Neutral Citation Number: [2025] EWHC 334 (Fam)

Case No:

IN THE HIGH COURT OF JUSTICE
FAMILY DIVISION

Royal Courts of Justice
Strand, London, WC2A 2LL

Date: 28/01/2025

Before :

MRS JUSTICE LIEVEN

- -

Between :

A LOCAL AUTHORITY

Applicant

and

T

First Respondent

and

F1

Second Respondent

and

F2

Third Respondent

and

A & B
(Children, through their Children's Guardian)

Fourth and Fifth Respondents

- -
- -

Ms Judi Evans and Ms Olivia Pike (instructed by **A Local Authority** for the **Applicants**
Mr Richard Anelay KC and Mr Chris Stevenson (instructed by **GT Stewart Solicitors**) for the **First Respondent**
Mr Tom Harrill and Ms Elizabeth Miles (instructed by **Greens Solicitors**) for the **Second Respondent**

Mr Aidan McGivern (instructed by **Talbots Solicitors**) for the **Third Respondent**
Mr Andrew Duncan and Ms Charlotte Steer (instructed by **Cartwright King Solicitors**) for the **Fourth and Fifth Respondents**

Hearing dates: **6-10 & 14-15 January 2025**

- -

Approved Judgment

This judgment was handed down remotely at 10.30am on 28 January 2025 by circulation to the parties or their representatives by e-mail.

.....

MRS JUSTICE LIEVEN

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

Mrs Justice Lieven DBE :

1. This case concerns two girls, A (aged 9), and B (aged 3 and a half). The First Respondent T is the mother to both girls ("the Mother"), the Second Respondent is A's father ("F1"), and the Third Respondent is B's father ("F2").

2. The Local Authority ("LA") are represented by Judi Evans and Olivia Pike, the Mother was represented by Richard Anelay KC and Chris Stevenson, F1 is represented by Tom Harrill and Elizabeth Miles, F2 is represented by Aidan McGivern and the Children's Guardian is represented by Andrew Duncan and Charlotte Steer.

3. The issues in the case are quite limited. The Mother (and F1) concede that a Care Order should be made in respect of A and that she should continue to live at the residential placement, her current placement. I note that in her closing submissions, having parted company from her counsel, the Mother withdrew her agreement to a Care Order for A. This change of position came after oral evidence, and was contradictory to it. There was no formal application to withdraw the concession. I note this is the second time the Mother has sought to withdraw concessions, and thus derail the process, at the eleventh hour. However, for the reasons I set out in detail below, I have no hesitation in finding that a Care Order is in A's best interests, threshold having been crossed. Therefore the Mother's change of position does not change the conclusion. In terms of Article 6 rights, again as set out below, the Mother's position has been fully protected.

4. In respect of B, the LA seeks a Supervision Order ("SO") and for her to live with F2 with limited supervised contact with the Mother. The Mother seeks for no public order and that B is returned to her care, with a shared care private law order between her and F2. F2 agrees to a SO and wishes for B to continue to live with him.

5. The LA have drafted a lengthy threshold document, some but by no means all of which is accepted by the Mother. The LA's overall case is that A was suffering harm and B was at risk of harm by reason of the Mother's care. The threshold allegations can be summarised as follows:

    a. The Mother fabricated and exaggerated A's symptoms on a large number of occasions and to many professionals. This includes that the Mother told professionals and the Special Educational Needs and Disability Tribunal ("SENDIST") that A had multiple nighttime epileptic seizures when she did not. This is accepted. The other allegations of fabrication and exaggeration are not accepted.

    b. The Mother unilaterally failed to give A prescribed medication and changed the dosages without consultation with the medical practitioner. This is accepted to a degree.

    c. The Mother failed to observe A's feeding plan, despite multiple complaints that the plan was insufficiently protective.

d. The Mother subjected A to unnecessary and potentially harmful medical interventions, such as an MRI scan, by reason of her fabrications.

e. The Mother instructed numerous independent professionals without good cause, thus creating confusion for those looking after A, and avoiding professional advice.

f. The Mother kept A at home for long periods, restricted her to bed and on at least one occasion left her in the garden for a long period, thus causing her emotional harm.

g. The Mother failed to take A and B to medical appointments on numerous occasions without good reason, including not taking B to her 2.5 year health visitor review.

h. The Mother has failed to engage constructively with professionals including refusing to allow them to speak to each other to co-ordinate A's care.

i. The Mother has covertly recorded professionals without their consent. The fact of this allegation is now accepted but the Mother does not accept that this caused the girls any harm.

6. At the request of counsel I have set out a summary of my findings on threshold at the end of this judgment. However, the reasoning is contained in the substance of the text below.

7. The Mother and F1 commenced a relationship in late 2013/early 2014 and A was born in February 2014. The relationship ended when A was less than a year old. F1 had very limited contact with A thereafter.

8. In August 2015 A was referred to Dr Y, a paediatrician, with concerns over head control and development. From this point on there are frequent referrals and engagements with professionals. I will only set out the most relevant incidents for the purposes of this case.

9. A has been diagnosed with the following:

(i) Microdeletion at 19p13.2 including deletions of NFIX and CACANA 1A genes. Clinical findings consistent with Malan Syndrome;

(ii) Arnold Chiari Malformation type 1;

(iii) motor delay with low tone;

(iv) delayed visual maturation and visual perceptual problems;

(v) communication disorder;

(vi) epilepsy;

(vii) small ventricular septal defect (minor and asymptomatic);

(viii) mild scoliosis;

(ix) Pectus Excavatum.

The M sought to add cerebral palsy to this list. The precise diagnosis does not matter, but A undoubtedly shows cerebral palsy type symptoms.

10. From March 2017 the Mother was raising concerns about A's feeding and she was referred to the Speech and Language Therapy service ("SALT"). In November 2017 A was open to the Children with Disabilities Team. In January 2018 A started to attend School C. Following an assessment, from February 2018 the Mother started to receive direct payments for support for A. From that date onwards there are frequent references to conflicts between the Mother and the LA about the level of A's needs and the adequacy of the support being provided to the Mother for A.

11. In July 2018 A was seen by an epilepsy nurse and in September she was prescribed Keppra (an anti-convulsant). The Mother had reported A having seizures.

12. In November 2019 the Mother instructed a private SALT to do an assessment, and a private physiotherapist. Through the chronology there is an ongoing theme of the Mother instructing private experts rather than working with the professionals appointed by the NHS or the LA. I will not record each of those occasions, but they are very frequent. The Mother told me that she could afford to appoint these experts using A's Disability Living Allowance payments.

13. In March 2020 (the outset of the Covid lockdowns) the Mother advised that she was going to educate A at home. A returned to School C in January 2021.

14. The Mother started a relationship with F2 in or about March 2020. In January 2021 the Mother informed the LA that she was pregnant and requested additional support, amounting to 8 hours per day and overnight once the baby was born. Through 2021 there was an ongoing dispute between the Mother and the LA as to the amount of support the Mother required.

15. B was born in August 2021. The Mother's relationship with F2 had broken down and although he saw B on the day she was born (or the day after – the Mother and F2 do not agree on this point), he met B only twice in a café thereafter. F2 says the Mother stopped contact and said that she would only allow contact if the court ordered it.

16. By November 2021 the Mother was reported as seeking a residential placement for A as she felt that School C could not meet her needs. It is clear from the records that by November 2021 the Mother was low in mood and struggling with the children. She says that she had had suicidal feelings.

17. Throughout this period A was subject to regular reviews by SALT who recorded no concerns about her eating, and no signs of aspiration.

18. In March 2022 the Mother said that she could not keep B safe from A and the LA increased the level of support.

19. On 24 March 2022 the Mother accepted that she left A alone in the garden for over an hour at about 7pm as she could not look after both children. The LA commenced a s.47 investigation in April.

20. On 7 April the Mother appealed the Education Health and Care Plan ("EHCP") instead seeking a package of education other than in school ("EOTIS") and a waking day curriculum. On 24 April the Mother reported F2 to the police for domestic abuse, saying he would "go off the handle" but that there was no physical abuse. It is unclear why the Mother did this, but the LA suggest it was because F2 had threatened to start court proceedings in order to obtain contact with B.

21. On 28 April the Mother reported to the LA that she was putting A to bed at 4.30pm if she did not have a carer. The Mother disputes that this is a correct record of what she said. She reported that A had nighttime seizures. On 17 June she reported to Dr Y that A had seizures most nights and had done so for two years. On 23 June A's prescription of Keppra was increased. On 29 June the Mother requested a 24/7 live in carer because of A's needs.

22. Throughout this period there are a series of videos, which were disclosed much later as part of the Family Court process, which show A as being cheerful and interacting with B.

23. In September 2022 the Mother and A again saw Dr Y and the Mother said A was still having nighttime seizures. Dr Y advised that A should have an EEG, which she had on 26 October. On the same day the Mother removed her consent for discussions between professionals without her consent.

24. On 29 November the Mother and Dr Y had a conversation where the Mother said A was having 3-4 seizures at night and it is clear that Dr Y was very concerned and said that A should have an MRI scan. On 9 December A had an MRI scan under general anaesthetic. Dr Y referred A to a consultant neurologist in Birmingham who changed her prescription to sodium valproate.

25. On 16 December there was a report by the head teacher at School C, Mr E, about the Mother's allegedly unacceptable behaviours to staff by making inappropriate criticisms and challenges to teachers. Mr E describes this behaviour as bullying.

26. The Mother reported that A had nighttime seizures to both the independent Occupational Therapist and the Independent Social Worker ("ISW").

27. On 16 March 2023 A was discharged from CAMHS because the Mother did not respond to the appointment invitations.

28. The SENDIST took place on 27-28 April 2023. The Mother described to the Tribunal A having up to four seizures on a school night. The Tribunal concluded:

> *"The Tribunal determined the test for EOTIS was not satisfied:*
>
> *For a Tribunal to order a 7 day, 52 week EOTIS, which is what M is requesting, requires exceptional and compelling evidence to determine if this is necessary and school inappropriate. This is an extremely high threshold which has not been on the evidence before us…"*

> *The Tribunal issued a provisional decision allowing M to consider and put forward a school placement: "Our conclusion is clear; that it is appropriate for SEP to be made for A in a school setting. We have adjourned to allow M to name an alternative setting. We are mindful that there has been tension between the parties. We trust that this tension can be put aside to enable an alternative school to School C l to be identified by M and considered by the Tribunal. In the event it is not, and the Tribunal conclude that School C is not a suitable setting, the Tribunal will have no option but to name type of school in section I of A's EHCP; we do not consider this in A's best interests…"*
>
> *"…We conclude that A does not require a 'waking day' curriculum. We acknowledge that A requires support (detailed below) beyond the school day. This is different to educational provision and can be met by the social care recommendations."*

29. The LA accepted the Tribunal decision and increased provision, although there was a minor shortfall because of a misunderstanding as to the decision.

30. On 19 May 2023 the Mother dispensed with Dr Y and A's care was transferred to Dr Z. Dr Y, whose evidence is recorded below, made a safeguarding referral to Children's Services on 27 June because she was concerned that A was not being made available for medical consideration, particularly with regards to her medication.

31. The Mother at this time covertly recorded Mr E at School C.

32. On 4 July 2023 the Mother informed Ms L, the Family Support Worker, that she had not given A her epilepsy medication for months. She then told the Family Support Worker that she had been lying and A had not had seizures for 18 months. The Mother said she had lied about this in order to get more support. She told her GP that she was depressed and desperate for help.

33. On 6 July the Mother sent the following email to the Community Paediatric Service:

> *"My daughter's last seizure was around 18 months ago. It was at night and it was as I have described previously in clinic. She has not been having 4 seizures each night as I have been saying. Multiple seizures at night happened just the once I think, maybe twice but when she was very young. Since she has only ever had single nighttime seizures with no great frequency. I cant recall exactly when her last seizure was, as I saw, I think it was around 18 months ago. I stupidly clutched at straws and told a lie in the hope that we might get some more help…*
>
> *Around the end of February this year I forgot to give my daughter her epilepsy meds for an entire day. I meant to look up to see if she could just re start them, I was snowed with both caring for my girls and in the thick if the tribunal and another day went past, days became a week and before I knew it I called up the pharmacy to reorder the meds and when I asked, they told me it was last ordered at the end of Jan. 4 months without meds. She had no seizure during this time."*

34. On 4 August 2023 A is made subject to a Child Protection Plan. One of the concerns raised was the number of professionals involved and how hard it was to work out what was going on with A's health. The Mother did not consent for the professionals to consult with each other, and instructed people who were not part of A's care team. In November 2023 the Mother instructed an independent GP and an independent paediatrician.

35. The Mother raised concerns about A's feeding plan. On 15 November she took a video of A eating a chicken nugget, which fell outside the terms of the feeding plan. The LA believe that the Mother deliberately gave A inappropriate food, in order to film her choking, to bolster the Mother's case for more support. The SALT, records that their service had no concerns about A's feeding and no signs of aspiration had been observed. The Mother was adamant that A was at risk of aspirating and that she had choked on multiple occasions. The Mother again refused to allow the professionals to undertake joint assessment.

36. On 11 December 2023 the social worker, visited at 1.40pm and found A in bed with doors and curtains closed. A was making moaning noises.

37. On 12 December 2023 the Mother emailed the NHS professionals as follows:

> *"*[*The Social Worker*] *has stated this week that you will be writing up your reports/assessments and that my permission is not required. As you are aware my permission is required. I would like to be very clear that I do not give my permission for any reports/assessments to be done. I have been very clear and concise with each professional involved as to my reasoning for this.*
>
> *I am so sorry to have to be so firm, but to be direct any professional going against my decision on this will require indemnity from the LA for their actions. A has an EHCP and the relevant assessments have just been done. Respectfully, re-assessments are not required. Implementation of provision is."*

38. On 19 December the Mother refused to permit the joint report/assessment of A's needs to be written up.

39. On 21 December the Mother cancelled B's 2.5 year health visitor check which was due on 16 January 2024.

40. The Mother continued to assert that A was at risk of choking and the feeding plan was wrong, whereas the SALT professionals say A was doing well and there was no evidence of risk of choking.

41. On 16 January 2024 the LA applied for an Interim Care Order ("ICO") in respect of A. The Court made an order on 18 January for an ICO and interim separation. A moved to live at the Residential Placement, a small specialist facility. She has lived there since that date. All parties agree that the Residential Placement provides A with a high level of care and that she has done very well there and is happily settled. After the hearing on 25 January the Mother dispensed with her first solicitor and appointed Simpson Millar.

42. On 11 February A had her first contact with F1 and his partner. Family time was then arranged weekly. Since that date contact has progressed very well.

43. On 23 February 2024 B attended her first session at the childminder.

44. B's 2.5 year check was rearranged for 6 March 2024 but when the Health Visitor attended, the Mother said that she had just dropped B off at the childminder. The Social Worker gave evidence in respect of this incident which is set out below.

45. On 27 March the Mother sent a voice note describing F2's introductory video to B which she said that *"he is someone whose mum has stopped him murdering someone, he lives by jungle justice, he is someone I don't want my daughter to be around"*. The Mother also sent a voice note saying that A was practically bouncing up and down whilst eating during contact, *"not sure if she coughed, I will listen to my recording but she definitely definitely aspirated"*.

46. There are a series of references to the Mother raising concerns about A's feeding plan, the risk of her choking and about the length of A's school day. On 5 April there was a GP appointment attended by A, the Mother, and the assistant manager at the Residential Placement which led to a referral for reassessment.

47. There was a gradual build up of contact between B and her father F2. The Mother was very anxious about this process and the LA say that she was unsupportive. However, the chronology suggests little more than a concern by the Mother about B spending time with a virtual stranger. The reports of the contact are very positive. A WhatsApp group was set up between the social worker, the Mother and F2.

48. On 26 June a recording device was found in B's bag at the childminders. The Mother says the device did not work. The childminder was understandably very concerned and had to inform the other parents as to what had happened. The LA persuaded the childminder to keep B.

49. On 2 July the LA applied for a condition to be attached to the existing Interim SO in respect of B, that she live with her father. The application was amended to seek an ICO. On 5 July an ICO was granted and B was placed with F2. The Court ordered a Cyfor download of the Mother's devices.

50. On 12 July the Mother reported historic domestic abuse by F2 to the police. On 18 July she sent the LA texts which she said supported her allegations of domestic abuse.

51. On 20 July the Mother sent the following text to F2:

> *"I know what you must think of me from what has been said about me in the court. I just wanted you to know that I didn't attend the freedom course as any means of personal attack upon yourself [F2]. I attended to help me, for how I felt and to ensure that I was doing the right thing for my girls. Looking back I don't believe that you meant me any harm. I think we just didnt have the time to get to know each other before I was pregnant and that impacted upon both of us. I hope one day things will be different and that we too can coparent well together. Obviously not about the case, but if you want talk then my number is the same. She is*

> *an incredible little girl, I just wish that we had been the ones supporting her to better outcomes rather than in these circumstances. I am so sorry for not working with you throughout."*

52. On 31 July 2024 the Mother left a voicemail for F2, asking to work together to protect B, asking that he hides B's passport as she has heard horror stories from a charity worker of children being removed from family to Ireland, then Turkey (by the LA). This went against an agreement that all communications would be via WhatsApp and would include the social worker.

53. There was a further hearing on 6 September (the seventh) at which the Mother had instructed new solicitors and applied for an ISW. The Mother made various admissions including that threshold was crossed for both children and that she was not seeking to care for A. The application for an ISW was refused.

54. On 13 September JWP Solicitors applied to come off the record. On 17 September (eighth hearing) the Mother appeared as a litigant in person and said she intended to instruct GT Stewart. On 1 October the Mother applied to set aside the threshold findings (made by concession) and on 4 October she applied to instruct an expert assessment of her neurodivergence, autism and ADHD.

55. On 5 October A was taken to hospital as staff believed she was having a seizure.

56. On 7 October, at the ninth hearing, the case was transferred to the High Court. The Mother's application for expert assessment was refused by Ms Justice Harris.

57. On 24 October (tenth hearing) Harris J refused permission for an intermediary assessment. On 5 November Harris J permitted the Mother not to be bound by previous admissions. The Mother's application to adjourn the final hearing was refused.

58. On 15 November the final hearing, which had been listed for 11 days, was adjourned because the Mother's leading counsel was unwell. The hearing was relisted in front of me for 7 days commencing on 6 January 2025.

Preliminary Matters

59. On the working day before the hearing was due to commence (i.e. Friday 3 January 2025) the Mother's solicitors applied again for a neurodivergence assessment and for an ISW to be appointed to assess the family. A witness statement, presumably in support of this application, was sent to the LA at approximately 10.25am on 6 January 2025, thus 5 minutes before the hearing was due to commence. No parties, including Mr Anelay, had read this statement. I declined to admit this statement, even de bene esse. In my view, the approach of the solicitors was a clear abuse of process. No excuse was put forward for the extraordinarily last minute service of the witness statement and no suggestion was made that it contained any information which was so new or unexpected that would justify my admitting it, or even reading it.

60. In respect of the two applications, they are both concerning precisely the same matters as were previously dismissed by HHJ Cole and Harris J. Although strictly speaking issue estoppel does not apply, it is an abuse of process for parties to submit repeat

applications unless there is some material change of circumstance. Further, the making of the applications on the Friday before the hearing commenced was in my view a clear attempt to derail, yet again, the final hearing of this matter. This case is now in Week 52. Further delay is wholly contrary to the interests of the children, particularly B who needs permanence and whose father needs to know how to order his life going forward.

61. Further and in any event, neither of the applications has any merit. At no stage in these proceedings, or the earlier interactions with the LA, is there any evidence of the Mother being unable to communicate fully and as she wishes. Until October 2024 neither she, nor her representatives, had ever suggested that any neurodivergent conditions impacted on her ability to engage in proceedings. Dr Gregory's views, as set out below, entirely accord with my observations of the Mother. She is highly articulate, well organised in her thinking when it suits her to be so, and she shows no sign of being hindered in her presentation of the case by any neurodiversity.

62. There is no necessity for an ISW. There has been a high level of assessment and indeed knowledge of the family by the LA and NHS professionals. The social worker, was a balanced and fair witness, and I have no reason not to accept her total professionalism.

63. On the final day of the hearing, which was listed for the consideration of closing submissions, Mr Anelay and Mr Stevenson produced no written submissions on behalf of the Mother, they then informed me that they were professionally embarrassed and asked to come off the record. I allowed them to withdraw. The Mother then told me that there was a full written closing, to which she had wanted to add one part. I gave her until Friday 4pm, i.e. 2.5 days to submit a final written closing, which she was satisfied with. I then gave the other parties 2 days to submit any further response if so advised. However, on Monday 20 January 2025 the Mother produced a 31 page closing submission, with some parts written by counsel and others added to it, together with a 241 page annex, headed "[Mother's initials] Evidence". I have read the closing submissions, which in practice add nothing to the case already presented and the Mother's oral evidence. I have not read the additional 241 pages because, to the degree that they amount to late evidence produced by the Mother, they are far too late and no permission for them has been granted. In any event, I have an extremely detailed overview and knowledge of this case having listened to 7 days of evidence and submissions. It is necessary to keep hearings to a proportionate length and evidence base.

64. In the closing submissions the Mother appears to resile from her agreement to a Care Order being made in respect of A. For the reasons set out in the conclusions I have no doubt that threshold is passed and it is in A's welfare interests for a Care Order to be made. A few additional points emerge from the Mother's document which are worth highlighting:

    a. The Mother still asserts that A requires 1:1 care at all times;

    b. The Mother refers to a screening assessment for Autistic Spectrum Disorder ("ASD"), but I note that that is entirely based on self-reporting;

c. The Mother asserts that she cannot lie, at least in part because of her alleged neurodiversity. This is an odd submission given the conceded lies about A's seizures and her medication;

d. The Mother asserts that she has not been able to properly present her case. The Mother was represented throughout the final hearing, up to the closing submissions, by leading and junior counsel. She has been represented throughout the proceedings, save for the short periods when she has withdrawn instructions and not instructed new lawyers.

Evidence

65. Dr Ward is a consultant paediatrician who has produced a number of reports for the court. She had visited the Residential Placement once and spent 3 hours there, so she freely accepted that she only had a snapshot of A and her needs. She was confident that those needs were being well met at the Residential Placement.

66. She accepted that the Mother had a challenging task looking after A and B, given A's complex needs.

67. She emphasised the importance of parental reporting when a child has epilepsy because a consultant will be largely reliant upon that reporting. It is not possible to work collaboratively with parents in the child's best interests, if the clinicians were not told the truth it was impossible to safely manage A's care in the light of the Mother not being honest about the seizures, or the medication. Therefore the Mother's lies both about A's seizures and the medication were particularly serious and put A at great risk.

68. She set out a series of concerns about the Mother, largely mirrored in the LA threshold as set out above. She said that as a consequence of the Mother's behaviour A had excessive and unnecessary contact with health professionals, with exaggeration and fabrication of symptoms and a failure to administer medication.

69. She said that with a child such as A, with an abnormality of the brain, one would be very cautious of any reduction of medication because of the risk of seizures. She accepted that the Mother's failure to give the prescribed medication did not appear to have caused A any physical harm, but that did not change the fact that the Mother had placed Aat clear risk of harm by stopping the medication without medical advice and without telling the clinicians.

70. There would have been no need for A to have the EEG and then the MRI if it had been known that she was not having seizures.

71. The most important part of her evidence from the Court's viewpoint was in respect of the risk of transference of the Mother's behaviours towards A, to B. She said she would defer to Dr Gregory about the Mother's behaviour and the risks where a family had been found to have fabricated illness. However, she plainly considered that there was a significant risk given the Mother's behaviours in the past.

72. It was suggested to her that a parent challenging advice and seeking different opinions was not an unnatural thing to do. She accepted this but said that the extent to which the Mother rejected the professionals' advice, and went to other sources, for example in respect of high tech devices for A, was unusual. She pointed to the evidence of the Mother not letting professionals speak to each other or work together in A's best interests.

73. Dr Gregory is a chartered and registered psychologist who was appointed as a Single Joint Expert ("SJE") to report on the Mother. She has produced three reports for the Court. Her first report focused on the Mother and her relationship with A, and was produced in March 2024. She found that the Mother had personality traits which were harmful to her children and that there was a history of her engaging in false narratives. During the assessment the Mother seemed to share a narrative that was at times different from that recorded in the documentation. Dr Gregory did not find any cognitive deficit which would account for her lack of insight and comprehension, and she found that the Mother may have chosen to overlook certain details "in order to maintain her own narrative and perpetuate her own perception of events". This is strikingly similar to my own assessment of the Mother's evidence and presentation.

74. Dr Gregory then received Dr Ward's report which found that the Mother's behaviour fell within the label of Fabricated or Induced Illness ("FII").

75. Dr Gregory agreed that the Mother fell within the definition of FII as set out in the Royal College of Paediatrics and Child Health Guidance. She referred to the following passage in that Guidance:

> *"**4.1 Parent / Caregiver motivation and behaviour***
>
> *...*
>
> *FII is based on the parent's underlying need for their child to be recognised and treated as ill or more unwell/more disabled than the child actually is (when the child has a verified disorder, as many of the children do). FII may involve physical, and/or psychological health, neurodevelopmental disorders and cognitive disabilities. There are two possible, and very different, motivations underpinning the parent's need: the parent experiencing a gain and the parent's erroneous beliefs. It is also recognised that a parent themselves may not be conscious of the motivation behind their behaviour. Both motivations may be present although usually one predominates.*
>
> *(i) In the first, the parent experiences a gain (not necessarily material) from the recognition and treatment of their child as unwell. The parent is thus using the child to fulfil their needs, disregarding the effects on the child. There are a number of different gains – some psychosocial and some material. Some parents benefit from the sympathetic attention which they receive; they may fulfil their dependency needs for support, which might include the continued physical closeness of their child. Parents who struggle with the management of their child may seek an inappropriate mental health diagnostic justification in the child such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum*

Disorder (ASD). Material gain includes financial support for care of the child, improved housing, holidays, assisted mobility and preferential car parking.

…"

76. Dr Gregory said that the Mother had several problematic histrionic and narcissistic personality traits, but did not meet the threshold for a personality disorder. Those traits impact on her functioning and may be the reason for some of her issues.

77. The Mother's behaviour is a maladaptive strategy which is likely, in Dr Gregory's view, to transfer to her behaviour with B. Dr Gregory focused on the Mother's motivations for her behaviour, with it being, in part, about seeking attention and in part about her identity as a carer and the support and attention she received in that role. Dr Gregory linked the Mother using A to seek attention, with her histrionic style in the assessment and her emotions being quite shallow.

78. Dr Gregory's view was that the Mother's actions were emotionally harmful because they lead to the child being socially isolated, and becoming anxious about their health needs.

79. She was of the very clear view that the Mother needed therapy to help with her ability to form attachments so that she could allow the children to be independent. Therapy for FII is particularly challenging and takes a minimum of 6 months to be effective. She felt there was little or no evidence of the Mother having changed or gained insight. She was concerned that despite the proceedings going on for nearly a year the Mother had not commenced any therapy and it had been said in her Position Statement for this hearing that she could not commence any therapy until she had been given an ADHD screening assessment. Dr Gregory felt that the Mother was not motivated to engage in therapy and did not appear to accept the need for it.

80. Dr Gregory said that she had no concerns about the Mother's intellectual functioning or her ability to engage in the process. Although there had been no formal ASD assessment, Dr Gregory is very familiar with patients with ASD and the Mother's understanding of words and concepts did not suggest an assessment was required.

81. Although Dr Gregory accepted that A and B are very different children, and have different needs, she felt that there was a real risk of the same behaviours by the Mother manifesting themselves in different ways.

82. Ms N is a SALT who worked with A from October 2023. She spoke about the importance of adopting a child led approach, with A having "low-tech" communication solutions. In effect this means using gestures and a communications board to learn to communicate. There was plainly considerable tension with the Mother who wished to adopt more "high-tech" methods, and was very resistant to taking advice from Ms N and her colleagues.

83. There were also disagreements over the feeding regime, by which the Mother accepted the feeding plan but then, in Ms N's view, departed from it both in the snacks she supplied, but also in the video of A eating a chicken nugget. Ms N was

clear that from observing A at school and from videos from home, the SALT team did not have concerns about A swallowing or the risk of aspiration.

84. Ms A is the assistant manager at the Residential Placement. She sees A very regularly and knows her well. She said A had done very well at the Residential Placement with significant improvement in her mobility. When she first arrived she was quite dependent on her walking frame but now she only uses it when unwell or tired. She walks around inside the house without her walker and uses it outside when on unsteady ground. This improvement seems to be partly because of A's improved muscle tone, the Residential Placement does regular physiotherapy, as well as her increased confidence.

85. Since A has been at the Residential Placement they have not seen any evidence of her choking or "covertly aspirating" when feeding.

86. A's communication is also better, although Ms A thought that was largely because the staff had become more attuned to how she was communicating.

87. Dr Y is a consultant community paediatrician who was responsible for A between August 2015 and May 2023 when the Mother said she no longer wished Dr Y to continue to care for A.

88. She said that the Mother's behaviour seemed to change after B was born. She had been very proactive about A's care, but after B's birth the Mother seemed to lose this focus.

89. In June 2022 the Mother had said that A's prescription of Keppra was affecting her mood. She said A was very distressed by B's screaming and would start to bite her hand. Dr Y referred A to a neurologist, who changed the prescription to sodium valproate.

90. By May 2023 Dr Y had become concerned about A having missed two appointments in February and March. She had a list of issues that she wished to discuss with the Mother, including A's seizure medication, but at the appointment on 19 May 2023 the Mother didn't want Dr Y to examine A and kept interrupting and saying she wanted A to have an ASD assessment. Again there is a fairly frequent theme in the records of the Mother refusing to engage in meetings except on the issues that she wished to discuss.

91. Dr Y referred A to Children Services on 27 June 2023 because she was concerned that A's medical needs were not being met. The Mother's refusal to discuss A's medication and to allow her to be examined raised considerable concerns for Dr Y.

92. She said that if she had known that A was not suffering from seizures she would not have recommended the EEG or the MRI. She had not known the Mother had lied about the seizures until 4 July 2023.

93. Ms L is a family support worker who was appointed to work with the family between May and October 2023 and saw the Mother and A about once a week. She saw B rather less as she was often napping.

94. Ms L is plainly very experienced and committed to her job. However, it is clear that she had a poor relationship with the Mother. My sense of Ms L was that she had a quite clear view on the right and wrong way to parent and she and the Mother simply did not get on. However, despite this clash, and perhaps a difference of personalities, there were a number of particularly pertinent strands to the Family Support Worker's evidence.

95. She felt strongly that the Mother had not been honest with her and that made a working relationship virtually impossible. This was not merely in relation to having said that A was having frequent seizures, and the issue about not giving medication, but also that the Mother had made up an incident about A falling into the Mother's arms, which had not occurred. She said the relationship with the Mother started well but when a plan was agreed by the Mother, she then refused to follow it and the relationship began to breakdown.

96. Secondly, she said from her observations that A had considerably better mobility than the Mother was suggesting. She said A moved around the house freely without the walker, and indeed did so on occasion in the garden. She said the Mother was very unwilling to take the children out, and looked for a wholly unreasonable level of responsibility to be taken by Ms L before she would agree to take them outside.

97. Thirdly, she visited the house on 23 September 2023 on an unannounced visit and found that the Mother had put A to bed at 2.45pm in a darkened room. A was plainly unhappy but the Mother did not get her out of bed. The Family Support Worker said there was no sign of A being unwell and she did not see or hear any signs of a chest infection.

98. The Family Support Worker said that she never saw the Mother play with the children and she only showed emotional warmth to B when she first woke up. This is rather different from the evidence of other witnesses who did say the Mother and B had a close emotional bond.

99. Ms S is a health visitor who was responsible for B in 2022. She has only met the Mother once. When she saw B and the Mother on 22 May 2022 the Mother showed emotional warmth and was playing with B. The Mother had told the Health Visitor that she could not meet the needs of both children, and at times she was having to leave one child in their bedroom whilst she cared for the other child. She said she had put A to bed at 4.30pm in her school uniform and not got her up till the next morning. The Mother then had a discussion about "Baby P" (a child who was killed by his mother and about whom there was a great deal of public interest), which Ms S found alarming. She raised her concerns with her manager and spoke to Children's Services.

100. Ms S raised the possibility of Home Start help. It appears that the Mother did not tell Ms S that she was receiving direct payments for 21 hours help per week.

101. Ms S then accompanied a colleague in 2023 when they were attempting to undertake B's 2.5 year review. The Mother had taken B to the childminder, having said she misunderstood the time. She went into the house saying she would collect B and Ms S waited for 10/15 minutes but the Mother did not come back out. Ms S was unsure whether or not she knew that by this date that A had been taken into care. I was

somewhat concerned by Ms S's evidence because the fact that one child had been taken into care seemed to me to be highly relevant to the health visitor visit.

102. The Social Worker has been the children's social worker since July 2023, she has therefore seen the children with and without the Mother on many occasions. She struck me as being an intelligent, thoughtful and empathetic person who was careful and measured in her answers. She showed no animosity to the Mother, and was rigorous in providing evidence for all the opinions she advanced. She was an impressive witness.

103. She described A in very moving terms – as being cheeky and smiley and making connections with people, particularly adults. She said A had changed a lot since July 2023. When the Social Worker first met her she said A was quite "spaced out" and had little interaction with adults. At the Residential Placement she will now seek out staff to play with her. Her mobility has greatly improved and she needs less physical support. The level of her ability to communicate depends on the level of stimulation around her, and on whether she is tired. But my impression was that A can generally communicate her wishes and feelings quite well, albeit non-verbally.

104. The Social Worker described A as not being one of their most challenging children and does not need 1/1 adult support at all times.

105. She said that the Mother was, for large periods, receiving direct payments for care, but the Social Worker did not think that the level of care of 21 hours per week was actually provided.

106. She felt that A had suffered actual harm in the Mother's care, from the exaggeration of her disability, the nature of the care including leaving in A in bed for periods and the unnecessary medical procedures.

107. The Mother's contact with A is now much more positive and the Mother now has far better quality interaction with A.

108. F1's relationship with A has developed very well. She knows F1 and his wife and responds very positively to them. She and F1 share an interest in cars and buttons to press. They obviously have a really good time together.

109. She had seen less of B when A was at home, because B was often napping when the Social Worker visited. She said when she first got to know the family the Mother showed a high degree of emotional warmth to B but not to A. She did not see the Mother playing with the children although she did play with B after A's removal. In the period January to July 2024 the Mother did many activities with B, including taking her to the seaside. It was clear that during this period the Mother's basic care of B and emotional warmth to her was normal.

110. The Mother's contact with B is very good, with lots of positive play which B enjoys. B is very happy to see her mother.

111. She said since B has moved to F2 she has become a lot quieter and less lively. She described B as being "wary" and being quite a cautious little girl who assesses her environment.

112. She has a positive relationship with her father, and with her aunt who looks after her when F2 is working and she is not at school. B appears really settled with the aunt. The Social Worker said that F2 had struggled with the LA role and the degree of scrutiny he (and his sister) have been placed under. He has gone from having no role in B's life to having her living with him in a very short time, and that has posed a challenge.

113. The Social Worker believed that contact with the Mother should be professionally supervised. She is concerned that the Mother would cause B emotional harm by trying to manipulate B, and by potentially making allegations against F2. She felt that the Mother would put her emotional needs above those of B and would not accept any challenge about this. Any direct contact between the Mother and F2, or the aunt, might well put B's placement at risk. She also thought that the Mother should be prevented from communicating directly with B's school and health provision given a history of the Mother sending multiple emails and criticising professionals in an excessive manner.

114. The Social Worker felt that the Mother poses an ongoing risk of harm to B. She is concerned about a repetition of the kind of behaviour that the Mother displayed towards A, in failing to prioritise the children's interests and failing to separate her emotional needs from those of B. She gave as examples, taking B to all A's care meetings; putting the recording device into the bag at the childminder thus jeopardising B's placement; the constant instructing of independent professionals which made working with her much more difficult; the failure to provide F2's name and contact details as B's father; making allegations against F2 which could well have led to that placement collapsing; and seeking to persuade F2 to collude against the LA in the voice note dated 31 July 2024. She thought this raised a risk of the Mother behaving irrationally given the nature of her fears.

115. The Mother gave evidence for approximately a day. I have no doubt of her genuine love for her daughters. She spoke movingly about them at contact and wanting what was best for them. I do not think that she deliberately lies, although I may be wrong about that. She was rather histrionic in her evidence, but I accept that the case is a highly emotional one for her, and she is facing some very hurtful and personal criticisms.

116. However, there was a striking disconnect between the way that the Mother describes herself and her actions, and any objective observation of the same. My view of her evidence was very similar to that in Dr Gregory's assessment. The Mother was very much the victim/heroine of her own narrative, with every point being taken against her being someone else's fault or justified by her alleged neurodiversity. She took effectively no responsibility for any action and was remarkably astute at shifting responsibility for everything onto someone else. Her concessions in respect of lying about the seizures and not medicating A for many months were immediately followed by excuses which, for reasons I set out below, do not really stack-up.

117. She said she struggled with her memory, with ordering thoughts and with remembering questions. She said she had ADHD and was neurodivergent. Like Dr Gregory, I saw little evidence of this. She recalled various meetings and incidents clearly when it was of assistance to her case. She had excellent recall when it came to

blaming someone else, whether social worker, health visitor or an other for things that had gone wrong.

118. She said, and I accept this, that she was completely overwhelmed by looking after the two children and could not cope. She found it very difficult to split her attention between them. She felt she could not take them outside because she would have to cross the farmyard and A would want to run off to the car. She was desperate for help and felt that she was not being supported. When it was put to her that she had some 850 of unspent hours in direct payments (about £11,000) she said that it was not possible to get carers to come to the house to cover these hours. When it was then put to her that she could have asked the LA to employ the agency staff, she said that she had been advised not to do this, but it was very unclear to me who this was by. I note that very many parents of disabled children are provided with care by the LA concerned, so I am wholly unconvinced as to the Mother's reasoning.

119. It was also put to her that A was out of the house, at school, from about 8am to just after 4pm. The Mother still said she was overwhelmed. She said that she only ever put A into her bed in the early afternoons and left her there when A was unwell. She never used the bed, which was a large space with high wooden sides, in an inappropriate manner. On 16 June 2022 the Mother is recorded by the social worker as having told her that she sometimes put A to bed inappropriately as evidence of the Mother being overwhelmed. The Mother said in oral evidence that this had been wrongly recorded, and that she was just trying to relay the level of her desperation at that time.

120. In respect of the lie about the seizures, the Mother said she had said this because she was so overwhelmed and then she became trapped in the lie. It was put to her that she had continued this lie even when A was given an MRI scan under general anaesthetic, an unnecessarily dangerous and invasive intervention, the Mother said she had thought the MRI was needed in any event because the EEG had shown "focal action" in A's brain. I note at this point that the Mother is an intelligent woman. It must have been wholly obvious to her that A was having the MRI scan because all the professionals thought that A was having very frequent nighttime seizures and they were very worried about her epilepsy, when the Mother was well aware this was not true.

121. I note that the Mother had frequent opportunities to tell the professionals the truth about the seizures but did not do so. She had a telephone conference with Dr Y only a few days after the MRI scan, but did not tell her the truth. It is only fair to record that the Mother said on frequent occasions in oral evidence that she felt ashamed about not telling the truth about the seizures and about the medication.

122. She said she told the Family Support Worker, the truth on 4 July 2023 because in the light of the SENDIST decision she said that there was "light at the end of the tunnel". She denied it was because Dr Y had told her on 27 June that she was going to make the safeguarding referral.

123. In respect of not giving A the sodium valproate from February to July 2023, the Mother said that initially for the first day or two she forgot, then she wanted to find the paper that told her the dosages and then she just failed to give the medication because of being overwhelmed. Ms Evans put to her that when she forgot to give

medication in 2018 she had rung the doctor and it had been sorted out. She said that she did not think that she could just ring Dr Y. She said she had a problem with "object permanence" and needed a routine – I think the suggestion was that once she had fallen out of the routine of giving the medication, she forgot to do it. The problem with "object permanence" was also why she had been unable to remember the password so Cyfor could interrogate her laptop until there was a court order that she go to Manchester to help Cyfor and she saw the computer itself and remembered the password. I do not accept her evidence, she had attended an appointment with Dr Y, and phoned 111 during the period. She plainly could have told a professional if she had been so minded.

124. The most striking, and discordant, part of her evidence was when she said repeatedly that she wanted the girls to have good relationships with their respective fathers. This in circumstances where she had taken no steps to encourage A's contact with F1, and this only started when A was taken into care.

125. In respect of F2 the position was more extreme. Despite saying that she wanted B to have a relationship with F2, she reported him to the police twice for domestic abuse, the second time in July 2024, three years after the abuse had allegedly happened and when she had already reported it once before. To put it mildly, this is an unusual way to advance B's relationship with her father. The Mother said she could not remember why she made the report in April 2022 and denied it was to stop F2 from seeking contact with B, as he had said he would in late 2021. She also could not remember why she had made the application under "Sarah's Law" two weeks later, saying that a friend had suggested that she did so. She said that she made the report in 2024 "to help the court" because she thought this is what the Judge at the hearing had meant by any allegations being on the record. The rather more obvious way to deal with this was to put the allegations in a witness statement, and I note that the Mother was represented by very experienced counsel at that hearing.

126. The Mother had also failed to give the social worker F2's contact details. She suggested that the health visitor had given her advice about domestic abuse which had some role in her not wanting to share his details.

127. Once contact started in March 2024 she said she was wholly supportive of it. She said that she and B had had a conversation about contact and she had asked B whether she was comfortable seeing F2 without the mother's presence. She said she wanted to "empower her". I note that B was 2.5 years old at this point. She said she had been supportive of contact throughout this period. I accept that there is no evidence of her trying to undermine B's relationship with her father, directly with B, since the summer of 2024.

128. The Mother accepted that she had covertly recorded handover to F2 on 3 June. She said she was worried about being misconstrued.

129. She said when she sent the voice note to F2 on 31 July 2024 she did not understand that she was only supposed to contact him via the WhatsApp group. She said that the voice message, which referred to a concern that the LA might take B to Turkey, was because a charity worker she had been speaking to had told her about this risk and she had no reason not to trust him. She said she was in a very bad state of mind at this time, and accepted that the message was foolish.

130. Although the Mother said that she had no animosity to F2 and wanted to co-parent with him, she also said she stood by her witness statement dated 7 November 2024 in which she makes a number of allegations against F2, including that he is very difficult, he will fight to the death, he will lie and cheat, and he is very unfair to his two older children. The overall portrayal in this witness statement is extremely negative. But the Mother said that she was not trying to assassinate his character, she was giving the information "so that the Court could make its own decision".

131. The Mother said she still thinks that A is at risk of covert aspiration and needs further testing for dysphagia. She believes A needs 1/1 carers and said that is the level of support she gets at the Residential Placement.

132. The Mother accepted that her comment on the School C's Parents Facebook page heavily criticising the school was "not particularly helpful". She accepted that she had covertly recorded multiple professionals, the Residential Placement and the Local Authority. She said she did this for many reasons, including mistrust and not being good at retaining information.

133. The Mother denied causing either child emotional harm. She did not accept that she had socially isolated B. When Ms Evans suggested that she did not want B to go to school, the Mother referred to taking her to a Forest School. But when asked about this it turned out to be for a maximum of 1.5 hours every fortnight.

134. She did not accept that the recording device had been to record the childminder, or undermine the placement. She said she had put it in her pencil case to record F2 at contact, and it had then been put in B's bag by mistake.

135. In respect of B's missed health visitor appointment on 6 March, the Mother said she had got the times confused, and had taken B to the childminder so that she could have more time to read the case papers. She meant to go to collect her when the health visitors arrived, but she had gone back into the house, texted the childminder and lost track of time.

136. The Mother said she wanted B to live with her and see F2 every second weekend and during holidays. She said she wanted to be able to communicate with F2. She feels that B did well in her care, is missing her and needs to be with her mother. Although she accepted that B was being properly cared for in F2's care she said that B had lost her "sparkle".

137. The Mother said she did want to have therapy to understand how her mind works (but did not accept the basis of Dr Gregory's therapy recommendations), but she had been told by the Worcester Mental Health services that this wouldn't be appropriate until she had undergone an ASD and ADHD assessment. She could not afford to pay for a private therapist. She told me that all the multiple private practitioners she had instructed had been paid for out of A's Disability Living Allowance.

138. F2 is B's father. He saw B at the Mother's home on the day (or day after) she was born and then twice in cafes. After that the Mother stopped contact. He had tried to go to court but didn't get past the mediation requirements. He then did not see B again until April 2024, following a pre-recorded video call in March, when the proceedings had commenced. B now lives with him and everyone agrees she is doing well there.

He explained that he drops her at nursery and then if he is working his sister (the aunt) collects B and takes her home until F2 can collect her. The aunt has four children of her own, including one who is in the same nursery class.

139. F2 struck me as a committed and empathetic parent. He said he had spent the first night B was with him awake in case she cried. He is attentive to her needs and plainly thinks hard about how he can best meet those needs.

140. He made it clear that it would not be possible to share care, or have any direct contact with the Mother given the allegations she had made and her behaviour. He was plainly very concerned about her making false allegations about him.

141. The Guardian produced a detailed 34 page report in which she supported the making of a Care Order for A, and a SO living with F2 for B. She and the LA agreed on the level of contact between the Mother and the children, the Guardian's position in oral evidence however changed to fortnightly contact (instead of weekly), and restricting the Mother's parental responsibility. I do not intend to set out the Guardian's report in detail because I accept it in its entirety and it forms the basis of much of my conclusions.

142. In summary, the Guardian feels that the Mother has caused both children significant harm; A because of the exaggeration of symptoms, lying to professionals, not giving medication and involving so many professionals. B, largely because of the Mother preventing B from having a relationship with her father which has caused her emotional harm. She followed Dr Gregory's evidence that there was a strong likelihood of transference of the Mother's behaviour towards A onto B, although it might take different forms. She accepted that there was no evidence of FII in respect of B.

143. The Guardian supported the Mother undergoing the therapy recommended by Dr Gregory and to have demonstrated real change before it would be safe for her to have unsupervised or greater contact with the children. She was clear that no shared care arrangements would be safe for B in advance of the Mother doing such therapy and being able to demonstrate change.

144. She supported the children having a minimum of monthly sibling contact and felt that would be sufficient to maintain their relationship. But she was supportive of greater contact if F1 and F2 could arrange it.

145. The Guardian agreed that the Mother's parental responsibility should be restricted in terms of contact with B's medical and educational providers, given the risk of the Mother disrupting these relationships and acting contrary to B's best interests.

Law, Submissions and Conclusions

146. The live welfare issue in this case is the orders in respect of B. It is agreed that there should be a Care Order in respect of A with a care plan that she continues to live at the Residential Placement unless and until a suitable long term foster care placement is found. The Guardian, the Mother and F1 had argued that the Care Plan should simply state the Residential Placement and make no reference to any possibility of moving to long term foster care. However there is at the moment no appropriate foster

carer available so any change of residence will necessarily involve a review of the Care Plan and appropriate consultation with the parents, and the Independent Reviewing Officer. In those circumstances all parties now agree the Care Plan in respect of A.

147. The only outstanding issue is that the Mother would wish for more contact. The contact proposals in the Care Plan are that the Mother should have contact once per week supervised.

148. Large parts of the threshold are not agreed and therefore I have conducted a fact finding and welfare hearing.

149. The law here is not in dispute. The approach to a fact finding exercise is as set out below.

150. The burden of proof is on the LA. There is no obligation on the Mother to provide explanations for injuries or 'memorable events' although the court is entitled to weigh the absence of such explanation alongside all the other evidence in the case. The civil standard of proof applies, namely the balance of probabilities. If the LA proves that it is more probable than not that a disputed event occurred, then it becomes an established fact for the purposes of these proceedings. If the event in question is not proved, it is treated as having not occurred. That is the binary system that operates in the Family Court.

151. The court must reach decisions in relation to disputed allegations on evidence, not speculation or rumour. It may, however, draw logical inferences from evidence that it has accepted.

152. The court must reach a conclusion in respect of each separate allegation but must also take care not to compartmentalise its analysis – the entire canvas of evidence must be surveyed and each piece of evidence must be considered in the context of the other evidence.

153. The role of the judge and the expert are very different. The responsibility for making decisions always rests with the judge and not the expert - the expert advises, and the court decides. It is important that the expert evidence in this case is considered as part of the overall evidence in the case and not analysed in isolation.

154. There is no right to cross examine and there is no obligation to cross examine on every point – *Tui v Griffiths* [2023] UKSC 48.

155. The court will factor in the difficulties and stresses inherent in giving oral evidence. The court will also be mindful of the fallibility of memory. The court will acknowledge the dangers of inferring that because a parent has not explained how an injury was caused, the real explanation must be a sinister one.

156. Where it is alleged that a person has lied the court must approach this allegation with considerable care, as highlighted in *R v Lucas* [1981] QB 720. First, having identified the alleged lie in issue, it must ask itself whether the LA has proved, on the simple balance of probabilities, that the alleged lie has been told. The court must accordingly

seek to distinguish a lie from, for example, "story creep", mistake, confusion, memory failure or distortion arising from impairment.

157. Once the court has undertaken that analysis it will move to the second stage, by which it will consider why the proven lie has been told. This is important because people may lie for many different reasons - embarrassment, a sense of shame for having caused an injury accidentally, a desire to hide some other wrong-doing or a mistaken belief that lying might improve their position.

158. If a lie is proven, then the relevance of the lie to the court's enquiry must always be carefully considered. Some lies, irrespective of how unpalatable they may be, will have absolutely nothing to do with the ultimate facts in issue of the case, save perhaps assisting the court with an analysis of the person's general credibility.

159. Finally, it is also imperative that the court reminds itself that just because a person lies about one issue, it does not automatically follow that they have lied about everything.

160. In determining what is in the children's best interests I must apply the welfare checklist in s.1 of the Children Act 1989.

161. In respect of threshold, the Mother accepts that threshold is passed on the basis of risk of harm to A from lying about the seizures and not giving the medication. She does not accept any further part of threshold, or that threshold is crossed in respect of B. She has put in extensive further written submissions, as referred to above. However, in truth these do not take the matter forward from her oral evidence and the cross examination of her counsel.

162. The LA, the Guardian and the fathers all say that threshold is crossed in respect of both children, and on the grounds of actual harm not merely risk of harm.

163. I accept the LA's case as pleaded in its entirety, although I am not confident about Ms Evans' submissions on the Mother's motivation for some of her actions, but to a considerable extent that is not material to the findings I make. Looking at the history overall there is a startling disconnect between the Mother's perception of what has happened and her actions, and what all the evidence shows.

164. Starting with A's needs, there is a long history of the Mother presenting A as extremely disabled with very high care needs and requiring a very high level of care. Even in her Closing the Mother repeats that A needs 1/1 care. All the evidence suggests that this perception is not justified. None of the NHS SALTs thought A's needs were anywhere near as high as the Mother was suggesting. Although I accept that A's mobility has much improved at the Residential Placement, the evidence suggests that actually she was much more able to move on her own and in outside space than the Mother would concede when she was in her care. Further, the evidence strongly suggests that the Mother's exaggeration of A's needs led to A not achieving her potential and thus her most able and happiest life.

165. I fully accept that some parents are more robust than others, and the task of looking after two children as a single parent, particularly when one is disabled, can be a very hard one. I also accept that the Mother felt overwhelmed and in desperate need of more help. However, objectively this is hard to justify and subjectively it seems to

point to the Mother's own extreme emotional and psychological needs, rather than A's objective needs.

166. A was at school five days a week, roughly 8am – 4pm. So actually the Mother had a large amount of time on her own with B. A was not having seizures at night, and all reports other than from the Mother are that she was quite compliant most of the time. Further, and importantly, the Mother had access either to LA agency staff or direct payments. She had chosen direct payments, but then didn't use them. I do not accept that if she could not find carers through the direct payments she could not have asked the LA to help with staff. Her perception that A's needs could only be met by being educated at home was plainly wrong, as found by the Tribunal, but also strongly shown in the evidence before me. That demand was far more about the Mother's needs than A's best interests.

167. I accept that the Mother had (and still has) a very strong narrative of herself as the victim/carer of a severely disabled child, who was not properly supported. Everything feeds into that narrative and nothing can displace it. She exaggerated the truth of A's condition and needs to support that narrative. This is fabricated illness. I find her precise motivations, and the degree to which she deliberately lied to get more care hours, rather than believing her own narrative, impossible to tell. But I do not think that distinction is critical to my decision.

168. The Mother perceives herself as a deeply caring parent, but subjected A (a disabled child) to an unnecessary MRI scan, and put her at considerable risk by stopping medication for 4/5 months without even informing the doctors. Those actions caused real harm to A. I do not accept that she thought the MRI scan was justified by the EEG and Dr Y's reference to a "focal issue" on the EEG. I find that she knew that the scan was unnecessary but did not want to confess to having lied. On the balance of probabilities, I think she confessed to the Family Support Worker because she knew that Dr Y had made a safeguarding referral a few days before and was worried about the consequences.

169. The Mother had every opportunity to tell professionals the truth. I am very sceptical about her reasons for not doing so, but in any event, the reality is that she was completely incapable of putting her child's interests first.

170. It is highly relevant to these conclusions that the Mother is an intelligent woman, who has a clear understanding of the consequences of her actions. I also think the Mother is highly manipulative. She was notably careful in evidence to remember some things and forget others, and to make every effort to put herself in a good light. She has sought to use people against each other, such as the frequent appointment of independent therapists and a private GP, to sidestep the LA.

171. The Mother has consistently sabotaged and undermined relationships with professionals that do not agree with her, or who are acting in the children's best interests. She covertly recorded a large number of people, a step which would obviously undermine any relationship. There is clear evidence of her recording professionals in order to subsequently threaten them with "disclosure" if they did not agree with her.

172. I do not accept that the Mother accidentally put the recording device in B's bag. There is a clear pattern of the Mother recording people without their consent. She was blatantly acting against A's interest in stopping Dr Y examining A and then working with her; in stopping professionals speaking to each other and in effectively stopping B having her health visitor check.

173. It is a very noticeable feature of the Mother's evidence that she fails to take responsibility for any failures, save where totally unavoidable (the seizure lies), when she becomes emotional and distraught. Everything was someone else's fault, perhaps most strikingly the voice note about the LA taking B to Turkey, where she again blamed poor advice.

174. I do not accept that the Mother has any genuine commitment to B, or indeed A, having a relationship with their fathers. She has taken a number of steps as set out above to prevent a relationship between B and F2. Her actions in respect of F2 – reporting him twice for domestic abuse, putting in a very damaging witness statement and preventing him from having ongoing contact before the proceedings – were all aimed at stopping B having a relationship with her father.

175. I conclude that she has caused real significant harm to both children. She caused harm to A by allowing her to undergo an MRI scan on the basis of lies about her condition. She also harmed A by undermining relationships with professionals through covert recording, appointing unnecessary independent consultants, and exaggerating A's condition thus limiting her development.

176. She caused significant harm to B by restricting her independence and by stopping her having a relationship with her father. Further, I accept Dr Gregory and Dr Ward's evidence of there being a real risk of transference of the type of behaviour that was manifest with A, to B. It would be different, because the children are different. But undermining professional relationships could very easily be repeated in respect of B's school, and potentially health care issues in the future. I am also concerned about the Mother imposing her emotional needs onto B. Given the lack of therapy, and the Mother's strong avoidance, it is difficult to know precisely how her psychological issues would play out, but that there is a risk of significant harm to B, is manifest.

177. This is an unusual case in that I accept that the Mother should only have supervised contact with B. Contact should be fortnightly. I have no doubt the Mother loves B and can deliver an acceptable level of day to day care, but quite apart from the risk of emotional harm to B, I think there is a very strong likelihood of the Mother seeking to undermine B's relationship with her father and his family if she is allowed to do so. Her final witness statement can only be described as a character assassination. A history of character assassination, refusing contact and false allegations of domestic abuse gives a very high level of risk of further allegations if the Mother has anything other than professionally supervised contact. If the Mother undermined the placement with F2, that would be highly detrimental to B's best interests.

178. I very much hope that the Mother will fully engage in therapy and this will lead to a situation whereby she can resume a much more natural relationship with both daughters. I have no doubt that the Mother loves both her children. I equally have no doubt that it is in principle in their best interests to have a full relationship with her.

But until the therapy is undertaken and has had a material impact on her thinking, supervised contact is in the children's best interests.

179. Sadly, I consider it is also in B's best interests for the Mother's exercise of parental responsibility in respect of education and medical treatment needs to be restricted. The history strongly suggests that the Mother would undermine those relationships if allowed to do so.

180. The Mother in her closing submissions asks that the judgment be published un-anonymised. The judgment will be published but the children's interests are clearly in favour of it being anonymised, as is the norm. There is nothing exceptional about this case that would justify not anonymising the judgment. I remind the Mother that linking the judgment to the children in any forum, electronic or otherwise, would be a contempt of court. This should be made clear on the face of the final order.

Threshold Schedule

5 (a) Reduction of Keppra June 2022

The Mother largely accepts this. The precise amount of the reduction is immaterial.

5 (b) Lies about seizures June 2022 – July 2023

The Mother accepts this allegation. Considerations of the Mother's excuses for this lie are set out above.

5 (c) change of medication from Keppra to sodium valproate Oct 2022 which was not necessary and based on false information about A's seizures

The fact of the change of medication is accepted. The lie about the seizures would undoubtedly been material to the decision about medication.

5 (d) discontinuing sodium valproate without advice Jan – Jul 23

This is accepted. The Mother's explanation is dealt with above.

6 (a) EEG and (b) MRI scan

The MRI scan involved a general anaesthetic that was undoubtedly a risk to A, and necessarily harmful to her. There is a strong likelihood that the EEG and thus the MRI would not have been considered necessary if the Mother had not lied about the seizures.

5 (e) complaints about the feeding plan, feeding foods contrary to plan, chicken nugget and requesting further medical assessment

There is a lengthy history of the Mother fixating on the feeding plan, as she continued to do in her oral evidence. She refused to accept the advice of the professionals, and effectively only listened to those professionals who agreed with her. The Mother's motivation for giving A the chicken nugget and then videoing her was in my view likely to be to try to prove that A would cough or choke, and thus support her position.

Sch 2 1 (a) and 2 (a) and (c) continuing to focus on and raise unsubstantiated concern about feeding and the 5 April 2024 GP appointment

The Mother is absolutely fixated on believing that A has difficulty swallowing and that she is at risk under the feeding plan.

9 (a) and (b) rejection of medical advice

The evidence is clear that the Mother will reject medical advice that she does not agree with, and that does not fit into her narrative.

6 (c), (d) (e) (g) multiple independent assessments, causing confusion, including after CP plan

The evidence is clear that the Mother has commissioned multiple independent assessments even though there was no objective justification for such. This had a detrimental effect on A's care, because of the confusion between professionals.

6 (f) withdrawal of consent to sharing medical information

The Mother accepted the fact of this allegation. Her justification, that the SENDIST decision had somehow clarified the position, did not stand up to any scrutiny.

7 (b) (c) (d) exaggeration of A's health conditions/harmful care

There is a wealth of evidence that the Mother treated and described A as being more limited in her mobility and in her feeding than the medical evidence and professional observation suggested. I deal with the Mother's behaviours and motivations above.

8 (b) exaggeration of developmental needs by seeking EOTIS/waking day

The Mother exaggerated A's developmental needs and this is supported by the Tribunal decision.

Sch 2 1 (b) - suggesting A cannot cope with full time school

The Mother exaggerated A's ability to cope with a school day, in support of her case to the Tribunal that A needed an EOTIS programme.

10 (b) and (d) – (g) missed medical appointments

There are examples set out above of the Mother missing and cancelling appointments both for A and for B.

11 (a) – (f), (h) – (j) and (m) and schedule 2 allegations 4 and 5 failing to constructively engage with professionals, covert recording, behaviour towards school

This allegation is made out. The findings are set out above.