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Case No: [2023] EWFC 175 (B)

IN THE FAMILY COURT

Before :

HER HONOUR JUDGE HESFORD

A LOCAL AUTHORITY

Applicant

AND

MOTHER

1st RESPONDENT

AND

FATHER

2nd RESPONDENT

AND

**THE CHILDREN
(BY THEIR CHILDREN'S GUARDIAN PW)**

3,4 &5th RESPONDENTS

Hearing dates: 21-25 August 2023

JUDGMENT
DATED 29 AUGUST 2023

Her Honour Judge Hesford:

1 INTRODUCTION

1 In this case I am concerned the welfare of 3 children, “Scott”, a boy “Callum”, a boy and “Alice”, a girl. Those are not their real names.

2 Scott has very significant needs, as referred to in the psychological assessments of Dr Lakshman Ganatra. His presentation is that of someone who appears to have witnessed or experienced harmful environments and has difficulty in managing emotions. He has had numerous placement breakdowns both in kinship care and foster care, 8 placements in total. The parents submit that Scott has ADHD/Autism or that there is an organic cause for his behaviour. This is not accepted by any medical or other professional.

Callum has a very rare genetic condition known as 1q21.1 microdeletion which means that he has a greater risk of learning behaviour and mental health problems and physical abnormalities. Alice is also to be tested for the same condition, she has certain behavioural similarities to Callum.

3 All 3 children have been made the subject of Interim Care orders in 3 sets of ongoing proceedings. They are all in separate placements away from home. Scott is placed in a residential placement due to his presenting needs and behavioural difficulties and Callum and Alice are in separate foster care placements.

4 I have been provided with a very detailed and comprehensive written opening / case summary, which runs for some 17 pages. The evidential parts of that summary are mostly uncontroversial and to save time and resources I intend to adopt the summaries of the background and written evidence and include it here in this judgment. I also have a detailed chronology (provided on behalf of the father) which runs to 79 pages as well as an advocates chronology of hearings, 16 pages. They can be appended to this judgment to provide the fullest picture of the history.

5 Threshold is agreed and will be referred to later.

6 I do not intend or need to undertake a full review of the evidence in this judgment, both written and oral. Most was unchallenged and indeed accepted. I will only address those issues either where there has been disagreement or challenge and which are particularly

relevant to my decision. The absence of any reference to any matter does not mean that it has been ignored; the whole bundle of papers has been considered and taken into account in coming to my conclusions even if not mentioned specifically.

7 There have been many additional applications within the proceedings as well as an appeal against the decision to allow a residential assessment, a case management decision. I believe that there were 13 C2 applications filed before the appeal hearing was concluded and approximately 11 since, some with a consent order. The lack of proper communication between the parties – both lay and legal - has been apparent throughout and sadly this case has not only been protracted but also on occasions overly adversarial. At one point I informed the parties that I was not prepared to list any further interim hearings without proof that the issues to be raised had been fully ventilated between the parties and agreement proved to be impossible. The timetable has been extended on several occasions. At the time of this final hearing, commencing with Scott's application, we are at around week 96. This final hearing is the 21st hearing.

8 Both parents hold Parental Responsibility for the children.

9 The Local Authority applies for final care and placement orders in respect of Callum and Alice and for a final care order for Scott with a plan of long term foster care. Ideally a joint placement would be sought for Callum and Alice but if not identified within 3 months, separate placements.

The Guardian supports the local authority save that the Guardian supports a 6 month search for a joint placement for Callum and Alice so that, should the children access their information in the future, they are able to see that every effort was made to place them together.

The mother and father present as a couple and oppose the plans for Callum and Alice although they would accept care orders with placement at home with them. They agree the plans for Scott to remain in long term foster care.

10 This judgment is structured as follows:

Section 1: Introduction

Section 2: Representation

Section 3: Background and concerns of the Local Authority
Section 4: Issues and the parties' positions
Section 5: Threshold
Section 6: Nature of the hearing
Section 7: An overview of the assessments (from the written opening)
Section 8: Other written evidence – Parents and Guardian
Section 9: Live Evidence
Section 10: Other assessments – family members
Section 11: Actions or failures of the Local Authority
Section 12: Legal framework & relevant guidance & Welfare Checklist
Section 13: Further analysis & exploration of evidence and options
Section 14: Contact
Section 15: Other issues
Section 16: Decision

2 REPRESENTATION

Rachel Jones for the Local Authority
Susan Edwards for the Mother
Mark Steward for the Father
Holly Menary for the Children

The court is very grateful to all advocates for their assistance during this case.

3 BACKGROUND AND CONCERNS OF THE LOCAL AUTHORITY

- 11 The local authority has been involved with the family since [a date] when an initial referral was made concerning Scott. From [a date] to [a date], Scott was under a Child in Need plan and the parents were provided with an intense period of support to attempt to fully equip them with the skills and knowledge to enable Social Care to close their involvement. However, following an incident when both parents became aggressive and the father assaulted the mother in the

presence of a social worker, with Scott almost caught between their fighting, the case escalated to Child Protection. Due to a lack of progress and the Child Protection Plan being ineffective as a result of the continued level of aggression by father during meetings, pre-proceedings were initiated. Within this period, support was provided.

- 12 The parents also underwent a pre proceedings psychological assessment completed by Dr Nick Alwin who recommended couples therapy and anger management for the father. The actions of the parents and the Local Authority following this recommendation are the crux of the present dispute for the parents. I will address them later. The Local Authority funded a number of sessions of relate for mother and father and provided father with information to self-refer to the appropriate anger management services.
- 13 Progress was made, the parents' engagement improved, and they worked with professionals which enabled the plan to move forward and to complete outstanding tasks; pre-proceedings ended. Scott remained on a Child Protection Plan until this was stepped down to Child in Need at the Review Child Protection Conference. Sadly, there was another altercation as well as a family referral regarding concerns for Scott's safety due to text messages referring to the parents physically harming Scott; shortly afterwards Scott was made subject to a child protection plan under the category of neglect.
- 14 A further parenting assessment was completed which concluded positively with recommendations for the parents to engage with further domestic abuse work, couples therapy and anger management. The parents engaged well and reported that the work had been helpful. However, information from a family member indicated that arguments had continued. The local authority states that the father had not sought support in respect of anger management himself and refused to engage in domestic abuse work. He does not accept any responsibility for the August incident and neither parent accepts that the incident should have escalated proceedings.
- 15 Against this background, the Local Authority issued care proceedings following an allegation that the mother had kicked Scott and pushed him into a taxi and there were further unexplained injuries and bruises to Scott. It was alleged that father had been shouting very loudly at the mother.

- 16 A child protection medical was completed which highlighted multiple and acute injuries. Neither parent was able to give a clear explanation as to how Scott had sustained any of these. Dr Middleton was also of the opinion that there were various indicators of abuse being physical harm, neglected medical needs, neglect of developmental needs and neglect physical needs, emotional harm and potential sexual harm.
- 17 Care proceedings were commenced in respect of Scott. The Local Authority's concerns were then:
- Scott presenting with numerous injuries.
 - Concerns about the mother denying and minimising any potential difficulties.
 - Concerns about father's anger management.
 - Concerns that Scott has suffered potential sexual harm.
 - Concerns parent had failed to provide appropriate supervision to Scott.
 - Concerns that Scott had witnessed frightening adult behaviours due to repeated domestic abuse.
 - Several police callouts referred to.
 - Concerns about fathers' mental health and suffering from depression and anxiety.
 - Concerns about father's use of cannabis.
 - Concerns as to neglect, physical and emotional harm due to home conditions, neglect of Scott's health needs.
 - Concerns parents can't put into place appropriate routines and boundaries and parents believing that Scott has ADHD or Autism. Local Authority are of the view this was emotional harm.
 - Concerns about a lack of meaningful change.
 - LA plead that they put support in place by way of parenting and domestic abuse courses and couples therapy and that there was disguised compliance by the parents not accepting responsibility blaming family members and professionals.
- 18 There have been a variety of assessments during the proceedings. I will list these later in this judgment.

4 THE ISSUES AND THE PARTIES POSITIONS

19 In preparing for this hearing, I have read the full bundle of papers provided to me in this matter, together with the proposed final Threshold Document.

20 I shall consider each of the parties' cases in turn.

21 THE LOCAL AUTHORITY

- The Local Authority seeks final care and placement orders for Callum and Alice and a final care order for Scott.
- The plan for Scott is to place him in long term foster care but in the interim he will remain in residential care until a suitable placement can be identified. Contact is proposed as follows, all subject to review:
 - Parents – 6 times per year but to review when at a frequency of 12 times per year before further reduction
 - Maternal grandparents - 6 times each year
 - Maternal great-grandparents – three times per year
 - Great-grandparents and aunt three times per year
 - Siblings – 6 times a year until adoptive placements are identified and then risk assess whether direct contact can continue.
- The Local Authority care plans for Callum and Alice are for adoption with a time limited search initially for a joint placement (6 months). Contact with the parents is to be gradually reduced to being monthly pending the identification of an adoptive placement.
- They rely on the totality of evidence in the bundle, with assessments dating from [a date] onwards, including the variety of social work assessments of both parents including pre-birth, parenting and risk assessments, the ISW assessments, the psychological assessment and addendum; the drug testing reports and results relating to the father; the reports concerning domestic abuse and anger management etc. These are listed and summarised in the written opening at paragraphs 22 -74 (set out later at paragraph 28). They also accept the Guardian's analysis.
- They state that the detailed and comprehensive assessments unanimously conclude that the children's needs are such that they cannot be met by the parents (alone or together) and that the necessary changes to enable them to care for one or more of the

children have not taken place to date and are not likely to be achieved within the timescales for the children.

- There are no positively assessed family members or friends able to care for any of the children.

THE PARENTS

- The parents' unified position is that submit that they have not been fairly treated or assessed by the Local Authority, not offered sufficient or appropriate support and they should be given another opportunity to show that they can care for Callum and Alice. They accept that Scott should remain in his foster (residential) placement for the foreseeable future.
- They accept that their relationship in the past has impacted upon Scott's care but now things have changed. They say that despite the professionals stating otherwise, Scott does have autism / ADHD, "something wrong" and that explains much of his behaviour. They seek further support and assessment to reflect that which was previously recommended by Dr Alwin and supported by the ISW on the basis of Dr Alwin's recommendation and to undertake further work such as with RELATE, parenting courses, anger management etc.
- In summary, the parents argue that they have never been offered the therapy recommended in the original and addendum reports of Dr Alwin despite repeatedly requesting and being promised the work by the Local Authority. The mother will say that the younger children can safely return now but if the Court feels the parents must complete work, the children should remain in long term foster care whilst they are given the opportunity to do this work. Father supports this.
- They concede the threshold and their challenge to the case is generally not to the contents, recommendations or detail of the assessments themselves, but to the local authority's actions in not supporting them and implementing recommendations of professionals.

THE GUARDIAN

- The Guardian's final analysis strongly supports the Local Authority and the making of final care and placement orders for the children as sought by the Local authority. It is an impressive, comprehensive and balanced report, and the conclusions and reasoning are clear with appropriate justification.

- The guardian does not accept that there are deficiencies in the evidence. He considers that there is a fundamental deficit in mother's approach to the current care proceedings. Furthermore, the parents continue to advocate neurodevelopmental reasons for Scott's harmful early years that is consistent with blaming others rather than taking full responsibility themselves. The father has not completed vital domestic abuse or effective anger management intervention that are crucial for risk reduction and a significant cause of Scott's poor experiences.
- The guardian considers that the search period for a joint placement for Callum and Alice should be 6 months minimum and not 3 months. There should be an 8-week reduction plan for contact for them. He supports the local authority's plans for Scott's contact, subject to review.

5 THRESHOLD & DOMESTIC ABUSE FINDINGS

22 The agreed Final Threshold and Schedule of Domestic Abuse findings facts are set out here. There are no findings sought in relation to physical abuse of Scott.

1 At the relevant time Scott had been the subject of child protection intervention for [a number of] years for example

i) Scott was subject of a child protection plan under the category at risk of neglect from [a date] until [a date]; and

ii) Scott was subject to a child protection plan under the category at risk of neglect from [a date] to the relevant date; and

iii) Scott was subject to the PLO pre- proceedings protocol from [a date] until [a date]

2 At the relevant time the mother and the father's relationship had featured domestic violence and abuse thereby placing Scott at risk of emotional harm in that he was at risk of being exposed to the parents volatile behaviour which was likely to have been frightening and unpredictable; for example

i) On or about [a date] police attended the family home. The father had called the police and reported a verbal argument between the parents following which he punched a TV which hit the mother. The father reported to police that there was some pushing and shoving between the parents

ii) On [a date] the police attended the family home following an argument between the parents while Scott was present in the home

iii) On [a date] an incident of domestic violence took place between the parents whilst Scott was present in the home

iv) On [a date] police attended the family home following an argument between the parents while Scott was present in the home

v) On [a date] an incident took place in the presence of a FACT 22 worker and in the presence of Scott during which the father was violent towards the mother

vi) On or around [a date] the mother was violent towards the father

vii) On [a date] the father was shouting and annoyed on the presence of the mother and in the presence of

viii) During an interview with police on [a date] the father described the relationship with the mother as “rocky” and confirmed a number of domestic incidents both verbal and physical in nature; the father confirmed that this has continued since they had Scott and that Scott has been present during such arguments

3 At the relevant time Scott was at risk of suffering emotional harm by virtue of exposure to the father’s emotional dysregulation which was likely to be frightening and unpredictable, for example,

i) On [a date] the father behaved aggressively towards the social worker during a core group meeting in the presence of Scott by shouting, swearing and making threats

ii) On [a date] during a core group meeting the father behaved aggressively towards professionals in the presence of Scott

iii) On [a date] the father shouted at the social worker in the presence of Scott

iv) On 8 October 2021 the father shouted at professionals during a meeting

v) On [a date] the father was convicted of battery against the allocated social worker on 15 [a date] which took place in the presence of Scott

4 At the relevant time Scott was at risk of suffering emotional harm and neglect by virtue of being exposed to the father’s used of cannabis which was likely to result in Scott receiving inconsistent and unpredictable care from his father for example

i) The father tested positive for cannabis on [a date]

ii) The father tested positive for cannabis Lextox report dated [a date] & [a date]

iii) The father tested positive for cannabis Lextox report dated [a date]

iv) The father tested positive for cannabis Lextox report dated [a date]

v) The father admitted use of cannabis to the local

vi) The father admits cannabis use to cope with feelings of anxiety and depression

vii) The father did not accept that there are any risks to the children associated with his continued use of cannabis

5 Scott was at risk of suffering emotional harm by virtue of exposure to the mother's aggression and volatile behaviour towards professionals which was likely to be frightening and unpredictable for example

i) On [a date] during a core group meeting the mother behaved aggressively towards professionals in the presence of

ii) On [a date] the mother shouted at professionals during a meeting

6 At the relevant time Scott was at risk of neglect in that the mother and the father had not taken Scott to a dental appointment contrary to advice given to them by the Health Visitor for example

i) Advice given by health visitor on [a date] to register Scott at a dentist

ii) Health visitor suggests the parents register at a dentist on [a date]

iii) Health Visitor encourages parents to take Scott to the dentist on [a date]

8. By reason of the above at the relevant time, the child Scott had suffered or was likely to suffer impairment to his health, emotional and behavioural wellbeing.

9. By reason of the above the children Callum and Alice are likely to suffer significant harm by being exposed to the same parenting as their sibling Scott if either child were to be placed in the care of either of both of their parents care

10. The local authority invites the court to make the findings set out above and find that the s 31 Children Act 1989 threshold criteria are met.

6 THE NATURE OF THIS HEARING

- 23 This hearing has taken place as a fully attended hearing over 3 days (initially listed for 5) commencing excluding reading and judgment writing time.
- 24 In view of the issues and the protracted history of this matter, I indicated that I would prepare a written judgment. Despite the President's guidance in relation to time management and judgments and to consider proportionality, this remains a very lengthy judgment to reflect the significant length of time of the proceedings, the many and varied types of assessments etc and the size of the bundle. I have set out and analysed the most pertinent matters but as I mentioned, all the evidence has been taken into account nevertheless.
- 25 I am satisfied that the hearing has been fair.

7 AN OVERVIEW OF THE EVIDENCE AND ASSESSMENTS

- 26 This case was first allocated to me following the hearing of an appeal against the decision of a District Judge to allow the mother to attend a residential assessment alone with Callum. The appeal by the Local authority against that decision, supported by the guardian, was allowed. I have not received a copy of the order. Callum remained in foster care.
- 27 I have read the whole updated bundle. This includes a written opening and advocates chronology from the local authority and a chronology and email schedule from father's solicitors (79 pages).
- 28 In order to save time in preparing this judgment, I will insert here the summary of the assessments undertaken by or on behalf of the Local Authority from prior to issue of the proceedings onwards, copied directly from the written opening, paragraphs 22 to 83 (although numbered 1 – 62 here). It is largely uncontroversial, the parent's challenges being mainly in relation to the Local Authority's communication and implementation of the recommendations for support and therapy etc rather than the contents of the evidence itself. I will analyse and address challenges to relevant matters later.

SUMMARY OF ASSESSMENTS AND REPORTS OF THE PARENTS COMPLETED PRIOR TO AND DURING PROCEEDINGS

Psychological Assessment of the Parents by Consultant Clinical Psychologist Dr N. P. Alwin

1. *The local authority made a pre- proceedings referral for a psychological assessment of the parents. Dr Alwin identified the couple's early life experiences were connected to their respective psychological formulation. Dr Alwin identified the parents' tendency to minimize the existence of domestic violence. Dr Alwin found it difficult to identify specific therapeutic intervention for the Mother as she did not accept that she would require psychological intervention. Dr Alwin identified that the parents "would benefit from attending couple's therapy to help them address the underlying issues within their relationship" and would need to commit to attending couples therapy for a period of at least 3 – 4 months to give them a chance to benefit from developing a therapeutic relationship engaging constructively with a therapeutic process. Dr Alwin identified the Father would likely require between six months and one year of therapeutic input to help him understand and address his difficulties with emotional regulation (anger management therapy) but it would be evident within three months whether he was able to engage. Dr Alwin specified that the Father required anger management therapy sessions which should be provided by an experienced clinical psychologist with experience of working with males with interpersonal anger issues. Dr Alwyn highlighted that it is unlikely that the father would gain access to anger management therapy on the NHS*

Addendum Psychological Assessment of the parents by Consultant Clinical Psychologist Dr N. P. Alwin

2. *In summary, the parents presented in a very similar nature as in the original [a date] report; parents consider that they have engaged in the process of change and have a more harmonious relationship (although there remain agency concerns regarding incidents of domestic violence); parents consider that Scott's difficulties are consequent upon a neurodevelopmental disorder. Consequently they struggle to engage and accept the local authority's perspective that Scott's difficulties were primarily due to the home environment; the parents believe the parenting techniques offered were not effective as Scott had a neurodevelopmental disorder; the Father accepted he had ongoing difficulties with anger management and would need further input.*

3. *In the opinion of Dr Alwin the parents would need to engage in further work to improve their ability to provide an appropriate environment for Scott in which they could meet his parenting needs. They would need to further engage with Relate and the Father would need to engage in a longer- term programme of anger management via online course/ NHS CBT and group work in the voluntary sector focused on anger management. The main indicators of positive change would be*
 - *Further engagement with RELATE*
 - *Father engaging in anger management*
 - *Both parents recognizing Scott's difficulties were connected to the parenting environment provided and they both need to do further work to address their difficulties with parenting*
4. *Note - Parents tell the ISW that they will do the therapeutic work if needed. "Neither parents could see the benefit of a change process continuing and they only saw the therapeutic process in terms of short pieces of work"*

Child and Families Assessment

5. *Assessment recommends multi agency child protection conference due to Scott remaining at risk of exposure to domestic abuse. The parents have engaged with [name] Without Abuse and have completed Lifeline and Gateway Programmes at this time*

Parenting Assessment

6. *Assessment records that the parents have received support with parenting from nursery to assist with Scott's behaviour management and that parents have reported that this has not worked and have requested a Family Support Worker (FSW). Allocated FSW (EB working in the home with the family at this time).*
7. *A positive assessment with engagement by parents in the assessment. Parents have "found it difficult to accept that they have had a role to play in" [Scott experiencing emotional harm due to the experiences of domestic abuse]*
8. *Father has engaged with "[Name] Without Abuse" and completed Level 1 Lifeline Programme. Father has an allocated worker from Change, Grow, Live to support with substance misuse. Mother has engaged with "[Name] Without Abuse" and completed the Gateway Programme. FSW has previously been allocated to the family and the GCP2 has been completed with support for finance. During this second period of child protection planning a FSW was allocated and*

the 123 Magic course delivered to parents and parents have completed the 123 Magic course with a group of other parents.

9. *The assessment recommends further work that can be addressed under the existing Child Protection Plan*
 - *Father to engage with IAPT and complete CBT when he is offered this (on waiting list)*
 - *Father to complete the Anger Management Course through the Recovery College by [a date]*
 - *Relationship Counselling through RELATE to be provided. Five sessions will be funded by the local authority*
 - *A review to be held with Lifeline following Father [completing the] Anger Management Course and starting his counselling to review his assessment of what further work is recommended*

Pre-birth Assessment in respect of Unborn Callum

10. *Negative assessment on balance does not recommend that Baby (Callum) is cared for by Mother and Father at home or Mother alone at home or in a mother and baby placement*

Risk Assessment in Respect of Mother

11. *Assessment completed in respect of the family time with Scott following the Father acting aggressively and assaulting the social worker in Scott's presence. Schedule of expectations recommended to reduce the risk of further exposure by Scott to aggressive and frightening behaviour. Recommends contract of expectations which precludes attendance by the Father*

Risk Assessment in Respect of Father

12. *Assessment explores with the Father why he believes that he cannot control his anger. The assessment explains that father's childhood experiences have meant that Father struggles to regulate understand and respond to his emotions Father described this as being passionate when faced with situations whereby he feels very passionate attacked not understood or unheard, Father instantly feels very emotional and this emotion shows his anger. Father expressed a wish to address that his difficulties around his anger and has himself booked onto three different courses - Change Grow Live, [Name] Without Abuse and Anger Management. The assessment recommends direct contact to commence with contact thereafter reviewed*

ISW Independent Risk and Parenting Assessment

13. *The ISW parenting assessment states that "despite intensive support being provided to the family, via child in need support and child*

protection plan, the same issues remained with no significant or sustained changes having been made”.... “The parents do not accept the local authority concerns regarding their parenting capacity not meeting the needs of the child”.

- 14. The assessment identifies 21 areas of significant concern that need immediate attention to safeguard and provide good enough care for Scott. Other areas of deficit also require intervention. He concludes that the parents will not be able to undertake such a significant change program due to their lack of recognition for the need to change and an inability to work openly and honestly with parents”.*
- 15. The assessment explored inter alia the father’s use of cannabis. Father has no intention to stop but accepted “it causes mental ill health” “If Scott wanted to use in the future he would support him to do so and actively teach Scott the correct way to use the drug”*
- 16. The assessment explores the history of domestic abuse. The assessor opines that the Father is unlikely to disclose ongoing issues in his relationship, parenting difficulties or his anger management. This limiting belief system will also impact on the effectiveness of any learning programmes and possibly the therapeutic recommendations made by Dr Alwin*
- 17. The assessment sets out a 5 step plan of intensive intervention that would be necessary to safely return Scott to the care of parents which would take approximately 2 years to address however in the opinion of the ISW “ it is highly unlikely that [the parents] would be able to engage and achieve the necessary change required within the [5 step [plan] and not in the child’s timescale of best interest to implement.”*

Risk Assessment in respect of the father in relation to the re-introduction of contact [C263-279]

- 18. The assessment concludes as negative. The assessment concludes that there is still an element of Father not coping well to appropriate challenging from professionals. at this time Father is recorded as having attended the six anger management sessions however as demonstrated within the risk assessment of the sessions he has already attended he has not shown any change in attitude or reflection of his behaviours. Father is not taking responsibility for his actions and continues to blame other professionals and any further work with Father would not be meaningful or effective. Therefore no additional worker package can be put forward for Father. Any cycle of change requires the person engaging with work to recognise the need to change without which they come up make effective change*

ISW Parenting Assessment of Mother and Father of parents as sole and joint carers

19. *The executive summary sets out the strengths and reservations as to placement option with the parents and does not recommend that Scott or Callum are placed in the care of the parents. The author recognises that the parents love their children very much and consistently attend contact, that the father recognises that his anger and aggression is a significant barrier to safely parenting Scott and Callum and that their parents have engaged well with the assessment. However, significant areas of reservation exist as set out in the assessment*
20. *The assessor comments that whilst there was no evidence before the court of recent police call outs it is clear that "Father's anger issues remain a significant and unaddressed issue. Indeed he admitted that his behaviour is a risk to others. The stresses of caring for two children, particularly given Scott's behavioural difficulties, are also likely to contribute to feelings of anger, aggression and frustration which may also lead to increased risk in relation to domestic abuse*
21. *The assessor opines that the parents have limited insight into the local authority concerns, deflecting responsibility for the situation upon the local authority, lacking trust with professionals making any working relationship unlikely and after all this time the recommendations made by Dr Alwin remain largely unaddressed. "The longevity of work required is likely to be in excess of 6 months and there is no guarantee that the therapy would be successful in changing either parents' behaviours" Additionally further parenting support and teaching would necessitate a continuing delay for the children. The level of support the parents would need to assure the children's safety during ongoing outstanding intervention "would be excessive and unrealistic"*

Pre-birth Assessment in respect of Unborn, Father (Alice)

22. *The report makes reference to higher management having agreed "to fund Relate/ Anger Management session as recommended by the ISW and psychologist". The report also states that there is limited chance of effective substantial change regarding Father and Mother parenting and this is due to the limited willingness to engage with professionals on a meaningful level, taking into account advice given by the local authority. It states that the ISW who completed the parenting assessment emphasised this by stating " Of concern is Father's vitriolic attitude towards the local authority and the professionals working with him. Both Mother and Father deny and*

minimise concerns and blame the local authority for the situation they find themselves in. Father is unable to regulate his emotions resulting in frequent outbursts of anger and aggression. He has assaulted a previously allocated social worker and I am unable to foresee him ever having a positive working relationship with professionals”.

Child and Family Assessment

23. *The assessment provides an overview of the history of assessment, proceedings and intervention. The assessment refers to a strategy meeting held and legal planning meeting for unborn Alice to be considered in pre-proceedings. Within the action to be taken section the Mother is to be referred to Motherwell and the Father is to provide “details and costings of the RELATE / anger management courses”. The assessor considers that there is limited chance of effective substantial change regarding Father and Mother parenting and this is due to their limited will their limited willingness to engage with professionals on a meaningful level, taking into account advice given by the local authority. The author refers to the report of the ISW who completed the parenting assessment in which she states “ Both Mother and Father deny and minimise concerns and blame the local authority for the situation they find themselves in stop Father is unable to regulate his emotions resulting in frequent outbursts of anger and aggression stop he has assaulted a previously allocated social worker and I am unable to foresee him ever having a positive working relationship with professionals. The assessment concludes that the unborn child would be at risk of significant harm and or neglect should she remain in her parents care.*

Addendum Parenting Assessment of the Parents

24. *The assessment revisits the author’s earlier assessment and takes into account the developments since the last assessment.*
25. *The assessment identifies the results of genetic testing and diagnosis of Callum who has a very rare genetic condition known as 1q21.1 microdeletion which means that he has a greater risk of learning behaviour and mental health problems and physical abnormalities. He is described as a fractious baby who is constantly active and requires a high level of supervision. Alice is also described as a fractious baby who is difficult to settle and will be subject to the same testing as her brother.*
26. *The assessment identifies the work that is outstanding to address Father’s ability to manage his emotions, the parents relationship and Father’s ongoing use of cannabis. The author’s recommendation not to return the children to the care of the parents remains unchanged*

AAI Assessment of the Father
CSFT Proposal for Functional Family Assessment

27. *The local authority was tasked with presenting a plan of assessment work with may support clear planning for the children to enable long term decisions to be made for the children's future care. The LA was asked to make a proposal for a Functional Family Assessment which includes an Adult Attachment Interview (AAI) the purpose of which is to more clear about the support or therapy that may be helpful. The plan of work was estimated to take 12 weeks to complete. Witness statement of the Manager of the Children and Family Support Team (in house provision for children and families)*
28. *The local authority filed a statement by the Service Manager Cares for Children's Service and Family Time Service in respect of further support/ funding for the father to access anger management which sets out the parents responses to intervention in the form of CBT, RELATE and My CWA. The local authority committed to fund 4 further sessions with RELATE within this statement with a view to ongoing review.*
29. *An AAI of the Father was completed which highlighted further concerns in relation to Father's capacity to parent safely. The Assessment recommends that psychotherapy would be a more appropriate intervention than anger management to which Father would need to commit to in the long term*

SUMMARY OF REPORTS RELATING TO INTERVENTION REGARDING SUBSTANCE MISUSE REPORTS AND DRUG TEST RESULTS OF THE FATHER

Change Grow Live Letter

30. *Father referred to CGL. Attended 32 appointments / 26 telephone contacts and 7 cancellation / DNA. Tested positive for cannabis on [date]. Treatment goals met. Discharged from the service on [date].*

Change Grow Live Report

31. *Father referred and has attended 1 and cancelled / DNA 3 appointments. 3 telephone contacts*

Change Grow Live Report

32. *Father was referred via self referral and has had 11 meetings face to face, 12 telephone contacts and 3 appointments that were rescheduled and 1 DNA*

33. *Father tested positive for cannabis*

Change Grow Live Report

34. *Father self referred and has had 14 face to face appointments, 15 telephone contacts and 3 appointments cancelled / DNA*
35. *During sessions we have completed focussed psychosocial interventions, including triggers and coping strategies.*
36. *Father was referred for counselling by CGL and he has attended 7 sessions to date*
37. *Father has been attending MA (Marijuana Anonymous)*

Drug Testing Results for Father

38. *LEXTOX report*
Father positive for cannabis middle
39. *LEXTOX report*
Father positive for cannabis
40. *LEXTOX report*
Father positive for cannabis
41. *There are no concerns regarding the Mother's use of illegal substances.*

SUMMARY OF REPORTS RELATNG TO INTERVENTION TO ADDRESS DOMESTIC ABUSE, EMOTIONAL DYSREGULATION AND ANGER MANAGEMENT

CWA Report

42. *Father completed Life Line Level 1 in [date]. Level 1 aims to provide strategies to manage emotions, Level 2 is aimed at providing therapeutic work to encourage change. Father did not attend Level 2. Father was referred for Level 1 repeat course in late [date] following an incident of domestic violence*
43. *Father was assessed for Level 1 repeat course and then chooses to disengage from the service*
44. *On [date] Father self refers to MyCWA by calling the Help-line stating he wishes to complete the Lifeline Level 1 again*
45. *On [date] Father speaks to Behaviour Change Team about self-referral. He believes the LA has made the referral and must completed Lifeline Level 1 and 2 because of the court proceedings*
46. *On [date] Father completes lifeline assessment*

47. On [date] Father is accepted onto the Lifeline Level 1 course on the basis he had accepted he had used harmful behaviours in a relationship (during the telephone assessment). The Father is allocated to a group which was due to start in [date] (advised cannot start the group until police investigation is concluded)

48. On [date] Father check in completed Awaiting confirmation there is no outstanding police investigation

49. On [date] Father is invited to join Lifeline Group

50. On [date] – CAFCASS guidance precludes access to the course at the time

Cognitive Behavioural Therapy

51. The Father was advised to engage with cognitive behavioural therapy and he attended an initial appointment but did not continue to engage and he felt this was not the appropriate service for him

52. The Father has accessed counselling through CGL as part of the support service to reduce the use of cannabis

Email from [Name] NHS Foundation Trust

53. Father has engaged with the Involvement, Recovery and Wellness Centre (IRWC) as follows

- 2 sessions of anger management (then cancelled)
- 4 sessions of anger management

ASSESSMENTS OF THE CHILDREN

Sibling Assessment

54. The assessment recommends that Scott and Callum are placed separately. "Scott needs to be placed where he can still be the young child and have positive experiences of nurturing care without competing with a younger child"

Sibling Assessment

55. Scott's needs are significantly different to those of his siblings and it is highly likely that Scott will require a different style of parenting to Callum and Alice as they have differing needs. The assessment recommends that all attempts are made to place the younger two children together but not to the detriment of securing a permanent placement.

Psychological Assessment of Father Dr Lakshman Ganatra

56. Dr Lakshman Ganatra states that Scott's cognitive abilities are within the average range for most areas except perceptual fluid reasoning

which was Low. His overall IQ is in the Low Average range. He showed elevated signs of hyperactivity and defiance / aggression suggesting that he's primed for fight / flight. His presentation is that of someone who appears to have witnessed or experienced harmful environments and has difficulty in managing emotions

57. Whilst Scott shows signs of ADHD, Dr Lakshman Ganatra believes that Scott's presentation is better understood as out of trauma and heightened sensitivity to fight or flight. I would not make any diagnostic label that would imply organic deficit in Scott. Whilst he shows low average cognitive abilities, below average functional abilities and early signs of anxiety, problems with concentration, attention and hyperactivity, I believe these to be consequences of his adverse experiences rather than due to any innate or organic condition. He appears to be a child who has failed to thrive and has been emotionally harmed by the lack of care and nurture, and shows a heightened propensity to fight or flight, most likely due to chronic exposure to parental conflict and sources of threat

58. Scott's attachment template is Disorganised and he potentially has attachment disorder

59. Scott's contact with parents on the face of it appears to be positive for the most part. Parents show love and warmth and interact with him, however there is clear evidence that they struggle to regulate themselves. Scott appears to need to control contact to an extent where he feels remembered and loved and any emotionally charged content is avoided... He continues to receive mixed messages about what is appropriate in the situation resulting in inappropriate methods of coping. This direct contact maintains his readiness for fight or flight and impairs his ability to form trusting bonds with new caregivers. At paragraph 7.15 he notes that neither parent is a significant attachment figure and they are perceived as a source of threat. Therefore, frequent contact is likely to sustain raised physiological arousal levels even when it goes well and likely to be associated with elements that increase Scott's anxiety.

60. At paragraph 7.38 Dr Lakshman Ganatra states Scott's emotional and behavioural difficulties or directly related to his relationship and contact with parents. "My impression is that Scott experiences great feelings of shame guilt which he cannot manage; when boundaries by carers or even school are then placed, he perceives these as criticism which compounds his feelings of being inadequate or unlovable and he is unable to contain this. Contact is a clear trigger which should be carefully addressed in the longer term"

61. *At Paragraph 7.61 he summarises that Scott needs supportive, nurturing and reparative parenting. Early interventions to manage emotions and learn pro social skills would likely be helpful. Further specialist CAMHS support may be needed later and should draw on dyadic approaches such as DDP or thera-play. Carers may also benefit from support such as group based work and training around to support the emotional needs of traumatised children*

Addendum Psychological Assessment of Dr Lakshman Ganatra

62. *Dr Ganatra answered questions arising from his assessment of Scott. He states that “I have not diagnosed Scott with ADHD as there is a more salient explanation for his pattern of difficulties”. Overall my impression is that Scott has experienced neglectful, harmful and inconsistent parenting from Mother and Father. He has developed a disorganised attachment style, where he will feel ambivalent towards those who care for him and not believe in their intentions, yet also needs care and nurture which he has not received. The report provides Mother and Father need to show their ability to regulate themselves and recognise that harm that Scott has experienced whilst providing messages of support to those who are caring for Scott. From the background provided, little has changed in their acknowledgment of the concerns and harm. Whilst I have not met or assessed the parents directly, the psychological assessment clearly outlines a number of concerning issues in the parents presentation*

29 None of this evidence was directly challenged. It is accepted.

8 OTHER WRITTEN EVIDENCE – PARENTS AND GUARDIAN

THE MOTHER

30 Mother has filed 5 statements. She states that she and father have a stronger relationship now and there is no domestic abuse. If they became stressed caring for the children, one would leave the property. She is prepared to attend relate if required as well as a parenting course. She suggests that the Local Authority have failed to offer sufficient support for her and Father by way of RELATE, parenting course and anger management etc in line with recommendations by professionals.

31 She admits failing to give Scott good enough care and accepts that he should remain in long term foster care. She should be given the

opportunity to care for Callum and Alice, she and the father have not had a fair chance.

THE FATHER

- 32 Father has filed 10 statements including an extremely lengthy detailed final statement. He agrees with the plans for Scott. He denies being given intensive support for the children, only for Scott. Much of his written evidence deals with the history of his involvement with the local authority and the nature of assessments undertaken, work proposed and either done or not supported, issues with the social workers, communication etc. He admits blaming professionals throughout the case.
- 33 He still considers Scott to have ADHD / autism.
- 34 A significant thread, and indeed this forms the basis of his challenges to the care plans, is the involvement of Dr Alwin and his recommendations for Relate and anger management Therapy. He himself had arranged and completed one course with the NHS but he could not find any other anger management courses. He did a six-week course but there was a gap in sessions as the worker was off sick. This was all that was available to him. He states that he did CBT via Silvercloud and IAPT. He has been requesting the anger management and relate therapy for several years and admits he has a problem. He undertook the "Lifeline 1" course but refused to do it again; it was not useful as he denied any domestic abuse.
- 35 He considers that the parenting course he undertook was not useful (Magic 123).
- 36 In general, the impression from his statements is that he feels very badly let down by the Local Authority, blames them for many of the issues and appears firmly of the opinion that it is only the absence of provision and completing the recommended work which prevents the children returning home. At no point in the statements does he actually set out what he considers the work would achieve or indeed why it is necessary other than admitting to arguments. He also does not contemplate the work failing or even what it involved. His belief seems to be that if the work was done, all would be well. In my judgment this is an extremely simplistic approach. Therapy is not a panacea, it requires commitment and understanding and it is clear that father has declined suitable therapy such as CBT since it is not anger management. The issue of being provided with specific "Anger Management Therapy" has almost become an obsession, father fails

to recognise that other therapies – such as Lifeline and CBT, even RELATE – include elements which would be part of therapy in relation to anger management and that it does not have to be a bespoke, specific or individual course.

THE GUARDIAN

- 37 Mr W has been the guardian for the 3 children throughout these proceedings. He has filed 4 position statements and a Final Analysis. His conclusion is clear: he does not consider that there has been sufficient evidence of change, particularly when evaluated against the harm suffered by Scott and the effect upon him. He considers that the mother and father are interdependent, cannot separate and this limits protectiveness. He remains concerned and disappointed that the parents still assert that Scott has a neurodevelopmental disorder, that this prevents them from admitting to their parenting deficits and they use it to mitigate the harm he has suffered.
- 38 So far as therapy was concerned, he was aware that father had engaged with some anger management and domestic abuse intervention, but insufficient specialised work had taken place “*to instil the complexities and nuances of domestic abuse and recognise the triggers for his long-term struggles with his emotional regulation.*” In relation to the domestic abuse programme (Lifeline), *Father failed to grasp the purpose of the domestic abuse programme and he has been unable to progress past the twelve week assessment stage. This is an assessment stage to allow facilitators to commit their services to the lengthier intervention stage. As a former facilitator of such a course, the principal aim is focussing on a person’s motivation and genuineness to change. For example, whether someone is attending because they have been told to attend. It is not a high test to reach but it is imperative that a person needs to accept domestic abuse has/is a feature of their life. Over the course of the current care proceedings, Father has offered interchangeable positions about his domestic abuse actions. He told me that failed attempt to engage with domestic abuse intervention was due the facilitator wanting him to admit to current domestic abuse at the time. I find this implausible and an attempt to attribute blame to others and distract from his inability to take responsibility. The inability to progress past the assessment stage continues to pose a considerable risk of harm to the younger children. I would argue Father was just not aware of the nature of the assessment stage and when told, chose or did not have the capacity to understand the criteria. He refused to start the programme again. He had not met the test for motivation to change. The lack of understanding and insight*

into perpetrating domestic abuse remains a dynamic risk and given the significant level of psychological and emotional abuse endured by Scott, the risk is very high.”

- 39 Mr W considers that father is a poor candidate for change and agrees with Dr Alwin that his ability to sustain therapy is a concern. *“He does not accept his failings and struggles with his ability to understand his deficit thinking. He would likely disengage”*

He does not support the parents’ arguments that therapy has not been provided and notes that it is not usual for authorities to pay for extensive anger management in any event. He states that “[Dr Alwin] is very clear and he is also alive to the scarcity of this specialised work and the need for creative thinking (Psychological Assessment of Parents, Para. 2.1.5).

- 40 He does not support any delay to the proceedings concluding and fully supports the plans of the local authority (as amended during the hearing)

9 LIVE EVIDENCE

- 41 I heard live evidence only from the present social worker and from the parents and Guardian. None of the other evidence was challenged by cross examination, including numerous social workers as well as the psychologist Dr Alwin, ISW Mr Elliott, ISW Ms Holm, child psychologist Dr Ganatra, the Health Visitor Ms, Ms C from CWA (Lifeline) and others.

THE LOCAL AUTHORITY EVIDENCE

- 42 The present social worker gave evidence. She was unable to answer many of the questions put to her in relation to historic matters and decision making as she was only appointed as the social worker in [a recent date a few months prior] and had not been involved. She could not speak as to the local authority’s decision making in the past. She had filed a number of recent statements. Her live evidence was broadly in line with her written evidence. She had not had a handover meeting with the previous social worker but had read the files.
- 43 She agreed that the parents had engaged and accepted that they needed help. She accepted on several occasions that there had been confusion when dealing with the issues of therapy for the parents, accepted that the local authority had never offered specific

therapy in accordance with Dr Alwin's recommendations but had offered alternative support and parenting courses. Father had failed to properly engage with Lifeline or to repeat the course and did not undertake CBT.

- 44 She accepted that there had also been mistakes – such as chasing for information which was already available and that the confusion and mistakes would have caused confusion for the parents. However, they had not accepted many issues, such as still continuing to claim that Scott has ADHD / autism or evidencing taking real responsibility for the effect of their actions upon Scott rather than simply stating that they accepted the need for change etc. She acknowledged and agreed that the local authority owed a duty to the parents.

THE MOTHER

- 45 Mother gave evidence only briefly. She was calm throughout her evidence until she was challenged as to Scott's suffering and the harm he has suffered when she was clearly upset. She denied that the text messages were evidence of his lived experiences. There were no problems in her relationship with father and explained his stress and behaviour and need for anger management as being due to the children being at stake and his being misled. They would attend relate if needed but thought there was no need.
- 46 She set out how difficult it had been to get hold of social workers and that they did not respond to her efforts, she was only told of many major issues such as Scott requiring restraint until after the event and sometimes simply in written minutes/statements etc. She had never been invited to medical appointments or even told that they were happening beforehand. The social worker had not spoken to her about the final care plans before her solicitor received them and she denied any one-to-one parenting work since proceeding began.
- 47 She thought that there was "something wrong" with Scott, ADHD or autism. Magic 123 parenting has not worked for Scott due to his behaviour.
- 48 She did not want to be assessed on her own, she wanted the family back together. She sought enhanced contact with Scott.

THE FATHER

- 49 Father was calm and thoughtful in much of his evidence and at times showed considerable understanding and intelligence. At other times he showed considerable frustration and challenged the questioner by asking his own questions in response.
- 50 He accepted a poor relationship with social workers but a better one with the present social worker who he described as amazing although he accused her of lying. He admitted being aggressive to the social worker on 2 occasions in front of Scott but denied that he was difficult to work with. He denied making additional threats to hurt someone as per the ISW report of Mr Elliott, firstly stating that he did not recall it then that it was a lie. He also accused the health visitor of lying. He insisted that no-one had tried to help him.
- 51 His frustration with what he sees at the local authority's complete failure to arrange and fund the proper therapy was clear, this must be "Anger Management Therapy" as suggested by Dr Alwin. He had withdrawn from CBT as he didn't need it, he needed "Anger Management Therapy". He did not trust the local authority, but he would work with them in the future.
- 52 He maintained that Scott has ADHD / autism and gave examples of what he considered to be evidence of the same. He accepted that their arguments had affected Scott but mainly it was everything the local authority had done, and his placement moves. He didn't get angry with Scott but with the processes. He insisted that Scott was thriving when he was removed from their care.

THE GUARDIAN'S EVIDENCE

- 53 The Guardian: His live evidence was entirely in line with his final analysis and his recommendation had not changed after hearing all of the evidence. He was an extremely impressive witness, showing child focussed and thoughtful consideration throughout. He was entirely balanced and fair and I have no hesitation in accepting his evidence. He challenged the local authority when he was unhappy with their plans, particularly in relation to contact and to the search for adoptive placements.
- 54 He agreed that the confusion about therapy and the changes and lack of availability of social workers were not good for either the parents or the children. The social worker should have gone through the care plans with the parents, it was shabby not to. Communications with him had also been poor and frustrating.

- 55 He stated that he was aware, as would have been Dr Alwin, that local authorities very rarely have the resources to pay for bespoke therapy. Plans had been concocted – online therapy, CBT etc but there had been a failure to engage with them fully although father is persistent - they are ineffective. Father needed to reflect upon why he did not get past stage 1 of lifeline; the intervention stage could be 16-20 weeks, it was not just about anger management.
- 56 He was deeply concerned about Scott, referring to him and his present placement as exceptional. His whole life was confusing and there was a risk that he viewed himself as the problem. He had a long journey ahead of him, many challenges and his recovery and development and understanding of his permanence were paramount. Mothers contact with Scott was very good. Changes to Scott's contact would have to be carefully planned and assessed at reviews.
- 57 I heard or read final submissions on behalf of all parties.

10 OTHER ASSESSMENTS – FAMILY MEMBERS

- 58 There are no positive assessments of family members, no-one available to care for any of the children. The maternal great grandparents and the maternal grandfather and step grandmother tried their very best to care for Scott but it was too much for them.

11 THE ACTIONS OR FAILURES OF THE LOCAL AUTHORITY

THERAPY

- 59 The greatest contentious issue in this matter has been that of provision of therapy for the parents, particularly the father. The Local Authority was proactive prior to the issue of proceedings by obtaining the opinion of Dr Alwin who made clear recommendations for anger management therapy by an experienced clinical psychologist for a period of 6-12 months and couples therapy for at least 3-4 months. Dr Alwin was aware that father's therapy would not be available under the auspices of the NHS. As an experienced expert he will also have been aware of the limitations for funding by the local authority. The local authority funded 5 sessions with RELATE.
- 60 There followed considerable error and confusion concerning the issue of anger management therapy. The parents appear to have

been told on several occasions that the therapy would be provided. Whether this referred to specific bespoke and specific “Anger Management” therapy in line with the recommendations is not clear. The parents believed that it was or should be. What is clear is that there was never a referral by a social worker to panel for funding for the specific therapy to take place, where a decision would have cleared the matter up once and for all, even though the parents appear to have been told by one social worker that it was. The service manager’s statement deals with the matter and agrees that it was unhelpful. However, it must be borne in mind that Dr Alwin’s opinion was a recommendation, and the Local Authority is entitled to assess all options.

- 61 My criticism of the local authority is not for failing to fund the therapy but for the mistakes and mixed messages, misleading the parents into believing that it would be funded. The court, of course, has no power to order the local authority to pay for therapy. If the panel decision was negative, that would be an end to the matter. This has caused significant confusion all around and a considerable amount of bad feeling and mistrust. The impression that I have is that it may well never have been explained to father that the other options were alternatives to achieve the same aim. This has led to him becoming fixated on a very specific therapy which may have impacted upon his ability to consider other options.
- 62 The most helpful step would have been to formally and in detail clearly set out in writing the reasons for the Local Authority’s decisions regarding therapy etc together with their explanation and rationale for their decision, at an appropriate stage such as when the decisions were taken.
- 63 I further address the issue of therapy and its relevance elsewhere in this judgment.

APPOINTED SOCIAL WORKERS

- 64 The Social Worker handling the matter at present is unanimously regarded as being professional. She is aware of her duty to the parents. However, this has not always been the case. I was informed by the mother, and it was not disputed, that there have been 5 main social workers involved. There are various reasons for this, some more explainable than others. Clearly father’s behaviour and assault led to a change and social workers moving on and changing jobs cannot be prevented, sadly it is a fact of modern life and I have sympathy for the Local Authority in relation to this.

- 65 Here, however, it appears that there have not been formal – or any – handover meetings and the changes have not been communicated to the parents until after the event except on one occasion. They have found out via their legal adviser or when a new social worker appeared to see them.
- 66 This is totally unacceptable, poor practice and wholly inappropriate. It has bred mistrust. The lack of handover means that the parents have had to go over and old ground, repetition of many matters and much confusion has arisen. This has undoubtedly added to the stress of the parents and no doubt triggered father's ire or anger.

SOCIAL WORK & LEGAL PRACTICE AND COMMUNICATION

- 67 Communication between the Local Authority and the parents has been very poor. This may partly be due to the changes of social worker, but it is not that alone and it is unacceptable. The Guardian confirmed that he had the same issue and the number of additional applications made to the court within the case evidences that the lack of communication extended to between legal advisers too. I have been handed an email trail by the father's legal representatives which speaks for itself, it is within the bundle.
- 68 Communication with the parents was so poor that I insisted on a recital in a court order that the present social worker should update the parents by email on a weekly basis. By and large this has now been complied with.
- 69 Prior to this, however, the Local Authority was extremely poor with communication. This was not challenged in evidence. Examples of this are failures to return calls, voicemails, texts and emails; absent social workers during illness/holidays with no back up point of contact; not updating the parents about the children in many ways until after events – placement changes for Scott, restraint issues, information, dates about and outcomes of medical appointments, general information updates as well as issues concerning the changes to the social workers already addressed. In effect the local authority has effectively ignored the parents' parental responsibility. Again, this is totally unacceptable and shoddy practice. It has caused the parents considerable upset and concern and had not assisted any positive working relationship.
- 70 The Local Authority, as the social worker agreed in her live evidence, have a duty to the parents. In my judgment, the issues raised in this

section have breached that duty and the parents should receive an apology. There should also be steps taken within the Local Authority to improve practices so that matters such as these do not happen again. The parents can feel rightly aggrieved at some of their treatment in this section of the judgment, which I described during the hearing as “shambolic”.

- 71 I require that a copy of this judgment should be sent to the Head of Service for the Children’s Services Department. I hope the failures are remedied and are not reflected in other future matters.

12 THE LEGAL FRAMEWORK AND RELEVANT GUIDANCE

- 72 In considering this application, I start with the principles in the Family Procedure Rules 2010 [‘FPR’] and specifically the overriding objective at FPR r1.1, which includes ensuring that the case is dealt with expeditiously and fairly, proportionately, and with fair allocation of resources.

FPR r1.1 states:

(1) These rules are a new procedural code with the overriding objective of enabling the court to deal with cases justly, having regard to any welfare issues involved.

(2) Dealing with a case justly includes, so far as is practicable –

- (a) ensuring that it is dealt with expeditiously and fairly;
- (b) dealing with the case in ways which are proportionate to the nature, importance and complexity of the issues;
- (c) ensuring that the parties are on an equal footing;
- (d) saving expense; and
- (e) allotting to it an appropriate share of the court's resources, while taking into account the need to allot resources to other cases.

- 73 I have been very conscious preparing this judgment that the requirements explained by the Court of Appeal for a fully reasoned judgment mean that this court must be frank and clear in its analysis. That involves saying things which this mother and father will undoubtedly find difficult and distressing. I regret that very much. It is, however, unavoidable that the court has to set out in full its reasons for making this decision.

- 74 If a Care Order is to be made the court first has to make finding[s] that the threshold set by s.31(2) Children Act 1989 is satisfied in respect of the children i.e.

31(2)(a) that the child concerned is suffering, or is likely to suffer, significant harm and

31(2)(b) that the harm, or likelihood of harm, is attributable to

- i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him: or
- ii) the child's being beyond parental control.

75 In addition, Section 1(1) provides that when the court determines any question with respect to the upbringing of a child, the child's welfare shall be the court's paramount consideration.

76 In determining what is in a child's best welfare interests the court must have regard to each of the factors set out in the welfare checklist in s.1(3).

77 Section 1(5) provides that when a court is considering whether or not to make an order under the Act with respect to a child, it shall not make the order unless it considers that doing so would be better for the child than making no order at all.

78 The Court must also have regard to the Article 8 rights of each of the parents and of the child and must endeavour to arrive at an outcome that is both proportionate and in the child's best interests. In public law cases this means that the level of State intervention should be no greater than is necessary in order to secure the child's welfare.

79 It is important to underscore the particular importance in every case of the requirement to have regard to the general principle, set out in s.1(2), that any delay in concluding these proceedings is likely to prejudice the welfare of this child.

80 The Local Authority also seeks placement orders pursuant to s.21 Adoption and Children Act 2002. Section 22 makes it clear that:

'A local authority must apply to the court for a placement order in respect of a child' if it is 'satisfied that the child ought to be placed for adoption'.

The court may only make a placement order if either the child's parents consent to the order being made or if the court dispenses

with the parents' consent. Section 52 sets out the grounds upon which a court is entitled to dispense with parental consent:

The court cannot dispense with the consent of any parent or guardian of a child to the child being placed for adoption or to the making of an adoption order in respect of the child unless the court is satisfied that:

- (a) the parent or guardian cannot be found or is incapable of giving consent, or
- (b) the welfare of the child requires the consent to be dispensed with.

- 81 In addition, when making a placement order the court is required to consider what, if any, contact the child should have with his birth family.

Section 27 (4) ACA 2002 provides:

Before making a placement order, the court must –

- a) consider the arrangements which the adoption agency has made or proposes to make for allowing any person contact with the child, and
- b) invite the parties to the proceedings to comment on those arrangements

- 82 As to the making of a placement order, whether to dispense with parental consent and the Court's consideration of the contact proposals, the court's approach must be governed and informed by s.1 of the 2002 Act.

This provides that:

The paramount consideration of the court or adoption agency must be the child's welfare, throughout his life.

The court or adoption agency must at all times bear in mind that, in general, any delay in coming to the decision is likely to prejudice the child's welfare.

The court or adoption agency must have regard to the matters in the welfare checklist.

THE WELFARE CHECKLIST (ACA 2002)

- 83 I will briefly address the most pertinent issues; I have taken them all into account nevertheless:

- 84 (a) the child's ascertainable wishes and feelings regarding the decision (considered in the light of the child's age and understanding),

At these young ages, the children are not of an age or understanding to comprehend the nature of these proceedings, but it has to be assumed that they would wish to be placed with their parents if it were safe for them to do so, where they could develop a true sense of their identities. That being said, it must also be assumed that they would wish to be placed with carers who can meet all of their needs and provide them with safe and consistent care so that they can reach her full developmental potential.

- 85 (b) the child's particular needs,

By virtue of their young ages the children are dependent on their carers to meet all of their needs and require a safe and stable home environment with carers who can afford them with attuned and consistent parenting, including love and affection, stimulation to promote their development, and protection from potential harm. Callum, as we know has some potential issues in the future and Alice is to be tested. These will need to be monitored as they develop. Callum and Alice have reached stages in their development associated with the strengthening of attachment relationships. The evidence suggests they has developed strong bonds and emerging attachments to their respective foster carers, and there is no reason to suggest that these cannot be replicated to potential adoptive carers (ideally together), if plans are made to secure permanence for them as soon as possible, and the transition to an adoptive placement takes place within their timescales.

Scott has very extensive needs. He needs to move to a highly supportive therapeutic foster placement. He needs therapy and support and will likely do so for a considerable time.

- 86 (c) the likely effect on the child (throughout his life) of having ceased to be a member of the original family and become an adopted person,

The plan of adoption will sever Callum and Alice's relationship with their parents and family of origin, which is likely to cause them some distress as they become older and are able to comprehend their circumstances. Life story work and later in life letters will enable their adoptive parents to give them an appropriate child centred understanding of why they could not remain in their parents' care.

Adoption is not planned for Scott

- 87 (d) the child's age, sex, background and any of the child's characteristics which the court or agency considers relevant,
None specifically relevant other than already addressed.
- 88 (e) any harm (within the meaning of the Children Act 1989 (c. 41)) which the child has suffered or is at risk of suffering,
Callum and Alice have been afforded protection from harm by their foster carers.

Scott has suffered very significant harm in the care of his parents as referred to throughout this judgment and in the evidence.

- 89 (f) the relationship which the child has with relatives, and with any other person in relation to whom the court or agency considers the relationship to be relevant, including—
- (i) the likelihood of any such relationship continuing and the value to the child of its doing so,
 - (ii) the ability and willingness of any of the child's relatives, or of any such person, to provide the child with a secure environment in which the child can develop, and otherwise to meet the child's needs,
 - (iii) the wishes and feelings of any of the child's relatives, or of any such person, regarding the child.

Callum and Alice will cease to spend time with their parents or other family members following placement for adoption. They may also cease to see Scott. Any prospective adopters are invited to consider continuing direct contact with Scott or indeed each other if ultimately placed separately as this may be beneficial for them.

There are detailed plans for Scott to continue to spend time with his family, to be subject to a detailed care plan and regular review.

- 90 I also accept and adopt the welfare (child impact) analysis of the Guardian in his report and of the Social Worker in her final statement.
- 91 In placing the child for adoption, the adoption agency must give due consideration to the child's religious persuasion, racial origin and cultural and linguistic background.
- 92 The court or adoption agency must always consider the whole range of powers available to it in the child's case (whether under the 2002 Act or the Children Act 1989); and the court must not make any order

under the Act unless it considers that making the order would be better for the child than not doing so.

- 93 It is important also to have regard to the many authorities in which guidance has been given by the Senior Courts. In particular the decisions of the Supreme Court and the Court of Appeal in *Re B (Care Proceeding: Appeal)* [2013] UKSC 33, *Re B-S (Children)* [2013] EWCA Civ 1146, *Re W (A Child)* [2013] EWCA Civ 1227, *Re R* and *Re A* [2015] EWFC 17. I have had such regards in coming to my conclusions.
- 94 The language used in *Re B* is striking. Different words and phrases are used, but the message is clear. Orders contemplating non-consensual adoption – care orders with a plan for adoption, placement orders and adoption orders – are "a very extreme thing, a last resort only to be made where all else fails", to be made "only in exceptional circumstances and where motivated by overriding requirements pertaining to the child's welfare, in short, where nothing else will do".
- 95 The fact is that there are occasions when nothing else but adoption will do and it is essential in such cases that a child's welfare should not be compromised by keeping them in their family at all costs.
- 96 In *Y v United Kingdom* [2012] 2 FLR 332 the court considered the fundamental question of the severance of family ties and the fact that "Everything must be done to preserve personal relations and where appropriate to rebuild the family... However, where the maintenance of such ties would harm the child the parent is not entitled under Article 8 to insist that such ties are maintained."
- 97 Worthy as this objective is it does not always sit comfortably with the child's timetable and the need to avoid delay. The court is entitled to take into account the case history as to what options may be realistically available and how realistic it is to expect a positive outcome.
- 98 Behind all this there lies the general principle, derived from the no order principle under 1(5) of the 1989 Act, to be read in conjunction with s 1(3)(g) as to the range of powers available to the Court, and now similarly embodied in s 1(6) of the 2002 Act, that the court should adopt the 'least interventionist' approach'; also confirmed in *Re O (Care or Supervision Order)* [1996] 2 FLR 755.

- 99 There must be proper evidence both from the local authority and from the guardian. The evidence must address all the options which are realistically possible and must contain an analysis of the arguments for and against each option. My task then is to evaluate all the options in the light of the children's welfare and consider all the negatives and the positives of each option.
- 100 I have reminded myself of the guidance in Re A [2015] EWFC 17 under the heading of "Some Fundamental Principles" which were helpfully summarised by Lord Justice Aikens in Re J (A Child) [2015] EWCA Civ 222.

13 FURTHER ANALYSIS & EXPLORATION OF EVIDENCE & OPTIONS

- 101 In accordance with Re B I now turn to a consideration of the options available to me. I have already throughout this judgment considered the strengths and weaknesses of each party's case and indicated my assessment of the evidence and indeed the potential options available to me.
- 102 I approach the Local Authority's applications on the basis that the best place for any child is within his family of origin unless there are clear welfare grounds to prefer an alternative. My task is to consider whether the children could be cared for by a member of their family to a satisfactory standard within an appropriate timescale, not whether they might be "better off" being adopted.
- 103 I have considered all the evidence which I have read and heard and it has all been taken into account in performing my analysis. The issues are now more straightforward – most of the evidence is accepted. In very simplistic terms, the matter boils down to whether the parents have been fairly treated, assessed and supported or not and whether they should have another opportunity to be so if I find their submissions accurate.
- 104 I do not consider that the parents have been treated unfairly in such a manner that would affect my decision. I do not consider that the local authority has performed as well as they should have done as set out earlier, but this behaviour would not affect my decision. I am satisfied that despite the conduct of the local authority in certain aspects, which I referred to as "shambolic", the welfare issues and the best interests of the children have not been affected or

compromised by the failings of the local authority. If the parents had been treated better, they may have felt less aggrieved by the actions of the local authority, may have been less confrontational and may ultimately even have accepted the rationale for the plans.

- 105 I am satisfied that the parents have been given many opportunities to show that they can care for the children, but the very considerable volume of evidence shows that there has been very little change over the many years and there remains a lack of acceptance of culpability for Scott's situation, a tendency to blame others or the lack of bespoke therapy. There are no recommendations for rehabilitation from any professional. The Local Authority's "shoddy" performance in certain respects would not lead me to gamble with the children's lives and allow a very long delay for unlikely and uncertain potential outcomes in the face of the evidence. Even as Dr Alwin recommended the anger management therapy, he had reservations about engagement and efficacy due to father's lack of insight and understanding and of the refusal to accept a non-organic cause for Scott's behaviour.

SCOTT

- 106 The position with regard to Scott is not contested. It is agreed that he will remain in foster care and hopefully in the future move to a nurturing foster placement. I will address contact later.
- 107 Scott is an extremely troubled and confused little boy. It is extremely rare, exceptional, for a child of his age to need residential care and even more exceptional that he requires restraint on occasions. He has had 8 placement moves and it is clear that he is highly insecure, worried that he is to blame and wondering if he will ever see his parents again. Sensory therapy is to be funded for him, but it is likely that this will only be one of many supports or therapies required for Scott to reach his highest potential. Dr Ganetra confirms that interventions to manage emotions and learn pro-social skills would likely be helpful for him together with further specialist CAMHS support later and should draw on dyadic approaches such as DDP or theraplay. His carers may also benefit from support such as group-based work and training around to support the emotional needs of traumatised children. It is imperative that a nurturing and highly skilled foster placement is identified for him as soon as possible and a planned move takes place.

CALLUM AND ALICE

- 108 I am satisfied that delay is not in Callum and Alice's best interests. The delay would be, in accordance with Dr Alwin's assessment, a minimum of 6 months and more likely 12 months for therapy to take place. Thereafter there would be a need for further assessment. This delay would be the minimum even if the parents fully engaged and Dr Alwin had concerns regarding their ability to do so. Certainly, in the case of Father he indicates that he will undergo anger management therapy and I have no reason to doubt this. So far, however, he has failed to repeat the Lifeline course when advised to do so, disengaged with CBT; considers, according to his evidence, that domestic abuse work is unnecessary; dismissed the Magic 123 training as inappropriate; dismisses the opinions of the medical practitioners as to whether Scott has ADHD or Autism and accuses various professionals continuously of lying. This included the ISW, health visitor, social worker in his evidence as well as claims throughout of the Local Authority "gaslighting" him. It is hard to see how father will be able to work openly and honestly and in a supportive manner with any professional/therapist who challenges him, or with whom he takes a contrary position.
- 109 Both parents, particularly the father, seem to view "Anger Management Therapy" as being a panacea, a solution to all their problems. It was almost a mantra during both their evidence. They clearly believe that if father had received anger management therapy the outcome of these proceedings would be completely different. Sadly the matter is not so simple. There are absolutely no guarantees that the therapy would be successful. There are no guarantees that father would even fully engage in the process. He has previously stated that he is undertaking course as he needs to get his children back, whilst intimating that they were not necessary (Lifeline). He does not like people disagreeing with him and this could lead to disengagement as referred to above. Various types of therapy have been tried or considered, short of the full therapy as suggested by Dr Alwin and he was concerned that *"that Father's lack of insight into and understanding of domestic violence would contraindicate his attendance at an anger management intervention and it would be likely that any such intervention would have little or no positive benefit."*
- 110 Jonathan Elliott, the ISW who prepared a risk and parenting assessment shares the opinion of Dr Alwin as to father's lack of understanding of the therapy *"processes of change and for both parents to Recognise Scott's Difficulties were connected with the*

parenting environment provided to him. Both parents would then need to do further work to address their difficulties with parenting. It is my opinion that neither parent is able to accept this level of responsibility for the need to change and as such there is a poor prognosis for change.” Further, “Father appears to perceive the therapeutic interventions recommended by Dr Alwin to address his anger management as attending a course to teach him new coping strategies. Whilst this may be a valuable piece of the work, this would only be part of the therapeutic intervention that was being recommended. Father does not appear to perceive that the therapeutic interventions regarding his anger issues, will need to address deep psychological thinking and root causes to address his low emotional resilience and poor anger management. Father gives the impression that addressing his anger management will not be a long-term piece of work and will lead to predictable and certain change.”

- 111 In short, there are no guarantees with any therapy even if the Local Authority had properly and on a timely basis addressed the issue of anger management therapy the outcome may well have been the same. In any event this is not a single-issue case about whether anger management therapy should have been provided by the local authority. there are other concerns.
- 112 The ISW assessments by Jane Walwin-Holm highlight other concerns, still relevant now, some 8 years after the local authority became involved with the family. These include them minimising concerns, particularly about their relationship and its impact upon Scott; blaming the Local Authority for the situation, this attitude would preclude any ability to work openly, positively and honestly with the local authority or indeed any professional; not talking professional advice and guidance and cannabis use. In her opinion, *“[Mother and Father] must firstly accept that there are issues with their capacity to parent their children and want to change both their attitudes and behaviour.”* In addition to the anger management work, she considers that father needs long term therapy with his underlying issues. For both parents, *“further parenting support and teaching would be required around recognising risk, unhealthy relationships, domestic abuse, substance misuse, mental health difficulties, safeguarding children, parenting, stimulation and meeting the children’s individual and collective physical, developmental and emotional care needs”*. She points out that there are no guarantees of success.

- 113 The conclusion is that neither Scott nor Callum should be placed in the care of the parents, the risks are too high given the parents personality traits. Alice was not yet born, there is no reason to suggest that she would be assessed differently as her needs are the same. *“Unfortunately, the level of support required to ensure the children’s safety in the care of their parents would be excessive, intrusive, and unrealistic. In my professional view, to ensure the children’s safety there would need to be 24/7 professional supervision in order to alleviate the risks associated with physical abuse and neglectful care”.*
- 114 Despite their evidence to the contrary, the parents have received significant support in this matter, both therapy and in relation to parenting. For the latter, they have had the assistance from the original Child in Need plan, the one to one support from a family support worker, the health visitors involvement, Magic 123 and assistance by support workers at contact.
- 115 Sadly, the parents have focussed on the issue of specific “Anger Management Therapy” almost, as I say, as a panacea and sadly to the near exclusion or dismissal of all other support.
- 116 In my judgment, additional time for further assessment is not justified and I concur with the independent professionals and others that there are no guarantees of success, and this would cause delay and harm to Callum and Alice who desperately required permanence. They need to have their futures finalised so that they can settle and long-term foster care for a further extended period is not an appropriate option for them. It provides too many risks and uncertainties. These proceedings are extremely long running and change has been minimal. Callum has been in foster care for almost 15 months and Alice for almost 5 months.
- 117 The risks to Callum and Alice of either of being placed in the care of their parents or remaining in foster care whilst therapy takes place are simply too high and too risky. In my judgment there is no lacuna, or gap, in the evidence. I have more than sufficient evidence to come to a decision.
- 118 I rule out rehabilitation to the parents as a potential option for them due to the overwhelming evidence against this. The risks are simply too high. I know they love all of the children and genuinely believe that they can care for them. They have committed to and made contact enjoyable and have engaged in the extensive assessments

which have taken place. Father stated in his evidence that Scott was thriving when he was removed from their care. Sadly, this was incorrect and evidences a significant lack of insight. This is compounded by their insistence that he has ADHD/Autism, in the words of the mother “something wrong with him”, rather than accepting the unanimous opinions of ALL of the professionals that he does not and that his presentation is due to their own historic care of him. There are too many risks of history repeating itself.

- 119 There are no relatives who can care for any of the children.
- 120 That therefore leaves me with only the option of adoption for Callum and Alice.
- 121 There is of course a balance of positives and negatives for adoption. The negatives include ceasing all contact with their natural family including their half siblings and this potentially impacting identity but there are more positives. These include ceasing to be looked after children subject to corporate parenting, being placed with carers who have effectively chosen them and will care for them throughout not only childhood but also later life This is the only option that offers Callum and Alice the option of secure and safe family life according to both the Local Authority and the Guardian and I accept that assessment.
- 122 I fully accept and endorse the comments of Black LJ in Re V. Callum and Alice’s immediate needs are for stability, security and permanence. In my judgment this can only be achieved by way of adoption and their welfare requires this, and accordingly I dispense with the consent of their mother and father. I accept that this interferes with the rights of all three children and their parents to a family life together but in my judgment the making of such an order and the interference are proportionate given that there is no alternative which would meet their needs.
- 123 The Local Authority initially planned to search for a joint placement for 3 months and then to twin track for individual placements until 6 months has passed. Given that Alice has genetic testing outstanding which will likely take 3 months, I indicated that I was unhappy with that plan, since prospective adopters would most likely want to know the result before considering Alice or certainly committing to her and so they agreed to search for a joint placement for 6 months. Callum and Alice need to know that everything possible has been done to try to give them the opportunity to be brought up together.

14 CONTACT

- 124 All of the children have had frequent contact with their parents (and indeed each other) during these proceedings and the parents have shown their love and commitment to the children by attending and, particularly in the case of the mother, in the quality of contact. In the case of the father, there is a gap in direct contact. An application to suspend contact was made by the Local Authority supported by the Guardian and granted by order. Contact was suspended as a result of the father's inappropriate behaviour during contact with Scott he and thereafter he physically assaulting the social worker whilst Scott was present directly following the contact on the same day. Thereafter there were various applications to extend by the local authority and to recommence by father. Mother's contact was stopped for around a month with the father's although it should not have been.
- 125 The plan for Callum and Alice is to reduce contact with their parents over time with direct contact ceasing once a placement/s has been identified. Thereafter contact will be indirect only to assist with life story work. Whether they have any direct contact with Scott post placement will depend upon any potential adoptive placement and a risk assessment.
- 126 I would therefore recommend that the Local Authority invite prospective adoptive carers for Callum and Alice to keep an open mind about future direct contact between the siblings – including Scott. There are benefits of direct contact within adoption as well as risks, and these include maintaining important potentially lifetime relationships between siblings; providing reassurance, helping with issues of identity and loss; and helping the children with their dual connection to their birth and adoptive families. It can help children to make sense of the past. Social media has changed the landscape for closed adoptions; children grow curious as they grow older. It can be better for any such direct contact to take place in a controlled and supported manner rather than at the child's own volition without any support or preparation. Letterbox contact cannot, in my judgment, ever be considered to be truly "good quality" as it is so limited in nature, but I accept that it is often the only way to maintain any links.
- 127 Contact for Scott is to slowly reduce to monthly following conclusion of these proceedings. Initially the plan of the local authority was for the contact to be 6 times annually, in school holidays. It remains

supervised at a contact centre, in a small room. It is to be reviewed at the monthly stage and will not be reduced further without a formal meeting. This meeting will include the parents and appropriate professionals as well as the IRO and it will be minuted. The Guardian was clear that this should be a formal process and must take into account Scott's behaviours as well as his wishes and feelings. Ideally contact should in the future move to be more activity based and potentially in the community, but this would be dependent upon Scott's progress. The need for forceable restraint in public must be avoided. It would not change imminently – the main issue for the foreseeable future was to get Scott settled, but enjoyable contact would be beneficial. It also needs to be noted that contact with his parents may be a trigger for Scott so it must be a carefully considered process. Scott has a long journey ahead of him and the contact is for his benefit and wellbeing. He is also to undertake some sensory work and consideration should be given to mother being involved if considered suitable by the therapists. At the very least both parents are to be notified of any developments regarding Scott and this includes incidents where restraint is required.

15 OTHER ISSUES

- 128 I am pleased that the local authority has listened to my suggestions that they should revisit the issue of therapy for anger management for the father, not in relation to the decisions today, but for the future best interests of Scott in his contact. It can only be to his benefit that his father receives support. This is such an exceptional case regarding Scott that everything that can be done to support him should be. The local authority has agreed to fund 3 psychotherapist sessions for father.
- 129 The local authority should file a new and detailed care plan for Scott taking into account the matters agreed and discussed within this hearing, the comments in this judgment and also with the assistance of the Guardian.
- 130 I wish to thank and praise both parents for their behaviour in court. I recognise how difficult this has been for them and their behaviour has been exemplary. They have also engaged very well throughout the proceedings. I urge them to take all steps that they can to engage in all support which is available and to achieve the best for themselves.

16 DECISION.

131 I make the following orders:

1. I record that I find the threshold criteria at section 31 of the Children Act met and that I approve the Local Authority's care plans for all 3 children, namely for Scott to remain in long term foster care and for Callum and Alice to be placed for adoption.
2. I make final care orders for all 3 children.
3. I record that I dispense with the consent of the parents (for Callum and Alice).
4. I make placement orders in respect of Callum and Alice.
5. I give leave for any relevant documentation to be disclosed to prospective adopters.
6. A copy of this Judgment is to be placed on the file for each child at the expense of the Local Authority.
7. An updating Care Plan for Scott shall be filed and served.
8. Permission granted to the Local Authority (and father) to disclose relevant documents to the treating therapist funded by the Local Authority for the anger management therapy
9. There shall be no order for costs save for a detailed assessment of the LAA assisted parties pursuant to their LAA certificate.

HHJ HESFORD

29 August 2023