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*Judgment: approved by the Court for handing down
(subject to editorial corrections)**

Delivered: 02/11/2018

IN THE HIGH COURT OF JUSTICE IN NORTHERN IRELAND

FAMILY DIVISION

Between:

HSCT

and

DF and EF

HIS HONOUR JUDGE KINNEY
Sitting as a High Court Judge

Introduction

[1] Nothing must be reported concerning this case which would serve to identify the children either directly or indirectly.

[2] This is an application brought by the Trust for care orders and freeing orders in respect of three children. Their names are A, B and C. The Guardian ad Litem supports both applications for each child. The father consents to a care order for each child but objects to the making of freeing orders. He does not agree that adoption is the best plan and is of the view that long-term fostering is the correct plan. The mother objects to any orders being made by the Court.

[3] There is a substantial historical background to these proceedings. The three children are the youngest in a family of seven. The four older children were made the subject of care orders in June 2017. The two oldest children were placed with the maternal grandparents. The other two children were also placed in a family setting, living with a maternal aunt.

[4] Before making a care order threshold for the order must be considered. The court must be satisfied, under Art 50 (2) of the Children (Northern Ireland) Order

1995, (the 1995 Order), that a child has suffered, or is likely to suffer, significant harm attributable to the care given to him, or likely to be given to him if an order were not made, not being what it would be reasonable to expect a parent to give to him. This threshold in relation to the four older children was not formally conceded by the parents but the matter was left to the Court in those proceedings to determine whether the statutory test was met. Mrs Justice Keegan found that threshold was met on the basis of the Trust statement of threshold before making the above orders. The same threshold statement is put forward in these proceedings by the Trust in relation to both A and B, who were part of the wider family at the time of the Trust intervention in 2016. C's threshold statement is different in so far as it rests on the likelihood of harm as C has never been in the sole care of his parents. In these proceedings the parents have not agreed threshold nor have they actively sought to adduce evidence to challenge the statement of threshold facts.

[5] The Trust has been involved with this family for some considerable time. Events came to a critical pass in 2015. In that year the father, who has a history of mental ill-health, substance misuse and inappropriate violent behaviour, attempted suicide in May and again in October.

[6] During this period the mother struggled to maintain home conditions for the children. The father had been admitted to hospital in May 2015 and was re-admitted to a psychiatric unit in October 2015. On his discharge he failed to attend appointments with his GP and with the addiction treatment service and was discharged from their care. A pre-proceedings meeting was convened by the Trust in December 2015 in light of the ongoing concerns and the Trust indicated that it would initiate court proceedings. The father did not attend that Trust meeting, citing depression as the reason. The Trust attempted to make a home visit on 23rd December 2015 but the parents refused entry to the family home and were aggressive to Trust staff. Supports had been offered to the mother in this period but she was unhappy to accept them, in particular an offer of a family assistance worker. In oral evidence she said that she was not going to have someone come and tell her what to do and watch her feed the children.

[7] The father was arrested in February 2016 in relation to an alleged assault. The mother did not share this information with the Trust. She said it was none of the Trust's business. It only came to light in April 2016. The mother sadly had a miscarriage at the end of February 2016. By this stage she had accepted the support of a family assistance worker but this was short lived. Home visits conducted in the month of May 2016 raised considerable concern about the conditions in the house. Interim care orders were granted in respect of all children on 26 May 2016. A and B moved to their current foster placement together.

[8] C was born in 2017. He was initially placed with his mother in a mother and baby placement but the mother left after four weeks and the final two weeks of the placement saw C being cared for by the foster carer. He was then moved to his current foster carers and has been with them since. The foster carers for each of the

children are concurrent carers. A together/apart assessment was completed in which the Trust concluded that A and B should be placed together but that C should be placed separately.

[9] Various assessments were completed in respect of the parents. The father was seen by Dr Christine Kennedy and she completed her report in October 2016. She reviewed the father's history which revealed an extensive range of emotional and behavioural difficulties. The records also indicated chronic drug and alcohol abuse. Her diagnosis was of a dissocial personality disorder characterised by anger, impulsivity and emotional instability. Dr Kennedy was pessimistic about the possibility of future change and considered the father to be a risk to children in his care.

[10] The mother was assessed by Dr Paul Quinn and he reported in January 2017. Dr Quinn set out a substantive history of the problems and issues faced by the mother and the family unit. The mother did not accept that it was necessary for any of the children to have been removed. She told Dr Quinn that her relationship with the father was generally good. Dr Quinn noted that this was in contrast with the reports available to him. The mother acknowledged the father's mental health issues but Dr Quinn was of the opinion that she lacked insight into the role played by substance misuse. The mother did not believe the father's mental health issues had any negative impact on the children. She had a tendency to externalise and blame others for problems faced by the family. Dr Quinn concluded that the mother's view of the father's violent behaviour was distorted. He found there were:

“...major flaws in her ability to protect. Overall I would assess her ability to protect children from potential harm posed by her husband as low or poor.”

He went on to say that the mother:

“...has little true insight into the needs of the children thereby causing or exposing them to situations of significant harm.”

[11] Dr Quinn concluded that the mother demonstrated poor capacity to change and a poor ability to protect the children from harm. She demonstrated very little true understanding of the Trust concerns for her children's well-being. He was pessimistic as to her motivation to change, describing it as purely external and due to perceived pressure from the authorities. Extensive efforts to work with the mother over the years had been only minimally successful. He was of the opinion that the mother had an emotional dependency on the father. Dr Quinn's ultimate conclusion was that the parents were unable to offer security, predictability, continuity of care and settled patterns for the children. He said that this was unlikely to change.

[12] Dr Maria O’Kane then assessed the father in February 2017, reporting in March 2017. She reviewed his GP notes and records which reflected the history of his particular mental health difficulties in 2015. The report reflected the father's non-engagement with support services, particularly towards the end of 2015.

[13] In Dr O’Kane’s opinion the father suffered from a plethora of mental health problems and illnesses. These included symptoms of PTSD, anxiety, depression, emotionally unstable personality disorder with paranoid traits and anti-social traits, harmful misuse of and addiction to alcohol, benzodiazepines and opiates. She considered that these were likely to impact on his ability to parent children. His addictions would impact on the children’s psychological, social and physical development. Although the father was concerned for the needs of the children he lacked insight into how fundamentally important good consistent care, delivered in an environment without abuse and neglect, is to developing children.

[14] The father was extremely suspicious of social services and their intentions. Dr O’Kane considered that he had the capability to work in partnership with professionals but his heightened suspicion meant working with him would be challenging. Dr O’Kane said that the father's ability to change was probably limited. He struggled to manage his own issues and was distrustful of others.

[15] I have considered the various reports and assessments that were opened to me in these proceedings, the statements of the parties and the oral evidence that I have heard. I am satisfied that the facts contained within the schedule provided by the Trust are made out on the evidence before me. I am further satisfied that A and B have suffered significant harm and all three children are likely to suffer significant harm by virtue of those findings. I am satisfied that the statutory test on threshold has been met.

[16] This finding is merely the first step in considering the applications before me. Having found that threshold is met I must go on to consider whether a care order is required in each case. I must therefore consider the individual circumstances of each child. I have applied the welfare test and taken the welfare checklist factors contained in Art 3 of the 1995 Order into account in reaching my conclusions.

[17] In June 2017 an experts meeting was held involving Dr Kennedy, Dr O’Kane, Dr Quinn, the Guardian and the Guardian’s solicitor. Dr Kennedy and Dr O’Kane agreed that their assessments of the father were broadly similar. The father's addictions were considered and it was noted that he had never managed a period of stability without the involvement of drugs or alcohol.

[18] Dr Quinn commented that the mother had mental health issues but they were relatively minor. He reflected on the mother’s history of involvement in unsatisfactory and damaging relationships and commented that the mother was amongst the least insightful people he had ever dealt with or come across. Neither Dr Kennedy nor Dr O’Kane had assessed the mother.

[19] The experts were asked if the parents as a couple could prioritise the children's needs above all others. The experts were unanimous in agreeing that the answer to that question was no. The experts also agreed that the parents could not sustain meaningful engagement with professionals and services, taking into account their lengthy history. Dr Kennedy and Dr O'Kane agreed that there was little likelihood of significant change for the father and any such change would require sustained work over some years. Dr O'Kane was slightly more optimistic but still felt that 3 to 5 years of solid work would be required. Dr Kennedy expressed concern about the father's potential motivation to change. The experts agreed that any improvement in the mother's insight was due to external influence. Dr O'Kane felt the mother knew what was expected of her but was unable to deliver on those expectations. Dr Kennedy said the mother was dependent on the father and prioritised him. She had been, until very recently, in complete denial of the issues. There was no indication of any increase in protective capacity or in her ability to prioritise the children.

[20] Notwithstanding the pessimistic outcome of the reports and the experts meeting, a further assessment of the parents by an Independent Social Worker was commissioned in October 2017. Ms Donnelly reported in March of 2018. She had access to the various expert reports.

[21] When Ms Donnelly met the parents she explained to them that she was exploring the proposal that only the mother would care for A, B and C. The father was to move to alternative accommodation. The mother refused to accept that scenario. The mother felt that no one had the right to break up their marriage. This was a sentiment expressed in her oral evidence before the court at some length. The mother, in speaking to Ms Donnelly, dismissed Dr Quinn's report as "a load of malarkey."

[22] Ms Donnelly said it was clear to her that the parents loved their children. Indeed, this was recognised by the other experts in the course of their assessments. The mother showed genuine emotional warmth towards the children at contact visits. Ms Donnelly assessed the mother's greatest weakness as being her determination to continue to parent the children along with the father who had his own complex needs. She considered that the father's mental health diagnosis appeared to be poorly understood by the mother and felt participation in a psycho-educational program may assist her.

[23] Ms Donnelly found that the mother was entrenched in her view that the father presented no risk to the children. She said at paragraph 9.7:

"This needs to change if she is to be relied upon to protect children from the unforeseeable; and the unpredictable risks associated with (the father's) specific mental health difficulties."

[24] Any attempt by the mother to parent without the support of the father had to be as a result of her own accord rather than an imposition from professionals. Ms Donnelly considered that the mother was in the pre-contemplative stage of change. A psycho-educational program might help the mother to move from this position.

[25] As a result of this report the mother was offered a psycho-educational programme but she failed to attend. The reasons for her failure were explored in oral evidence before me. I found the mother's explanation lacked credibility. She had to travel to the course venue which was some distance from her home. She said she was unable to cope with the travel arrangements she needed to make. She described her difficulty in reading train and bus timetables in the relative comfort and security of her home, such that she contacted the Trust to confirm the times of trains and buses. There was some dispute about exactly what information the Trust provided. When, on her version of events, she followed the Trust guidance and arrived at the final train station she was too late for the last bus connection to the course venue. However she was able to make her way back from that station and make a late bus connection to her home without any apparent incident or difficulty. She was asked why she did not travel the next day by public transport. She said that she checked the timetables and that she could not get to the venue on time. She could not explain how she was able to read the timetables for her return journey and to plan the following day, but needed Trust guidance with the timetables for the original journey. I do not accept her evidence that she was given incorrect information by the Trust about travel details, nor that she approached two taxi drivers at the final train station and was given extortionate prices for a taxi journey to the course venue. Even with these mishaps the mother took no steps to try and get to the venue the next day, other than contacting the organiser to see if a lift from her home to the course venue was possible.

[26] I am satisfied that, whilst the mother in general attended the placements and assessments as directed by the Trust, she was unable to fully and meaningfully engage and participate. The issue of her relationship with the father has remained central. She has been unable to prioritise the interests and welfare of the children over her relationship with the father. It is clear from the expert evidence that she lacks insight into the risks posed to the children by the father.

[27] The Trust made a decision to rule out rehabilitation and the care plans for each of the children changed, in the case of A and B in April 2017, and for C in May 2017. The care plans became care plans for adoption. However, the documents disclosed to the Court provide little evidence of a detailed consideration of the advantages and disadvantages of long-term fostering as opposed to adoption in the Trust deliberations at this time. The reasoning for the change is subsequently set out in the Trust documents but not until October 2017, some six months after the care plan changed. The Social Worker now involved with the family, Mr D, acknowledged in his evidence that any change in care planning should be the subject

of considerable discussion. He acknowledged there was little before the court to demonstrate such discussion took place in April 2017, or explain why the decision was made that the care plans should change to adoption for all three children at that time. He said however that the decision needed to be viewed in context. All options were considered and an appropriate conclusion was reached. The mother had been given an opportunity with C but sadly it didn't work out. Mr D frankly accepted that the recording of any discussions of the analysis should have been much better.

[28] The reference to the mother's opportunity with C related to the mother and baby placement. It is clear that there were a number of difficulties and problems in that placement. The mother was resistant to advice and guidance and there were acknowledged shortcomings in her attentiveness to, and care of, C. The mother in evidence attempted to lay responsibility for all of this on the shoulders of the foster carer. I do not accept her evidence in this regard. The mother stopped the assessment before it was able to be completed when she left the placement.

[29] I accept that the criticisms levied against the Trust shortcomings in evidencing an analysis of the advantages or disadvantages of long-term fostering in April 2017 have validity. The Trust has a duty to consider all options. It should clearly set out how it has considered the options, the information it has taken into account, the conclusions it has reached and the reasons for those conclusions. There is no evidence of the expected discussion and reasons for any conclusion reached in April 2017. The absence of a recorded consideration of these issues prevents the Court from having clarity as to what occurred at that time. It is essential that families have a clear and transparent understanding of the basis on which a Trust has decided to adopt a particular course. That is not possible if the reasoning is opaque. This in turn makes it more difficult for the parents to accept Trust decisions and to allow these to appropriately inform their ongoing relationship with the children. It also potentially makes it more difficult for parents to engage with any Trust proposals for work to address identified issues. It is important that the Trust accurately records the discussions that take place when such a fundamental change in care plan is envisaged. Its absence lends credence to accusations that the Trust has a closed mind to possibilities.

[30] I am satisfied that the Trust had sufficient information and evidence available to it in April 2017, including the reports of Dr Kennedy, Dr Quinn and Dr O'Kane, to allow it to make the decision to change the care plans. In this case I am satisfied on the evidence that the Trust had not then closed its mind to other possibilities. This is evidenced by, amongst other matters, the reaction to Ms Donnelly's recommendation of psycho-educational work which was offered to the mother by the Trust, and also the kinship assessments considered earlier this year. The lack of recorded and detailed reasons for the change in care plans for A and B in April 2017, and C's care plan in May 2017, do not render the decisions invalid.

[31] Ultimately, the decision as to what is the correct care plan is subject to approval by the Court. There is an analysis of the different options by the Trust and

a separate consideration by the Guardian, both of which are helpful to the Court. The decision however rests with the Court and the Court's analysis therefore is decisive. If the Court determines that the care plans are not suitable it cannot of course change the care plans but the Court can refuse to make the care orders.

[32] In February 2018 the mother attempted a separation from the father. He moved out of the home and went to a bed-and-breakfast. The reason was to allow the mother to show that she could separate from the father until he was assessed as fit to co-parent. In fact a high level of contact continued. The mother saw the father daily. He came to her house, where she would wash his clothes and make sure he took his medications. The GAL reported he had stayed overnight with the mother. The separation only lasted a few weeks. The father is now back living with the mother. He is apparently waiting for a flat to become available. There was no indication when such accommodation may become available.

[33] In her oral evidence the mother confirmed her commitment to the father and the priority she placed on that relationship. She demonstrated little or no insight into the impact of the father on the children or the risk he posed to them. Her evidence reflected the conclusions reached in the expert assessments of her.

[34] She had a tendency to blame others for the difficulties the family faced. Some examples in evidence included blaming the Trust for not giving her the correct travel arrangements to get to the psycho-educational program, blaming the foster carer for the breakdown in the placement with C, blaming the father's landlord for a breakdown in that accommodation and the father moving back to live with her. She was unable to accept the father posed a risk to the children. She considered the father posed a risk only to himself and not to her and the children. She denied reporting incidents of domestic violence to the GP despite the content of the GP notes and records. She denied that the family home was any worse than cluttered and untidy. Sadly, I find that I was unable to accept this evidence as credible.

[35] I am satisfied, having considered all the evidence, that the welfare of each of the children requires a care order be made. I am satisfied that the care plan is appropriate. I am satisfied that a care order is a necessary and proportionate order. I approve the care plans and I make care orders in relation to each of the three children.

[36] The Trust also makes an application for a freeing order in respect of each child. These applications are supported by the Guardian. Both parents object to the making of such orders, advocating instead for long-term fostering to meet each of the children's future care needs.

[37] The children have had to cope with placement moves. However there is now stability for each of them. Each is thriving within the security and consistency of the care currently being provided to them. A is at Primary School. The Guardian recorded some concerns about A's speech at the date he was removed from parental

care in 2016. However, he has now made appropriate developmental advances. The Guardian records that A needs reassurance with regard to where he resides in the future and also requires an opportunity to invest in the identified placement. B is placed with his brother and again does not present with any current difficulties. He has a close relationship with his brother and has started at nursery. C is in a separate placement. He again appears very content in his placement and is meeting his developmental milestones. The children have established good attachment with their carers and have integrated well into their family lives. The placements are concurrent and therefore the children are in their prospective adoptive placements.

[38] Article 9 of the Adoption (Northern Ireland) Order 1987 states:

9. In deciding on any course of action in relation to the adoption of a child, a court or adoption agency shall regard the welfare of the child as the most important consideration and shall –
 - (a) Have regard to all the circumstances, full consideration being given to –
 - (i) the need to be satisfied that adoption, or adoption by a particular person or persons, will be in the best interests of the child; and
 - (ii) the need to safeguard and promote the welfare of the child throughout his childhood; and
 - (iii) the importance of providing the child with a stable and harmonious home; and
 - (b) so far as practicable, first ascertain the wishes and feelings of the child regarding the decision and give due consideration to them, having regard to his age and understanding.”

Article 16 of the same Order deals with the issue of parental consent. It provides:

- “16. An adoption order shall not be made unless ...
 - (b) in the case of each parent or guardian of the child the court is satisfied that –
 - (i) he freely, and with full understanding of what is involved, agrees –

(aa) either generally in respect of the adoption of the child or only in respect of the adoption of the child by a specified person, and

(ab) either unconditionally or subject only to a condition with respect to the religious persuasion in which the child is to be brought up,

to the making of an adoption order; or

(ii) his agreement to the making of the adoption order should be dispensed with on a ground specified in paragraph (2).

(2) The grounds mentioned in paragraph (1) (b) (ii) are that the parent or guardian—

(b) is withholding his agreement unreasonably.”

[39] The Trust asks me to find that the parents are unreasonably withholding their consent.

[40] In *Re C (a Minor) (Adoption: parental agreement, contact)* [1993] 2 FLR 260, Lords Steyn and Hoffman set out the test which was subsequently endorsed by Lord Chief Justice Morgan in this jurisdiction in *Re A* [2011] NIFam 19:

“(c) ... making the freeing order, the judge had to decide that the mother was 'withholding her agreement unreasonably'. This question had to be answered according to an objective standard. In other words, it required the judge to assume that the mother was not, as she in fact was, a person of limited intelligence and inadequate grasp of the emotional and other needs of a lively little girl of 4. Instead she had to be assumed to be a woman with a full perception of her own deficiencies and an ability to evaluate dispassionately the evidence and opinions of the experts. She was also to be endowed with the intelligence and altruism needed to appreciate, if such were the case, that her child's welfare would be so much better served by adoption that her own maternal feelings should take second place.

- (d) *Such a paragon does not of course exist: she shares with the 'reasonable man' the quality of being, as Lord Radcliffe once said, an 'anthropomorphic conception of justice'. The law conjures the imaginary parent into existence to give expression to what it considers that justice requires as between the welfare of the child as perceived by the judge on the one hand and the legitimate views and interests of the natural parents on the other. The characteristics of the notional reasonable parent have been expounded on many occasions: see for example Lord Wilberforce in Re D (Adoption: Parent's Consent) [1977] AC 602, 625 ('endowed with a mind and temperament capable of making reasonable decisions'). The views of such a parent will not necessarily coincide with the judge's views as to what the child's welfare requires. As Lord Hailsham of St Marylebone LC said in In re W (An Infant) [1971] AC 682, 700:*
- (i) *'Two reasonable parents can perfectly reasonably come to opposite conclusions on the same set of facts without forfeiting their title to be regarded as reasonable.'*
- (e) *Furthermore, although the reasonable parent will give great weight to the welfare of the child, there are other interests of herself and her family which she may legitimately take into account. All this is well settled by authority. Nevertheless, for those who feel some embarrassment at having to consult the views of so improbable a legal fiction, we venture to observe that precisely the same question may be raised in a demythologised form by the judge asking himself whether, having regard to the evidence and applying the current values of our society, the advantages of adoption for the welfare of the child appear sufficiently strong to justify overriding the views and interests of the objecting parent or parents. The reasonable parent is only a piece of machinery invented to provide the answer to this question."*

[41] The test for making a freeing order without the consent of a parent is, of necessity, a demanding one. This is well recognised in the authorities such as *Re B (a Child)* [2013] 2 FLR 1075. In that case the Supreme Court re-emphasised the need for proportionality in considering adoption orders. The Court must look at the advantages and disadvantages of the proposed order and decide whether adoption is necessary in the particular circumstances of that case.

[42] In considering an application for a freeing order the court must consider and promote the welfare of the child throughout his childhood and have regard to the importance of providing a child with a stable and harmonious home. Any application for a freeing order must be proportionate and in pursuance of the legitimate aim of securing the best interests of the child throughout his childhood. The Court should first determine whether or not a freeing order is an appropriate order, necessary to safeguard and promote the welfare of the child.

[43] The children are settled and comfortable with their current carers. They are thriving. They need to be protected from emotional instability. None of the boys have any understanding of their complex family circumstances.

[44] The advantages and disadvantages of both adoption and long-term fostering have been considered by the Guardian and the Trust. These options are the only options available to the Court as rehabilitation is ruled out and there are no kinship options. I will briefly summarise the advantages and disadvantages of each type of Order, but I have taken all the matters identified in the reports into account.

Long-term fostering provides the children with:

- protection from the risks they would be exposed to if returned to their mother's care;
- continuing Trust involvement in monitoring and supporting their placements. That involvement would continue in most cases until the age of 18 years; and
- the parents would not lose parental responsibility, the children's names would remain unchanged and they would have a continued legal connection with their parents.

Disadvantages include:

- the lack of legal security in the carers' relationship with the children and the possibility of further applications in relation to placement;
- the potential legal limitations in the role of the foster carer and the possibility of further placement moves;
- a lack of security about placement;
- the invasive nature of the ongoing involvement by social services; and
- the cessation of placement by the age of 18.

The advantages of adoption include:

- legal certainty and security with an established place within a forever family;
- greater potential for commitment from the adoptive parents;
- the lack of statutory involvement and intervention;
- the avoidance of any sense of stigma or intrusion into family life; and
- research findings show that generally speaking, for young children like these, there are better opportunities and outcomes in permanent placement. I remind myself that while helpful in a generic sense, each case is very fact specific and any reference to research is just one factor to be weighed in the balance.

Disadvantages of adoption are:

- that it is an order which severs all legal ties between the children and their birth family;
- that there remains the risk of a placement breakdown;
- children may face challenges in understanding why they were not raised within their birth family, leading to a sense of loss, unresolved guilt or identity confusion. This disadvantage would also apply to some extent to the long-term fostering solution.

[45] I am satisfied the return to either parent's care would be likely to have only a negative impact on the children. I accept the wealth of expert evidence in this case supporting the conclusion that neither parent is able to provide good enough parenting. There is not any available therapeutic or other intervention which will be likely to enable the parents to carry out adequate parenting within a reasonable time. All of the experts were agreed that the parents cannot look after the children to the requisite standard.

[46] Rehabilitation to either parent is therefore ruled out. There are no kinship options. I am satisfied that it is appropriate that A and B have a separate placement to C. Each has settled well into their family environments. Adoption will allow the children to fully integrate with their new families, improve and develop a sense of belonging and invest in a real security and certainty. Each of the children would have a long time in foster care ahead of them. I am satisfied that adoption is likely to be much more stable for them and easier for them to accommodate. The benefits of adoption are more obvious for children of the boys' ages, as are the potential disadvantages of spending almost the entirety of their childhood in foster care. I am satisfied that each of the children require a sense of belonging. I am satisfied that adoption is an appropriate order for each of them. In reaching this conclusion I have

taken into account the Article 8 rights of both children and parents. Whilst acknowledging the importance of the bond between a child and his parent, I am satisfied this is a case where freeing for adoption is a necessary and proportionate order.

[47] I must now consider whether or not the parents are withholding their consent unreasonably. This question must be considered according to an objective standard. The test is one of reasonableness, it is not a test of the love a parent has for their child. The question is most straightforwardly formulated in asking – are the advantages of adoption for the welfare of the child sufficiently strong to justify overriding the views and interests of an objecting parent.

[48] I am satisfied that a reasonable parent, taking all factors into account, in particular the welfare of the children, would recognise the overwhelming benefits of adoption to them and would recognise the unreasonableness of refusing consent. I am satisfied that this is a case where the advantages of adoption for the welfare of the children are sufficiently strong to justify overriding the views and interests of the objecting parents. I am satisfied that long-term fostering is not an appropriate order to make in respect of the children and will not meet their best interests. I am satisfied that a freeing order is in the best interests of each of the children and is both proportionate and necessary. I therefore dispense with the need for the parents' consent and I make the freeing order in respect of each of the boys.

[49] I am satisfied that the Trust proposals for contact are appropriate and meet the children's needs.

[50] I discharge the Guardian.