the termination of her relationship with her father. That in itself would be profoundly harmful but the associated harm arising from the embedding of beliefs and attitudes in the child which are themselves so different from societal norms, and indeed in some aspects abhorrent, would also be damaging. If she remained with the mother of course she would not suffer the harm of

separation. On the other side of the balance is the undoubted harm that arises from the separation of the child from her mother to whom she is emotionally enmeshed. The point made by the mother and in particular by Ms Baker of the risk of the child running from London or Dorset should also be factored in. However, that risk can be managed if sensible practical steps are taken by the father and his family. The risk of emotional harm, and I accept that separation will cause significant distress, is considerable. I do not consider it necessary to have a psychological opinion in order to evaluate that. However, there are strong indications in the evidence that the father is a capable parent and that the child had a positive relationship with him previously. Ms Ware describes him as a kind and sensitive parent. The evidence of what the child said to him in terms of her confusion and not understanding why she felt the way she did, in my view indicates the underlying awareness that the child has of her father as a safe and nurturing parent. Even the mother says that the child enjoys spending time with the father. I am therefore satisfied that the distress that the child will feel as a result of the separation from her mother and from a period of no contact will be short-term and will not have medium to long-term consequences of a magnitude which in any way approaches the magnitude of the consequences of leaving her in the current position. It will not, as the mother fears, be catastrophic. The intention is that after a prolonged summer break the child will return to London and to her school. That of course may have to remain under review depending on her response and the response of the mother. The opinion proffered by Mr Sydney is of limited weight given that it was premised upon the mother and father being of broadly equal capability and the issue being confined to minimising the conflict between them. Absent the issue of alienation and the mother's inability to make the full-hearted departure from Universal Medicine that the Court of Appeal identified as necessary, Mr Sydney would probably find himself and the Court of Appeal and myself in agreement as to the proper welfare order. However, the evidence in relation to the mother's response to the Court of Appeal's judgment is so far from the full-hearted departure, that the issue of Universal Medicine remains the predominant feature on the landscape.

63. It is clear that the child's expressed views are that she wishes to remain living with the mother. She also very much wishes that the court process would end and that she be able to resume life without constant conflict between the parents. She wishes to have some relationship with her father. However, all of her views have to be assessed having regard to the fact that they are distorted by the prism of alienation. Her wishes and feelings are the subjective result of exposure to harmful beliefs and practices which have led to her alienation from her father and her enmeshment with her mother. She is nine years old. I do not consider it necessary to obtain any more up to date evidence of her views. Ms Ware is a highly experienced independent social worker who has acted as a children guardian for many years and I accept her assessment that seeking the child's views would be likely to engender further conflict and distress for the child. Thus, whilst I accept Ms Baker's submission that in most cases the court should not reach a decision without hearing the child's voice I consider that this case is one where no purpose would be served by seeking to elicit further evidence of the child's views and where the child voice has been heard through the medium of Ms Ware as an independent child welfare professional. Seeking to elicit the child's views would, I accept, be a source of further harm in the circumstances of this case.
64. As I have set out above, my evaluation of the evidence that I heard points unerringly to the conclusion that the mother's disassociation from Universal Medicine is a very

limited disassociation. Distancing herself from the organisation itself and from the individuals she knows through it is a skin-deep disassociation rather than a full-hearted one. It may be that the mother truly believes that that is all that the Court of Appeal - or more importantly the welfare of her daughter - required; a physical separation. However, if that is so, it is a further example of the mother's failure to truly get to grips with the substance of the problem, which is the pernicious effect of her adherence to the teachings and practices of Universal Medicine and their impact on her much loved daughter. The mother's refusal to grapple with both the particular findings in relation to her daughter and to openly acknowledge the overwhelming objective evidence of the harmful nature of Universal Medicine and its founder, whether in her written statements, her dealings with Mr Sydney or Ms Ware or most importantly her evidence before me, demonstrate the lack of progress she has made. Her failure or inability to make any attempt to engage the child, to help her understand what has happened in her as a result of her mother's actions, has left the child in a position where her alienation - far from beginning the process of reversal - is continued. How can this little girl begin to repair her relationship with her father and to reattach with him when her mother has done nothing to even begin the process of dis-abusing the child of the erroneous and malign beliefs that she has grown up to believe are "the way of livingness"? How can this child begin to move closer to her father when she still believes he lives outside 'love'?

65. Although the mother may have made a physical break with Universal Medicine the psychological break which is needed may only just be beginning. The mother's unwillingness to accept in her evidence in court the nature of Universal Medicine makes me wonder whether she has yet embarked upon the psychological break, although I accept that she may have been able to acknowledge the harmful nature of UM, at least in theory, in her discussions with Mr Sydney. However, her inability to make an open acknowledgement in the face of the court and in the face of the father is a powerful indication that extricating herself from the tentacles of UM is a process that is probably only just beginning.
66. I am conscious given what has been said by various judges and others before me that anything I say may gain little traction in the mother's thinking. For what it is worth I would emphasise that until the mother is able to free herself from the psychological bonds that tie her to Universal Medicine and its harmful teachings and beliefs, the possibility of her playing anything like a full role in the child's life is extremely limited. If the scales truly fall from her eyes and she is able to not only physically separate herself from Universal Medicine but also to psychologically disentangle herself and to re-establish her psychological independence, then she has much to offer her child and may then be able to resume a more significant role. Establishing that psychological disentanglement and independence would, almost certainly, as a corollary reduce - albeit perhaps not eliminate - conflict with the father over the child.
67. The mother has therefore not come close to achieving the sort of break identified by the Court of Appeal, to showing a wholesale transformation in her position where with a full heart she leaves Universal Medicine, starts intensive therapy and begins the reversal of the process of alienation of the child. Whilst she has taken some steps, they are so limited in their extent and in my assessment so tenuous, that at this stage I am satisfied that, were the child to remain in her care, the process of estrangement would continue

and in the short to medium term the child's relationship with the father would be terminated.

68. Conversely, I accept that whilst there will be short-term harm and distress for the child as a result of moving to the father's care, underlying the current estrangement lie the foundations of a positive and beneficial relationship between the child and her father. At present they lie buried beneath the rubble of the previously positive father-daughter construction which crumbled as a result of exposure to the elements of Universal Medicine. With the removal of those elemental forces I am satisfied that the father and child will be able to clear the rubble and to construct something new on the firm foundations which still exist. That will also enable the child to maintain a relationship with her mother who has many qualities. Those qualities are currently obscured or overwhelmed by the adverse consequences of her eight-year relationship with Universal Medicine and the way it has shaped her life and that of her daughter. I hope that the mother is able in due course to recognise the true nature of Universal Medicine and the full extent of its harmful consequences for her, the father and most importantly for her daughter.
69. The child will live with her father and will spend such time with her mother as the father may agree in consultation with Ms Ware. There will be no direct or indirect contact during the extended summer vacation save that some means to reassure the child and the mother will need to be settled. Thereafter the child will return, I anticipate, to live in London and return to her school. Thereafter I hope that it will be possible to introduce, with the assistance of Ms Ware, some form of supervised time with the mother which will enable the restoration of some form of relationship, whilst ensuring the child is protected from not only from the mother's views but also avoids or minimises any distress. Thus, I foresee that the reintroduction of even unsupervised contact will require Ms Ware and the father to consider whether the child has made the emotional leap to acceptance that her home is to be with her father for the future. It seems probable that until that acceptance is really taking root direct spending time with even on a supervised basis will be difficult to achieve. The mother's psychological disentanglement from Universal Medicine is, I accept, only at the beginning and the end result is unpredictable. The live with order will be without time limit as I can foresee no reasonable timescale within which this court can sensibly review the position.
70. Given the fact that nothing has yet been said to the child to even begin the process of distancing her from Universal Medicine and the views she has developed I propose to write a short message to her which the father can deliver and which he may be able to fall back on in the event of difficulties with the child and her acceptance of the situation.
71. That is my judgment.

POST SCRIPT

72. Following my communication of the decision the father collected the child. In circumstances which are not clear to me the, child perhaps of her own volition, ended up back at the mother's home that evening. The police were eventually involved and the child then returned or was returned to the father. In the light of the child's upset Ms Baker invited me to reconsider my decision which I refused to do. Ms Grieve asked that I include a Prohibited Steps Order to prevent the mother removing the child from the

care of the father or her school. Given it did not appear to be the act of the mother which initiated that situation I declined to include a prohibited steps order. The lives with and spends time/contact with orders make very clear together with this judgment that the mother and child will not see each other until after school term commences in September and only then if the father in consultant with Ms Ware considers that the child has reached a stage where the benefits will outweigh the potential harm of re-opening the wound of separation.

73. Ms Baker makes an application for permission to appeal. Her draft Grounds are
- i) *The hearing was in breach of the mother's right to a fair hearing.* As set out in this judgment I considered this issue and kept it under review. This was a case management decision and I do not consider that this ground has a realistic prospect of success.
 - ii) *The child's wishes and feelings were not obtained.* As set out in this judgment I considered it inappropriate to seek further evidence of the child's wishes and feelings given the alienation issue and the distress she was experiencing due to the conflict. I do not consider that this ground has a realistic prospect of success.
 - iii) *Leaving future contact solely to the discretion of the father and Ms Ware is draconian and damaging. The level of restriction is not justified.* At present there is no means of defining the time or contact that the child should spend with the mother given the uncertainties over both the mothers progress in disentangling herself and the child's progress in settling in the father's care. The father, if anything, tends to be too optimistic in his evaluation of what relationship the child and mother should have and the involvement of Ms Ware is intended to ensure that decisions are focused on the child's needs. I did not consider that the proceedings should be listed for further review as the child needs an end to litigation and to know that she is to live with her father and in any event there was no time scale to point to an appropriate date for review given the uncertainties in both the mothers potential progress or the child's settlement. I have reserved any future applications to myself and have not placed any bar on the parties' ability to make further applications which will of course be evaluated on the basis of progress made or other changes which have occurred. I do not consider that this ground has a realistic prospect of success.
 - iv) *The Court should grant a certificate pursuant to s.12 Administration of Justice Act 1969 as the issue of whether a court should ever force a litigant to represent themselves where their representative falls ill is of significant public importance.* I do not consider that the Grounds raise an important point of principle in relation to fair hearing rights; it is a fact specific decision taking account of the competing rights of the parties and the child. I therefore do not consider that any of the grounds for certifying under s.12 Administration of Justice Act 1969 are established.