

IMPORTANT NOTICE

This judgment was delivered in private. The judge has given leave for this version of the judgment to be published on condition that (irrespective of what is contained in the judgment) in any published version of the judgment the anonymity of the child and members of his family must be strictly preserved. All persons, including representatives of the media, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of court.

IN THE FAMILY COURT AT STOKE ON TRENT

Case No. SQ18C00022

IN THE MATTER OF THE CHILDREN ACT 1989

AND IN THE MATTER OF THE ADOPTION AND CHILDREN ACT 2002

AND IN THE MATTER OF: Girl A and Boy B

BETWEEN

STOKE ON TRENT CITY COUNCIL

Applicant

and

The Mother

First Respondent

and

The Father

Second Respondent

and

Girl A and Boy B

(acting through their children's guardian)

Third-Fourth Respondent

JUDGMENT

1. I am concerned with the future welfare of two small children , less than a year old, born to parents who I will call their Mother and Father. The reason for this is that Judges in the family court, making serious decisions about children, are encouraged to publish their judgements so that members of the public understand how the courts work. Providing privacy is maintained for the children and family I agree with this approach. I am a Circuit Judge and this judgment does not set out any guidance or law to follow as a result.
2. I am also doing my best to explain my decision and reasoning in simple language. Partly this is because the language of court users can often be hard to follow for an outsider and like many areas of life uses expressions that regular users understand and not others, but partly as in this case I am aware the Father has some difficulties in following complex language and while Mother does not I consider it is best to explain things to her in simple terms.
3. This is not the first time I have made decisions about the Mothers children as both she and her partner were involved in a court process that ended in November last year about two earlier children. At that time Mother became so poorly she lost capacity and was represented by the official solicitor. Her partner and parents were caring for her. One of her children was adopted and the other moved to live with his Father. Mother has other children none of whom remain in her care due to difficulties with violent relationships drug abuse, difficulties in assessing risk from partners of concern and similar concerns.
4. She does not now use the illicit drugs she did or abuse alcohol. I note there are no reports of physical violence with her current partner with whom she has been in a relationship for over two years now.
5. Before meeting him she had been able to care for her then child as her parenting was considered to be good enough. They started to live together very quickly. Social services were very worried about the Father and insisted he should not live with the children and their relationship continued in separate homes.
6. The concerns of social services about the Father were troubling reports that a child from a long earlier relationship and a step niece with whom he had a sexual relationship when she was just 18 and he was significantly older had made complaints to the police about him and sexually abusive behaviour as children and in respect of the niece later. He was interviewed and bailed but eventually the charges were not pursued. It is not entirely clear why not, but it meant that social services concerns about these issues have never been proved to be based on facts in any court. I accept this has led to difficulties as “concerns” about reports are simply not facts on which any assessment of risk can take place.

7. They rely instead on the Mothers unwillingness to openly consider risk when given information about him which is particularly relevant to her they say due to her past in which on her own account her children have experienced intimate partners abusive behaviour. Father has now accepted responsibility for a slap to his son born to this earlier relationship which the boy had complained of in circumstances in which this child was badly bruised but the court cannot go beyond his admission. Mother has never accepted he did this and indeed presented her own evidence as to why she considered it impossible. The Father was also subject to three separate applications for orders to protect these children's Mother. He chose not to dispute these orders being made but did break one of them. Breaking such an order is I consider an issue of risk.
8. In addition, he has longstanding problems with drugs and when Mother moved in with him in 2016 was arrested by police for cannabis possession which he tried to hide, and this in the bedroom of one of the children. His mental health issues were plainly unresolved. This can cause him to be hugely anxious, isolated and irritable.
9. I have already made findings that Mothers understanding of risk was deficient in November of last year. These facts included concerns about Mothers impulsive and risky behaviour in relationships in the past which had placed earlier children at serious risk and previous judges have noted similar serious issues. There are comprehensive judgements about this which both parents have had the opportunity to read again as they are in the bundle of papers before me which I have read.
10. In the course of proceedings over some years, she has been seen by experts often and has agreed to share her medical records with them. Advice to her and to the court considered she suffered from complex mental health presentation and the latest report from an expert who gave evidence in court said while she gave a diagnosis searching for the right name for her problems was a diversion from the obvious needs of treatment that would help. Her mental health problems add to some real and serious physical health problems but somatic symptoms and related disorders can leave her so incapacitated she became unable to function at all last year and all aspects of her care including feeding had to be done by others. The risks of this in the plainest terms were her inability to care for children in a practical way and this had led to the last proceedings when after a period of what appeared to be stability she became so ill she moved her children to her parents care.
11. As a result, Mother has been advised to ensure she obtains therapeutic help and she has received a limited amount of this. She received some sessions of EMDR as agreed in 2015 but did not complete the course on offer, 3 out of 20 sessions, a service which she disengaged from and earlier this year a very limited amount of assistance which she states has completely ended seizures not caused by epilepsy but by her mental health condition. She does not accept the conclusions of Dr D the court appointed medical expert about her health condition and states instead her CPN co-ordinator and the Psychiatrist she has seen in

the past have discharged her from services believing her mental health is fully controlled. Their reports are in the bundle. I will find Mothers manipulative behaviour to all health professionals includes to these professionals. It is unclear to me whether they have seen the report of D. The limits of what professionals in the time limited NHS can provide to a complex patient like her were explained by Dr D in evidence.

12. By the time the last court case ended Mother was again pregnant and this pattern has continued. She is pregnant again this year despite, she says, being on birth control and wishes to care for all her children under 2 at that point. Her history is of pregnancies not going to term and she is required to have fairly intensive health support throughout them.
13. As Mother was represented by the Official Solicitor in the last proceedings who did not challenge the findings made now that she has regained capacity she has challenged the facts which social services say meant the children were at risk of serious harm when this case began. She and the Father seek to be the primary carers of the children with support from Mothers parents and their church.
14. Father continues to deny there is any reason for social workers to be anxious about either his history or his current presentation. He chose not to give evidence to me and while I could have compelled him to do so agreed given the range of other evidence I had heard, his own difficulties and anxiety and the fact he had clearly understood I am able to make inferences from his not giving evidence.
15. During the current pregnancy among the limited medical evidence available it is apparent Mother has sought emergency medical advice on a few occasions, discharged herself on advice twice (she says once only) and sought a strong painkiller pethidine at hospitals.
16. LAW
17. In as simple terms as I can social services have to prove the facts that show the children were at risk of serious harm when the case started, preferably with primary evidence and on the balance of probabilities which means more likely than not. This is a hurdle to get over and only if got over does the court have any right (or jurisdiction) to interfere in the private life of families and then it must only make orders if an order is better than none, and if it meets the welfare needs of the child or children the court is concerned with.
18. I have been reminded about a number of cases which elaborate on the courts task when doing this , and in particular
 - The court is looking at serious harm not poor or inadequate parenting
 - Any facts must be based on primary evidence not “concerns” – this is particularly relevant here given the police investigations about Father which have not proceeded
 - The court has to consider the wide canvas of evidence when looking at expert evidence as part of the whole picture.

- Assessing parental credibility is important but witnesses can lie for many reasons including fear distress or shame and lies about one or some things does not mean all their evidence is untrue
- The date when social services have to prove the children were at risk of harm is when proceedings began.
- Once found proved the children's welfare is the courts main concern at this time, and a checklist sets out a list of things the court must consider always bearing in mind that private family life should not be interfered with unless there is a pressing reason to do so and courts should not separate children from parents who love them unless it is necessary for their welfare to do this and proportionate to such risks as the court has found exists – this is rightly a high test for social services to meet.
- The court has to consider the independent views of the Children's Guardian appointed to assist the court about the welfare of children. If it disagrees it has to set out clear reasons for that.
- When making a decision about adoption the court has to consider a child's welfare throughout his or her life and always consider the impact on a child of losing a family of origin which is the most serious step a family court can take and only allowed if there is no other option to meet a child's welfare. In other words adoption is not a welfare "option" it is only justified if nothing else will do.

19. I have read the contents of 4 large ringbinders of evidence some from past cases. The papers include medical records and police records over some time. I also had the opportunity to hear from the independent social worker, psychiatrist, social workers and Mother and Guardian in oral evidence.

20. The independent social worker KR reported to the court in July of this year- her conclusions were disputed. She considered they remained accurate and noted currently parents present as a couple but she felt their relationship was "chaotic." She had not been told Mother was pregnant while undertaking her assessment and was anxious about the relationship, the fact parents have only just started living together and that the pregnancy had risks of special needs as a result of prematurity. She felt it a recipe, "for disaster". She conducted an assessment taking into account Fathers functioning to give both parents the best opportunity of performing well. Her report ended up late due to changes in the parents position with two apparent separations taking place leading to her having to consider whether parents had to be assessed separately.

21. As to Father she said he has at times a short temper and can get quite agitated, she considered his behaviour could be frightening. Father had not identified any need to change to her and she considered his quite severe anxiety could become volatile and "there's every chance it could become physical."

22. She was anxious having seen Mothers more recent medical records which show quite recently she twice discharged herself from hospital against advice and was seeking pethidine a very strong pain killer.
23. Her concerns about Mothers behaviour in starting and continuing a relationship with Father was that there had been no questioning from her or reflection and "If she can't go that far how can she protect her children?" She noted in the past Mother had chosen her relationship with a previous abusive partner over her children's safety. On two occasions in her assessment I accept her evidence that Mother had told her the relationship had ended because of the Fathers domestic abuse and recognised the categories of it. She described how she was prevented from going out, watched in the bath, called all the time and asked where she is and what she is doing. He would ring and ring until she answered. She described obsessional behaviour which she herself clearly identified as controlling and plainly Father would be agitated and anxious until she replied.
24. In the last proceedings and earlier this year he had refused to let people even see the Mother or enter the house. Maternal grandparents had not been able to help sufficiently to ensure professionals saw the Mother.
25. She accepted many positives were clear; basic care ; a settled nice home ; discharge of Mother from mental health services; she has completed the Freedom Programme now and due to engage in further learning with the NSPCC
26. Set against this; Mother was not meeting her health needs such as repeated diarrhoea and other complaints meaning she has missed a great deal of contacts; her search for pethidine; discharge against advice; she herself had struggled to contact Mother though she had then engaged. She was anxious about Mothers complete acceptance that Fathers sexual relationship with a young person only 18 when he was significantly older, and who he had been a step uncle for , was entirely proper and also by what she felt was an attempt to disprove allegations against him , and worryingly supported by Mother stating she had some clear evidence to support what she asserted which in fact when challenged she did not.
27. The risk to the children of Mothers somatic behaviour was something she was concerned about since the history showed Mother repeatedly sought help for medical conditions that were not evidenced. Were that to be repeated with the children – and she had forced through an in correct diagnosis of lactose intolerance for a child with a GP during this case – she was anxious about their physical well-being and the impact of illness behaviour.
28. In relation to Father ; he is so anxious he takes extra medication for contact in a controlled environment; he continues to need support to function ; she felt his anxiety and controlling behaviour were interrelated ; he struggled to leave the house on occasion or have people in the house due to anxiety ; he had not sought any help save he continued to take his

medication; he does not understand what controlling behaviour is and she considered since he did not consider he has a problem he would not therefore be able to effectively use learning from any course to reduce risks of domestically abusive behaviour. He had not managed to get a place on one so far in part it seems due to him setting out what he understood the risks he posed as due to the sexual allegations alone. So far as his history on his own account he had not protected his own children from abuse when he separated and he now accepted smacking his son. This caused her anxiety.

29. She noted the further pregnancy interfered with the therapy needed for both especially the Mother, and such therapy might be challenging.
30. Dr D gave evidence. She is a consultant adult psychiatrist with extensive experience who reported for the court in August of last year. Mother did not accept her conclusions and she was required therefore to attend. I found her a very impressive witness with a clear grasp of the history and I considered an ability to explain her clinical findings in clear language. She looked at the records that have been obtained for Mother who she reported about, though records from the sexual health clinic and her own GP from April to August of this year were unfortunately missing.
31. She was anxious about the search for pethidine, which fitted into a pattern I noted in the historic records, including a pattern of accessing emergency care rather than primary care, in one case recently while in Wales to a hospital who obviously would not have her medical notes or access to them.
32. The correct diagnosis for the Mother in her view is Somatic Symptom and Related Disorders with illness anxiety and conversion disorder but were it in the psychiatric current definitions she would prefer a diagnosis of complex post-traumatic stress disorder. This is something where symptoms do not go away she told the court, but would recur from time to time. At H247 of the bundle she states "Central to this case in my view is a highly vulnerable Mother with unresolved significant acute and chronic trauma, and inability to deal with life stresses secondary to her vulnerability such as poor judgment in her relationship history and ongoing unplanned parenthood in terms of risks and consequences of her decisions. Parenthood is challenging and more so for individuals like the Mother. Her background history places her in a high-risk group of parents who are unable to provide consistent safe and good enough parenting, through various acts of omission and commission, though seemingly quite capable of providing pockets of good parenting."
33. Somatisation is a tendency to experience and communicate distress in the form of bodily symptoms....."She has not ..felt able or ready to engage in specialist psychological therapies to work through the underlying trauma and to learn more adaptive coping mechanisms to deal with life stresses and anxieties about her physical health.....her management will be

challenging and should include a team with a consistent caring supportive but with boundaries and good communications across all involved health care services.”

34. Looking at the variety of complaints Dr D felt it points to Mother being an inconsistent historian – she meant I am clear not being accurate or truthful about symptoms she alleged she had and seeking diagnosis. She describes this process as “periodic decomposition of her health.” She had managed to get prescriptions for Codeine an opioid on occasions which should not be prescribed for more than a short period Mother told her for the whole of the pregnancy she had just completed.
35. She felt Mother had shifted from illicit drugs to abuse of prescribed drugs and questioned the need for such painkillers which are highly addictive, feeling it was a shift in dependence rather than a change in her behaviour. In fact, in the past she has abused prescription drugs as she was convicted of driving while unable to function due to benzodiazepine use.
36. She pointed out a relationship with a Doctor is based on trust and respect but patients with this condition challenge this since trust is breached and there is usually an element of deception in such cases. Because such patients are usually intelligent and well-resourced and have accumulated a lot of medical knowledge they can be almost as knowledgeable as some clinicians. She felt Mother had not absorbed her report from what she had read in her latest statement and in any event accepting this on an intellectual level was possible but it takes another step to change engrained behaviour.
37. She considered the best approach rather than looking for a label for Mother was to look at what distresses her and work with that, “otherwise there is a risk of overlooking this vulnerable woman who is suffering.” She did not feel the absence of seizures since January was a sustained period especially given that between 2013 and 2017 she had not had any and had then twice been so ill.
38. Mother she considered was still presenting without actual symptoms on testing. Now she needs specific community treatment intervention – while her mental health symptoms appeared better they present the other way through physical symptoms and her not requiring active intervention for a period was not unusual. Importantly she said we shouldn't look at isolated symptoms but the whole picture. The Mothers judgment in furthermore complicated pregnancies that she considered not thought through concerned her.
39. Such a complex medical intervention was something she felt the NHS was currently poorly resourced to provide. She needed an experienced therapist who could decide how best to provide therapy, what kinds and what time scales would be involved. I accepted her compelling evidence in its entirety. It sets out clear risks of significant harm through health interfering with basic care.

40. Dr D was asked about whether a parent could receive the medical support needed while caring for children and fairly said this was possible “ in principle” but would be looking for support or a fellow parent to mitigate the risks. I didn’t hear this as saying this was possible with this parent.
41. She was followed by the social worker who prepared earlier pre- proceedings reports and the first statement for the court. She recalled how she had not been allowed into the home to discuss the expected births as Father said Mothers ill health was caused by the stress of social workers and anyhow the children were not yet born. This might have been an opportunity to review the kind of learning Father needed.
42. She confirmed basic care was good (though I note Dr D’s report that this would inevitably be inconsistent) her concern was consistency as the children got older and the risks of abusive behaviour and Mothers health. She had felt threatened when Father had attended hospital by his demeanour when he saw her and a colleague there.
43. The current key social worker presented the care plans to the court which seek permission to place both children for adoption on the grounds they are too young for foster care permanently and the local authority consider parents not safe to care, with no wider family members available.
44. She was clear about the contents of a phone call with Mother in early August when she said she had split up with Father because he was controlling and she wasn’t going to put up with it any more. She had met her later that day when she described how he wouldn’t let her go out, be around friends and do things she wanted to do. Though she said she had told him Father did not appear to be aware about the separation. The Mother directly related this to her learning from the Freedom Programme.
45. Later Mother said he had agreed not to be controlling anymore and she was confident it would be fine.
46. She too was concerned about the impact of the current pregnancy as it would result in a household of young children to care for if these two were able to live with their parents. She considered parents relationship still unstable and felt ordinary life stresses and strains combined with this would be of concern. She confirmed the many missed contacts and her concerns about the health-related explanations given. I share those concerns as if two parents are so repeatedly ill with diarrhoea it would suggest an unhealthy home, but I am not convinced such an explanation is correct. In general, it is very worrying I found no clear explanation for so many missed visits.
47. She was clear parents love and are devoted to their children. She wanted Father to complete the domestic abuse course he had been signposted to but did accept some 1 to 1

work might be more appropriate which I would agree with. I also accept her and others concerns that if he feels he behaves well then why would he go and spend any time on reflection which is necessarily a part of the course process. Her colleague had suggested a course for Father, again best delivered one to one, on appropriate chastisement and control of children. It was unclear why this wasn't offered since it seems sensible.

48. She felt if there were difficulties over abuse she could not rely on Mother to tell her and I am confident she is right about this. I agree that Mother not taking medical advice and discharging herself is worrying and should change. I also agree when challenged about the actual significant risks the social worker did not appear to have clearly thought this through or considered what the impact of deciding allegations of sexual misconduct against Father would not be pursued. Her analysis in oral evidence was inadequate.
49. Social services had not had a family group conference in this case. In these particular circumstances I am not critical of this though I am generally hugely supportive of them. Father has very limited support and social services were well aware of what could and couldn't be offered from Mother's family. The Church's role in counselling the parents about Father's behaviour concerned me, and I would not identify them as parenting support.
50. While asked to describe the kinds of support that could be made available to add to grandparents and church if the court disagreed with her plans she made the point that she was anxious about the physical safety of the children. She pointed out as I have found before that maternal grandparents put their daughter's wellbeing first and they for example did as she required in preventing a child they cared for under an interim care order see his Father rather than following social work requests, and gave up care of both children in order to support Mother's then very poor health. They have never considered Father to be a risk. He is not really able to go to contact on his own he has shown and if Mother was unwell it seems to me he could not possibly cope with two young children.
51. The social worker had been told by Father he planned to stop taking the strong medicine given to him for his mental health and had to be urged to discuss this with a health professional rather than do this. The impact of this proposed action might have been very concerning. I do not consider the explanation given by Father about her misconstruing his response to be likely.
52. She felt there was a risk the family home might be like walking on eggshells and Mother likely to continue to be pre-occupied with her physical health to the detriment of meeting the children's day to day care needs. This is an analysis I accept.
53. She was confident Mother knew quite well she was pregnant before early August as she had a pronounced baby bump on the 6th August and has had children before.

54. Mother gave evidence to me. She told me about her latest pregnancy with an odd story about getting the pill from the sexual health clinic rather than her GP at the GPs advice and being told it would mask a pregnancy test result which she asked about, while claiming at the same time she thought increased fat was as a result of new medication. I know how keen she is to follow up any medical issue. I am confident she knew she was pregnant long before she chose to reveal it in this roundabout way and cannot be confident about any of her assertions about prescription and use of the pill.
55. Her timeline of the diagnosis of “SPD” (a medical diagnosis she claimed she had which explained painful symptoms) seems at best unreliable. I note her having told another professional it was a midwife who diagnosed this and that it had happened long before this summer and given she has talked about it before I consider it is more likely she would like someone to diagnose it but it hasn’t been done. She suggests one of the consultants she saw this summer diagnosed it but there is no reference to it in the notes I have seen.
56. Like the Guardian I agree she can be very convincing and care must be taken to check any account she gives. It has enabled her to complain of serious pain and seek out serious painkillers. About her more recent hospital visits I didn’t believe a word of her description of how Doctor’s planned to prescribe her diamorphine and were reminded by a nurse, “we don’t use that here.” I consider the medical notes show clearly it was her who demanded pethidine and twice left when it wasn’t given. I couldn’t accept she was concerned about fluid leakage and needed a check when at most it was urine. She says of herself her “pelvis has fallen apart due to SPD” and this therefore the cause of her pain. I did not believe her account of not understanding she was not yet free to leave the hospital on one occasion.
57. Most worrying was her evidence about her partner who she again plans to marry- this has been planned before I know –that he was “a bit controlling”g she said only not letting her out on her own and she didn’t understand why. I didn’t for a minute believe the Freedom Project staff encouraged her to challenge him about why and encourage her to understand his behaviour, “ They said I was a bit quick to judge,” which on her account is over anxious not abusive – as she describes it now. “I completely overreacted.” “He is entirely innocent now.” I prefer the accounts she gave to social workers and the midwife and the Guardian which I accept all accurately recorded and noted her saying he was emotionally and psychologically abusive. She said to the court, “I can’t explain why she used those words.” in effect saying the social worker was lying and also denying the Guardian had a telephone call with her before then denying the content of it. I have seen the Guardian’s contemporaneous note and accept it. In her evidence she alleged she had told her she had previously been a victim of domestic violence referring to a previous partner. Why would she do that in isolation?
58. And if so why did she call the police as she accepts she did? She said she felt a “little bit” trapped, an odd expression- you are either trapped or not. It is serious minimising and she is not now telling the truth I am sure. I found the idea of the two of them resolving difficulties through the Church too was hard to accept.

59. Her limited understanding of risk and rather hostile response to social workers when they learnt of his historically having being bailed on serious charges concerned me with statements such as, "I work off facts and evidence" and telling the court some of Fathers family had told her he only met his step niece in her teens when he himself accepts baby-sitting her. She has actively looked to find a good excuse not to even consider concerns so when she says she has seen no behaviour that concerns her I could not rely on her good sense. I found her account of two meetings with his daughter who she claims now withdrew her allegation to her most unlikely. Surely if desperate to clear his name she would tell the police and social workers they were wrong not "it's up to her." I accept the Father is not a risk of sexually abusive behaviour to young people as none of it has been proved but I consider his relationship with his step niece was in appropriate. But the Mother is someone who I consider cannot consider risks of adults who she has relationships with as evidenced by her past behaviour and this risk of engaging with risky adults remains one that is a serious risk to her children.
60. I do of course note she has been discharged from mental health services which are a form of crisis support, has gone on the Freedom Programme and waiting further learning. I question what she has really learnt from the Freedom Programme about her own experience and her inability to assess risk remains as poor as it has ever been I consider.
61. She hopes to secure the care of her children yet I found her reasoning for not seeing them so often at contact visits unlikely to be true. I cannot accept someone who uses health services so regularly would not think they needed urgent medical help after such repeated diarrhoea, for example. I should also add if her account was true, then both parents are unable to secure both their own health and the health of the household. I don't accept either that she did call on each occasion she didn't attend with an explanation. I accept other health issues affected her in this time but not to the degree she missed such extensive visiting opportunities.
62. It is unfortunate she does not at least carefully consider what Dr said over a year ago. I would like all her health professionals to have a copy of her report and a note that I accepted it in its entirety. She noted her Father disagreed with it which confirms my assessment he cannot be a supportive figure. She needs persuasion and assistance and possibly financial help from them to start the process of helping herself get better through therapy.
63. Father did not want to give evidence and I did not compel him to. I am plainly aware of his love for his children and partner and wish to care for all of them. He has been represented throughout and it has never been suggested to me that he needed special measures save for the support throughout of an advocate. Clearly this can be looked at again in future.

64. The Children's Guardian gave evidence and I considered her report and evidence helpful. She too was anxious about the recent evidence of drug seeking because of the Mothers history of illicit drug use and the impact of drugs on her pregnancy she said, "I've been left most uncomfortable with that." With health and therapy, a baseline that was needed for each parent to start from remained missing.
65. She would like parents to take time to recover and grieve and not launch into another emotionally draining pregnancy with its significant impact. Professionals as well as family might be taken in by Mothers convincing accounts she considered. She pointed out how longstanding requests for parents to get clear support had been and how limited that process so far.
66. She did wonder if someone sitting down with Mother one to one going through Dr D's report as well as perhaps a request to the Dr to rephrase it in the simplest language might be helpful to the Mother. I agree this is a good idea – and perhaps for both Father and grandparents too but while it is worth trying one would have thought with her lawyer she might have reflected on this carefully as new proceeding began for these children. I consider all are resistant to this kind of understanding.
67. She was also confident there was no real workable support network since if unwell it would have to focus on the Mother and her capacity and propensity to manipulate and convince that support system. She would like this cycle of losing children to end but now is not the time she said and it is predicated on Mother being prepared to actively listen.
68. About her she said and I agree, "there are so many inconsistencies now it is difficult to know what is real and what is fantasy."
69. I have concluded that the risks based on the evidence that existed both at the start of proceedings and now are proved.
70. Primarily Mother might again be seriously ill and cannot care for herself let alone 2 now and a family of young children – this has happened on two long occasions over the last 12 months. When I dealt with the final hearing last year for her previous children she was so poorly it was determined she had lost capacity. Her parents committed to care of her rather than the children they had previously said they would care for as their concerns for her wellbeing were so serious. I consider these risks of repeat serious illness caused by high stress and her very complex medical condition remain considerable. At such times she and her partner could not care for the children on their own admittance. This would be significantly harmful

71. Also the Mother is a complex individual and I accept patently very convincing to professionals . This has consequences for her and getting or trying to get treatment but having heard the evidence in this case we know she insisted on a lactose free milk being issued to her child in these proceedings , and succeeded without any good medical cause. One might see this as relatively minor, but in the big picture of the Mothers own health I do not. I consider the children must be at risk of incorrect medical treatment as a result of her own actions. This would be harmful.
72. I accept the Mother has shown a consistent wish over recent times to obtain serious painkillers that I do not consider could have been justified. This is a pattern that goes back many years as does concern then that I share now that she overuses emergency medical care rather than GP services. Given her history of substance abuse I find a real risk of abuse of medication of such strength it would prevent proper care of very young children. Also in the past we know abuse of substances has badly affected her parenting in a serious way
73. In addition the Mother cannot be trusted to protect herself let alone young children. We know historically she has put her relationship with a previous partner above her and her children's needs and remained in what she says was a significantly abusive relationship for a long time. Now she remains in a relationship with the Father which she has repeatedly described as abusive. I agree with the Guardian – you cannot quantify which type of abuse is more serious than another, what matters is the impact on this person and it was so severe she wanted to end her relationship several times.
74. The Mother remains unable to adequately assess risk given what she has told us about her views about the Father. She is blinkered to him, almost creating a case he did not hurt his son by smacking him, prepared to lie as in her Facebook account of when and how his daughter and niece's allegations were made to the police and simply not having any open mind. Any Mother would surely question why a Father wasn't seeing his children who he says he helped bring up and question why he didn't apply to the court, object to the 3 injunctions made against him or why he broke one. His behaviour in just ripping up the injunction papers sent to him by the court ought to have concerned her. She needs this skill given her propensity to make relationships which involve pregnancy quickly in the past with people she barely knows. Given I am not persuaded the relationship with the Father is sustainable long term this is a risk to the children.
75. The relationship with the Father is emotionally and psychologically abusive. I cannot accept such longstanding behaviour has ended. At times it plainly makes the Mother most unhappy and it would impact on the children who witnessed it.
76. The Father is someone who finds day to day life so anxiety making he has to take strong medication to cope, including just to go to contact visits. Yet he has failed to seek out talking therapies or help save for medication. It is plain he can become irritable and frustrated and social workers reported feeling threatened by his staring behaviour. I

consider we do not know the truth of what happens in the family home and will not but there is a likelihood he is loud frustrated and angry at least which the children would find frightening.

77. CONCLUSION

78. It is sadly my conclusion that the risks I have set out above remain real and serious. I agree with the Guardian that were parents to give themselves a period of time for reflection and an opportunity to improve their functioning generally in terms of mental and physical health it would be very positive. I consider each has the ability to ensure a further pregnancy does not take place. Something like the pause project would be a particularly useful resource I consider.

79. Unlike the Guardian I consider that Mother is able to understand what Dr D has said about her but I am sure reviewing it with professionals would be useful. I am going to ask the local authority to ensure a copy of it together with confirmation I accepted her evidence in its entirety goes to the Mothers GP, the Sexual Health Clinic , the maternity unit in and her mental health workers. One of the issues she was anxious about was Mothers ability to go to another professional if her needs were not met by the first and each needs to be aware of the issues this presents. Among these plainly is whether accounts she gives are true or not or can be independently verified.

80. I know how much both parents love their children and wish to care for them but do not conclude they can do so safely. I do not consider there is support the local authority could provide to answer the risks I have identified, as this would rely on parents being open and honest and in relation to Mothers mental health diagnosis her behaviour will continue until what is likely to be significant therapeutic help is undertaken. I consider the relationship unstable and risky. I do not consider family members can be entrusted with oversight or child focussed protection.

81. I know separation permanently is unbearable for them to contemplate but I cannot see any alternative to adoption to meet the children's needs throughout their lives. They are too young to stay in foster care with all its rules, regulations and uncertainty. They need the security of a family of their own who will be there when they are young adults to pick up the pieces or pay for a flat deposit.

82. They will lose their connections with people who they look like and may sound like and relationships with wider family with their mutual history that is important to any individual. While life story information is important and helpful and I hope their family can work to ensure they have this as comprehensively as possible it is still different not having a real face to face relationship. The legal end to their names and family membership is so serious that I

can only approve a care plan with a plan for adoption and give permission for the local authority to place a child for adoption if the child's welfare requires this and nothing else will do to meet their welfare needs and is a proportionate interference in the family life of parents and children .

83. I do not do this easily as it is the most serious order any family court Judge can make and I appreciate the emotional toll of this on parents and wider family but I cannot see any other option would meet the needs of the children and I therefore make a care order and dispense with the consent of parents to the making of a placement order on the grounds the children's welfare requires it.

HHJ Williscroft

October 2018