

IN THE EAST LONDON FAMILY COURT

Case No: ZE17C00573

Courtroom No. 12

11 Westferry Circus
Canary Wharf
London
E14 4HD

Friday, 14th September 2018

Before:
HER HONOUR JUDGE ATKINSON

B E T W E E N:

LONDON BOROUGH OF SUTTON

and

P
K-G

MS H SOFFA appeared on behalf of the Applicant
UNKNOWN COUNSEL appeared on behalf of the Respondents

JUDGMENT
(For Approval)

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HHJ ATKINSON:

1. Rose is a little girl aged almost 14 months. She was removed from the care of her mother at birth and has lived in foster care all her life. In February of this year, Her Honour Judge Probyn made a full care order and placement order in respect of Rose as she was invited to do by the local authority and the Guardian. On 28 June, the Court of Appeal overturned that decision and the matter was remitted to me for a re-hearing of the welfare decision.
2. As will become apparent, this case, as it has unfolded before me, is very different to the case before Judge Probyn. I have already announced my decision. On the evidence before me the local authority has failed to establish, on a proper *Re BS* analysis that the welfare of this child requires that I should dispense with the consent of her mother and make a placement order. Having heard evidence from the extended support network and seen that the mother has continued in her sobriety, it is not possible to say that nothing else, but adoption, will do for this little girl.
3. The case is still finely balanced but that balance now falls clearly, in my view, in favour of Rose being returned home under conditions of strict monitoring until the risks reduce yet further and allow the gradual relaxation of that monitoring.

Background

4. The facts of this case are well known. They were set out, fully, in the two judgments from Judge Probyn and summarised in the Court of Appeal. The history of this case, though, is essential in understanding the stance taken by the local authority and also in measuring the progress made by this mother in her long journey battling against her dependency. In the summary I am about to give, I borrow heavily from those judgments.
5. The mother had a difficult childhood, lived largely in care. She is an alcoholic and her addiction to alcohol began when she was a teenager. She has appeared before the criminal courts for offences which have been fuelled by alcohol. Twice, in 2009, she was sentenced to alcoholic treatment programmes and, again in 2015, to which I shall return.
6. The mother and father have been in a relationship, of sorts, since around 2005. From what I have read, it appears that this relationship does not involve them living together as a family. He has, however, fathered all three of the mother's children. It was significant that at the beginning of these proceedings the mother denied that he was Rose's father and it speaks volumes about their relationship that on learning that he was he was apparently sceptical and surprised. The father has played a minimal role in these proceedings, although I

understand he continues to have contact to the older child.

7. In August 2012, the mother had her first child. That older child, Lucy, is now six. In the spring of 2014 the mother gave birth to her second child, Mary. In the autumn of 2014, when she was just five months old, Mary died unexpectedly. The death was characterised as 'SUID' or sudden unexpected infant death. The local authority had no specific involvement with the mother and her older children until that child's death. The mother had been drinking the night Mary died. The death of Mary prompted a period of heavy drinking by the mother and the involvement of Social Services with the family.
8. The involvement began with the removal of Lucy from the mother's care immediately after Mary's death. Lucy was placed in foster care. It was around this time that the mother was arrested for assaulting a taxi driver whilst very drunk. She was charged and, in early 2015, she was given a further referral to an alcohol treatment programme at a specialist rehabilitation service. She undertook that programme for six months, until July 2015. She did well. As a result, a first set of care proceedings, in respect of Lucy, were concluded on the basis that Lucy returned to live at home with her mother supported by a one-year supervision order and a working agreement that Mother should remain abstinent and continued to engage with specialist rehabilitation services aftercare.
9. The mother remained abstinent for 12 to 13 months, until February 2016. In February 2016, the mother told the social worker that she had been drinking over the weekend when Lucy was staying with her paternal grandmother. In June 2016, she again volunteered information to the local authority that she had been drinking whilst Lucy was with her grandmother. A hair strand test, on 22 June 2016, seemed to confirm that these were isolated incidents because the test was negative for excess alcohol from February to the beginning of June suggesting lapses as opposed to relapse.
10. The supervision order was due to expire in August 2016. The reported lapses, combined with the failure on the part of the mother to take up the aftercare services with the specialist rehabilitation service, prompted an application to extend the supervision order. The mother opposed the making of a further supervision order. Significantly, she also refused to submit to further hair strand testing. Nevertheless, the test was carried out in December showed that the mother had consumed excess alcohol from the beginning of June to end of November 2016.
11. It was in January 2017 that the mother finally admitted, to the local authority, that she had been drinking on the alternate weekends when Lucy was in the care of the grandmother.

However, she continued to deny the extent of that drinking and also that it had had an impact upon her care of Lucy.

12. In December 2016, the mother discovered she was pregnant with Rose. She maintains, and indeed it is accepted, that from this moment, she abstained from drinking. Nevertheless, further chaos ensued when, in early February, the mother was arrested for shoplifting. Consequently, the local authority changed its plans.
13. On 17 February 2017, the local authority was given leave to withdraw its application for an extension of a supervision order on the basis that they would now seek a care order in respect of Lucy. On 7 March, Lucy was made subject to an interim care order and placed with her paternal grandmother with whom she continues to live. Various directions were made including a direction for a SCRAM monitoring bracelet and on 13 April 2017, the mother entered a residential programme at the specialist rehabilitation service.
14. Rose was born on 20 July 2017 during the currency of the care proceedings, in respect of Lucy. Separate proceedings were issued in respect of Rose. The local authority removed Rose, at birth, and she was placed in foster care where she has remained to date. The local authority plan was clear from the outset. Its care plan for Rose was one of adoption and no further assessment or work with the mother was intended or offered.
15. To be fair to the local authority, the proceedings in respect of Lucy were nearing the final hearing. It is therefore unsurprising that it considered that there was ample evidence in the proceedings to inform the decision making in respect of Rose. The Court of Appeal were impliedly critical of the local authority for not providing the mother with support during this time. It is an easy criticism to make but in my experience, the focus of most local authorities in this situation would be the child. When a mother is considered unable to provide that child with a home she is, in our current family justice system, often left to look out for herself. I am not saying that that is right. Indeed, it is far from right, but in a child protection focused system operating on limited resources, this is what happens.
16. However, this mother, of her own volition, located and engaged independently with Alcoholic Anonymous ('AA'), with the specialist rehabilitation service, with a community drug and alcohol service and continued to wear a SCRAM bracelet. Up until the final hearing of the local authority's application for a placement order, the mother was having contact with Rose four times a week. The quality of that contact had been excellent, and the Court of Appeal recorded that 'The foster carer told the children's guardian that in her almost 30 years of fostering, the mother is 'one of the most impressive parents she had met

in terms of her connection and her relationship with her daughter’.

17. The final proceedings in relation to Lucy were conducted between 4 and 7 September 2017 and resulted in the making of special guardianship order in favour of the paternal grandmother where she continues to reside. Although Judge Probyn recognised that the mother had been sober since December 2016 and it had been on her own admissions that the lapses were discovered, she remained extremely concerned by the mother’s continuing lack of insight and the extent of her deception.
18. In her first judgment, in September 2017, she remained particularly concerned about:
 - a. the mother’s view that the harm suffered by Lucy was due to her removal into care;
 - b. her attitude to the lies that she told about drinking in her statement, considered to be dismissive;
 - c. a wholly inadequate appreciation of the risks arising from her alcohol addiction;
 - d. clear evidence that the mother drank more than she was willing to admit and her refusal to provide samples for testing providing powerful evidence in support of that.

What she said was this:

‘The mother is simply unable, at this stage, to provide her with safe, consistent care she requires. The intensity of her addiction and the difficulties she has maintaining sobriety are such that whilst I give her every credit for remaining sober since December 2016, this is but another start and it is frankly too soon to have any confidence in her ability to maintain this’.

19. The local authority’s application for care and placement orders in respect of Rose came before Judge Probyn, 5 months later, in February 2018. As highlighted, by Judge Probyn, there had been further progress on the part of the mother. She had, by the time of the hearing, been abstinent for 13 months. Her honesty and insight had evolved in the months between the two judgments. However, as I will set out in due course, the apparent honesty on display before Judge Probyn was very new. The dishonesty displayed prior to that hearing was troublingly recent for the learned Judge.
20. The situation before me is very different. It is accepted, as at today, the mother has now been 21 months sober, she has committed to AA in a way that has not been seen to date, she has sought her own treatment and alcohol services without the assistance of the local

authority and she has demonstrated greater insight than ever before into her chronic condition and the impact that it has had on her ability to parent her children. Fundamentally, that is a different picture to the one that was before Judge Probyn.

21. In addition, the isolation and lack of support, identified as a serious cause by the previous Guardian and considered significant still by the current Guardian is not, in my view, as concerning as it once appeared. I will return to that.

Medical Evidence

22. Against that agreed factual background, let me turn to the psychiatric evidence.

Dr Hallstrom

23. Dr Hallstrom is an adult psychiatrist. He is a consultant psychiatrist for the Family Drug and Alcohol Court (FDAC) team because he specialises in psycho-pharmacology. He was instructed in the proceedings in relation to Lucy and in those proceedings he gave oral evidence. In these proceedings he has reported afresh. No party challenged his evidence in the February hearing and so he did not actually give oral evidence. However, in the bundle prepared for me, is the complete transcript of his evidence, I think, before Judge Probyn in September in the proceedings in relation to Lucy. Reading that evidence brings into sharp focus how far the mother has come from that time.
24. Turning to his evidence in these proceedings, I can summarise it as follows. Dr Hallstrom felt that the mother had made all the progress that one could hope for and expect of her to date. He said, 'She is a very different person to the person at the beginning of the proceedings. She looks physically and mentally well, and she has embraced the AA process of recovery which is probably the best programme available for aiding recovery'. He said to me, that the prognosis is looking considerably better than when he last saw her. Her motivation, he thought, came from her pregnancy and then the proceedings are a strong incentive for her to stay away from alcohol. He commented that she had not yet been able to see how she would manage out of proceedings and away from scrutiny.
25. He did say, however, that the scrutiny of the local authority continuing under a supervision order would provide a similar incentive for her to maintain her sobriety. He therefore felt that the risk of relapse in the immediate future was considerably lower than the risk over the life of the child.
26. Turning to that risk, in February he had reported as follows:

'Alcoholism is a chronic relapsing condition. There is no certainty as to the future but according to conventional psychiatry wisdom and based upon

published evidence, it would be acceptable to consider that the prognosis becomes reasonably good if there is a further six months of progress. If she were to achieve another six months of sobriety, then I would consider there to be some grounds for optimism that she will be able to achieve long-term sobriety, possibly with occasional setbacks’.

27. I have to say that Dr Hallstrom rowed back, somewhat, from that in the proceedings in front of me and in a rather confusing and not necessarily very helpful way. To be fair to Dr Hallstrom, I think that the truth is that no one really knows or is able to predict, with accuracy, anything about this mother’s relationship with alcohol going forward except that there is and will remain a risk that she will relapse and that she will always be in recovery. That risk will reduce over time but never disappear.
28. I only wish he had not tried to predict the outcome by using percentages. What he said, in his most recent report, was that there was a 30% chance of relapse during the life of the child. That, he said, in the witness box, was the conventional wisdom amongst colleagues. In fact, the research when he looked at it, tended to suggest that perhaps he had been a little optimistic. Therefore, at one point in his evidence, he modified that 30% to 50% but then acknowledged that he was not really able to say and so finally opted for the middle ground at 40%. I set that out because I think it demonstrates how difficult it is to be clear. The Guardian, of course, was very influenced by those numbers as was the local authority.
29. The other things that were not clear from his report were that there is a difference between lapse and relapse. This mother will remain safer from a relapse if she does not even lapse. What I mean by that is that if she does not touch any alcohol and that is undoubtedly the best option for her. He told me that generally the population, by which he means those alcohol addicted, divide into three groups: those who remain completely abstinent, those who relapse and those that have problems on and off. One might say that that is rather stating the obvious, but there it is.
30. So where does that leave me? I take his evidence as suggesting a significant risk of relapse and therefore it is one that cannot reasonably be ignored. He said that he expected that her previously assessed personality difficulties would stabilise to some degree now that she is not drinking. So far as prognosis was concerned, Dr Hallstrom said that the long-term future carries its risks of some setbacks, but the risk is relatively low and diminishes with time. He also said, ‘I do not think that the impact of parenting a child should have a

negative impact upon her wellbeing and her ability to parent that child’.

31. Dr Hallstrom made some odd comments about AA. Specifically, he was slightly concerned by the mother’s reliance on AA. At one point, he said in his evidence that the mother had not moved on from her current engagement with AA which is quite intense. I will return to that later in this judgment.

Position of the parties

32. The local authority maintained the position it held throughout the proceedings in front of Judge Probyn and in front of the Court of Appeal; it felt unable to be confident in the mother’s ability to remain sober and to be honest about it. Therefore, it’s view remain that the risk is too great.
33. The new Guardian appointed for these proceedings, regarded the case as finely balanced and even more finely balanced at this time. On balance, she fell down in favour of supporting the local authority but as will become apparent during the course of the evidence she changed her position and at the end of the case supported rehabilitation to Mother with strict monitoring.
34. The mother, of course, wishes to see Rose returned to her care and is quite content with a supervision order even in circumstances in which it would have to be extended.
35. I just want to mention the father. He is not here at the judgment; his lawyers indicated that they would not come in order to save the public purse. The father maintained at the beginning of these proceedings that he wanted to have contact. However, he was unable to maintain his commitment to the child or demonstrate his commitment to that contact by attending any part of this hearing.
36. It was agreed that any contact would have needed to be supervised. In fact, I consider that prior to the start of contact there needs to be a risk assessment. I do not intend to order that risk assessment now as I consider that he should first demonstrate commitment to maintaining any ongoing contact before the resources for a risk assessment are committed.

The Law

37. The local authority brings the case. It is for the local authority to prove it. We all know and understand as much, but I think it is worth reminding everyone that it is not for the mother, even a mother with this history, to prove that she is capable of caring for her child. It is for the local authority to prove that she is not. In doing so, the local authority is, of course, entitled to rely upon history. History is a reasonable predictor of the past but not without consideration of the current circumstances.

38. At this stage of the proceedings, Rose's welfare is my paramount consideration. The order that I make must be the one most likely to promote her best interests. I am guided in that decision by the welfare checklist set out in Section 1(3) of the Children Act 1989 to which I must have regard.
39. In addition, as there is an application for a placement order made by the local authority, I must also have an eye to a second welfare checklist set out in Section 1(4) of the Adoption and Children Act 2002.
40. I must bear in mind the rights that this child and her extended family has the right to respect for family life. Any interference with those rights must be necessary and proportionate. I can do no better than set out the following propositions on proportionality:
- a. Adoption is an option of last resort requiring a high degree of justification to be made only in exceptional circumstances, where nothing else will do;
 - b. I cannot decide that Rose should be adopted unless it is necessary and proportionate bearing in mind her right to family life.
 - c. I need to undertake global holistic evaluation and analysis of Rose's welfare needs and I must conduct a balancing exercise in which each of the realistically available options for her welfare needs is evaluated including all of the positives and negatives of each option. Only when that is done, can I reach the decision on which of those realistically available options is the most proportionate means of meeting her needs.
41. Full weight must be given to the importance of a family placement unless it has been established that it will be so contrary to her welfare that adoption is necessary. However, there is no presumption that she will be brought up by her natural family if adoption is shown to be in her best interests. Her welfare is not to be compromised by keeping her within her natural family.

The Evidence

42. I do not intend to set out all of the evidence, I am just going to highlight the key points of greatest influence. I have, of course, listened carefully to everything that I have heard, and I have read all of the papers in the three volumes that I have been provided with. I have already set out Dr Hallstrom's evidence. There has been no real dispute that there is a clear and continuing risk of relapse here. The issue is to what extent it can be managed.

Social Work Evidence

43. I have heard the evidence of Mr Ferranti, the social worker. He summarised his position

quite neatly at the beginning of his evidence by saying, ‘My overall view is that yes, the local authority has no problems with her parental skills. She has done very well attending AA and engaging services. She is always dressed well and punctual, she is early, always prepared to listen to advice, all positives. My worries are despite all positives, we are talking about a child who is wholly relying on her caregiver. There is a 30% risk of relapse, that is really high, and I am not comfortable with experimenting with a child’s life. I have listened to the evidence. If there is a relapse then there could be a catastrophe. We cannot monitor around 24-7. She is a single carer; she lives alone. If something happens I would feel very guilty that I have not protected this child’.

44. Those sentiments are not unreasonable. In cross-examination, he acknowledged that the mother had shown enormous commitment; she had done all that she could do. Indeed, he agreed that there was nothing more that she could have done.
45. However, the focus of the local authority and the focus of this witness has been on the very important fact that there is a risk, not on whether and if so how that risk could be managed. They have not really considered the complexity of the risk issue, the changing nature of the risk. The focus has not been on the ability to manage that risk simply because, in my view, the mother, as far as the local authority is concerned, is not yet to be trusted.
46. As I said during the hearing, nothing in life is without risk. In three years’ time there could be, according to Dr Hallstrom, very little risk at all. There was no consideration given of that, in my view and, in fact, the immediate risk was considered to be low with a supervision order in place. Even so a low risk is honestly too great for the local authority in this case. In my view that is because the shadow of the death of Rose’s sibling, Mary, has darkened this case for the local authority and made it impossible for them to see a way through to rehabilitation. I would have been more sympathetic to that position if there had been, at least, some effort to properly assess the mother and the changes that she has made and also to engage with the possible support around the mother. There has been little effort on that front leaving me with the task of having to assess the mother and her support network for myself in this court room during the hearing.
47. Mr Ferranti is in a difficult position I appreciate and has dealt with the matter as honestly as he has been able; I have no doubt about that. However, his assessment does not seem to me to be conducted with an open mind and a willingness to consider whether and if so how, rehabilitation could be achieved. The impression that he gave was that the local authority came to this case clear that the plan that they put before Judge Probyn was the right one and

they were not going to reconsider. This was demonstrated in his evidence in a number of ways. I will just choose one and that is the failure of the local authority or Mr Ferranti to really engage in a meaningful way with the assessment of the mother's support network.

48. Mr Ferranti's evidence was that the mother still could not be relied upon to tell the local authority of any relapse, despite the agreed fact that it was she who had alerted the local authority to her relapses in 2016. He relied upon a question he put to her during his assessment of her; that question was what she would do if, in the middle of the night she felt stressed. Her answer was that she would call her AA sponsor. His evidence was that this demonstrated to him that she would turn to the AA before revealing a relapse to the local authority. That answer demonstrates nothing of the sort. He did not ask her what she would do if she relapsed. He asked her what she would do in the middle of the night if she was stressed. To my mind, the obvious and, actually, best answer to that question is that she would call her sponsor.
49. If the social worker disagreed with that, he should, out of fairness, have challenged her about it. He chose not to do so preferring to take it at face value and use it to support his assessment of the mother as lacking in insight and still not willing to be open.
50. The same is to be seen in the lack of assessment of the extended family. Ms Connell, in her submissions, points out that there was no intention that there should be a full assessment of this family; that is certainly right. However, at the PTR listed before me a matter of weeks before the start of the hearing, I expressed my concern that every effort had been made to engage with family and friends surrounding the mother. It was to that end that I asked there should be some evidence filed in that regard. Hence the addendum statement from Mr Ferranti.
51. When I first read it, I did think that it was a fairly cursory consideration of the extended family. It was only during the course of the hearing that it became apparent that Mr Ferranti had actually never met any of these extended family members. What he had done was to take his information about what they could offer from the family group conference meeting minutes. I say 'minutes'. There was only a small amount of discussion at this FGC. The bulk of the information was provided through answers to a questionnaire given to each family member in advance of the meeting. This is not how a FGC should function. From that information it was impossible to get any real sense of what these people were able to offer, how genuine they were, whether they truly understood the challenges.
52. When asked in his evidence whether or not he was prepared to accept that Julie Parsons,

who by the time we got to the hearing had filed her own statement at my suggestion, would be prepared to report to the local authority any relapse, what he said was, 'Well, she is the mother's step-mother, she's married to her father, she might not want to compromise her relationship with her husband'. Of course, whilst that is a logical assumption to make about somebody, it is an assumption. Mr Ferranti was not in a position to say whether that was right because he had never asked her.

53. The Guardian too had flagged, in her report, a concern that the extended family had not really been looked at carefully and had therefore flagged up the possibility that she might reconsider her position once they had given evidence. This left me having to carry out the crucial assessment of the extended family during the course of the hearing.

Mother's Evidence

54. Judge Probyn was impressed with this mother as a witness and rightly so. I confess that before she went into the witness box, I was prepared to approach her evidence with caution. I think that she will agree with me that alcoholics can be very persuasive. They often develop the ability to live day-to-day concealing the fact that they are drinking to excess from even those who are closest to them. Being dishonest to others and to themselves is part and parcel of how they survive.
55. I made a comment, during the mother's evidence, about a programme I had seen on television about a TV presenter and his relationship with alcohol. The Guardian commented, in her evidence, that she thought my comment unhelpful. I am sorry that she felt like that. The purpose of the exchange that I had with the mother was not to minimise or trivialise drinking; quite the opposite. It was to draw on one of the essential messages which came out from that programme about how people who drink are dishonest to others and to themselves about the fact that they are drinking and about how much they consume. The truth is we are all inclined to mislead about how much we drink, dependent or not.
56. This mother comes to this case, even now, from a low base of trust. She has an accepted track record of dishonesty. I also agree that she does have a tendency to gloss over matters. For example, the suggestion that she was not allowed to see more of Rose because, 'The social worker did not want her to bond with her. That is not right. That was my decision'. Having said that she does not appear to gloss over matters in relation to her alcohol use.
57. There have been attempts to suggest, in the evidence that this mother's tendency to manipulate or distort the facts continues unabated and that she has demonstrated a continuing inability to be open and honest. The example given by the Guardian included

telling the maternal step-grandmother that the first guardian in the case said to her, 'I know you killed your baby'. The Guardian says that she was surprised by that, that it cannot have been true. She wondered whether or not the mother had said that in order to gain the sympathy of her own mother.

58. I too doubt that the previous Guardian actually said that. Indeed, by the end of the mother's evidence, she was not entirely clear it was said herself. But what do I make of it? Maybe the Guardian is right; maybe she was trying to garner sympathy. There is no doubt in my mind that at the time that that exchange took place, whatever it was, this mother did consider she had killed her child and she believed everyone else thought the same. Does this give me any real insight into her ability to be honest about the central issue before me now? No, it does not. This comment needs to be consigned to the historical context surrounding it.
59. Does all of this mean that she cannot be honest about her addiction or that she cannot be relied upon to be honest about a lapse? No. I do not think it does. There is growing evidence and there has been since the hearing before Judge Probyn that she is more honest and more open now than she has ever been. That does not mean to say that she will never be dishonest about things. We are not, as I have already said, dealing in certainties here.
60. In the hearing before Judge Probyn the mother, for the first time, gave a full account of herself and of what she accepted that she had done. That account is contained in a statement dated 23 January. It makes for surprising and tough reading. It reveals a level of detail of the sort of harm suffered by Lucy when in her mother's care that would and could have only been known by the mother. It is an impressive and detailed confession. The difference for me, in reading that statement now, is that it has been followed by continued honesty in relation to drinking and sobriety in what have been trying and stressful circumstances; that is the making of the placement order and the appeal.
61. It should not be forgotten that for Judge Probyn, the landscape was very different. That statement was filed at her insistence precisely because the mother's earlier statement had barely scratched the surface. It is unsurprising that she felt that it came a little late in the day and was dragged out of her rather than volunteered. That is not the position before me, however.
62. The mother is fully immersed in her recovery. That too, has been thrown up as a barrier to her being able to care for Rose; I do not accept that. Again, I feel she simply cannot win on that issue. This comment originates with Dr Hallstrom but as with many of his comments

he acknowledges that there is another side to it and insists he is not being critical though it has been taken for criticism by others.

63. He told me that he hoped that she might have moved on and reduced her AA meeting numbers by now. The Guardian agreed with that position. I thought the mother's evidence on this was excellent. She told me that she accepts that she will always be in recovery. Her life does very much revolve around AA and, at the moment, she is attending a high number of meetings, four to six a week. That is because this is a very stressful period. My view is that I would rather she was reacting to the stress by attending more meetings than fewer. I cannot understand why anybody else would think any differently about that. She has carefully planned how she will maintain her AA attendance which, as Dr Hallstrom agreed, is crucial to her recovery. Scaling back to three meetings per week once she has Rose in her care, taking her to meetings with facilities for children; it is entirely possible, and no one disputes that.
64. The mother was brave enough to say, in her evidence, that, 'AA is more important than my children because without it I am not capable of caring for my children'. The Guardian described that in a very powerful way. She said, 'I commend her for her honesty saying that the alcohol treatment has to come before her children. It is the same principle as seeing to your own oxygen mask on an airplane before anyone else, even your child's'. However, the Guardian initially saw the importance of this comment differently. She said, she thought it underlined the extent of the difficulties. For me, in that single comment, I consider that the mother demonstrated great insight into both the serious nature of her addiction and the impact of her drinking upon her children. Further, in order to remain immersed in AA, which is now her family, she needs to be honest; that is the central tenet of AA.

Support network

65. I have heard not only from the mother but from three members of her family and her AA sponsor. Only one member of the family has filed a statement, the rest gave evidence unexpectedly. I think I am correct in saying that the evidence from these supporters for the mother was not before Judge Probyn in the extensive form that I have had it. There were letters of support but no statements and no oral evidence. There has certainly been no engagement with these individuals by any of the authorities.
66. The family are, in my assessment, very supportive. Like all families in this situation, they have had limited access to information. It is the instinct of any family to be protective and

- not assume the worst about one of their number. That does not mean to say that they are not capable of understanding the difficulties, but they need to see the detail of the problems.
67. In relation to this family, their instinct to protect is heightened because of the history. No proper consideration has been given to the impact upon them of the serious case review following Mary's death, in my view. It is quite clear that Mrs Parsons, and the rest of the family, feel very protective of the mother not least because they feel that there is a lingering sense following the serious case review that the responsibility for Mary's death has been wholly placed with the mother. That is not, in fact the case, but I can see why they feel this was and it informs their relationship with the local authority.
68. Mrs Parsons was an extremely impressive witness. It is astonishing to me that the social worker would give evidence that this is a lady who would not be prepared to stand up to her husband. There is no doubt in my mind that she is her own person and would take her own decisions. She was clear that she thinks that the local authority needs to be challenged and I commend her for that honesty. She is honest in saying that she is not sure that the removal made by the local authority of Lucy in to the care of the paternal grandmother has been the best for her which is something that all of the family seem to be saying. Interestingly, one of the reasons for that was that she did not have a full appreciation of exactly what Lucy had suffered in the care of her mother. Having read the mother's statement, to which I have referred, she may understand a little more about the background now.
69. Having heard Mrs Parsons, and having been left to assess her myself, I have no doubt that she will continue to challenge the local authority but that her priority is Rose. If this mother steps out of line then she will say so. I am satisfied that she is still on the journey learning about exactly the extent of her step-daughter's dependence upon alcohol but I think that she is prepared to learn. She, like the others, I am sure are in no doubt about the importance of the support that they will be giving in the next few years.
70. Her husband, Mr Parsons, was asked to go into the witness box without any preparation at all. He too was honest in saying that he did not like Social Services. However, he did say, on more than one occasion, that he accepted that they had to do their job.
71. Mrs Harkness (the maternal aunt) has been poorly served in these proceedings. She was dismissed, in a couple of paragraphs, by the Guardian. To be fair to the Guardian, she only had the opportunity to speak to her over the telephone. I was astonished to learn that there had been a special guardianship assessment of Mrs Harkness in the Lucy proceedings which was very positive indeed. It accepts the difficulties that might arise setting boundaries with

the mother. Nevertheless, it went on to recommend that a special guardianship order should be made in her favour. Having read that report now myself, and seen her in the witness box, I again confirm that I am satisfied that she has the interests of Rose at heart and understands the importance of that. That is not to say that she is not very sympathetic to the mother but the two are not mutually exclusive.

72. Finally, Mrs Lapper, who is the mother's AA sponsor. I was very impressed by her evidence. Mrs Lapper has been a good sponsor to the mother. She has supported her throughout this current period of sobriety. She, like all AA sponsors, comes with her own history. She told me how she was four years sober herself. She had children herself removed at the beginning of that period of sobriety and given what she told me I think they have been with her for three years; she must have been without them for the first year. She has managed to maintain that sobriety. What was important about her evidence, I think, is that she was very clear that the need to inform the local authority was not about her relationship with the mother; it was about the protection of a child. She, more than most people, understands that. I am quite satisfied that she will support the mother and she will reveal any concerns that she has about the safety of Rose in the mother's care. After hearing all of that evidence, the Guardian changed her position with regard to Ms Lapper.
73. This family has been challenging but being challenging does not mean that they are not capable of working with the local authority. A good example of that is the behaviour of the independent viewing officer. The Guardian told me that the IRO had found Mrs Parsons very challenging, so challenging in fact that she had excluded her from meetings. She has not been rude, she has not been abusive or violent, just challenging. As professionals, social workers, Guardians, and Judges, need to expect that they might be challenged and probed. It does not mean that the person challenging is incapable of accepting the point. It does not mean, in this instance, that this family is incapable of being protective of this child. The trick is to get them to be challenging to this mother if she ever looks as if she might be about to drink again.

Guardian

74. The Guardian's evidence rounded the case off. To her credit, she did flag, as I have already said, the failure of the local authority to assess the relatives. Once she saw them give evidence, she changed her position. She was prepared to open the door to Mrs Parsons having spoken to her on one occasion and expressed concerns about what she had to say but then when Mrs Parsons called back, she listened to her. At the end of the day, the Guardian,

supports the rehabilitation. She says that it is not going to be easy and indeed it is not. Nevertheless, she is of the view that there is insufficient to convince her that nothing else will do for Rose but adoption.

Discussion

75. I do not intend to slavishly rehearse each part of the two welfare checklists. I have considered each and every part and I set out below those matters which have had greatest influence.

The benefits of being parented by the mother

76. When she is sober, this young woman is an excellent mother. That was commented on by the Court of Appeal, as I have set out earlier on in this judgment. The Guardian as well pointed out her strengths in her report, seen during contact. She says this, 'She picked on Rose's likes and dislikes and pitched her play to her developmental level. She gave specific and meaningful praise and was affectionate. She was, at one point, over exuberant but immediately saw that she had startled Rose and comforted her so that no harm was done. This demonstrated her ability to put herself in Rose's shoes and is consistent with the feedback from the foster carer who told me that whilst Ms Parsons wants to reassure Rose at health appointments she understands that she is not primary attachment figure, so she defers to her even though it was painful for her to do so'.

77. Given the background, the lack of parenting model that this mother has had, her natural abilities as a parent are astonishing and they would be a great, great loss to this little girl and to Lucy if she does not manage to maintain her sobriety. Therefore, the benefits for Rose of being cared for by her mother are evident. There can be no dispute that if the risks can be managed, then her mother is undoubtedly the best carer for her. In addition to that, remaining with her mother will enable her to grow up knowing her family and her sister.

Impact upon the child of ceasing to be a member of her birth family

78. If she ceases to be a member of her birth family she will lose the connection with her extended family and with that mother who can be so excellent. I also think that in this case knowing how close her mother has come might cause Rose to wonder how such a decision was made? That sort of information can have a considerable impact upon a child in adolescence and adulthood.

What are the risks of Rose remaining in her mother's care?

79. Well, her mother is an alcoholic. She has a chronic condition, but she has been 21 months sober. Despite that, although the risk of relapse remains, as time ticks on, and she remains

sober, it reduces. That risk will remain throughout the life of this child but will reduce over time if she maintains stability. In fact, as Dr Hallstrom said, if she maintains that stability through the three years following this hearing, she will have been sober then for five years. At five years sober the prognosis is good.

80. The impact upon the child of any relapse changes as she gets older. Of course, there will always be emotional damage. A drinking parent is not emotionally available to the child, as this mother knows only too well. For a baby, it can be ignoring a wet nappy or a cry of hunger. For a four-year-old it will be shouting at them or ignoring them. For the adolescent there is the damage of having to join in the deceit and often in having to parent the alcoholic parent. For the younger child, there is a greater risk that the damage will also be physical harm.

Can those risks be managed?

81. The prognosis for change in this case is better than it has ever been. It can never be 100% certain. I cannot be 100% certain that this mother will not relapse or that she will tell somebody if she does. It seems to me the following factors cause me to be more optimistic than anyone has ever been before. She has sustained the abstinence for a significantly longer period of time. She has engaged, wholeheartedly in AA, and she has a very strong relationship with an excellent sponsor. She is now a sponsor herself. She has moved on in the sense that she has another life outside of AA. She has run a half marathon. She has plans to go to college. She may well not have moved on to the extent that Dr Hallstrom was looking for but for me she has.
82. This mother has engaged fully with all of the services available to her as opposed to the sporadic engagement in the past. She has undertaken that recovery work without the assistance of the local authority and in spite of the stress of these proceedings. She has had more time to process the death of Mary and she has undertaken more work to deal with that. She has gained more insight into her drinking and the causes of her relapse and she is more reflective now and takes more responsibility for her actions than I think anybody has seen her take. Whilst she has been motivated to stay sober by the proceedings, I accept what she told me that in those dark, dark days, after the making of the placement order and before the successful hearing in the court of appeal she has been sorely tested in my view.
83. Crucially, for me, is the insight into the impact of her drinking on her child. I suggest that she keeps that statement, made in January 2017, somewhere she can read it; a reminder of what she is capable of doing when she has been drinking.

84. As I have already said, the truth is I have no idea whether she will relapse, but I am satisfied that there is a greater chance now than ever that she will work openly and honestly with the local authority. She has an excellent support network and is not living in the isolated state that Judge Probyn saw her in.
85. The alternative, proposed by the local authority, is adoption and the evidence I am afraid of the local authority, was deficient in that regard. Even Mr Ferranti had to accept, when it was put to him, that he could not be certain that nothing else will do; that he did not really know.

Conclusion

86. This case is about balancing the benefits to this child of being cared for within her natural family with all of the risk that such a placement will undoubtedly bring against the safety of an adoptive family but at the cost of losing her links to her mother and siblings. That balance has required me to examine the impact of these two stark alternatives upon her throughout her life and in my view the risks do not outweigh the impact upon her of severing all links to her birth family.
87. Nevertheless, the rehabilitation with the mother must be pursuant to a supervision order. There needs to be continued monitoring. I do accept that this mother lives with a daily reminder of the consequences of her drinking, whether that is in relation to what happened to Mary or because she has to see Lucy living in another home. I do think that with the support of those around her and the supervision of the local authority, that she has the opportunity to put that right for Rose.
88. Two final things. I think that this local authority must, in advance of the end of the expiry of that supervision order, give careful and full consideration to extending the supervision order for a further period of time. Whilst I cannot predict what is going to happen between now and then it seems to me, given the evidence of Dr Hallstrom, that is indicated as likely to be necessary.
89. Finally, any further applications in relation to this child should be made to me, if available. Clearly, it would be helpful if there are any applications in relation to the other child, they are made to me too, but I cannot order that in these proceedings.

End of Judgment

Transcript from a recording by Ubiquis
291-299 Borough High Street, London SE1 1JG
Tel: 020 7269 0370
legal@ubiquis.com