

IN THE FAMILY COURT SITTING AT COVENTRY
IN THE MATTER OF THE CHILDREN ACT 1989 AND THE ADOPTION AND
CHILDREN ACT 2002
IN THE MATTER OF Z (D.O.B. 05.11.23)

Neutral Citation Number: [2024] EWFC 249 (B)
Case Number: CV23C550179

Coventry Combined Court
140 Much Park Street
Coventry

Date: 7th August 2024

Before :

HHJ WALKER

Between :

COVENTRY CITY COUNCIL

Applicant

- and -

XX (1)

YY (2)

Z (BY HER CHILDREN'S GUARDIAN) (3)

Respondents

Mr Reynolds for the Applicant
Ms Turner for the First Respondent
Mr Howell-Jones for the Second Respondent
Mrs Styles for the Third Respondent

Hearing dates: 5th, 6th and 7th August 2024

JUDGMENT

HHJ Walker :The Background and the written evidence

1. Z was born on the 05 November 2023. She is the first child of her mother, who is XX. Her father, YY has an older child, AA, who has been adopted. For the purposes of this judgment, I will refer to them as the mother and the father. Z is represented in these proceedings by her Guardian. This is an application for care and placement orders brought by Coventry City Council.
2. The father was in the care of the local authority himself when he was a child. He experienced physical, emotional and sexual harm at the hands of his parents.
3. The father had significant therapeutic help between 2015 and 2019 when he was in care. He has also been convicted of an offence of controlling and coercive behaviour in respect of a former partner for which he received a twenty-four month community order.
4. The local authority received a referral from the Probation Service in July 2023, expressing their concerns having visited the mother and the father at their home, and noting that the mother was 26 weeks pregnant, although she had not sought medical attention. There were repeated attempts to try and engage and work with the parents before Z was born, with limited success. A pre-birth assessment determined that it was not safe for Z to remain with her parents. As a result, Z was removed from their care from birth and she has remained placed with foster carers since that time.
5. During proceedings, both parents have had the benefit of a cognitive functioning assessment. Dr Garrett assessed the father. She concluded,

“The father’s cognitive abilities are all in the average or high-average ranges and as such, no particular techniques are required when working with him and he does not require any specialised assessments to be employed. However, it is important that professionals are mindful of his history of trauma and consequent hyper-vigilance, and that if under significant stress he is likely to fall into low mood, with the risk that he will begin misusing substances again, feel suicidal and lose his appetite. Because of his difficulty sleeping, The father may miss appointments or require breaks in assessments/Hearings due to fatigue. Due to his post-traumatic symptoms, he would benefit from working with consistent professionals and from assistance to feel safe by, for example, seeing rooms (including Court rooms) in advance with his legal representatives.”

6. The mother was assessed by Dr Elizabeth Gillett. The mother has a FSIQ of 75, falling within the borderline range. She has weaknesses related to her memory and abilities to process information. Dr Gillett makes a number of further recommendations as to how best to work with the mother.
7. The local authority recognised that a risk assessment was required and so they instructed Professor Daniel Wilcox, Clinical Forensic Psychologist. His report is dated the 12th April 2024. During the course of that assessment, Professor Wilcox took a detailed history from both parents, including asking the father some very difficult questions about his past. When discussing his conviction, the father accepted that he would prevent the mother of AA from accessing her 'phone, being in touch with family and friends and would want to control what she wore.
8. The father also discussed a man called BB who was in prison for raping his sister, with whom the father had developed a 'friendship' whilst they lived elsewhere in the UK. The father has accepted that he remained in touch with this man by way of regular telephone calls from prison. The local authority was rightly concerned when it found out about this contact, and I have seen the telephone records from the prison which evidence the extent to which the two men were in touch. The father told Professor Wilcox that BB had threatened to hurt himself if the father cut him off. Eventually, the father was assisted in ending the calls by professionals contacting BB on his behalf.
9. Overall, Professor Wilcox's formulation of the father was as follows,

"The father presents as generally out of touch with his underlying emotions due to strong defence mechanisms. This may result in impulsive responding, with limited self-control and a likelihood of self-defeating outcomes occurring.

In testing, there were self-reported indications that the father is interpersonally awkward and lacking in basic social skills. Relatedly, his unusual behaviours and thought patterns may make it difficult for others to relate to him. In addition, social withdrawal is noted and a likelihood of a loss of interest in daily activities, with low energy reported. The father's test results suggested a lack of empathy, coupled with above average needs for attention, affection, love and intimacy. Trying to meet these needs will be difficult for the father, as, in my judgement, he presents with a level of distrust and social withdrawal that will prove to be a frustrating barrier for him in terms of meeting these personal requirements."

10. In relation to the mother, Professor Wilcox says,

“Heightened levels of depression were self-reported, with the mother often feeling hopeless, helpless and discouraged. I consider that these features are associated with dysthymia (minor, chronic depression), wherein the mother adopts a victim posture, a ‘poor me’ persona in reflecting on her life and experiences. Significant anxiety elevations were also noted, with the mother reporting being so nervous that she has trouble dealing with everyday stress, pressures and demands, such that she easily feels panicky and threatened by people or events. Indeed, the mother’s coping abilities are so challenged that she is likely to over-evaluate objective danger and feel threatened by situations that would likely be of little or no concern to the average individual. These ongoing heightened levels of anxiety will lead the mother to be an over-ruminative worrier, where an over-arousal is likely to occur regularly, producing fatigue, confusion, and a tendency, at times, to act without thinking, in ways that may ultimately be self-defeating.

Interpersonally, the mother is likely to be viewed as lacking in social competency and basic interpersonal skills. This may lead to difficulties for others in terms of understanding and relating to her. The mother is extremely introverted and tends to be much more comfortable alone. An attachment deficit probably exists, as the mother actively avoids and withdraws from others. This is associated with significant levels of social discomfort and anxiety, such that she questions her ability to effectively deal with and relate to others.”

11. It was Professor Wilcox’s assessment that the father did not present with any indications of sexually deviant thinking and that he falls into the ‘low’ category for sexual risk. However, it was also his view that the mother had extremely limited safeguarding potential, due to her own reliance upon the father. The couple has a virtually non-existent support network, made up almost entirely of professionals.
12. When asked to consider the prospect of caring for Z alone was put to the parents, the father said that if they could not parent together, then they would simply continue in their relationship even if that meant that Z might be adopted. This appeared to Professor Wilcox to be a concept that was proposed by the father and to which the mother simply conceded.
13. Professor Wilcox concluded that the father was still likely to meet the diagnostic criteria for PTSD. He would benefit from further structured trauma-focused CBT over a period of about a year. The mother would also benefit from CBT over about the same period of time with a view to enhancing her confidence, self-esteem, assertiveness abilities and coping skills. However, there is a risk that, as the mother becomes more assertive, this may, in turn, lead to conflicts developing within the parental relationship, as it would disrupt the current dominant/submissive dynamic which exists. He said,

“In my opinion, there are significant concerns in this case with regard to the commitment of the parents to their daughter, and a risk with regard to them making good judgements about potential risks to Z from people with whom they socialise. While suggesting a need for a considerable amount of oversight and supervision to support their efforts to provide basic care for Z, I am not confident that they would be able to protect Z from potential harm from others whom they might not view as risky, within timescales that will meet Z’s needs. Further, this is, in my opinion, a relationship dynamic that is dominated by the father, passively accepted by the mother, and one in which meeting father’s own needs will take precedence over those of Z, exposing her to potential risk of neglect, emotional and physical harm, or inadequate safeguarding.

The parents need extensive therapeutic support to develop more robust and healthy adult psychological development and as referenced above, I do not consider that they can likely achieve this within timescales that will meet their daughter’s needs.”

14. The local authority instructed Carmel Williams, Independent Social Worker to undertake a parenting assessment of the father and the mother, using the Parent Assess model. An issue to which I will return in due course is referenced in Ms Williams’ own bio at the beginning of the report. She says, *“My areas of expertise are in neurodiversity, developmental trauma and attachment. I am currently completing a post-graduate level Certificate in Traumatic Stress Studies led by world renowned psychiatrist, trauma expert and author, Dr Bessel van der Kolk.”*
15. Ms Williams identified a number of strengths in the parents’ capacity (including basic care, no substance misuse), and she also noted how warm and affectionate both the father and the mother were with Z during family time. She goes on,

“There remain many areas that I have assessed as amber in connection with Z’s daily lived experience including development, home, and protection. Additionally, parents functioning and most of their daily living skills are assessed as amber, such as their history, trauma, mental health, decision making, self-care, and current relationship. Whilst it is assessed that there remain support needs in these areas, it is not my assessment that these needs cannot be met but rather that the mother and the father will require ongoing support in these areas, for example around maintaining the home conditions and addressing the impact of their mental health/trauma on their ability to parent Z consistently over time.

There are reds in relation to the mother and the father’s money due to their ongoing difficulties with budgeting and debt management. It is important that the mother and the father address their financial responsibilities adequately to avoid further contact from the bailiffs and they can prioritise

purchases essential for Z's wellbeing should she be returned to their care. Previous relationships remain red due to the well documented abuse perpetrated by the father during his previous relationship. This issue remains red to signify the seriousness of this static risk factor."

16. It was Ms Williams' view that the father and the mother were able to provide good enough care to Z, provided that they were given adequate support, and they stayed in a relationship. However, Ms Williams did acknowledge that they were unlikely to be able to do so as single parents, in large part as a result of the fact that the support that they each obtain from the other acts as a 'buffer' to the emotional stresses and strains of parenting.
17. Ms Williams considered that she had spent 26 hours with the couple, and she found no signs of the relationship being controlling, rather that it was *"one filled with love, warmth, affection, and mutual support."* The 'over-reliance' which did exist, could, in her view, be managed by offering the couple opportunities to develop their independence. It was Ms Williams' view that the couple could meet Z's needs when their own mental health was stable, and therefore, it was vital that they each obtain support to ensure that they addressed their mental health issues.
18. Ms Williams was asked to provide details of the 'progress' that the parents had made during the course of the assessment, and she provided these examples (as she did in her oral evidence);
 - That the mother had sought medical support for her low iron levels
 - The home was clean and tidy during her visits
 - The father had been able to 'mentalise' the impact on others of his contact with BB
 - The couple have attended all family time and assessment meetings.
19. Ms Williams says,

"Both the mother and the father behave in ways that are consistent with insecure attachment patterns. This is characterised by an intense fear of abandonment, anxiety, difficulty trusting others, low self-worth, and sensitivity to criticism, as examples. Whilst I am not able to diagnose attachment disorders, I have extensively studied attachment theory at postgraduate level, through ongoing continuing professional development training, and professional experience."
20. Ms Williams clearly formed the view that it was likely that the father was neuro-diverse (she recommended an ADHD assessment) and that the mother may well be autistic. In both her written and oral evidence, she presented accurate diagnoses of these issues to be crucial to the return of Z. She then proposed the couple working with a family support worker, in order to learn the life skills that they do not currently possess. She makes

no specific mention of the recommendations for therapy that had been made by Dr Wilcox.

21. The social worker has been allocated to the case since November 2023. It is right to say that she disagrees with the assessment of Ms Williams and challenges her assertion that the parents have demonstrated any change, or any capacity to change at this point. Rather than home conditions being consistently better, the social worker has visited a number of times, as have various other professionals, and the flat has been variable at best. When she visited as recently as the 11th July, the flat was untidy and unclean. The photographs which she took demonstrate her concerns. The couple still have difficulties managing their finances and have accrued some debts both here and in their previous home. Alongside that, the couples' personal hygiene has not always been good enough.

22. The social worker details her concerns as follows,

“Assessments have highlighted significant concern in relation to the dynamics of The father and the mother’s relationship due to coercive controlling elements, the mother’s ability to protect Z, the father’s association with risky adults which would be incredibly dangerous for Z and place her at risk of sexual abuse, parents ability to work openly with the local authority, poor home conditions, poor money management, poor coping abilities, poor personal hygiene, parent’s ability to prioritise Z above their own needs and disguise compliance.”

23. The social worker is concerned that Z has ‘got lost’ within the assessment of Ms Williams, due to her obvious empathy for the parents and her own particular point of view. As far as the relationship issues are concerned, the social worker comments,

“It is highly concerning that the significance of Wilcox expert opinion and other means of information has not been analysed by Ms Williams and how this may impact Z. For example, how will the father manage his emotions and need for attention when Z begins to take up more of the mother’s attention throughout different stages of her minority. One huge factor of difference in this relationship in comparison to the father’s ex-partner is that the mother is not and will not be able to see that she is being controlled. We have a mother who is highly isolated from family, has no friends and support network largely consists of professionals who are there to support the father. This relationship dynamic will be harmful for Z to observe, and she would suffer emotional harm and potential physical harm should the father struggle to manage his emotions in his need to control the family dynamic.”

24. The social worker prepared a balance sheet addressing all of the realistic options for Z and concludes that only a plan of adoption can meet her needs throughout her life.

25. Both the mother and the father have filed their final evidence. The father told me that he and the mother have been attending couples therapy with RELATE. He has contacted his GP and sought medication in relation to his anxiety and depression. He has also made enquiries about accessing therapy. They are trying to keep on top of the flat and are better at keeping themselves clean. The father has taken to going for a walk in the evening, and the mother explored joining a chess club, although she doesn't think that it is for her. The father is now in receipt of a PIP payment, which means that they are finding it a little easier to live within their means. The mother remains in contact with her Nan, although she has not seen her for some time due to distance and pressure of time. Both parents have talked about moving away to get away from Coventry and to be closer to the mother's nan. Both parents spoke positively about the support that they get from a local resource that assists families who have had a child removed from their care, and from the father's personal advisor.
26. The Guardian entirely endorses the plan of the local authority. The Guardian has filed a final analysis dated the 12th July 2024. She has written her report in a way that makes it accessible to the father and the mother, a course which has also been suggested to me when delivering my decision. A separate judgment which I have written for the father and the mother to read is attached to this document.
27. In relation to the relationship between the father and the mother, the Guardian says,
- "I know that the mother and the father do not agree that the father is controlling the mother. I think that because the mother needs someone to look after her, she does not understand how the father is controlling her and thinks that he is helping her. My worry is that because of how the father and the mother's relationship is, if Z was in their care and the father thought that Z was taking up too much of the mother's time and attention, this would affect his mental health quite a lot and then impact upon Z's care and even more so with the relationship with the mother."*
28. The Guardian also agrees that Ms Williams, *"ignored the information from other professionals."* It is her view that adoption is the only plan which meets Z's welfare needs, although she believes that there is likely to be a benefit to Z in being able to maintain a direct relationship with her parents, subject to the views of any prospective adopters.

This Hearing

29. I have read the contents of the court bundle and I have heard the oral evidence of Carmel Williams, Professor Wilcox, the social worker, the mother, the father, and the Children's Guardian.
30. The mother has had the benefit of an intermediary throughout, alongside the support of a lay advocate. The father was also assisted by a lay advocate. Before the evidence began, the parties and I had a Ground Rules discussion, and it was agreed that we would take breaks every forty-five minutes so that the mother could keep up with the evidence, and that when she was asked questions, Mr Reynolds abided by the recommendations with the assessment in terms of keeping questions short, focused and readily understandable. In fact, when it came to the mother being asked questions in cross examination, Mrs Styles put all of the matters necessary on behalf of all the local authority and the children's guardian after Ms Turner had asked the mother questions in examination in chief.
31. The mother and the father have coped incredibly well with the process. They have been quiet and respectful and have listened carefully to the evidence. Both were brave enough to come into the witness box, and they answered all the questions to the best of their ability. They should be very proud of themselves.

The issues

32. The local authority seeks final care and placement orders in respect of Z, contending that the identified risks to her health and well-being are too great to be able to recommend that she return to the joint care of her parents. There is no other family member who has been positively assessed. The local authority does not consider that remaining in foster care is in Z's welfare best interests and having considered all of those options and the relative merits of each, it has reached the view that only a plan of adoption can provide for her short and long-term welfare.
33. The mother and the father desperately wish to have Z returned to their care. However, they accept that she could not come home at the end of this hearing and that there is some work that they need to do before that could take place. They ask the court to continue the current interim care order and to adjourn making a final order, and to direct that the local authority implement a rehabilitation plan in accordance with the recommendations of Ms Williams. Ms Turner, on behalf of the mother, submitted that they just need to be given the time and the tools to be able to make the changes that they need to.

34. The threshold for the making of public law orders pursuant to s31 Children Act 1989 is satisfied on the basis of an agreed document within the bundle.

1. The father's eldest child was removed from his and his ex-partner's care and made subject to Care and Placement Orders. Some of the same risks relating to the father still remain in respect of Baby Z.

2. The father has suffered abuse within his own childhood which impacts on his ability to parent safely

3. That at the relevant date, the father had longstanding mental health difficulties which then unaddressed and for which he was not receiving support or medication.

4. Parents have failed to demonstrate that they are able to meet their own needs, and this has led to the Local Authority having no confidence that they can meet Baby Z's needs as follows: -

a) Home conditions have been observed to be poor and in an unacceptable condition.

b) Parents have not bought any essential items in readiness for baby's birth.

c) Parents have been observed to be sleeping on cushions on the floor and have been provided with funds and essential items to allow the mother to be more comfortable during her pregnancy.

d) Parents have not been able to provide food and electricity for themselves and have been provided with funds to purchase this as well as food vouchers by Children's Services

e) The mother delayed booking in her pregnancy with midwifery services.

f) Despite being informed of the risks posed by the father, the mother continues to prioritise her relationship over the care of Baby Z (The mother says that she has never directly witnessed those risks and feels that those risks can be managed with support).

5. On 26th September 2022, the father was convicted of engaging in controlling/coercive behaviour in an intimate/family relationship between the period of 16.06.2020 to 09.03.2022 concerning his ex-partner. The father is subject to Probation involvement and deemed to be high risk to known adults/future partners due to domestic violence and coercion and controlling behaviours. The mother believes that the insight of the father has increased since June when the Probation Assessment has completed and the risk decreased).

35. Therefore, my deliberations have centred on the welfare issues.

The Law

36. In respect of the task of determining whether the 'facts' have been proven the following points must be borne in mind as referred to in the guidance given by Baker J in *Re L and M (Children)* [2013] EWHC 1569 (Fam). The burden of proof is on the local authority. It is for the local authority to satisfy the court, on the balance of probabilities, that it has made out its case in relation to disputed facts. The parents have to prove nothing, and the court must be careful to ensure that it does not reverse the burden of proof. There is no burden upon a parent to come up with alternative explanations.
37. The standard to which the local authority must satisfy the court is the simple balance of probabilities. The inherent probability or improbability of an event remains a matter to be taken into account when weighing probabilities and deciding whether, on balance, the event occurred (*Re B (Care Proceedings: Standard of Proof)* [2008] UKHL 35).
38. Findings of fact must be based on evidence, and the inferences that can properly be drawn from the evidence, and not on speculation or suspicion. The decision about whether the facts in issue have been proved to the requisite standard must be based on all of the available evidence and should have regard to the wide context of social, emotional, ethical and moral factors.
39. Once the threshold criteria is met, then the welfare issues are engaged. I must bear in mind the rights of the child and the parents under Article 8 of ECHR to respect for family and private life. Any interference with those rights must be necessary, proportionate and in accordance with the law. In the event that there is a conflict between the rights of the children and any of the adults, it is the rights of the children that must prevail.
40. Under section 1(1) of the Children Act, the child's welfare is my paramount consideration in the care proceedings. Under section 1(2), any delay in making decisions concerning her future is likely to prejudice her welfare. Section 1(3) provides a checklist of factors to be taken into account when determining where a child's welfare lies, and what order should be made. I have considered each and every one of those factors when reaching the decisions that I have.
41. On the application for a placement order, the court applies section 1 of the Adoption and Children Act 2002. My paramount consideration is Z's welfare throughout her life: section 1(2). Again, I take into account the fact that delay in coming to a decision is likely to prejudice a child's welfare. There is, again, a checklist of factors to be taken into account, in this case set out in section 1(4) of the 2002 Act.

42. Under section 47 of the 2002 Act, a court may not make an adoption order unless satisfied either that either the parent has consented to the child being placed for adoption, they have given advance consent to adoption and that consent has not been withdrawn or that his or her consent should be dispensed with. Under section 52(1)(b), the court may dispense with the parent's consent if the welfare of the child requires the consent to be dispensed with.
43. These provisions have been subjected to analysis in a number of important decisions by the higher courts, culminating in *Re B-S (Adoption: Application of s47(5))* [2013] EWCA Civ 1146 and *Re W (Care Proceedings: Function of Court and Local Authority)* [2013] EWCA Civ 1227. I have had those decisions firmly in mind at all points during this hearing.
44. In *Re B (A Child)* [2013] UKSC 33, the Supreme Court, reiterated that the test for severing a relationship between a parent and child is very strict so that, in the words of Baroness Hale of Richmond at paragraph 198, it should occur:
- "only in exceptional circumstances and when motivated by overriding requirements pertaining to the child's welfare, in short, when nothing else will do. As Lord Neuberger observed at paragraph 77, making a child subject to a care order with a plan for adoption should be 'a last resort' where 'no other course was possible in her interests'.*
45. This interpretation was repeated by the President (as he then was), Sir James Munby, in *Re B-S*. The statutory language in the 2002 Act imposes a stringent test. What must be shown is that the child's welfare 'requires' parental consent to adoption to be dispensed with. Within that judgment, the President identifies two essential things required where a court is being asked to approve a care plan for adoption and/or make a non-consensual placement order.
- "First, 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."*
46. The court must guard against undertaking a linear analysis of the options, and rather weigh the pros and cons of each of the options as part of a global, holistic analysis of what is in the welfare best interests of each child. In *Re Y (Care Proceedings: Proportionality Evaluation)* [2014] EWCA Civ 1553, Ryder LJ said;

“The process of deductive reasoning involves the identification of whether there are realistic options to be compared. If there are, a welfare evaluation is required. That is an exercise which compares the benefits and detriments of each realistic option, one against the other, by reference to s1(3) welfare factors. The court identifies the option that is in the best interests of the children and then undertakes a proportionality evaluation to ask itself the question whether the interference in family life involved by that best interests option is justified.”

47. It is well established that the Court should be willing to tolerate diverse standards of parenting, as stated by Hedley J in *Re L (Care: Threshold Criteria)* [2007] FLR 2050.

*“What about the Court's approach, in the light of all that, to the issue of significant harm? In order to understand this concept and the range of harm that it's intended to encompass, it is right to begin with issues of policy. Basically, it is the tradition of the United Kingdom, recognised in law, that children are best brought up within natural families. Lord Templeman, in *Re: KD (a minor ward) (termination of access)* [1988] 1AC806, at page 812 said this:*

"The best person to bring up a child is the natural parent. It matters not whether the parent is wise or foolish, rich or poor, educated or illiterate, provided the child's moral and physical health are not in danger. Public authorities cannot improve on nature.

There are those who may regard that last sentence as controversial but undoubtedly it represents the present state of the law in determining the starting point. It follows inexorably from that, that society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent. It follows too that children will inevitably have both very different experiences of parenting and very unequal consequences flowing from it. It means that some children will experience disadvantage and harm, whilst others flourish in atmospheres of loving security and emotional stability. These are the consequences of our fallible humanity, and it is not the provenance of the State to spare children all the consequences of defective parenting. In any event, it simply could not be done.”

48. I must also consider whether there is any support that could and should be made available to the parents which would alleviate the identified risks such that any of the children would be able to remain in their care.

Analysis

49. At the heart of my deliberations has been the central dispute between Ms Williams and all the other professional evidence in the case. Ms Williams is the only professional person who has formed the view that the father and the mother can care for Z, although even she would seem to accept that this cannot be immediately, nor could they care for her independently. The precise timing of when they would be able to resume care was not clear from her evidence.

50. When asked about the precise recommendations for rehabilitation during her evidence, she told me that she would propose the following;

- (1) That the local authority commission a specialist ASD assessment for the mother and ADHD assessment for the father. She believed that this could be done within four weeks.
- (2) Then both parents could receive therapy in a manner which was consistent with the outcome of those assessments. She appeared to depart from Professor Wilcox to the extent that she considered that EMDR therapy might be more effective for the father. Ms Williams accepted that therapy may have a destabilising effect on the couple, and so Z could not return home for at least two months, although where she obtained this time frame from was not clear to me.
- (3) The couple would need the assistance of a family support worker, who would be able to 'contain' the couple, whilst they were having therapy and work on the life-skills gaps which she had identified. This intensive support would have to continue for about a year.
- (4) The couple should be encouraged to continue to access local support services (including Hurdle) and to engage in independent activities.
- (5) The local authority should look to funding a nursery placement for Z to enable the parents to have time to be able to engage in the work that they needed to do.
- (6) They should also be provided with budgeting support.
- (7) Throughout this time, it would be necessary for the local authority to assess progress.

51. Ms Williams was clearly of the view that all of the efforts to work with the family to date had effectively been meaningless because they had not properly factored in the father and the mother's neurodiversity (even

though neither condition has actually been diagnosed by anyone apart from Ms Williams herself). In fact, Professor Wilcox had determined that, whilst the mother did have some autistic traits, but they were not sufficient for him to be able to make a diagnosis, albeit he accepted that a more detailed assessment maybe needed. Professor Wilcox also told me that the father's presentation was incredibly complex as a result of his trauma experience, and so to conclude that ADHD was likely to be the significant presenting problem was wrong. Having read the written evidence from the father's personal advisor (for the past three years), the father's Probation Officer, and the father's Police Offender Manager, I simply do not accept that the work that has been attempted with the couple has had no value. It is apparent from all their evidence that they have been acutely aware of the parents' difficulties and have worked hard to engage in a meaningful way, commensurate with their abilities.

52. There were many aspects of Ms Williams's evidence which I found incredibly troubling. I am afraid that the first, and perhaps most significant, was my assessment that she had lost sight of the need to be an independent and fair witness before the court. Her overall presentation was incredibly defensive. As I alluded to above, it was apparent that Ms Williams brought to her role and to her evidence a number of personal experiences and beliefs, which, in my assessment, led her to error and affected her ability to remain dispassionate and balanced. She told me on several occasions about her work with Dr Bessel van der Kolk (a Dutch author and researcher), and her views on the impact of trauma upon parents and children, including herself, as she told me that she was a survivor of trauma in her own life. She was anxious to tell me her own views about the impact of trauma upon parents, which was informed by her interest in this subject. But with the greatest respect to the work of Dr van der Kolk, and the increasing understanding of trauma-based responses, this was not what Ms Williams was asked to do. I am absolutely clear that she has allowed her own experiences and interests and her sympathy for what these parents have been through to cloud her judgment.
53. Ms Williams also went way beyond her remit and expertise and confused her role as an independent social worker with that of a psychologist. It was apparent that she had a great interest in psychology, but she is not trained in that field, although that did not appear to prevent her from forming her own views and ignoring the recommendation of the court appointed psychologist, who has over twenty-five years' experience of preparing court reports. Ms Williams is not qualified to diagnose neurodiversity (however much she may know as a result of her experiences). For reasons I cannot understand, she seemed reluctant to accept the recommendations

which Professor Wilcox had made for each of the parents, preferring her own view of what kind of therapy might be the most effective. She had neither the qualifications nor experience to do so. She provided her own 'timelines' for when the parents might be able to engage in the work, the period by which they may not experience disruption as a result of addressing their issues, and when they might be able to resume the care of their daughter without any evidence to substantiate them. It seemed to me that in appointing herself as both social worker, psychologist, therapist and judge, Ms Williams had fallen into significant error.

54. Further, I am afraid to say that her analysis was superficial and inaccurate. I will give two specific examples. Ms Williams refused to accept that there was any basis for professionals to be concerned about the relationship between the father and the mother. She specifically told me that there were "*some unhealthy features*" but that this did not pose a risk to Z. She based this opinion on the fact that she had spent 26 hours with the couple, and they had only ever presented as being loving, supportive and warm towards each other.
55. But this evidence completely ignores the wider and more complex picture which is apparent from the totality of the other evidence, which is available to me, and was available to Ms Williams. The father's history makes him incredibly vulnerable, emotionally needy and lacking in self-esteem. The mother is compliant and unassertive. Whilst they only have to think about each other and making each other happy, it is absolutely correct that the relationship suits them both, and there is no need for arguments or coercion. At the moment, they only fall out about what to watch on Netflix and which puzzle to do. But the father does have a conviction for behaving in a controlling and coercive way when his needs are not being met. If he felt that the mother was concentrating too much on Z, it is entirely predictable that he may seek to control his partner in the way that he has before.
56. Further, Professor Wilcox was clear that in order for the relationship to be a healthy one (and even Ms Williams agreed that their co-dependency upon each other was not healthy and needed to change), the mother would need to have some assertiveness work. But it is obvious that in the event that she were to change, and become less compliant, there is a risk that this would change the dynamic between them, and that this may lead to arguments and previous patterns of behaviour. Ms Williams's analysis completely failed to acknowledge this risk in any way.

57. The second example is in relation to the home conditions. I can state this quite simply. Ms Williams placed reliance upon her own observations that the couple were maintaining their flat to an acceptable level, and that this was an area in which they had made progress. This completely ignored the observations of the other professionals who had visited the flat and found that there was an on-going issue, and that the flat was not being cleaned consistently. I was incredibly concerned when Ms Williams was asked to consider the recent photographs of the flat (taken on the 11th July), which show the kitchen, bathroom and lounge to be cluttered and dirty. Rather than to tell the truth about what she saw, Ms Williams, in a wholly unprofessional way in my view, tried to suggest that there were other authorities for whom she worked who would not regard the state of the flat to be a significant concern. This was utterly disingenuous, and potentially dangerous in my view. To give these parents the message that their flat was a suitable place for Z to be, when it was in the state that it was, was both wrong and unprofessional.
58. The mother and the father's issue with keeping themselves clean, keeping their flat clean and being able to manage their money are long-standing and despite significant support, have not improved sufficiently for this to be an area which is no longer of concern. In ignoring this evidence, Ms Williams has been overly optimistic about the risk of Z's needs being neglected in the care of her parents.
59. During the course of her work with the father and the mother, Ms Williams allowed her sympathy for them to get the better of her. She helped the father to complete a Criminal Injuries Compensation Claim, despite the fact that other professionals, including his Offender Manager, were very concerned about the risk of him being exploited if he were to receive a large pay out. She assisted the parents in buying items for the flat. She appeared to discuss with them, and encourage them, to think about a move away from Coventry. This conduct was irresponsible, even if Ms Williams seeks to persuade herself that it came from a place of wanting the best for the father and the mother.
60. Finally, Ms Williams completely failed to consider Z's welfare when making her recommendation. There was little to no reference to the time that Ms Williams' plans would take, or what it would mean for Z to wait in foster care whilst the work was done, or what the risks were of any rehabilitation plan being unsuccessful. This is inexcusable from an independent social worker, who must always have the needs of the child at the forefront of their recommendation. I agree wholeheartedly with the views of the other

professionals that Ms Williams had allowed Z's needs to be lost in her desire to support the parents to achieve the return of their child.

61. For all of those reasons, I am afraid that I cannot accept the evidence of Ms Williams. I prefer the evidence of Professor Wilcox, the allocated social worker and the Guardian, who are all very clear about the risks to Z in the event that she was to return to the care of her parents.
62. The father is incredibly vulnerable to making poor decisions, as a result of his desire to gain the approval of others and his poor self-image. His decision to return to Coventry was ill-judged, due to his vulnerability.
63. Neither was he able to stand up to BB, despite knowing that he was in prison for sexual offences. If Z were to return to their care whilst the father is still at risk of making these kind of decisions, she would be at risk of grave harm, although the father would not intend it.
64. The mother is not currently able to act as a protective factor. She is unable to stand up to the father. She told me that she knew that he was calling BB, and that she did not approve of it, but that she didn't think that it was her place to stop it, or to tell professionals about it. In the event that she undertakes the assertiveness training, there is a significant risk that this will alter the dynamic between this couple, and that their relationship may become one which is controlling, with inevitable emotional harm to any child caught in the middle.
65. The father told me in his evidence that there are days when his mental health is really bad, and it takes everything he has got even to be able to get out of bed. Quite understandably, he became very upset when he talked about this. The words in this judgment are never going to be able to fully express the sympathy that I feel for this young man, who has experienced the most traumatic and abusive childhood that it is possible to imagine. He is not to blame for the fact that he has to climb a mountain every single day, and that sometimes, the task is too much for him. But my sympathy for them cannot allow me to conclude that they are able to care for their baby, when at the moment, they are struggling to care for themselves.
66. It is obvious how much the father and the mother love their baby. They have shown the most remarkable commitment to her, and to their family time sessions. They love spending time with her and they are rightly proud of her. But love is not enough. Z needs her home to be kept clean, she needs to be clean, with appropriate clothes and food. The father and the mother struggle to budget their money in order to provide those things for themselves, let alone a vulnerable baby. Z needs to be able to rely on her

parents to protect her from risky and dangerous people. I am afraid that, at the moment, the mother and the father are not able to do any of those things to a good enough standard.

67. Whilst I accept that if I approve the local authority's plan for adoption, Z will lose the love and care that her parents give her, she will have the opportunity to develop those relationships within her adoptive family. She will be able to have all her needs met, and she will be kept safe from harm. Unless and until the father and the mother do the work that Professor Wilcox recommended that they do, they are not able to be the parents that they would want to be, or that Z needs. Z cannot wait in foster care whilst her parents undertake that therapy, as the timeframe which Professor Wilcox anticipated was anywhere between 6-12 months, even if the parents were to begin tomorrow.
68. Long-term foster care would not provide Z with the security and stability that she requires. She would be exposed to on-going state intervention in her life. She may experience numerous placement moves. It is with the greatest regret that I have formed the view that only a plan of adoption meets the needs of this little baby for the remainder of her life. I make the care order and approve the plan of adoption. I make the placement order, and in doing so, I dispense with the consent of both parents on the grounds that Z's welfare requires me to do so.
69. However, I accept entirely the recommendation of the Guardian that, given the love that the father and the mother have for Z, and the evidence that they may well be able to accept the adoption plan and work with professionals in the future, there is scope for Z to be able to have an ongoing direct relationship with her parents once adopted. I encourage the local authority to search for adopters who would be open to that prospect. I am going to invite the local authority to amend its care plan to record that direct post-adoption contact is likely to be in Z's welfare best interests. I am also going to direct that a copy of this judgment is provided to the workers undertaking the placement search so that they are fully aware of my determination. The potential benefits to a child who has been adopted of knowing her family of origin are well-understood.

Conclusion

70. I am afraid that, in conclusion, I am reminded of the closing remarks of Mr Justice MacDonald in the recent decision of *London Borough of Enfield v E (Unconscionable Delay)*[2024] EWFC 183, in which he said this,

"It is to be acknowledged that, for the reasons set out in Re H (Parents with

Learning Difficulties: Risk of Harm), care must be taken to ensure that a parent with learning difficulties is given a fair chance to demonstrate that they have the capacity to care for their child, that compassionate welfare professionals will find it hard to rule out a parent who is unable to parent through no fault of their own and that legal practitioners are required to act in the best interests of their client. However, to continue to pursue assessments in the face of clear forensic evidence that a parent does not have the capacity to parent their child not only causes prejudicial delay for the child. It also amounts, ultimately, to cruelty masquerading as hope for the parent.”

71. Although neither the mother or the father have specific learning difficulties that prevent them being able to parent Z, the reasons why I cannot return her to their care as they wish is as a result of issues that are no fault of their own, but rather as a result of the parenting that they have experienced and the fact that they have been the victims of others. On this one issue, I agree with Ms Williams. But despite the compassion that I feel for them, and the challenges that they face, to accede to their request would be to set them up to fail and would only be cruel to them and harmful to Z.

JUDGMENT FOR THE PARENTS

1. Z is a perfect little girl who is only ten months old. She loves strawberries but is not keen on sweet potato. She loves to play and to laugh, and she is trying really hard to walk. She deserves the chance to be able to grow up in one home for all her life, where she is loved and where she is safe, and she has the chance to be able to develop into a happy and content adult.
2. YY, you did not have that childhood. In fact, your childhood was truly horrendous. You were not loved by those around you, and you experienced horrible abuse at the hands of people who should have been protecting you. You know that was not your fault. You worked really hard when you were in care to try and come to terms with what happened to you, and the fact that you have now got your own home and you are in love with XX is a credit to you. You have sought some help from your GP

for your anxiety and depression and I am really pleased to hear that the medication is making a difference.

3. But you were really honest with me when you said that there are days when even getting out of bed seems too hard. I also understand that is because of all that you have been through and how it has affected your mental health. I can see why it is that the household chores can get on top of you, and then the flat becomes dirty and untidy. Whilst it is better than it was a year ago, I accept the evidence of all of the people who visit you regularly that there can be days when it is not good enough. The photos that the social worker took recently showed me that. It also means that you have really low self-esteem and find yourself making bad decisions because you are not strong enough to prioritise yourself.
4. XX, you also experienced some difficult things when you were young. Your childhood has also had an effect on you. One important way is that you are very quiet and find it hard to stand up for yourself. I was really worried when you told me that you didn't try and suggest to YY that coming back to Coventry wasn't a good idea, because that tells me that you are not able to guide him when he is doing something that is risky. That was also true about his 'phone calls with BB. You weren't able to stop those, but also you didn't tell the professionals about them. Although you said that you didn't think that it was your place to tell, if Z was with you, she would rely on you to be able to stand up to YY and to be honest about what was happening with the social workers. At the moment, I do not think that you can do that.
5. It was obvious to me that you love each other very much, and for the first time in each of your lives, you have someone who cares about you and wants you to be happy. YY, you are getting your emotional needs met, and XX is able to concentrate on you and what you need. Although she told me that you sometimes disagree about what film to watch and whether you should be on the PlayStation, these are not big things. You don't really have any reason to fall out, and XX doesn't really challenge you about anything.
6. I agree with Dr Wilcox that XX needs to have some assertiveness therapy to help her to value herself more. This work is essential if she is going to be able to protect Z. But if she has this work, there is a risk that this might affect the way that the two of you are together, and YY might feel so insecure that he might go back to old patterns of behaviour and start to try and control XX. If Z were exposed to this, it would cause her emotional

harm. Z needs to see her parents being equal and independent. At the moment, you are not this.

7. YY, I also agree with Dr Wilcox that you need some more therapy and that this is likely to take many months, both to get started and also to complete. Without this therapy, you are likely to continue to find it hard to motivate yourself to look after yourself and XX properly, to be able to manage your finances, to cook and plan. If Z came back to you now, I am worried that you would not mean to, but you would neglect her, because caring for her would feel like too big a task.
8. YY, your therapy would also help you to be able to protect yourself from risky people, because at the moment, you struggle to do that. You cannot avoid people forever. I do not think that it was a good idea to come back to Coventry. There is a real chance that you might bump into someone from your past, who might try and exploit you. You should not have been in contact with BB and I think that you do know that, but you could not stop it, because you were thinking about what was right for him and not what was right for you. Until you can make good decisions, Z will be at risk.
9. You are both really nice people. I think that Carmel wanted to try and help you because she liked you and felt sorry for the horrible pasts that you have both had. But I think that she didn't listen to the professional opinions of the other experts, particularly Dr Wilcox, and she fell into the mistake of thinking that she was a psychologist, because she seems to have a personal interest in issues like neurodiversity and trauma. She seemed to think that she knew better than he did, and she had no basis to believe that. That wasn't fair to you. She was too positive about your situation. For example, although I am sure that she is right when she has only seen you being loving and respectful to each other, if she had listened to Dr Wilcox, she would have realised that her observation is superficial, and the potential risks to Z are more complicated than just what she saw. I prefer the evidence of the social worker, Dr Wilcox and the Guardian, who are all in agreement.
10. I know that you love Z with all of your hearts. You have been to every family time session that you could, and when you are there, you give her lots of cuddles and praise. You spend money on her when you can, and you enjoy seeing how she changes with each week. But without the work that Dr Wilcox recommends, if Z were to come back to, she would be at risk of significant physical and emotional harm, even though you would not mean it. You have to do that work before it would be safe for her to

come home. But Carmel's recommendation does not factor that in and I think that she is wrong about that. Her timescales do not make any sense. Carmel forgot how long Z would have to wait for you to be able to be the parents you want to be, and that was a mistake.

11. Z cannot wait for six to twelve months for you to do the work that you need to do. By then, she would be nearly two, and she would find moving to another home even more difficult. Whilst I recognise that if I make an adoption order, this will mean that Z loses her relationship with you, it is the only way that I can give her the stability and security that she needs for her future.
12. Adoption is the most serious order that I am asked to make. I have thought really hard about whether there is any way that Z's needs can be met another way. I have thought about whether there is any support that you could be given that would mean that she could come home more quickly than Dr Wilcox suggested. But I am really sorry to say that I do not think that there is any alternative to the local authority's plan.
13. I do agree with the Guardian that the local authority should try and find a family who can recognise how much you love Z and that it will be to her benefit to know that through being able to see you, even though she has been adopted by another family.
14. I really want you to do everything you can to try and do the work which Dr Wilcox recommended. The local authority and your GPs might be able to help with that. It will make you happier as people, it will mean that you can value yourselves and your home as you should, it will make you more able to accept the decision that I have made, and it may mean, when the time is right, that you will be ready to be parents again, as I know that is very much what you want.