

Neutral citation number [2023] EWFC 135 (B)

IN THE FAMILY COURT SITTING AT OXFORD

HEARD ON 24<sup>th</sup> to 27<sup>th</sup> JULY 2023

HANDED DOWN ON 27<sup>th</sup> July 2023

Before

HER HONOUR JUDGE OWENS

Between

Oxfordshire County Council

Applicant

- and -

M

First Respondent

-and-

F

Second Respondent

-

-and-

A

Third Respondent

**Representation:**

For the Applicant: Ms Yarde, Counsel

For M, First Respondent: Ms Emmerson, Counsel

F, Second Respondent, acting as a Litigant in Person

For A, acting through their Children's Guardian: Ms Wickham, Counsel

1. This judgment is being handed down [in private] on 27<sup>th</sup> July 2023. It consists of 40 pages and has been signed and dated by the Judge. The Judge has given permission for the judgment (and any of the facts and matters contained in it) to be published on condition that in any report, no person other than the advocates or the solicitors instructing them (and other persons identified by name in the judgment itself) may be identified by name, current address or location [including school or work place]. In particular the anonymity of the children and the members of their family must be strictly preserved. All persons, including representatives of the media, must ensure that these conditions are strictly complied with. Failure to do so will be a contempt of court. For the avoidance of doubt, the strict prohibition on publishing the names and current addresses of the parties will continue to apply where that information has been obtained by using the contents of this judgment to discover information already in the public domain.

## **INTRODUCTION, BACKGROUND AND EVIDENTIAL SUMMARY**

2. This is an application by the Local Authority for care and placement orders for A who is now 10 months old. M is the mother of A, and F is A's father.
3. Care proceedings commenced on 21<sup>st</sup> March 2023. The first hearing took place on 23<sup>rd</sup> March 2023 and this final hearing was timetabled by a District Judge at a contested interim hearing on 5<sup>th</sup> May 2023.
4. Both M and F have been involved in previous care proceedings which resulted in care orders for the children concerned in those proceedings. Concerns about M in those previous proceedings were about drug and alcohol use, and failure to

engage with support services, as well as the fact that she was in a relationship with this F. In relation to F, the previous proceedings about his older child involved concerns about his ability to safely manage his diagnosed paranoid schizophrenia, his alcohol and cannabis use, lack of engagement with support services, and domestic abuse within his relationships.

5. A was initially placed with M in a mother and baby foster care placement but moved to a residential assessment unit on 21<sup>st</sup> November 2022. Following the completion of that placement, at a hearing before a Circuit Judge on 30<sup>th</sup> March 2023, the court granted an interim care order for A and endorsed an interim care plan for A and M to move to a mother and baby foster care placement, where they have remained to date.
6. The PLO process before this care application included a full parenting assessment and an updating psychological assessment of M by Dr Dowd. The conclusions of those assessments led to the care plan being one of A being separated from M.
7. Dr Dowd had previously assessed M in 2021. His updating assessment, dated 11 November 2022, noted that M was now functioning cognitively in the low average range as opposed to the borderline range seen in 2021, and that this may be linked to reduced alcohol use. He was also of the opinion that M could be viewed as being in partial remission in respect of her alcohol use disorder and would only be considered as approaching full remission after 12 months. He noted that she would remain at an increased risk of relapse especially if her life became more challenging and problematic. Dr Dowd was also of the opinion that, whilst M's primary personality traits are avoidant in nature, compulsive traits were also emerging. He was concerned about her social isolation and

recommended that an effective support network was in place. He noted that M had not engaged with talking therapies as per his 2021 recommendations and this would still be useful for her.

8. F has proceeded without legal representation for this final hearing. He has been given details of local Family Panel solicitors at least twice in these proceedings, and at least one of these appeared to be willing and able to act for him. However, he has not progressed obtaining legal representation and on the Friday afternoon before this final hearing was due to commence applied informally for an adjournment. That application was refused, and he was advised that if he sought to pursue an application to adjourn at the commencement of this final hearing he would need to explain what he had done about organising legal representation and when during these proceedings. He has also failed to file as directed any evidence or any questions that he may wish to be put to M in this case (that being the necessary special measure directed previously in light of the alleged domestic abuse toward M by F). At 7.21am on 24<sup>th</sup> July 2023 he submitted something purporting to be his final statement in an email, which was not signed or dated and seems largely focused upon the previous care proceedings. It mentions A only once briefly in the penultimate sentence. He later clarified in this final hearing that the email had not been written by him but by the mother of his older child, and he did not seem to be fully aware of the contents of that email. It was thus admitted as a document but could not stand as his written evidence.
9. At the start of this final hearing F renewed his application to adjourn to enable him to obtain legal representation. That application was refused because he was unable to satisfy me that he had been making consistent effort since the issue of the care proceedings in March 2023 to obtain legal representation without delay.

In fact, it became apparent in this hearing that he had declined to approach various Family public law firms because of his perception about their lack of independence from the Local Authority, and had not followed up with a local firm who had indicated that they had had no prior involvement with him or M and would be willing to take him on as a client despite only being approached recently. He also seems to have approached two firms of solicitors in London who told him they do not undertake legally aided Family public law work, though he did not explain why he had not tried to contact solicitors who do undertake such work. I was also informed by Ms Wickham for the Guardian that F had previously told the court that he was representing himself through choice rather than necessity.

10.F also made an application at the end of the first day of this final hearing to adduce evidence from a character witness. He was permitted to file and serve a short statement from this individual by 7.30am on day two so that everyone could consider whether this was potentially relevant to the issues in the case, and then whether he should be permitted to call this witness as he also sought. He was given assistance with the required wording of the declaration of truth for a Family Court statement. In the event, what was produced was a letter from an individual which appeared to simply be attempting to provide general character information about F. No party objected to that letter being added to the Bundle and leaving it to the Court to attach such weight to it as I thought fit. I heard brief submissions about whether this individual should be called to give evidence and determined that he would not be capable of giving any relevant or admissible oral evidence since he could not give any admissible opinion evidence about F's parenting and appeared not to be providing any evidence of fact in related to the current

disputed issues. I have ultimately not attached much weight to this letter – the concerns about F are ones that go far beyond being resolved by this sort of character reference. It is not actually disputed by anyone that, at times, both in the current proceedings and the previous proceedings, F was capable of meeting the basic care needs of both his older child and A, the question is whether he has posed and continues to pose a risk of harm to A in any form and the letter does not provide any relevant evidence to assist with resolving that.

11. In the course of this final hearing, I have therefore read the Bundle and heard evidence from a representative of Dudley Lodge, the allocated social worker, M, F, and the Guardian, and taken this into account in making my decision.

### **PARTIES' POSITIONS**

12. The Local Authority seeks care and placement orders for A. The final care plan for A is one of adoption.

13. M largely accepts that threshold is crossed for the purposes of making public law orders in this case but disputes some details of threshold. She opposes the granting of a full care order and a placement order. She asks the court to consider making a supervision order and for her to care for A in the community. It also became apparent during this final hearing from questions put in cross examination by Ms Emmerson on her behalf that she may be seeking a non-molestation order against F, though no application has been made and there is nothing in her evidence about this, so it appears that this is a request for the court to make an order of its own volition. However, this was not repeated in closing submissions on behalf of M.

14. F has not put himself forward as a potential carer for A prior to this final hearing.

His oral evidence and questions in cross-examination of the Local Authority witnesses and the Guardian indicate that he thinks he can safely parent A, but it is not clear what that means in the context of the threshold allegations in this case, what that means in terms of the case that M is putting forward, nor in terms of A's welfare needs. It seems clear that he does not accept any of the previous findings in the past care proceedings, including threshold as it related to him, though he did not appeal the outcome of those previous proceedings.

15. The Guardian agrees that threshold is crossed and has concluded that the final care plan for adoption is in the welfare interests of A, and that the consent of her parents to placement for adoption should be dispensed with.

## **RELEVANT LEGAL CONSIDERATIONS**

16. In addition to considering section 31 (2) of the Children Act 1989 regarding threshold, I have considered the welfare checklist in section 1(3) of that Act and had regard to the article 8 rights of the parents and the child. I have also had regard to the article 6 rights of all concerned, not least in relation to the fact that F is not legally represented and that I have to consider Practice Direction 3AA in relation to M. I have also considered the options for the child applying the considerations set out in *Re B-S (Children) [2013] EWCA Civ 1146*. I have considered section 1 of the Children Act 1989 regarding the no order principle and the issue of delay, as well as section 32 regarding the timetable for public law proceedings. I have also considered the welfare checklist contained in section 1 (4) of the Adoption and Children Act 2002. In addition, because F does

not have parental responsibility for A, I have considered the provisions of sections 21 and 52 of the Adoption and Children Act 2002. Although the application for the placement order seeks to dispense with his consent on the basis that A's welfare requires this, he does not have parental responsibility so his consent would not be required for the purposes of a placement order and thus it follows that his consent does not need to be dispensed with. However, since he is a party to these proceedings, I have considered later in this judgment what A's welfare requires regarding placement for her and included consideration of F in that analysis.

## **FINDINGS**

17. In relation to threshold, the final threshold document is at A21-A23. M's response to that is at A33-A35. She largely accepts the threshold allegations that relate to her. She disputes that she tested positive for alcohol consumption in the period February 2022 to July 2022, asserting that she stopped drinking prior to this period. She has not sought to call any evidence to challenge this, did not seek to put any questions to the testing company after receipt of the report or to call any other expert evidence about the test results. The testing report notes that the head hair alcohol markers suggested excessive alcohol consumption, whereas the blood alcohol marker did not, which the report concluded indicated a decrease in alcohol consumption during the recent weeks before sampling (E5). M's written evidence about when she stopped drinking was that she stopped when she was 7-8 weeks pregnant (C73). However, the social work statement at C4 shows that M told the antenatal clinic on 18<sup>th</sup> February 2022, when she was around 11 weeks pregnant, that she was drinking ten cans of Carling beer a day



but stopped when she found out she was pregnant giving no date as to when this happened. Neither of these accounts provide much clarity about when M stopped drinking, I find, and her oral evidence did not provide much better evidence from her. If she only stopped drinking at 7-8 weeks pregnant, then this would mean the test results are correct because the period of February 2022 to July 2022 would include when she was 7-8 weeks pregnant, as Ms Yarde put to her. M's response in evidence to me about this was that she found out she was pregnant in around January or February 2022, but that she had stopped drinking in around November or December 2021, so before she knew she was pregnant on her account. She gave a rather confused account of thinking she might be pregnant and doing multiple pregnancy tests before getting confirmation from a doctor because the tests were not clear. She also accepted in her oral evidence to me, again in answer to questions from Ms Yarde, that she had been drinking 8-10 cans of lager a day before she stopped, and that alcohol was a problem for her at the time. M also told Dr Dowd that she had been abstinent for about a year when she spoke to him for his first report filed in January 2023 (E57), and that she had stopped drinking in around October or November of 2021 (E65). I did not find M to be a credible witness about this aspect because she has given conflicting accounts to the antenatal clinic, in her statement in these proceedings, to Dr Dowd, and her oral evidence did not help to resolve these conflicts and was not credible or compelling about this. Based on the expert evidence, and lack of credible evidence from M about when she stopped drinking, I find it is more likely than not that M did test positive for alcohol consumption in the period February 2022 to July 2022 but that there was a decrease in alcohol consumption towards the end of this period.

18. M disputes that she displays compulsive personality traits other than when she is drinking (A35 M's response to final threshold). She has not sought to challenge Dr Dowd about his conclusions in relation to this, and Dr Dowd's updating report dated 11<sup>th</sup> November 2022 (E52-E83) seems very clear that her underlying personality traits leave her vulnerable to others and alcohol misuse, rather than these personality traits being caused by alcohol misuse: *"M's alcohol use difficulties have been extensive in terms of their severity and long-term nature. Even should she achieve full remission from alcohol use disorder there will remain psychological concerns as to her capacity to maintain this in the longer term. As a parent within the community, parenting on her own, she will experience increased parental and environmental stressors. Her indicated personality traits, consistent over time, will continue to make her vulnerable to the negative influence of those who she knows or considers to be important. She herself therefore must be motivated to maintain effective distance from ex-partners or any individual who may seek to exploit her"* (E62). I therefore find that M does display avoidant and compulsive personality traits which impact on her ability to parent and her ability to be protective, attuned to A's needs, and as a result A would be at risk of suffering emotional and physical harm.

19. M accepts the remainder of factual aspects of threshold and threshold is thus proven on the balance of probabilities with both her admissions and my findings in relation to M as far as is required for the purposes of section 31. To be fair, M accepted on her case that the section 31 threshold was crossed on her admissions alone as noted earlier in this judgment.

20. M's remaining dispute about threshold relates to the issue of risk of significant harm to A arising from the concerns about M. It is clear on the evidence before

me that if M were to expose A to the same risks as her older child experienced in her care, that this would be capable of amounting to a risk of significant harm to A, that this is what is required for section 31, and I will make that finding accordingly. M's case seems rather to be that she has made sufficient changes to address these potential deficits in her parenting and that therefore A can safely be cared for by her in the community. That is a welfare analysis rather than a question of whether, considering the threshold facts found, section 31 threshold is crossed for the purposes of making public law orders in this case as set out at A21-A23. I will therefore address whether A can safely be parented by M in the community, in light of the threshold findings I have made about M, later in this judgment when I consider the two relevant welfare checklist headings, which both include consideration of any harm that A has suffered or is at risk of suffering.

21. F has not complied at all with directions to respond to threshold during these proceedings, nor filed evidence in response to the threshold allegations. Based on the evidence that has been filed by both the Local Authority and, in fact, corroborated by some of M's evidence, as well as the evidence that I have heard in the course of this final hearing including that of F himself, I do find that threshold is crossed as alleged in relation to F in its entirety, again as set out at A21-A23.

22. The next consideration in any public law final hearing is what is in A's welfare interests by reference to the welfare checklist in section 1 of the Children Act 1989. Since there is a placement order application, the welfare checklist in section 1 of the Adoption & Children Act 2002 is also relevant and I will consider aspects of that checklist where they mirror the welfare checklist in the Children Act 1989 at the same time to avoid repetition. The additional aspects of the

Adoption & Children Act 2002 checklist will then be covered at the end of the welfare section of this judgment.

23. A is too young to be able to independently articulate her wishes and feelings, but would no doubt wish to grow up in a safe, stable, and secure placement.
24. There is no dispute that A has the usual physical, emotional and educational needs of a child of her age. As was highlighted by the social worker in her final statement at C59 and in oral evidence to me, A has an unusually high number of immediate relatives who have a combination of substance misuse and mental health issues. This may mean that A is at heightened risk of developing substance misuse or mental health issues as she matures. As the social worker told me, it will be even more important for child with A's family history to have a stable, secure, and safe placement and not to be exposed to substance misuse to mitigate any risk of her developing similar issues.
25. The next relevant checklist heading is the likely effect upon A of any change of circumstances. She has been cared for by her mother since birth, firstly in a mother and baby foster care placement, then Dudley Lodge, and then in another mother and baby foster care placement. A has therefore never been separated from her mother and, if I endorse the final care plan for her to be adopted, she will experience a significant change of circumstances in being removed from the care of her mother. The Local Authority and Guardian both acknowledged that this would cause A some harm. However, as the social worker told me in her evidence, the plan if a care order and placement order are granted would be for A to remain with her current foster carer and for M to leave the placement. The Guardian confirmed in her oral evidence to me that this would address her concerns about the number of placement moves that might be involved for A if

the applications are granted. A would thus remain with someone that she knows well and with whom she has a bond until she was placed for adoption, and this would mitigate the impact of being separated from her mother, I find.

26. F asked the social worker about how the fact that A is being breastfed would be managed if A were removed from the care of her mother. The social worker pointed out that the Local Authority would take advice from the health visitor, but A is already on three solid meals a day and M has been given advice about weaning so it seems likely that this change from being partly breastfed to wholly weaned could be managed with appropriate health visitor support in a way that does not cause A harm.

27. In terms of her age, sex and background, there is nothing else to add to the details noted earlier in this judgment.

28. The next welfare checklist heading is perhaps one of the most significant in relation to this case, as is the one after that, namely any harm that A is at risk of suffering and how capable each of her parents are of meeting her needs. The key question for this final hearing is whether the risk of harm to A if she were to remain in the care of M is greater than the risk of harm to her by removing her from the care of M. The social worker was very clear that, whilst A will suffer some harm arising from the upset of being removed from the care of her mother, this is less than the harm that would be risked by leaving her in the care of a parent where she is more likely than not to be exposed to risks associated with M forming relationships with risky individuals (including any ongoing relationship that M may have with F), where M is at risk of relapsing in relation to alcohol misuse, and where M remains at risk of issues arising from her personality traits as well because she has not engaged in the recommended therapeutic

intervention that Dr Dowd identified as necessary. The social worker, drawing on the evidence of Dr Dowd, was also very clear that M was at risk of relapsing due to the stress of caring for A. She also gave very credible and compelling evidence about the fact that it was noted both at Dudley Lodge once the assessment had been completed there, and in the current mother and baby foster care placement, that M was struggling to implement a suitable routine for A, staying in bed until late and thus not preparing A for the sort of routine that would lay the groundwork for attending mother and baby groups, nursery and then school. M does not dispute that she has not yet implemented the sort of routine for A that is necessary to prepare her for nursery and then school, though she says that she has been attending baby and toddler groups with A so getting up late is not preventing her from engaging with those.

29. M was assessed fully whilst at Dudley Lodge as I noted earlier. Her case in this final hearing seems to be one of purporting to accepting the historic concerns about her parenting to some extent, but challenging the conclusions of both Dudley Lodge and the social worker about her parenting capability now. I have used the phrase 'purporting to accept' the historic concerns because there is a disputed issue about the extent to which M does accept that her parenting of her older child resulted in that child suffering significant harm. The previous threshold findings in relation to her older child dated 18<sup>th</sup> January 2022 are at G106. Those findings record that M accepted that her parenting had caused her older child significant harm. However, during this final hearing it was concerning to hear from M that this was due to problems at school, instead of acknowledging the harm she caused her older child. She had specifically been asked about how her parenting had affected her older child. This lack of reflection on her

responsibility for the harm that her older child suffered, and the potential consequences for A as a result, was also something that Dudley Lodge noted in their assessment: *“Whilst it is accepted that as a child, M was not at fault for her experiences and she was let down by the professionals and adults who should have loved her, [her older child] has been afforded similar experiences which have significantly impacted on her emotional and behavioural development. Sadly, M has not evidenced reflection or demonstrated change that would ensure these are not the same experiences that A would have” (F39).* Interestingly, the theme of blaming her older child’s schooling experiences for that child’s problems now, was also something that F mentioned more than once in this hearing. It seems, therefore, as if this is a common narrative between both M and F and I really question as a result if either accepts or understands how much harm their parenting caused to M’s older child.

30. It is not disputed that the evidence shows that to date M has been capable of meeting A’s basic needs both in Dudley Lodge and whilst in the mother and baby foster care placement. However, as both the Dudley Lodge assessor and the social worker told me, that is in the context of a highly supported and contained environment where concerns remained about her parenting capability in the community. The Guardian also told me that M was also able to meet the needs of her older child in a highly supportive environment such as Dudley Lodge, but she was unable to do so once she returned to live in the community. Both the social worker and Guardian gave evidence that it was their professional assessment that M would once again be unable to meet A’s basic needs if she moved to live in the community with her.

31. I have already noted the concern about M getting up late with A, but the social worker also told me that M has not cooked for A at all whilst in the foster placement despite having access to the kitchen and cooking facilities to do this. M told me that she has struggled to cook in the current placement because of a variety of factors – it is a busy household with people coming and going, she wants her own fridge as there isn't room in the main fridge and there isn't room in the kitchen generally. It is not clear whether she has raised this specifically with the foster carer, though she did refer to the foster carer saying that she could cook whatever she wanted from the food in the kitchen. M also told me about how she chose to have a cold bath or shower with A at first because she couldn't work out how to get hot water in the shower (though confusingly she also said that she now runs the tap until it is hot and that seemed to have solved the problem). The Guardian was understandably concerned about this because it is further evidence of M not feeling able to ask when she needs help or approach professionals for support. Dr Dowd had noted that M would benefit from therapeutic work to help her improve her self-esteem and I agree with the Guardian's evidence that M saying she felt unable to raise these sorts of issues is further evidence of why she needs to work on her self-esteem as Dr Dowd recommended. F said that the foster carer should have explained to M about the hot water, but I find that is an unfair criticism of the foster carer in the circumstances. Firstly, it is not clear what M had not understood about how to get hot water other than that she needed to allow it sufficient time to run to get hot. Secondly, M should have asked the foster carer if she was not sure, that is what a good enough parent would do. The reason that M did not ask about the hot water or her issues with using the kitchen seems to be because she feels



uncomfortable and embarrassed, which is evidence that she is putting her needs before those of A, I find.

32. There is also the issue about whether M feels able to trust professionals and would work with them in an open and honest way, something that both the social worker and Guardian pointed out would be required to ensure A's safety in M's care if they were to live in the community. M's evidence to me during this final hearing was very clear in this respect – she really doesn't trust professionals and, worse than that, accepts she has turned to F for help rather than speak to professionals or accept what professionals were telling her. The most concerning incident of this was in relation to whether A should be tested for possible blood borne viruses, which M accepts she contacted F about because she didn't accept that A needed to be tested again (C51-C52). What is particularly concerning about this is the timing of it, late May 2023, because this is only a few weeks ago and in the context of a case where she says she has ended her relationship with F.

33. The extent to which she remains in contact with F is one of the other aspects in dispute in this case. It is linked to the concern about the risk that F poses towards her, and by extension therefore, to A. M does appear to accept that F does pose some risk to her, both in what she said to Dudley Lodge and has said in her written and oral evidence to this court. F does not accept that he poses any risk to her or A at all. I have therefore considered this aspect first because it is for the Local Authority to prove, on the balance of probabilities that F does pose a risk to M and A.

34. The concerns about F in these proceedings arise from both the threshold findings that I have made, but also whether he has addressed those concerns in any

meaningful way to reduce the level of risk that he may pose. The social work final evidence notes: *“a parent also needs to be able to provide a safe environment and their responses to a child need to be consistent. It will be difficult for F to do this whilst his mental health and drug and alcohol use remain untreated. F unfortunately has no insight into the concerns of the Local Authority and therefore will find it difficult to make the changes he would need, to be considered a safe enough (sic) to be in A’s life unsupervised”* (C61). The social worker was clear in response to a question from me that these risks applied whether F was caring for A with M jointly, on his own, or helping M care for A in some way that was only minimal. The social work evidence is very clear that the concerns about F are identical to those identified in the earlier care proceedings and are thus very long-standing. That same evidence also shows that F has failed to complete any of the work recommended in those previous care proceedings to address his drug and alcohol use and noted that his drug and alcohol use would be likely to exacerbate his mental health difficulties. It was also recommended that he engage with treatment and antipsychotic medication, but no evidence of this engagement has been produced by him. It seemed from F’s questions of the social worker in this final hearing as if he does not accept either his diagnosis or that he has issues with drug and alcohol misuse which need addressing. F was given an opportunity to produce reports from Turning Point in these proceedings since he asserted he was engaging with them. However, he has failed to do so and not provided any explanation for that failure. As was submitted by Ms Yarde in closing, it was also concerning that he was dismissive of alcohol misuse during this hearing. He appeared to accept that he had smoked cannabis whilst living with M, but denied that he had done so in a

way that would expose her and A to the smoke. Confusingly, he described smoking on the balcony with the door shut but the window open, and failed to address at all the issue of why M tested positive for cannabis at a level that might be explained by exposure to second-hand smoke. He did not accept what M told me about cannabis appearing to make him paranoid, though it does seem likely that someone with his history of mental health difficulties would be more at risk of this when consuming cannabis. As the social worker told me about M, to start to address issues a parent needs to accept that they have issues which need to be addressed. Sadly, F seems a very long way from any sort of acceptance that he has issues which he needs to address in relation to his substance misuse and mental health.

35. The other main concern about F is in relation to domestic abuse, and this was a significant feature of the previous care proceedings involving him. He has engaged during the pre-proceedings with some work in relation to domestic abuse (C15-C16 of the initial social work statement and confirmed in her oral evidence to me). However, the detail of that is in fact something that adds more concern to the risks that F may pose to M or any partner, I find. He failed to take any responsibility for domestic abuse, placing all responsibility on M, his behaviour in group work was concerning to professionals facilitating the group and he reportedly told professionals that he had strangled his partner 'a dozen' times to restrain her (C15-C16). The detail of what he said, reported by the facilitator at C29, is very concerning as Ms Wickham submitted in closing. Not only is it evidence of his lack of acceptance that he has perpetrated domestic abuse, but it shows he is deeply paranoid about social workers, professionals and almost entirely focused on that at times. Given this, it is hardly surprising

that his evidence in this final hearing also failed to acknowledge that he had perpetrated any domestic abuse, blaming his former partner and M instead and claiming to have only tried to control them when they had been drinking or attacked him. Much as he seems to have done in the domestic abuse perpetrator sessions, he was therefore trying to blame the victim and not accepting any responsibility for his actions, I find. In addition, I find that his apparent use of strangulation as a means of control is a very significant concern. I can take judicial notice of the fact that strangulation is a highly concerning and risky behaviour in terms of domestic abuse. That he saw nothing wrong in saying that he did this dozens of times to restrain a partner is incredibly worrying, I find. Put bluntly, he could have killed his victim at any point based on this evidence and has demonstrated absolutely no remorse or understanding about why this is wholly unacceptable.

36. M's evidence in this final hearing about how F treated her was both illuminating and concerning in relation to domestic abuse. She described him as subjecting her to coercive control, monitoring how long she was out of the house even when she just went to the shop, making accusations that she was seeing other men, and bombarding her with what she described as '*blocks*' of abusive texts whilst she was in Dudley Lodge that made her feel "*dirty, stupid and worthless*". She was very credible about this, in fact, and it was notable that F tried to talk across her to stop her talking when she was giving evidence, as well as the point highlighted by Ms Yarde in closing about M's clearly fearful reaction when M (erroneously) thought it was being suggested that she might have been unfaithful to F. Even though special measures in court (beyond F being directed to provide to the judge any questions for M in advance) had not been thought necessary

when this was listed or on day one, I did intervene when M was clearly struggling to answer some of Ms Yarde's questions because I was concerned that she may feel unable to answer in the presence of F. However, M explained that what she was struggling with was not the presence of F, or the absence of a screen between them, but she was reluctant to use some of the language that F used about her when texting her and that she didn't want any special measures to help her. It was also deeply concerning to hear from F that he remains closely involved with the mother of his older child, despite clearly blaming her for what happened in the previous care proceedings and describing both her physical appearance and current situation in terms that were cruel and demeaning, blaming her for what had previously been found to be serious domestic abuse of her by him. He showed absolutely no insight as to the effect that his domestic abuse would have had on her or his older child, and that lack of insight has continued in relation to his relationship with M since he again blamed her and sought to portray himself as the victim of any violence from her. Based on all the evidence, it is clear to me that F remains a very high-risk individual to M in terms of potential domestic abuse, as well as any woman that he is in a relationship with.

37. M's case in this final hearing was that she has now separated from F and, though she has had indirect communication with F and may continue to do so (based on her evidence to me and the questions put by Ms Emmerson to the professional witnesses), because it is only indirect communication this will lessen the risk that F poses to her. I am not clear that this does necessarily follow, especially where the domestic abuse alleged involves coercive control. Both the social worker and Guardian gave very clear and credible evidence about how concerning they

found even indirect communication between M and F, noting that this still left M open to receiving abusive messages from F or being manipulated by him in messages. M herself described how badly abusive messages from F affected her whilst at Dudley Lodge, making her feel “*dumb, stupid, scared and worthless and upset*” (F17 Dudley Lodge final report). This would also have made it difficult for her to focus on A, as she acknowledged when questioned by Ms Wickham about this. It is clear that someone who is being abused even remotely in the way that M described, would put any child they were caring for at risk of being exposed to consequences of that abuse – in other words, how F made M feel is bound to be seen and felt by A. It is also deeply concerning that M did not tell any professional about the abusive text messages. I find that this is evidence of M failing to act protectively. It echoes other instances of M failing to act protectively when she knows that a partner is doing something harmful, such as when her former partner was drinking secretly in the previous Dudley Lodge assessment, and she did not tell anyone about it at the time (F29).

38. It is also worrying that M still talks about F in positive terms and wants A to have a relationship with him despite the risk that he poses and her own experience of his abusive behaviour, as noted by the Guardian both in her final report and in her oral evidence to me. This is particularly worrying because, on M’s own account of the work that she has done in relation to domestic abuse, she recognises that F is what is known as a ‘head-worker’ and that his abuse involves being nice to her before being horrible to her. The evidence of Dudley Lodge is clear that she has not actually learnt from the courses that she has done so as to be able to translate this into meaningful action in the longer term: “*M’s understanding of risk remains a serious concern, even if she did protect A from*

*the risk that F posed, it is not believed that she would be able to make safe judgements about who was around A in the future, particularly when entering relationships” (F38).* This risk of her not being able to translate what she has learnt into forming safe relationships in future is therefore a valid concern at this point. It is also of note that she accepts she remains in contact with the father of her older child, also someone who remains a risk in terms of substance misuse and poor mental health, despite telling me in evidence that she could tell he was struggling with his mental health in his communications with her. It is significant, I find, that both in relation to F and the father of her older child, that she has repeatedly said that she has to remain in contact with them and feels that she has no choice because they are the fathers of her children. That is very concerning evidence of her failing to apply any learning from the domestic abuse work that she has undertaken, I find, and supports the conclusion that Dudley Lodge reached about her poor decision making about relationships remaining a risk. It is also something that Dr Dowd identified in his addendum report as a remaining risk. She has had two relationships involving domestic abuse (though not at the same time) since Dr Dowd first assessed her in 2021. As is accepted by M, she had also had at least one other relationship prior to that which was abusive. Dr Dowd concluded that M’s compulsive traits place her more at risk and make it more difficult for her to change her behavioural patterns: *“Compulsive traits are associated with vulnerability to manipulation from those considered to be important as well as behavioural patterns that are difficult to alter. She remains in a relationship with F despite her suggestion that she considers him to be abusive and states that this is an issue she must “get round to”, despite the concerns being expressed about this relationship by*

*professionals. She states that she thought that she could change F and has continued with it despite her now considering this is not possible. Professionals have made reference to the fact that F is M's neighbour and that therefore is in a position to influence her negatively and I concur with this” (E59).* Dr Dowd recommended therapy to help address this in his previous assessment and noted that she had not really engaged in this, something that M doesn't dispute, and his addendum report reiterated that recommendation (E60).

39. M did engage in some therapy at Dudley Lodge and the psychologist there recommended that she needed to continue this after she left (C56). It appears that M then on 2<sup>nd</sup> May 2023 *“declined therapeutic support stating that there were no concerns about her mental health” (C56 again).* M's evidence in this final hearing about why she hasn't sought the required therapy after leaving Dudley Lodge was a little hard to follow, but it seems to be because she has been moving around first to a mother and baby foster care placement, then Dudley Lodge, then to the current mother and baby foster care placement. She accepts that she is registered with a GP and that Dr Dowd suggested that she could either go to her GP or self-refer via IAPT services (E60), so it is not clear why she hasn't gone to her current GP or completed the self-referral to at least start the process despite moving placements. In any event, it means she hasn't even begun the journey that she needs to undertake to address her issues as the social worker pointed out in her evidence to me. I am concerned that M has not really understood or accepted that she must complete this therapy from the evidence she gave to me. On her own evidence she has clearly not taken on board the details of Dr Dowd's recommendations or asked anyone to help her with understanding those. She would be entitled to take her report to the GP to



show them what Dr Dowd has recommended, and it is not clear why she didn't do that if she was struggling to follow what was being recommended. Until she properly implements the learning from the domestic abuse work that she has done and works to improve her self-esteem and mental health issues with the therapy that Dr Dowd recommended, it is more likely than not that M will either gravitate back to F, I find, or form another risky relationship based on her history and lack of action to address this risk.

40. I have considered whether a non-molestation order would mitigate the concerns about F, since this was raised in cross examination of F by Ms Emmerson as noted earlier. It was not pursued in closing submissions, but F did agree to a non-molestation order being made when I explained the law about such orders generally. However, M's plans for where she would live with A if I do not grant the Local Authority applications seem to involve her returning to live in her former flat. As noted by Dr Dowd, F lives in that same block. F did offer to move out for a while until M found alternative accommodation but seemed adamant that this was temporary and that he was not prepared to give up his tenancy and find alternative accommodation instead. It is not clear why M feels she should move back to this area. Her current location is in a confidential mother and baby foster placement out of area (though she saw nothing wrong with persistently mentioning that location in F's presence despite being warned not to in this hearing). Even if she did move to another area, that wouldn't address the general risk of her forming risky relationships. It is agreed that she has made an application to be rehoused, and F seems to feel particularly aggrieved that this is apparently not being progressed swiftly enough and blames the social worker for this, though he was not clear how he knew that it was not being progressed

unless he has been in contact with M about that, I find. More fundamentally, given that M seems to see nothing wrong in remaining in some form of contact with F, and has done so with the father of her older child despite concerns about him, I am not persuaded that she would use any non-molestation order to protect herself and A properly. She would be likely to remain in contact with F about A, and therefore vulnerable to being influenced negatively by him and ultimately potentially of being abused by him again. I would also question F's ability to comply with a non-molestation order despite his protestations that he would. He has not complied with directions in these proceedings, and on 5<sup>th</sup> May 2023 clearly told the court that he was using drugs and alcohol which led to the court deciding that further hair strand testing for him was unnecessary. However, he has changed his mind about that in this hearing and now disputes that he said that. I was left with the distinct impression that F was a wholly unreliable witness, prone to saying one thing one moment and then another later, especially when challenged about what he had said or faced with uncomfortable consequences from what he had said. He was also, as was noted in the domestic abuse perpetrator programme and by the social worker, prone to expressing paranoid and, frankly, absurd views which have absolutely no foundation in any credible evidence, for example that the reason he had not gone to some possible solicitors is because they were 'paid to take children away', that Dudley Lodge always 'failed' parents in assessments (which is actually contrary to the experience of many in the Family courts who have seen just as many positive parenting assessments from Dudley Lodge as negative ones).

41. I am also concerned that M and F have remained more in contact than M has admitted to, as the Local Authority has alleged. In addition to the contact that M

admits about the blood borne virus testing, M accepts contacting F twice more to ask about minor injuries to A seen during contact, rather than asking the social worker about these. F also accepted that he has used the Facebook account of the mother of his older child to access photographs of A that M had uploaded to her private Facebook page. It is not clear that M knew he was doing this, but even if she didn't it is clear evidence how F might try to circumvent any protective measures put in place to minimise contact between him and M. However, the social worker noted at C53-C54 that the wording used by F to explain how this happened was *"word to word similar to M's reasoning"*. This is concerning because there are other instances of F appearing to have information that he can only have obtained through having more contact with M than she has admitted to, such as knowing about the delay in her housing application (C53), contacting a social work manager on a number that he says he obtained from social services admin but checks have revealed that they did not provide the number so he can only have obtained it from M, and sending the social worker a text message which was apparently meant for M, something that M admitted in evidence to me. Based on this, I am satisfied that M and F have remained more in contact than either has admitted to, that contact has continued recently, and they have not been open and honest with professionals about it. I am therefore also satisfied that this makes it less likely that M would work openly and honestly with professionals as part of any support plan in the community. Considering all of this, I am satisfied that a non-molestation order would not provide the required protection for M and A to mitigate the risks that F poses to them.

42.F tested positive for chronic excessive alcohol consumption during the pre-proceedings, which he accepts but says that this was due to the stress of the pre-

proceedings process. As the social worker told me in evidence, this is concerning because it seems to indicate that F is self-medicating with alcohol to manage his stress and does not see how concerning and inappropriate that is, given his long history of substance misuse. As I have already noted, he simply does not accept the previous findings made against him and has provided no credible evidence of taking any appropriate steps to address the concerns about him. I find that he remains at very high risk of substance abuse and alcohol abuse, this in turn leaves him vulnerable to problems with his mental health condition. His diagnosed paranoid schizophrenia appears to be untreated at present – on his own account he doesn't accept that diagnosis, giving a rambling and, frankly, wholly incredible account, of how he made things up to escape a criminal charge, and he has produced no evidence that he is undergoing any form of treatment including appropriate prescribed medication, something that was noted as necessary in the earlier proceedings.

43. Both M and F in different ways challenged professionals about whether they were giving due weight to any positives for either parent. F went further than this and alleged that the Guardian was biased against him and that a new Guardian should have been allocated. The Guardian explained to him that there were benefits for A in having a Guardian who knew about the previous proceedings and background, and I also tried to explain to him about the process for appointing a Guardian and allocation which would include a court considering asking for a previous Guardian to be allocated to new proceedings, especially ones that follow swiftly on from previous ones, in the best interests of the child concerned.

44. Dudley Lodge, the social worker and the Guardian have all acknowledged in this final hearing that M has been able to meet A's basic care needs in a highly supported and monitored environment such as a mother and baby placement. They also accept that M has also demonstrated appropriate warmth towards A and clearly loves her very much. Overall, the professional concerns about M are not so much her ability to meet A's basic care needs whilst she is sober, not in an abusive relationship, and in a highly supported living environment, but are more about her ability to maintain this in the community. It is not enough for her to be able to meet A's basic needs either, the issue is also the risks arising from any lack of insight into the concerns about the impact of her parenting on her older child in the past and whether she would be able to continue to abstain from alcohol and ensure that A is not exposed to risky adults.

45. The evidence from the Dudley Lodge assessment highlighted that concerns remain about M's acceptance of the impact of her parenting on her older child: *"While M has shown that she can maintain a clean and tidy flat and ensure that A is fed and warm, we have serious concerns about her ability to recognise the impact of her parenting on [her older child]. Therefore, we question if she would be able to keep A safe from the risks she could be exposed to from risky adults and if M can prioritise her needs to ensure that she remains safe"* (F26 Dudley Lodge final report). The conclusions of that final report also noted the apparent lack of acknowledgement and learning by M in respect of risks to A: *"M understands that she needs to pass the assessment to return to the community with A, as she did with [her older child], but she doesn't link this with being a protective parent with A's safety as her paramount concern. When in Dudley Lodge with [her older child], she said that [her former partner] was drinking during*

*the assessment and 'sneaking out the empties'. M said that she hoped the staff may catch him and ask him to stop however, said that she didn't mention this as she thought it might 'go against her'. She asked in this assessment for things to be 'bullet pointed to know what I need to do to pass my assessment'. M does not seem to understand the need to listen, learn and implement the teaching she has had in respect of risk (F29). It is apparent from this that M seems to have viewed the assessment as a test of passing certain hurdles as both the social worker and Guardian told me, rather than demonstrating any genuine understanding of the concerns and risks, what she needs to do to ensure that A is protected from those, and then implementing those steps such as ending contact with F, I find. This was reinforced by the oral evidence of both the Dudley Lodge assessor and the social worker to me.*

46. M's own evidence to me was also striking in relation to this. She repeated several times that she needed a tick box or list to complete, as well as telling me that she needed to see something in black and white to process it. I fully appreciate that M may need help in processing information, and this could include needing to see something in writing not just told to her. This accords with Dr Dowd's 2021 assessment of her cognitive functioning and how best to give her information (G7). However, the point that was being made by Dudley Lodge, the social worker and the Guardian in their evidence is not about how M needs to receive information to be able to process it, but rather how M views the recommendations from professionals to address the concerns about her parenting. The professionals' view was that she sees them as simply a test or series of tests to complete without really understanding why those concerns exist, nor what she needs to do differently to ensure that A is not at risk of harm in her

care. I agree with that assessment from my review of the evidence in this case. It is also painfully apparent just how socially isolated and vulnerable to exploitation by risky individuals M is from her own evidence to me. Despite attending baby and toddler groups, on her own evidence she seems to struggle to form a support network with other parents there, and her responses to questions in this hearing made it clear that she relies heavily on support from professionals rather than friends apart from F, I find. Her attendance at baby and toddler groups is therefore good for A, and she clearly does understand some aspects of this, but she has yet to address the concerns about not having a good support network in the community which Dr Dowd identified would be important.

47. Her lack of a good support network adds to her vulnerability to relapse in terms of alcohol misuse too. Dr Dowd was very clear that she needs to engage with relapse prevention work in both his original report and his addendum. It is not disputed that there is no evidence of M consuming chronic and excessive amounts of alcohol in the period end of November 2022 to end of May 2023 (E100-E113 hair strand test results report). She has therefore not consumed excessive amounts of alcohol during this period which is to her credit as the professionals acknowledge too. However, Dr Dowd had previously assessed her as having alcohol use disorder in 2021 (G10) and that *“If three months free from diagnostic criteria can be demonstrated, then partial remission may be considered present, and if 12 months, then full remission” (G10 again)* and that he believed substance misuse service support for M was necessary (G14). In his addendum report he noted that her profile remained consistent with one with substance misuse disorder difficulties (E57), and that *“If M has remained abstinent from alcohol use for approximately one year she would not be*

*considered to be approaching 'full remission' in terms of an alcohol use disorder. If hair strand test results are considered to be accurate then there is the potential that she would be in 'partial remission', having remained abstinent from diagnostic criteria for between three to 12 months. Of course, the use of alcohol by M has been fundamentally problematic in terms of her capacity to meet her parental responsibilities and therefore, any alcohol use by her may be considered to be detrimental to her responsibilities as a parent. Nevertheless, there will remain an increased risk of relapse for M moving forward and especially should her life become more challenging and problematic, and she is likely to require further support" (E58).* At E59 and E60, in addition to therapeutic input, he recommended that M should engage with relapse prevention support from a service such as Turning Point. To date, M accepts that she has not engaged with that support, despite the social worker offering to help her with this. M told me that this was because she was not in the local area and wanted to work with an individual Turning Point worker who she had worked with in the past. She was not willing to undertake any group work because she feared the consequences for her addiction of being exposed to others who misuse substances. She has provided no independent evidence of trying to reach out to the support worker in question, and it is not clear that this is in fact something that Turning Point would be able to accommodate. Given how longstanding and serious her problems with alcohol have been, if she was genuine about wanting to start to tackle them, then I do not think it was reasonable to delay doing this because she wanted to work with only one worker. Her concerns about potentially being in contact with other substance misusers in groupwork also don't make sense when I consider that she has remained in contact with both F and the father of her older child – neither



of whom have engaged with relapse prevention services and thus must be of higher concern than people who are already engaging with those services. The professionals accept that M has historically managed periods of abstinence in the past – see for example C56, final social work statement; Guardian’s oral evidence to me in this hearing – only to relapse whilst caring for her older child in the community. Regardless, it means that at this point M has not done anything to engage with necessary relapse prevention support and thus remains at higher risk of relapse in the community when the pressures of caring for a baby will inevitably impact on her even with support under a Supervision Order. As Dr Dowd noted in his assessment, she will remain vulnerable to relapse when experiencing increased parental and environmental stressors (E62).

48. In this case, F has not been subject to a parenting assessment. The social worker explained in her oral evidence to me that he was offered a parenting assessment during the pre-proceedings process by the then allocated social worker, but did not attend the appointments for that, and that he was asked about an assessment in these proceedings but declined it on the basis that he was not putting himself forward to care for A in any form. The initial social work statement at C17 confirmed that social work records show F was offered assessment appointments in pre-proceedings but did not attend. That same statement also makes it clear that the Local Authority would consider a further parenting assessment of him, though did question what this may add to assessments in the previous proceedings given the lack of evidence of change by F (C17 again). It was acknowledged by the social worker in her oral evidence to me that F can demonstrate warmth and can meet A’s basic needs in contact, something that she also included in her final statement at C60. However, I have already detailed

the significant and, as yet, unacknowledged, and unaddressed by him, concerns about his substance misuse, his alcohol misuse, his poorly managed mental health, and his likelihood of perpetrating further domestic abuse.

49. Based on all of this, I find that F is incapable of parenting A to a good enough standard even if he were to be providing M with only occasional support. He remains a very real and significant risk to both M and therefore also to A in relation to his unresolved substance misuse issues, his unresolved domestic abuse issues and his unmanaged mental health issues, I find.

50. There are two other welfare checklist headings in the Adoption & Children Act 2002 which are additional to the ones in the Children Act 1989. The first of these is the impact on A (throughout her life) of having ceased to be a member of her birth family and becoming an adopted person. It is accepted by the Local Authority and Guardian in their written evidence that there will be an impact on A of ceasing to be a member of her birth family in terms of separation from her mother, and that this has the potential to impact on her longer-term identity needs. However, the final care plan at D14-D15 details the work that can be done to mitigate the impact of this on her identity needs, including life story work and annual letterbox contact with her parents and half-siblings. I have already earlier noted the steps that can be taken to mitigate the impact on A of being separated from her mother and agree that those will lessen the impact on her.

51. The next additional welfare checklist heading in section 1 of the Adoption & Children Act 2002 relates to the relationship A has with relatives, the likelihood of such relationship continuing and the value to A of its doing so, the ability and willingness of any relatives to provide the child with a secure environment in which the child can develop and otherwise meet the child's needs, and the

wishes and feelings of any of the child's relatives. There are no alternative family members potentially able to look after A and this is not in dispute. Clearly, both M and F love A very much. As I have already noted earlier, they are both capable of meeting A's very basic needs in a very supported and closely monitored environment. They both oppose adoption as an outcome for A and wish to remain involved in her life. However, given my findings about the risks to A if she were to remain in the care of her mother, and the risks to her of continuing to have F involved in her life, and the lack of evidence of sustained change by either to reduce those risks, I find that it is unlikely that such a relationship will continue and will offer much value to A in so doing. This is because the risks to A mean that she would remain at risk of significant harm in those circumstances.

52. In terms of placement options for A, everyone agrees that there are three in this case: placement with M in the community under a Supervision Order, placement in long term foster care, or placement for adoption. To consider the last option, since adoption is the most draconian order a Family Court can make for a child, I must be satisfied that nothing else will do for A.

53. I don't think any party is seeking to argue that long term foster care is a realistic prospect for A. The social worker and Guardian have both analysed this as an option because it is one in theory. At C38-C42 and again at C63-C64 the social worker sets out the factors for and against this option, and the Guardian has set out her analysis of this at E124. That evidence, which was not challenged, indicates that A requires stability and permanency for the duration of her childhood and this is not something that long term foster care would afford her, as well as potentially leaving her subject to a risk of harm from placement

breakdown arising from M potentially undermining placement as she has done with her older child's placement (C64) and leaving A subject to considerable state intervention in her life for a prolonged period. I therefore find that long term foster care is not a realistic prospect for A as it would not meet her welfare needs now or in the long term.

54. Placement with her mother in the community under a Supervision Order is what M is asking me to consider, as noted at the beginning of this judgment. Again, both the social worker and Guardian have analysed this option – the social worker at C38 and C63, and the Guardian at E124. The Local Authority would not share parental responsibility for A, the parenting assessment of M and my findings show that M remains highly likely to expose A to the same sort of risks and therefore harm as her older child experienced in her care in the community. The likelihood of her engaging well with a support plan is low because she has not worked openly and honestly with professionals in these proceedings and is still minimising both her level of contact with F and her own issues, as well as has yet to engage with necessary support and relapse prevention. A Supervision Order would bring a level of monitoring of both M and A with announced and unannounced visits (C63) and would enable the Local Authority to help support M with her housing needs and offer her some direct work with the Family Solutions Plus Adult Facing Practitioners. It would also enable the Local Authority to support F to access services, but only if he wishes to engage with this which seems unlikely given that he doesn't accept there are any issues with his parenting. However, the risks to A in the care of her M are so significant, partly because she is such a young child but partly because of the issues that each parent has yet to address, that the support available under a Supervision Order

would not be enough to mitigate those risks, I find. This is in no small part because I am satisfied that neither parent would work openly and honestly with professionals since, as they both told me, they do not trust them.

55. This leaves only one remaining option for A, placement for adoption. Adoption will irrevocably sever A's relationship with her birth family, and I have already noted the potential impact on her identity needs. However, it is the only remaining option for her at this point and represents the outcome that has the highest likelihood of securing the stability, safety, and permanency that A so clearly needs. Her family history of substance misuse and mental health difficulty makes it even more important that she is provided with permanency and stability sooner rather than later, as the social work evidence and that of the Guardian shows. Neither M or F have really begun to undertake the sort of work that they need to in order to address the concerns about their parenting, and A cannot wait any longer to see if they can accept that they have the issues that have been identified, let alone for them to complete the work that they need to. I am afraid that therefore nothing else short of adoption will meet A's needs at this point and will therefore endorse the final care plan as being in her welfare interests and grant a full care order to the Local Authority for A.

56. In relation to the application for a placement order, as canvassed with the advocates in this hearing, the court must consider whether it either has the necessary parental consent to making such an order, or whether that consent should be dispensed with because A's welfare requires that. Only M has parental responsibility for A, so technically only her consent is in issue under sections 21 and 52 of the Adoption and Children Act 2002. However, F has been a party to these proceedings as A's birth father and the application paperwork sets out why

his (informal) consent should also be dispensed with and, as he clearly opposes the making of a placement order for A, I agreed to consider this if I endorsed the final care plan for A. Given my findings earlier in this judgment about both M and F, I do find that A's welfare does require that M's formal consent and F's informal consent to the making of a placement order should be dispensed with and will thus grant a placement order for A.

## CONCLUSIONS

57. I noted earlier in this judgment how vulnerable M clearly is. It is also abundantly clear to me that F also has his own vulnerabilities given his mental health diagnosis. It has also been very clear that they love A very much and desperately want to care for her, and I am equally clear that (despite F's arguments to the contrary), both the social work evidence and that of the Guardian acknowledges this and that there are positives about both in terms of their parenting of A. It is equally clear to me that neither M nor F really accepts that there remain significant concerns about them and their ability to safely parent A in the community, despite these being long-standing issues which in fact date back to previous proceedings. There is no dispute from the Local Authority that, as the social worker noted at C61 *"The Social Worker for [F's older child], informed me that similar to what we see with A, F is a loving father and there were times when he was seen to be a good father to [his older child]. He was also said to be the more capable parent to [his older child]. However, the concerns about F during [F's older child's] care proceedings in 2017 are almost identical to what we see today. Within these care proceedings it was recommended that F would need treatment and antipsychotic medication. He*

would also need to address his drug and alcohol use, which was likely exacerbating his mental health (Dr Kennedy, Global Assessment, 03/04/2017). F has not completed this work.”. I’ve also earlier noted that concern that M has not accepted the harm that she caused her older child and done the recommended work to address her concerns. I would urge both to reflect carefully on what I have said in this judgment and to stop blaming everyone else for what they have done. Both clearly tend to do this, particularly when challenged about their poor parenting and this was compelling evidence for me about the lack of ability to understand that they have both caused their older children significant harm in the past and have yet to accept that. Until they do so and complete the work that they have now been told is required in more than one set of care proceedings, they are likely to remain a risk to any child in their care.



HHJ Eleanor Owens  
27<sup>th</sup> July 2023

## **APPENDIX A THRESHOLD FINDINGS**

The Local Authority contend that at the relevant date, namely 1 September 2022, the child was suffering and/ or was likely to suffer significant harm, such harm being attributable to the care given or likely to be given to her if the Order were not made, not being what it would be reasonable to expect a parent to give them. This being the date protective measures were taken, A was born and it being unsafe for her to return to the community in the care of either or both parents.

The Local Authority asserts that the harm suffered or likely to be suffered by the child is in the category of physical harm, emotional harm and neglect,

In satisfaction of the threshold test the Local Authority relies on the following evidence to establish its case:

1, On 31 January 2022 the Court made findings that A's maternal half sibling was at risk of suffering significant harm from the 1st Respondent Mother due to the mother's

substance misuse, relationships with risky adults, domestic abuse with her relationship with the father and being unable to meet her daughter's basic care needs. The Mother has not been able to evidence despite a lengthy period of residential assessment at Dudley Lodge that these risks have reduced and therefore A is at risk of suffering the same harm (G1-G3).

2. On 18 May 2017 the Court made findings that A's paternal half sibling to be at risk of suffering significant harm from the 2nd Respondent Father due to his substance misuse and domestic violence. These risks are still current, and A is therefore at risk of suffering the same harm.

3. A is at risk of suffering emotional harm, physical harm and neglect as a result of the mother's illicit substance misuse:

For Example

a) The mother has a history of substance misuse including cannabis and drinking alcohol to excess [C4]. The mother continued to drink alcohol excessively during the early stages of pregnancy which risked the child's physical health and placed her at risk of neglect.

b) The mother tested positive for excessive alcohol use in her hair strand testing dated 30 August 2022 between February 2022 and July 2022 and has not engaged in any substance misuse support to address the concerns of relapse [E5] [E17-19].

4. A is at risk of suffering emotional harm, physical harm and neglect as a result of the father's illicit substance misuse:

For Example

The father has an entrenched history of cannabis use and drinks excessive amounts of alcohol [C5] [C10].

5. A is at risk of suffering emotional harm and neglect as a result of the Mother and Father's mental health

For Example

a) The mother displays avoidant and compulsive personality traits [E59] which impact on her ability to parent and her ability to be protective attuned to A's needs as a result A would be at risk of suffering emotional and physical harm.

b) The father has a diagnosis of paranoid schizophrenia [C5] [C11] and his presentation can often be volatile [C25] as a result A would be at risk of suffering emotional and physical harm.

6. The mother has a history of engaging in domestically abusive and volatile relationships as well as relationships with risky individuals [C25] some of whom she remains in contact with, daily [C11]. A is at risk of suffering emotional harm as a consequence of the coercive control imposed on the Mother by these partners/associates and the emotional abuse suffered by the Mother herself. She is also at risk of domestic violence and physical harm if caught up in a physical altercation.

For Example, the parents' relationship was characterised by domestic abuse [E66] including coercive control [C26] [C27], the parents continue to prioritise their relationship [E61] over safeguarding A [C9] [C10] which places her at risk of physical and emotional harm.