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Case No: PE23C50095

Neutral Citation Number: [2024] EWFC 398

IN THE FAMILY COURT AT CAMBRIDGE

197 East Rd
Petersfield, Cambridge
CB1 1BA

Date of judgment: 26 September 2024

Before:

HER HONOUR JUDGE GORDON-SAKER

(sitting as a Deputy High Court Judge)

THE LOCAL AUTHORITY Applicant

- and -

(1) SB

(2) PB

(3) MC

(4) and (5) **THE CHILDREN**

(by their Children's Guardian) **Respondents**

MS DEBRA GOLD (instructed by **the local authority**) for the **Applicant**

MARK TWOMEY KC and **HELEN NETTLESHIP** (instructed by **Oslers Solicitors**)

for the **First Respondent**

DAMIEN WOODWARD-CARLTON KC and **LOUISE BALLANTYNE** (instructed by

Futter Chapman Solicitors) for the **Second Respondent**

IAN MARTIGNETTI (instructed by **Copleys Solicitors**) for the **Third Respondent**

MICHAEL LIEBRECHT (instructed by **Family Law Group**) for the **Fourth and Fifth Respondents**

APPROVED JUDGMENT

HER HONOUR JUDGE GORDON-SAKER:

1. This is my second judgment in care proceedings in relation to two children, RA and FB. It is anonymised and some personal details (particularly in relation to the assessments of the children) have been redacted to protect the children. At a threshold hearing in March this year, I made a number of findings about the way in which the children were suffering and were likely to suffer significant harm when the proceedings were commenced on 8 June 2023. That harm was attributable to the care the children received and were likely to receive from their mother, SB, and from FB's father, PB. RA's father was murdered by the maternal grandfather. RA's paternal grandfather was also murdered.
2. Mr and Mrs B's application for permission to appeal my findings was refused, as it had no prospect of success. PB thinks the Court of Appeal did not read the papers. I note that the single Lord Justice of Appeal said there was direct evidence of the parents' crude manipulation of RA's feelings and of their strategy to marginalise his father. Of concern to me, and the reason why I refer to that when I come on to consider the welfare of the children, is that Mr and Mrs B still do not see how they caused the children harm.
3. I will try not to repeat my earlier judgment, except where it is necessary, but this judgment must not be read in isolation. The harm the children suffered and the risk of future harm were considered in that judgment and are amongst the factors I have regard to when considering the proposals for the future care of the children.
4. For the sake of completeness I should say that Mr and Mrs B have another child born this year. She is not part of these proceedings and I hope that she will not be exposed to the sort of harm FB and RA have suffered.

Background

5. Briefly, by way of background, I made an interim care order on 9 June 2023. RA has been placed with his paternal grandmother, MC, and her partner, and a positive connected persons assessment has been completed. The local authority says that RA should remain with them under a special guardianship order. MC is a party to the proceedings, and she agrees with that. The children are represented through their children's guardian, Andie Fruin. She supports that care plan for RA.
6. FB was also initially placed with MC, but it was not realistic for FB as well as RA to be cared for by her. FB's parents made unjustified criticisms of MC, which did not help. I approved an interim care plan for FB to be placed in

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foster care. Both children have contact with their mother and PB and with each other.

7. Dr Hunnisett, who carried out a psychological assessment of RA said that both children appear to need significant one-to-one attention. Dr Hunnisett has also provided an assessment of Mr and SB. She does not think they could meet the children's needs.
8. The local authority care plan is for FB to remain in foster care under a care order. The guardian thinks that FB should return to her parents' care under a supervision order. Mr and SB would like both children returned to their care. PB is in the USAF and they will be moving to America once these proceedings and any criminal proceedings are concluded.
9. I have statements from FB's paternal grandfather and he would like to be assessed to care for FB if she cannot return to her parents' care. He would also provide support to the parents, as he has been during this hearing, but that may depend on their location when they return to America. I accept that he would provide help and support. Plainly something went wrong within the local authority or with CFAB about an assessment of him and his wife. Although there were vulnerabilities in the viability assessment, it is now accepted that if I were to decide that FB cannot return to her parents I should adjourn the decision for there to be a full kinship assessment of them. If there are any proceedings in the future in relation to FB or her sister, the court needs to know that the grandparents were not assessed.
10. I have to decide what is in each child's best interest. Their welfare is the court's paramount consideration. I have regard to all the factors in the welfare checklist. I have read the bundle and I have heard oral evidence from Dr Hunnisett, the author of the psychological assessments, from Sophie Bradley, the allocated social worker, from Mr and Mrs B, from MC, and from the children's guardian, Andie Fruin. I have had helpful submissions from all of the advocates. This case has benefited from continuity of counsel.

The Evidence

11. I made my findings about the significant harm the children were suffering and likely to suffer. Looking to the future, I have psychological assessments from Dr Hunnisett. In relation to RA, her assessment is thorough and evidence based. It is not challenged.
12. In relation to MC, Dr Hunnisett said:
 "RA does appear to look to his grandmother for comfort, protection and containment. He signals his need for her when he is anxious at nighttime, when he is unwell, or frightened. He

is afraid of separation from her and of the disappearance of other family members. He needs reassurance that those he depends on will not also suddenly disappear. My impression is that MC is able to read RA well and is devoted to and sensitive to him, despite her own overwhelming loss.”

That accords with everything I have seen of MC in these proceedings.

13. Dr Hunnisett gave guidance on the help and therapy RA would need. That included giving RA the information about his father’s death in a sensitive and truthful way. If not, it is likely that he will become pre-occupied and may ruminate about death and violence in an unhealthy way. She spoke highly of MC’s ability to meet RA’s needs.
14. Although she was not asked to assess FB, Dr Hunnisett did see her and she was asked her opinion on the sibling relationship. FB appeared to her to have considerable psychological needs. She observed the way the children interacted with each other, considered the benefits of siblings remaining together, and then went on to say this at paragraph 65 onwards:

“[65] In this particular case, the security and stability of each of the children with their respective primary carers is more important than their need to be placed together. The risk is that if the children are placed together separately from their mother, neither child may be able to have their individual complex needs met by their primary carer. The complex needs of both children, including their responses to the loss of parents, may be too much for a single carer to manage if they are not to return to their mother’s care.

“[66] RA has already lost his father and paternal grandfather. He is separated from his mother and stepfather and currently lives apart from FB. FB is separated from her mother and stepfather and has initially experienced this as intolerable. RA and FB both have significant additional needs.

“[67] My view is that neither child is able to contain or offer succour to the other in their grief, although they enjoy each other’s company. Their need for attachment security with a primary caregiver is the most important for each child respectively in my view.

“[68] That said, it is my view that the siblings do need to have regular meaningful contact with each other during their childhoods and beyond. It will be an unnecessary further loss to them to lose each other completely through severance of their

relationship if they are not to return to their mother, whose loss they are both affected by.”

That assessment and opinion has helped to inform the care plan of long-term foster care for FB. No one is suggesting in this case that adoption would be right for her, despite her young age.

15. Dr Hunnisett was also asked to carry out a psychological assessment of Mr and Mrs B, to provide a risk assessment, and to consider their capacity to meet the children’s emotional needs. In the summary of her opinion, Dr Hunnisett said at paragraph 7:

“[7] I have provided a psychological formulation for each parent, which indicates that there are aspects in both parents’ profiles which interfere with their capacity to provide adequately for the children’s specific emotional needs, including, but not limited to, their respective approaches to the paternal family. Both parents have difficulties with mentalising for the children in areas of importance, although their capacity to manage the children’s physical and educational needs is good.

“[8] Neither parent accepts the judgment, nor considers there is anything within their parenting approach in need of remedy. This is a barrier to change. I have made recommendations for interventions, with the caveat that without an acceptance that there are issues to address, it will be difficult for progress to be made. The issue of whether the children could be in their care while recommendations for interventions are undertaken is discussed, although my opinion regarding FB is limited, as I have not assessed her needs.”

I would add that their lack of acceptance of the issues which needs addressing has been striking in this case. SB worked in education. PB is in the military; both fields which require a level of reflection and insight but both of which are still lacking in relation to their own parenting. It is not unusual for a parent not to accept all the findings in a judgment, but SB did not seem to grasp any of it, and PB said there was “zero validity” in the local authority’s concerns. Dr Hunnisett was struck by the absence of self-reflection and insight into their role in the children’s difficulties. So am I. They still do not see that they did anything wrong, apart from sending some ill-judged messages. They still see maternal grandfather as a “nice and helpful man”.

16. Dr Hunnisett set out in some detail in her report her interview with SB. In her observations she says, “Emotional processing is particularly problematic for her”. That does not bode well for a child who needs emotional support. The contact observed by Dr Hunnisett was faultless from the perspective of

organisation and focus, but emotional connection was missing, particularly from SB. It was as though she were going through the motions of what a good mother would do and was doing this perfectly, but in the way a teacher might set about organising a set of activities for her class rather than an intimate exchange between a mother and her children.

17. In discussing SB, Dr Hunnisett said at paragraph 164:

“[164] The risk to their children is that their mother may be psychologically absent in areas that matter most. Even though she is able to care for them physically very well. Furthermore, I worry that SB will not be able to promote an accurate picture of RA’s father to RA. She does not have an integrated sense of what happened and what he meant to RA and is so avoidant on this topic that she will not be able to support RA in processing his grief and understanding what happened to him. She would like to outsource that aspect of his care to others, not appreciating the role he needs from his attachment figure as able to emotionally contain him.

“[165] I also worry that she would not be give the children a truthful account of their lives and what happened and will provide her own version of events, which will not take into account their actual experiences. During interview, she did not appear to have any idea as to what she might say to the children to help them make sense of their experiences, although she objects to others being in control of the narrative given to them. She wants to be able to manage this herself, although her approach suggests that she is likely to distort information given to them or will miss out important details.”

That was exactly how she presented during her oral evidence to this court when she described the narrative she would give the children. Everything Dr Hunnisett said about her was correct.

18. In considering the risk to the children from PB, Dr Hunnisett said at paragraph 177:

“[177] The judgment is clear about the emotional harm already suffered by the children from the animosity towards the paternal family. PB denies this. He was deceived as a child and was triangulated between his parents. My reading of the judgment is that PB behaved in deceptive coercive ways with RA, trying to influence him in developing a negative view of his father. Without any acknowledgement of a problem in need of reflection and remedy, it is difficult to see how he might manage similar conflict in the future or to model for the children

adaptive conflict-resolution skills. I also consider that his own unresolved trauma with regard to parental divorce and alienation may continue to play out in the family dynamics. He is likely to struggle to provide for the children an honest account of their life to date and to provide a balanced picture of their paternal family.

“[178] On the basis of this assessment, it is also my view that PB may struggle to connect with the children’s emotional states, especially with regard to their expression of negative effect. He may be likely to withdraw from the children’s rejecting behaviours as his capacity to understand their origins is limited by his avoidance.”

19. Dr Hunnisett did consider the positives, which include the parents’ love and commitment to the children. In contact, they were devoted and focused on the children. The day-to-day practical tasks of parenting are well developed. But at paragraph 187 she said:

“[187] My opinion is that there are significant barriers in the way of SB being able to meet the children’s emotional needs as detailed above. She can provide well for them physically and is able to offer scaffolding for learning, but emotional empathy is missing. Particularly in regard to RA’s experiences, she is not able to mentalise with empathy for him. She does not see his perspective with regard to the death of his father as particularly relevant or meaningful. I do not think that she will be able to support RA in understanding what has happened in his life. My view is that her particularly perfectionist approach, in which she battles for her ideal family life regardless of the actual specific emotional needs of the children, portend risk to their psychological welfare. I consider that she may continue to be willing to lie to achieve her aims, as the judgment says at paragraph 96. There pattern of fabricating reality is likely to be rooted in her childhood experiences or having to please or perform her parents, particularly her father, which has led to stymied emotional understanding.

“[188] Neither parent was convincing in their interviews about the relevance of RA’s father in RA’s life. They still minimised his role and suggested that his death is of less relevance than other issues.”

Not surprisingly, Dr Hunnisett doubts the parents’ capacity to meet the children’s emotional needs. She does not think that either parent will be able

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to express expression of their own negative feelings towards the paternal family, as they were unable to in the past, or to shield the children from distorted information about them if they were in their unsupervised care at the current time. She said, rightly in my view, that this matters both for FB and RA, but particularly for RA, “whose sense of identity and belonging and the preservation of an honest representation of his father would be at risk”.

20. Although she could recommend therapy, the prognosis is poor, given the lack of acceptance that they might have done anything differently. For SB, the reality is that it would take many, many months before sustainable changes, if any, become apparent. The lack of acknowledgment of any difficulties presents a particular challenge in psychotherapy.
21. She would be cautious about returning RA to the care of his mother and PB, as the impact of his father’s death is not appreciated and where his access to truthful information about his family likely to be denied or avoided. The confusion for the child would likely continue to be harmful. She was not able to give a definitive opinion in relation to FB.
22. Some time was spent in cross-examination of Dr Hunnisett asking about why she did not provide the recordings of her interviews with mother and about the British Psychological Society’s code of conduct. It was not suggested that the quotes were inaccurate. Had it been, then Dr Hunnisett would have provided the particular clips from her notes. This was just a diversion and an attempt to undermine her integrity and her analysis. Dr Hunnisett explained the assessment tools; her methodology; how she reached her conclusion; how a psychologist pays attention to the language used; and she provided examples. She said that she use validated tools.
23. As counsel for the guardian rightly pointed out, her report is not incongruous with my judgment or the other evidence. The focus on the reason for mother’s parenting difficulties was a distraction away from her inability to meet the children’s emotional needs.
24. Rather than take on board all the evidence in this case, SB went to see a psychiatrist based with the USAF to provide a second opinion on very little evidence and then she applied to file his letter as an expert assessment. I refused that application. There had been no letter of instruction; he had not been given the papers; there was no critical analysis of what he was told; there was no reference to his duty to the court, or even his knowledge of that; and the test of necessity was not met. The letter from the psychiatrist just reinforces mother’s views that all she needs in counselling for the stress of the situation she finds herself in. Mother’s actions confirmed the accuracy of Dr Hunnisett’s opinion.

25. In her oral evidence Dr Hunnisett confirmed that she had read the documents filed since her report and her opinion had not changed. She said that it is very difficult for mother to grasp what RA has experienced and to connect with his feelings. In cross-examination, she says this about mother:

“There was flatness when talking about RA. It’s not just what she said. It’s how she says it. She wasn’t just saying it straight through.”

Of her description of mother using distance language, she said that she talked about “a child”, for example, rather than “RA”. She did not use evocative language to bring her child to life. She was asked about paragraph 40, and mother said, “It’s hard to know how RA is affected by his father’s death”. Dr Hunnisett thinks she did not want to think about it and was avoiding the question of how he was affected. She was not able to imagine it, she could not put herself in his shoes, and she just gave a theoretical response. Dr Hunnisett said that the dominant theme was only that RA had had a change of routine and structure.

26. In many areas in her discussion and assessment, Dr Hunnisett was very concerned about mother’s lack of emotional correlation. In relation to her relationship with her own father, Dr Hunnisett said that from other parts of what she said she formed the impression that mother yearned for her father’s attention and both loved and feared him. I would have to say that that rather fits with the way their relationship came across from the evidence in the threshold hearing.
27. Dr Hunnisett was concerned about mother’s overall lack of emotion and she thinks she used unusually mild emotive terms. Mother used the word “sad”, and “sad” is the word that she used consistently, and there was very little appreciation in mother of the horror or the loss for her son. The problem is she does not see it as a loss.
28. Dr Hunnisett explained that there is no doubt that mother loves the children. She thinks about structure and routine for them. Dr Hunnisett said that the loss of her children is huge for her but that she has considerable limitations in empathetic mentalising in important areas for her children. She focuses on the routines and there was a lack of understanding of what is happening for the children and empathy was missing from her discourse and thinking about RA.
29. She was not able to support RA after his father was murdered. That comes from the judgment but also what mother said to her. She said SB could not suppress her negativity towards MC. SB criticised MC for allegedly interrupting RA’s routines. But she had disrupted his routines hugely and far more by her actions. MC reinstated them, when one comes to schooling for example.

30. Dr Hunnisett thought mother's avoidance of negative emotion was significant. It was suggested that mother was a victim of her father too. Dr Hunnisett said that was not the impression that she got, and I have to say it was not the impression I got either.
31. She was questioned about paragraph 164 of her report and she said that mother could not talk about RA's father. There was an undercurrent of negativity when she talked him and it was difficult for her to say anything positive about him. She based that on an analysis of their whole discourse. I have to say that is exactly how I have found mother throughout this case.
32. Dr Hunnisett was asked about the long-term effects on RA of separation from his siblings. She said sibling relationships are very important and RA is likely to experience a sense of loss and identity issues may come to the fore. On the other hand, RA has been through a lot and he needs stability and security. It was put to her that living with his mother would enable RA to be brought up with his siblings, but Dr Hunnisett reminded the court that he is different from his siblings by virtue of his experiences.
33. Cross-examined on behalf of PB, it was put to Dr Hunnisett that she has determined a likelihood of the history from the way mother thinks and processes her past history. Dr Hunnisett said that the most important aspect of the report is in relation to the children and mother struggles there. She bases her opinion on the analysis of the parents' discourse. When she talked in her report about PB trying to make sense of his past, she concluded that in her view his discourse suggested that both his parents tried to influence him negatively about the other.
34. Dr Hunnisett was plainly alive to the stress of proceedings and she accepted a vulnerable position that parents can find themselves in. She confirmed that PB was co-operative with her assessment. She said his method of communication was very analytical. She said she has not found that in all adults with ADHD. She said that at times he is philosophical. I agree. On occasions he came across as philosophical in court, but then he appeared to regress.
35. Dr Hunnisett confirmed that PB spoke with affection about RA and also that he spoke with love and affection for FB. She agreed that those factors are not negatives. She said it is not surprising that there was a sense of futility in his discourse. Dr Hunnisett agreed that there were many positives in contact. She gives a positive description in her report. It was relaxed while RA was playing and there was gentle humour and praising of the children for their achievements. But she then repeated that RA's situation is different to FB's for all sorts of reasons.

36. When she was cross-examined on behalf of MC, Dr Hunnisett said that both parents were still saying they did not cause the children harm. They both spoke about both children's maternal grandfather in a positive way, apart from the murders. Their primary focus was on the loss of her father. The loss for RA of RA's father was noticeably absent. There was a lack of empathy in SB. In her report she gave them many opportunities and there was no recognition of it in either of them.
37. They have an inability to give the children a true account of their history. It would be a real struggle for them. They did not accept that either of them did anything other than send some regrettable text messages. It was put to her that if RA stayed with his paternal grandmother and FB goes home, that the past would come up at some point. She agreed with that. RA would have an honest account and FB, in all likelihood, would not, so there could be a clash. She said that that would have to be addressed and RA's therapeutic needs will go on for a long time.
38. The reality is that these parents still show no insight into the harm the children were caused and their part in it. They may disagree with some of Dr Hunnisett's assessment in relation to past trauma in their lives, but focusing on that avoided addressing the most important aspect of the report in relation to the children and their inability to understand and meet their needs.
39. Dr Hunnisett's conclusions about them fits with how they present to other professionals and to this court. It was clear from each parent's evidence that they have been unable to reflect on that or to see what the children need now. At times during the fact-finding hearing, PB tried to distance himself from the actions of his wife and father-in-law but to Dr Hunnisett he criticised the paternal family and he blamed the current situation and the court system for harming the children. They both minimised the concerns. They are still reluctant to accept that maternal grandfather was anything other than a very nice and helpful man. Dr Hunnisett's opinion about these parents accords with how the court and other professionals have found these parents. They have no insight and nothing would change for RA.
40. I have already referred to paragraphs 187 and 188 in her report. Her assessment of the parents' understanding of and capacity to meet the emotional needs of FB and RA on a full-time basis or through contact is set out in 189 and 191. For the sake of completeness, it is probably easier if I read them. In reply to a question about the parents' understanding of and capacity to meet the emotional needs of RA and FB on a full-time basis or through contact, she said:

“[189] It is in the parents' capacity to manage their children's emotional needs without avoidance or distortion of information and in their capacity to recognise, understand and contain an

emotion in their full-time care that I have concerns. Contact appears to be serving their needs for identity and belonging and may help both children master feelings of loss and grief and maintain a sibling relationship.

“[190] I do not think that either parent will be able to suppress expression of their own negative feeling towards the paternal family, as they were unable to in the past, or to shield the children from distorted information about them if they were in their unsupervised care at current time. This matters for both FB and RA, but particularly for RA whose sense of identity and belonging and the presence of an honest representation would be at risk.”

41. Dr Hunnisett has doubts about the likely success of therapy. Having read and heard the parents' evidence and their response to her assessment I share her doubts. PB has had a great deal of therapy but his level of insight is still poor. SB only wants counselling to support her narrative.
42. After Dr Hunnisett's evidence, I heard from Sophie Bradley. She has been the allocated social worker since January. She carried updated parenting assessments and is the author of the care plans. In cross-examination, she accepted the criticisms of the list of the realistic options in her final statements. I am afraid that is a common problem. In her parenting assessment though and in her statement she has provided the analysis. She knows what the options are and she has formed her professional opinion on why the children could not return to the care of their mother and PB.
43. In her parenting assessment she found they still did not accept responsibility for the harm the children suffered and there was no reflection on their feelings towards the paternal family. There were strengths in their parenting skills in relation to their ability to meet the children's basic care needs. Mother has been a strong advocate for RA in having his needs met around his autism in his early years, but, like Dr Hunnisett, she found they are unlikely to be honest about the harm the children have been exposed to and they do not see that they did anything wrong, which increases the risk of it being repeated.
44. Ms Bradley is rightly concerned about the possible harm to the children if FB's parents were to separate, based on the evidence of their past conduct and lack of insight into the effects of it on the children. But that is a hypothetical risk. I do not have evidence that they are likely to separate. If anything, they are presently rather enmeshed and they put their relationship with each other first. The children's welfare is not their priority. Their actions have shown that.

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45. The guardian has also pointed out that many parents do not always meet their children's emotional needs as well as they should. For FB and her sister, it will probably be good enough. The risk of harm to them is reduced because there will be family support from their father's family. The guardian and the social worker have each given slightly different weight to the risk factors in this case, but they both agree that they are there.
46. Ms Bradley acknowledged that there ought to have been more contact between the siblings, but they are together twice a week with their parents. Contact would take place at least six times a year if RA remained with his grandmother and FB remains in foster care. When the parents come over, Ms Bradley thinks contact could be on more than one day and would be a nice activity. It needs to be supervised though. The guardian thinks that there should be more contact between the siblings if FB remains in foster care. It was suggested that the lack of contact is the fault of MC. Having heard the evidence, I do not accept that. There has been a lot going on for everyone in this case and the foster carer was reticent.
47. At paragraph 1.3.9 of her parenting assessment, Ms Bradley says that neither parent would be able to support RA effectively with his grief and loss. It is still a challenge for them to speak positively about his father. She found them as Dr Hunnisett did. She was also rightly concerned that FB would not be given an accurate account of her early childhood experiences.
48. In her oral evidence, Ms Bradley updated the court on how well the children are doing. She does not share mother's views about RA's alleged concerning behaviour. She said FB is more settled now. She likes to control things and may prefer the free-flowing nature of the holidays. She said that the foster carer would like to be assessed as a long-term carer.
49. Ms Bradley was asked about some of the positives in the parents, and she accepts there are some, and of the proportionality of a care order for FB, rather than return to her parents. She said the local authority's position on a return home is that it is too high a risk. Of FB living with her parents, she agreed that would meet her identity needs, that they do the practical elements of parenting well, there have been nice interactions in contact, and there is a benefit to FB being brought up with her full sibling, but it would affect her relationship with RA if he were to remain with his paternal grandmother. FB would gain her relationship with her sister, but would have less contact with RA if she were with her parents. She acknowledged that sibling relationships are important, but in her written evidence she was concentrating on the children who were the subject of these proceedings.
50. She was asked about the factors for and against foster care. It was put to her that FB might see herself as rejected as the only child not in her parents' care.

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Ms Bradley agreed that she could and that it would need careful management. She confirmed that FB would have a new social worker in any event if she remains in care; Ms Bradley is removing to another local authority.

51. She was asked about some of the downsides of foster care, such as having to have a PNC check if you even want to go on a sleepover with a friend when you are older. Ms Bradley agreed that for a child of FB's age with no special needs to have a care plan of long-term foster care is unusual. She said they are going to have to tell FB how she comes to be in care and her sister is not. The independent reviewing officer has suggested considering open adoption, but Ms Bradley said that the local authority has no plans for adoption.
52. Ms Bradley was asked about the failure to assess FB's paternal grandfather. She said there were some vulnerabilities but the local authority accept that if FB could not return to her parents he should be assessed.
53. Ms Bradley was asked about RA and his paternal grandmother and Mr C. She said she has only seen positive interactions between them. In relation to contact, MC has prepared and taken RA. Ms Bradley has no concerns around her ability to support RA with that. She thinks it will be better for contact to be overseen by a professional agency or a family member. Her reasoning is that it is difficult for MC to do it because of the level of criticism aimed at her by FB's parents. If FB were to remain in foster care, the local authority could provide supervision for the children to have contact together. If FB is with her parents, contact will start off professionally supervised.
54. She was asked about the narrative for RA, and she said that RA has been to therapy and been told what happened. Mr and Mrs B were told what needs to be said. When they go to America, the advice they have would be to give RA an honest answer to any questions.
55. She was asked about information being provided to Mr and Mrs B if RA remains with MC, and she said MC could email them directly with information. It would be nice if she sent pictures if they went on holiday, for example. She pointed out that MC does have photographs of RA's mother and she can talk to RA about her. MC knows it is important for RA to have information about his parents. She has been very supportive of RA all the way through this, and Ms Bradley has no concerns about her ability to support contact. That is a stark contrast to the maternal family's attitude, even now, to MC.
56. In considering sibling contact, Ms Bradley thinks it is more beneficial for FB than RA. RA likes to see FB, but she is more dependent on seeing him. She said that MC feels able to support indirect contact and they would need to agree times. She is able to communicate via email. Ms Bradley said that RA

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will feel differently, but he is different, and he has the paternal family and they are a large supportive family. She thinks MC managed incredibly well in a difficult year. She has accessed support and can support contact.

57. She acknowledged that there are positives for RA in returning to his mother. They are in the parenting assessment. She also was asked about RA's wishes and feelings. They are included in the care plan but I will come back to those when I consider the welfare checklist. Ms Bradley was asked about the general downsides of long-term foster care by father's counsel and she fully acknowledged them.
58. Cross-examined on behalf of PB, Ms Bradley confirmed that FB has no identified special needs. She is at nursery. She suffered when she was first separated from her mother, but she has settled and she has had some additional support, although I do not think her parents accepted she needed any. FB is sometimes reluctant to attend contact, but, once she gets there, the contact is positive. Ms Bradley acknowledges in her statement that FB always appears happy and excited to see her parents by the time she arrives at the venue.
59. It was put to Ms Bradley that there is a risk that if RA does not show a keenness for contact as he gets older it will not happen. She said there should be a schedule for contact, but she did acknowledge the risk that RA's needs may take a priority. If RA did not want to go, the local authority would explore that, but the reality, as she fairly accepted, is that he would not be forced to. The issue is not MC's commitment to contact; it is RA's needs against the background of harm he has suffered.
60. She was asked on behalf of MC about the impact on RA and FB of them being given conflicting accounts. She said they need the adults to be honest. She has no confidence Mr and SB could provide an honest answer. It could lead to behavioural difficulties and would be very difficult if RA had a different account. FB could be placed in emotional difficulties, trust in their carers could be affected, and it could cause difficulties between the children.
61. She confirmed that MC and Mr C have done the right things for RA. He would find a change really difficult. He is happy. He has had a long period of stability. The paternal family are significant to him. If RA relocated to America, she would not be confident that his relationship with the paternal family would be maintained. In their eyes, the paternal family is best forgotten and they have continued to be critical throughout.
62. She was cross-examined on behalf of the guardian about the child impact analysis in her statement. She says this at paragraph 4.2:

“For RA, the impact of this situation has been catastrophic. He has lost his father and paternal grandfather in the most horrific

of circumstances. Whilst he may struggle to express his views and feelings around this, it is likely to impact on him for the rest of his life. RA had a close and loving bond with his dad and, despite the attempts made to interfere with that relationship by Mr and SB, his feelings have remained strong. RA has been attending therapeutic sessions with MC and the child-in-care clinician and, after several sessions of therapy, he asked direct questions about what happened to his father and grandfather. He has now been given accurate information to rewrite the inaccurate narrative that he was previously being given by his mother and PB.”

She goes on in that part of her report to describe how well RA is doing in the care of his grandmother. Ms Bradley agreed that FB has not experienced the same catastrophic loss, but she has had a number of losses.

63. If RA stayed with MC and FB stays in foster care, their younger sister will have a different narrative and eventually that will have to be addressed. She pointed out that what happened is on the internet and that is likely to be nearer the truth.
64. She was asked about the plan for FB, which of course is foster care for up to 12 years and with a relatively low level of contact. It was put to her that we have to balance that against the harm caused by having the wrong narrative, but the benefit of being with her parents. Ms Bradley accepts the conclusion the guardian came to, and why she came to it, but she has come down on the other side of a finely balanced point.
65. She was asked about the merits of a supervision order, because Ms Bradley does not feel that it needs one. There had been some discussion about narratives and a later-life letter. That could be done under a supervision order or without it. She agreed that a supervision order could monitor the transition of settling in with her parents for FB. It would also provide an opportunity for setting up mediation between mother and the extended family.
66. The reality, though, in my view, is that most of those things would be better done by this local authority now, rather than asking the new local authority to deal with it under a supervision order. I will though come back to whether or not there should be a supervision order.
67. The evidence of the parents confirmed the accuracy of the assessments and opinions of Dr Hunnisett and Ms Bradley. In their written evidence, they still do not accept the findings. They still do not see why all the professionals say contact needs to be supervised.

68. SB began by giving her views if RA remained with MC. She said she would come back once a year and would like to take RA on holiday for two weeks. She said:

“I would like Facetime once a week to check on how he was doing. If RA was placed with me, I would come back to the UK so he could see the paternal family and go and holiday with them.”

She said MC could come to the US and have as much Facetime contact as she would like. She said she would like to liaise directly with MC or go to mediation with her. They need to find a way to communicate.

69. She was asked about going to Dr H and she said she went to see him to get the therapy recommended. That is not true. She went to him for a second opinion. She said that she wants to be the best she can for her children. She said that she wants a narrative for the children and she wants them not to be confused if one person tells them something different to the other. She said she wants a narrative everyone can agree with. I do not think she grasps even now that the narrative has to be the findings, not a story that she wants to be given to the children. The narrative is the judgment, given in an age-appropriate way.

70. When she was cross-examined on behalf of the local authority, she said that both children have come to significant harm. She said the messages between her and her father led to the removal of the children from her care, which caused them significant harm. She still does not seem to grasp that the harm that she caused to the children is the reason why we are here. In terms of what she could have done differently, she said she could have given RA a photograph of his father and promoted his memories more.

71. She was asked about her 9th September in which she said:

“It is my view that the children have not come to significant harm in my care, but I accept that RA has come to significant harm as a result of the horrendous decision taken by my father on 29 March 2023, and the consequent loss to RA of his father and paternal grandfather. The confusion and trauma for RA has been compounded by his removal from my care and that of his stepfather and separation from his sister, FB, with whom he always lived.”

That is wrong on so many levels. It was the significant harm she caused her children, particularly RA, that led to the children’s removal from her care. She was the one who added to RA’s confusion by giving him an inaccurate account. She goes on to say:

“I would like the children returned to my care, in order that I may offer them stability and a home together. All the three children can reside together.”

She was the one who undermined their stability.

72. She still says that all she did wrong was the messages. She says she provided a loving environment for the children. She did not. She cut out a loving father and extended family. She still does not see the harm her actions caused.
73. She was asked about Dr Hunnisett’s report, because during the assessment she made lots of comments about RA’s behaviour, which no one else seems to have seen. The implication from her criticism was that his problems are due to the care he received from MC. That is another reason, of course, that contact needs to be supervised.
74. Mother was asked her views of the way RA is looked after by MC. She hesitated. She was very grudging in acknowledging that he is well cared for. “He goes to school. His grandmother is taking him to therapy. He is doing okay.” Asked if MC is doing a good job she said, “I would like to hope so”. I cannot possibly see how RA’s contact with his grandmother could take place without supervision. She would do her very best to undermine the placement as well as giving him a false narrative.
75. SB was asked about her conversation with Dr Hunnisett, where she thinks RA should have been given more reasons for her father killing RA’s daddy. The excuses that her father gave were not accepted by the Crown court. They are not accepted by this court. There was no excuse whatever for her father’s actions. Dr Hunnisett advised, rightly, that RA should be told the truth and he was. His mother wants to give him a different version.
76. SB said FB would not have any difficulty if she came home and RA did not. There has been a lot of cross-examination and talk of an “agreed narrative”, but what is clear is that SB wants it to be a very anodyne account about her father killing RA’s father and now being in prison; that she said some negative things about his father, which she should not have said; and MC is helping RA with the loss of his father and grandfather. If that is all she said, that probably would not be too bad, but actually she is likely to add far more criticism of that. RA needs the right narrative, not an anodyne one which is not accurate and which she then embellishes for the children.
77. SB does not accept that she could not understand the loss RA has suffered and she referred to the loss of her own mother. With all due respect, it is rather different as an adult to lose a parent than it is for a child losing a father in such traumatic circumstances.

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78. She was asked if she has given any thought to staying in this country, and she said it is not possible because of PB's work. She and LB and PB want to be together. It would not be possible for PB to stay. If she were to stay here, PB would be in the US, so FB and LB would be separated from their father. Then she went on to say, "And that's not really a marriage". She wants LB at least to be brought up with her mother and father. They have not considered whether she could stay here or even spend more time here and go backwards and forwards. Her priority is their marriage and not the children.
79. She was cross-examined on behalf of MC. It is quite clear that she still does not accept that anything she did or said was harmful to the children. She was asked what has caused the difficulties between her and MC. She said what her father did and the messages. She even had to be prompted to include her criticisms of RA's father. She did not see that her criticism of MC will not have helped and I cannot see any of that changing.
80. When she was cross-examined on behalf of the guardian, the idea of a narrative was raised again, and it was put to her that professionals have to work on the facts that the court has found. She acknowledged that, but she did not seem very enthusiastic about it. She was asked about the consequences if the children were given an inaccurate account. She said it would be confusing, affect their trust, and undermine relationships. I hope that she holds that thought in her mind, although I have doubts about it. She accepted that if FB and LB are given a different account, and they find the truth on the internet, it would confuse them. She accepted that. She also accepted that RA would have to be told that he was better looked after by MC and that she would have to tell FB and LB that. As I say, I doubt she will. I have seen how manipulative she tried to be with RA. Once professionals are out of the picture, her version will be given to FB and LB. If they are in America, the court cannot prevent that, but contact with RA would need careful management and supervision so that his stability is not undermined by his mother through FB.
81. Moving on to PB, his written evidence was filed just before he gave his oral evidence. He said it has been a difficult time. I note that despite all the months he has had to reflect, his concession about the harm caused to the children was very limited. On the narrative for the children he said lying to them will not help. They are going to learn the truth, and their opinion of him would be diminished if they were not told the truth. The trouble is his version of the truth, like mother's, is to minimise the harm.
82. Cross-examined on behalf of the local authority, he thinks the Court of Appeal did not thoroughly review all the documents. He did say in the parenting assessment that they did not agree with any of the findings. They think more of their side of things should have been included. But Dr Hunnisett did ask

them about the findings. I note that he told her he thought his and his wife's concerns about RA's father were justified. He thought RA was being harmed, because he was not being listened to. The problem is they were trying to influence RA in what to say, and then they wanted people to listen to what they were telling RA to say.

83. PB said he does not think there was animosity towards the paternal family, because to him that means yelling or being confrontational in front of the child. I have to say that what they did was arguably more insidious. In his statement today he said when he gave evidence that he accepts his part in the animosity. He does not really though. They blame RA's father for the lack of communication and today he is still saying it is RA's father's fault.
84. He also blames the court process for the current situation the children are in and he says foster care is harmful. He gave his own assessment of the downsides of foster care. He seemed to want to put himself forward as some sort of expert. I have expert opinions in this case on the harm they have caused.
85. Asked about his narrative if FB comes home, it did not include the harm the children have suffered or why they were removed from their care. PB described a lot of the therapy he has had. He has had a lot of professional input, but without wishing to be rude I am not quite sure what it achieved. He did not disagree a great deal with Dr Hunnisett's assessment of him. He just disagreed with the attribution of it to childhood trauma. He wants to go to mediation with MC and he does not seem to think their attitude to MC was unhelpful. He was asked about saying sorry for her loss. That, if I may be so bold, is very much an American phrase and he is, of course, American. He said he would say that if she wanted it. Well, that is hardly an acknowledgment of her loss.
86. He would not say if he thought that MC had done a good job in caring for RA. The antipathy towards RA's paternal family and MC is still present today and it is wholly unjustified. When she gave her evidence, MC confirmed that it is still there. Neither Mr nor Mrs B have ever said they are sorry for her loss. She said that between April and June of last year, when she saw them, she was not treated very nicely. No apology came. In terms of the way forward for RA, she understands what a special guardianship order is and she agrees with the plan. She told me how well RA is doing, particularly considering the circumstances we all find ourselves in. He is doing well in school. He is spending time with the family. He is being supported by a therapist. Her name is Shira. It was quite clear from her descriptions that they find her very helpful.

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87. In cross-examination, she explained that she had not been told what to say exactly to RA and she had not quite known how it was going to come up in therapy. But she sounds to me to have dealt with it very well. At the moment they are having a break from Shera's therapy over the summer. Then they are going to have a Teams meeting with her about future therapy. I am going to come back to therapy at the end.
88. On a day-to-day level, RA is fine. He still has to have the therapy. She said he runs into school. He does an after-school club. The school are good at communication. RA is very bright. He has adapted well. She thinks she can manage contact. She has done all along. Asked what she does about promoting the maternal family, she said he comes home with lots of toys. He has his Mario posters he put up. She said she has never been negative. It is all about RA. He looks forward to contact. He also likes to come home. She prompts him to talk about his family -- I know she has pictures -- but he does not say a lot.
89. She was cross-examined on behalf of mother about what RA knows. She explained that he knows his dad and granddad were killed by his other granddad. She reminded the court of the problems for RA of him having been told different things. Shira advised telling the truth and Dr Hunnisett had also advised that. She thinks RA should be told the truth. That includes from how it all started, with his mummy and daddy going to court.
90. She said she does not think he should be told that his mother and stepfather regret it, because she does not think they do. She said they have not shown any remorse or taken any accountability. She is right.
91. She was asked a bit more about what she says to promote RA's view of his mother. After contact, she said she always asks if he has had a good time. An example of something positive she did was to talk about the painting and they put it up. There was a normal conversation about eating an apple pie that he had brought home. She does not talk negatively. They may sound quite small things, but many of us in the field of family law deal with cases where the apple pie would be thrown in the bin when the child got home. It is very positive that she supports relatively small points that are important for RA.
92. In relation to contact, MC thinks she can deal directly with SB. Between March and June, they did. But SB did not turn up twice and she told RA his grandmother was stopping him going to America. She could work with them, but can they work with her? She thinks RA can do Skype or Facetime and she could encourage him to email his mummy and she could do that too. She explained some of the difficulties of arranging the contact between FB and RA. I say I am satisfied that that was not down to her. She said that if RA lived with her, he could Facetime his mother whenever. I think it would have

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to be monitored and fixed at set times though to protect RA and her. She thinks that the contact with his mother should be supervised. I agree.

93. She would like it to be professional supervision, but not necessarily in a contact centre. She says it is because of the evidence and the way they treat her, the things they say and do. She also has a fear they might be taken out of the country. Of course there is involvement in her son's death.
94. Cross-examined on behalf of PB, she said she had heard him say he thinks RA is going to live with her and that is reassuring. It was put to her that she is looking after RA well but he enjoys contact. She readily agreed with that, and she readily agreed that RA likes PB. She also agreed that it is important for RA to know that everybody loves him, including PB.
95. She was told that PB and RA's mother would like more information about RA. She thought an agreement could be reached about sending information in an email perhaps every couple of weeks. She was open to the proposal for a schedule of indirect contact. She said that would be very important for RA.
96. I find MC a remarkable person. She is able to stay focused on RA's welfare. Without any hesitation she accepts contact with his mother and stepfather is important for RA. She accepts that he loves them. She is able to promote a positive view of them in her home for RA. Yet they are still hostile towards her. Their criticism and their animosity are wholly unjustified. She is willing to attend mediation with them, despite their appalling attitude to her and her family and their lack of remorse. As I say, she is a remarkable woman and RA is very lucky to have her.
97. I have a positive special guardianship assessment of MC and Mr C. It has not been challenged. Mr C has not given evidence, but he has attended this hearing and I have seen how supportive he is of MC. They have been together for 15 years and they meet RA's needs to a high standard. That is the view of the professionals and of this court.
98. I have a support plan, which, as is often the case, goes on for pages but does not actually offer much support from the local authority. The clinician service, which is vital, is going to be reviewed after the final the hearing. There is an acknowledgment that professional supervision of contact is required, but the local authority's commitment is to fund it for up to £500 per year for two years, and there is no offer of support to find professional supervision. Providers, such as BDP, charge about £50 per hour. The guardian provided a link to the National Association of Contact Centres to help the family but, in my view, a commitment from the local authority to better contact support and to provide the clinician going forward is needed.

99. There has been a lot of evidence about the “narrative” -- for want of a better word -- to be given to the children. I am extremely grateful to the guardian at the start of her oral evidence offering to take on responsibility for it, and to her and the social worker for the work they are going to put into the later-life letters. Given the availability on the internet of the false picture provided by RA’s maternal grandfather in criminal proceedings, and given the likelihood of FB’s parents continuing that false account, it is particularly important in this case that there is a true narrative now and in the later-life letters.
100. Sibling relationships are amongst the most enduring children will have and it will not help the relationships between these siblings if the truth is undermined by FB’s parents. Both of them know that. I very much hope that they will not provide a false narrative, but the evidence tells me they will.
101. A true narrative is needed to prevent harm to RA in contact. My view is it will need to be shared with contact supervisors so they can see if a false narrative is being provided. I have no confidence that the parents would follow it. This is not a case where they are, for example, signing up to an agreement as a precursor to unsupervised contact. This is a case where supervision will have to continue for a long time.
102. In her oral evidence, the guardian explained why she considers contact needs to be supervised, either professionally or by a family member. The supervisor has to have sight and to hear what is being said to RA to prevent undermining of his relationship with the paternal family. She said, ideally, Mr and Mrs B would come during the English school holidays. The first contact visit could be short. Then, hopefully, they could make the most of the time they are here, ie see him on more than one day.
103. On contact through emails, she said RA is text-savvy and with oversight from his grandparents he could manage contact well. If children are able to manage video calls, it can work well. Parents need to understand though that children can sometimes only want 5 minutes, sometimes they might wander off or they might stay and talk for longer, and you have to be creative. She thinks it could perhaps be every other week now. When he gets older, he may want more video calls. She was pleased that SB and MC are open to contemplating mediation.
104. Turning to FB, her view is still that FB should return to the care of her parents. She said it is important to try to retain the sibling relationship. Although she does not have a crystal ball, she thinks it is more likely to be FB who makes the contact with RA when they are older. FB being with her parents may make contact with RA more difficult, but it may also help the contact overall. If FB is in foster care, she thinks contact she be at least once a month, but for

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FB she is concerned about the downsides of long-term foster care. The present foster carer is excellent, but that does not change her view.

105. The guardian thinks there needs to be a supervision order with the local authority overseeing the transition to make sure FB is involved in nursery, with a GP, and to establish the contact. It is too far for her to stay at her nursery here. Suffolk thinks the transition plan is too short. The guardian said they will be adjusted to meet a child's needs, but to her this plan looks sensible.
106. Cross-examined on behalf of the local authority, she accepts she said her view is that even if the parents do not change, it would be exceptionally hard for FB to have no parent in this country. She agreed that RA needs the answers to be blunt and he needs factual responses, not "fluffy bits", as I think she put it. The narrative should be kept on the files for FB if she comes back and asks, because she knows the parents would put their gloss on it. Of the supervision order, she thinks Ms Bradley would do later-life letters too.
107. Cross-examined on behalf of mother, the guardian said that she takes into account the local authority's concerns, but it is a balance of the risk of harm from the two options. FB's needs would be best met by being with her parents. In foster care, she would experience significant loss. She would be the only one in foster care and she would say, "Why me?"
108. In relation to the narrative, for RA she was thinking of a factual and simple explanation, like a Cafcass storyboard but bolstered by a later-life letter. She has not yet gone through all the details, but she is an experienced guardian and I have every confidence in her to provide the right narrative for the children. She has identified that it needs to be the facts and then the later-life letter would have more in it. It must be truthful.
109. On contact, she said her worry is that there is not supervision and if RA asks questions, he will not get a truthful account. He needs to have fun in contact, but that cannot be undermined by an untruthful narrative. She made it plain she is ruling out overnight contact and, at this stage, she cannot see that unsupervised contact is safe. She thinks the special guardianship support team may be able to provide help in support in the future, but we are talking two or three years ahead. My view is we are actually talking longer ahead than that.
110. She was asked about MC's views of SB and she said that RA's relationship with his mother is promoted, despite everything. For me, that is the huge difference between MC and the maternal family. With no good reason, the maternal family were negative to RA about the paternal family and they continue to be negative. MC has every reason to be negative but she puts

RA's needs first. The guardian agrees that the lack of informal contact between RA and FB is not down to grandma.

111. In her written analysis, the guardian assesses the welfare checklist from each child's point of view. She addresses the harm they have suffered and how well their needs are met now. She accurately analyses the positive and risks of the options before the court. For RA, she supports him remaining with his paternal grandmother. They are attuned to his emotional wellbeing and they have shown they can meet all his needs, including his need for contact.
112. For FB, the guardian draws on her own professional experience when considering the advantages and disadvantages of long-term foster care. It is accepted by all the professionals that sibling contact may be less important for RA. If he expresses strong feelings about not seeing FB, she will have no contact with her family, apart from the once or twice yearly visits to England by her mother. At paragraph 85 of her report, she summarises some of the risks to FB if contact is reduced when they relocate to America. She says: "FB's level of contact and the stability of her relationship with her baby sister will be reduced. FB will no doubt struggle over the long term to understand why she is separated from her parents while her sister remains with them. FB will continue to have state intervention throughout her minority. FB would also be at risk of placement moves and might not have the opportunity to build life-long relationship or enjoy the stability and security that she requires."

The guardian is alive to all the risks of FB returning to her parents' care. She agrees with Dr Hunnisett but she recommends to the court what she considers the least harmful option for FB. The risk to FB from the false narrative and from the ongoing effects of her parents' attitude are different to the risk to RA. The basic care is good enough. The love and commitment to FB are not in doubt. She would be with her family, including her sister.

113. This is a finely balanced case and the guardian and the social worker each have valid evidence-based opinions on the merits of the options before the court. There is not much difference between them. The guardian is not recommending a return home because she thinks the parents can meet all of FB's needs. There is still a real risk of harm.
114. The risk which I find Ms Bradley has placed too much emphasis on is the possible separation of FB's parents. On their past behaviour she is right that the children in their care would suffer harm if they separated and a similar situation played out. But, at the moment, I think it unlikely the parents will separate. If anything, they put their relationship first and it is strong and supportive. If I am wrong about that, it will be important that any future court

has the relevant papers from these proceedings to know what these parents can be like. I will come back to that.

Conclusions

115. I have to consider all the factors in the welfare checklist. Both of these children suffered significant harm. As neither parent accepts nor understands that, there is a risk of the harm continuing. I think I should pause to say that when I refer to “parents” or “father”, I am referring to FB’s father, and I mean no disrespect to RA’s father in this judgment.
116. Dr Hunnisett’s evidence about the harm to RA if he is not given a truthful account was clear. The social worker and the guardian share the same concerns. They are correct about the risk of harm. It was obvious from their own evidence that the parents would not give the children a true account. They would criticise RA’s paternal family and cause RA further harm. They are not capable of supporting his love for and memories of his father, or his relationship with his grandmother. The care and stability provided by MC would be undone.
117. For FB, a return to their care would be harmful, as she needs an honest account of why she was removed from her parents’ care, and she needs to understand the harm her brother suffered. The children’s relationship with each other will be impacted if she cannot understand her brother’s grief. The impact on RA will be even greater if they live together. If they do not live together and if contact is supervised, the risk of future harm is lessened. The harm to FB is different and she has not suffered the same catastrophic loss as RA. Her trust in adults will be affected by a false story, but, against that, she would be with her parents and her sister in a home where her needs are otherwise met.
118. I am not minimising what she lived through, but it affects her differently. RA has the background and characteristics of a child with neurodiversity, of a child who has suffered significant loss, and suffered significant emotional harm. The many ways in which he suffered harm are set out in my first judgment. FB has suffered in different ways.
119. They each need stable and consistent care in which their needs will be prioritised. I have already referred to Dr Hunnisett’s helpful report in relation to RA’s characteristic and needs. She also noted FB’s losses and her need for attachment security with a primary caregiver. The possibility of moves is a downside of foster care to which the guardian has given more weight than the social worker.

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120. In relation to RA, I accept the evidence of Dr Hunnisett in relation to his high level of need. His mother caused him significant harm and she does not see anything wrong with her actions. She has not shown that anything would change if he were returned to her care. RA would be exposed to the negativity surrounding his family. His welfare would not be prioritised. He would be taken away from his paternal family and from school, on which he depends for stability. Mother has consistently prioritised her relationship with PB and her desire to relocate over RA's welfare.
121. MC, as Dr Hunnisett observed, is able to read RA well and is devoted to and sensitive to him, despite her own overwhelming loss. She has met all of his needs consistently for more than a year. She has put her own feelings aside to support contact and his relationship with his mother. Only she and Mr C are capable of meeting his needs.
122. I accept the evidence that Mr and Mrs B can meet the children's physical and emotional needs, but with the caveat that they took RA out of school last year because it suited them. They did not show an understanding of RA's emotional need for the stability and consistency of being in school. He thrived once MC got him back into school.
123. In considering RA's emotional needs, they do not see the need for RA to have contact with his paternal family or of having an honest account of the past. They would minimise the harm they caused RA. He would know they were not being truthful and that would cause him further emotional harm.
124. Mr and Mrs B put their relationship before the children's needs. SB talked of the cost of coming here for contact for the family. When she gave evidence, she could not even contemplate coming here on her own to see RA. The likelihood of contact taking place more than once a year is low. That would be the same for FB if she were to remain in foster care.
125. RA is of an age and ability to cope with Facetime contact and he will be with a loving family. FB has neither of those benefits. She could become isolated and her self-esteem could be affected as she wonders why she is the only child not with her family.
126. I have to consider the effects on the children of a change in their circumstances. I have already gone into this for RA. Obviously, if he were returned to his mother's care, he would suffer further harm. It is not in his interest to leave the home where his needs have been met so well for more than a year.
127. FB may be able to remain with her foster carer, but foster placement can change for all sorts of reasons. She could have more than one move. She

would experience further losses of a primary caregiver. If she is placed with her parents, it would be a return home and the impact of any further move to America would be lessened, as the family would be moving together. Her attachment to her parents as her caregivers will be maintained.

128. I have to have regard to ascertainable wishes and feelings of the children in light of their age and understanding. RA has a greater understanding than FB. He knows that his grandmother meets his needs. Everyone sees how well she has cared for him and put her own feelings to one side. The care plan at D21 says:

“RA has shared during sessions with the child-in-care clinician that he wishes to remain living with MC and Mr C. He has not specifically spoken about his views around returning to his mother’s care, although it is clear that he enjoys spending time with her during family-time sessions. He also appears to enjoy spending time with his younger sister. Continuing contact with them all needs to continue to be promoted. RA has expressed in a therapeutic session that he wishes to remain living with MC and Mr C. He has been observed to be happy, settled and at ease within their household, with genuine warmth shared between them. Even if RA expressed the view that he would like to return to his mother’s care, the local authority would not be able to support this due to the significant concerns around his emotional safety.”

The guardian at paragraph 49 of her report deals with FB. She says:

“FB is too young to understand the current complexities of this current situation and I have made the assumption that FB would like to be able to live with her mum, dad, RA and her baby sister, if it was safe.”

In the care plan for FB at paragraph 2.2, Ms Bradley says:

“FB is too young to fully understand the situation in which she finds herself, or to share her views around the plans for her long-term care. It is reasonable to assume that FB would want to return to her parents’ care and would want them to meet all of her needs and make sure she is safe and happy. FB would want her parents to understand and address the concerns which resulted in her being removed from their care, so she does not experience the same difficulties in the future.”

I agree with both of those analyses. For my part, I would add that I do not think that FB would want to remain a looked-after child, with all that that entails, if her parents were good enough.

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129. The parents have the capacity to meet most of FB's needs. They love her. Their basic care is good. The contact is positive. They are committed to her. She would be with her sister. She would have the extended family in America.
130. All the assessments and the evidence tell me that the parents do not have the capacity to meet RA's needs and I have set out relevant evidence. It will be apparent that I prefer the evidence of the local authority and the guardian and MC to that of the parents. I cannot see how it would be in RA's interest to move him away from his grandparents, who have met his needs so well and in whose care he is happy, to a home where he suffered significant harm and where nothing has changed.
131. For FB, the social worker and the guardian have different views on the weight to be given to the likely ongoing emotional harm, compared to the downsides of remaining in care. There is no dispute that harm is likely to occur. If their care is otherwise going to be good enough, I have to weigh up the risks and benefits of remaining in the care system, against returning to her parents and being with her sister.
132. She would have less contact with RA. She is likely to have a false account of the past. But she would not be having a great deal of contact with RA if she remained here, and she would have little contact with her parents. The risk of harm through isolation and lack of permanence for FB is in my judgment greater than the risk of harm from her parents.
133. The guardian is right. I cannot leave FB in care. Contact would be limited by geography. However good the foster carer is, FB would not have a stable family life free from local authority statutory involvement. She would experience further losses. Her parents are good enough. Provided contact is supervised to protect all the children from the emotional harm of a disagreement about the history, it is the least harmful of the two options. If the social worker's concern about the parents separating does come to pass, I hope the paternal extended family will step in, as MC has done.

Other Orders

134. I do not think a supervision order will assist in this case. Ms Bradley is right about that. The transition plan can take place over two weeks and be overseen by this local authority. It can be paused if it is going too quickly. The plan can be commenced with the interim care order remaining in place. The parents have said they would agree to voluntary accommodation. I think they can work with the local authority on the practicalities.

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135. The later-life letter will be done by this local authority, possibly with the guardian, and the narrative for FB will be prepared by the guardian.
136. The other local authority is unlikely to be proactive under a supervision order, given their views. The real risk to FB comes from the narrative given to her by her parents. That will happen over time and a supervision order will not prevent that. This is not a case, for example, which needs home visits to check on how things are doing or to provide ongoing general support with childcare.
137. Given the history, though, I do have concerns about the parents' commitment to education. FB's current nursery is too far for her to remain there and, in my judgment, FB needs to be in education. Her parents should obtain a place at nursery for her, and that must be done as part of a transition plan. The guardian, rightly, says she also needs a GP and for contact to be established. My view is these things need to be done before these proceedings conclude.
138. In relation to contact for RA, it needs to be reduced gradually to fortnightly. His placement cannot be undermined. It has to remain supervised for many years, but it can be activity based. MC should not have to pay for it. Supervision is needed because of the actions of the maternal family. The local authority needs to help the family to provide professional supervision and to set up mediation.
139. Once Mr and Mrs B move to America, contact will take place when SB is able to come here. The order should record it will be during up to two periods per year, activity based under supervision on more than one day. It will be not be staying contact. It must be during English school holidays. The order will record that there will be Facetime contact, or equivalent, monitored by MC and Mr C, on average fortnightly.
140. My view is the local authority also needs to provide the ongoing support of the clinician Shira Barkan Tal.
141. I propose to adjourn this hearing for two weeks, so that these final details can be put in place and a transition plan. In my judgment, they are an integral part of ensuring that the permanence provisions in the care plan will work. I propose to list this case on 9 October at 11.00 am for two hours. I will order a transcript of this judgment, with the costs to be shared between the local authority and the publicly funded parties. I will hear submissions in a moment about publishing the judgments, as I indicated on Monday.
142. Looking to the future, if there are proceedings in relation to FB or her sister, they are likely to take place in America. I give leave now for the disclosure into those proceedings of: the final order; both judgments; the assessment of the parents by Dr Hunnisett; the final care plan; and the guardian's final

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analysis. The documents would need to be redacted to protect the privacy of RA's paternal family. They are to be shared with nobody outside of these proceedings, apart from FB's paternal grandfather and his wife.

143. Any future proceedings in relation to RA are likely to be private law proceedings in this court. The final order should record that any application is to be referred to me for directions, and not listed for FHDRA. If I am not available, then it should be referred to another circuit judge for directions. I give leave now for the disclosure into those proceedings of: the final order; both judgments; all the assessments by Dr Hunnisett; the final care plan; and the guardian's final analysis.
144. If either of these parents has therapy, the provider should read the judgments and Dr Hunnisett's assessment of them. If they come back to court and say that they have changed, the court will need to know that any treating therapist was given the right information. The narrative which the guardian has kindly said she will provide for the children and the later-life letters are not strictly part of the proceedings. It will be a matter for Cafcass how far they are shared.
145. That concludes my judgment. I am conscious it was long, but it might be needed in the future and therefore it was important to go through everything.