

IN THE WEST LONDON FAMILY COURT

L [REDACTED] V R [REDACTED]

HHJ CORBETT

JUDGMENT 28.2.15

1. This judgment must be read in conjunction with the one delivered on 1.8.14 at the conclusion of the listed final hearing. The background and issues, findings and conclusions are set out in full therein. That judgment sets out the legal principles I had taken into account and that I was acutely aware of the draconian nature of the care plan for adoption. Two more relevant authorities taken into account are Re R (A child) 2014 EWCA Civ 1625 and Re A 2015 EWFC 11 Munby P.

2. Prior to the July 2014 final hearing the Mother had been assessed by SISF. They identified the Mother's mood fluctuations and anxiety as a concern. The opinion of the assessors was that although the Mother tried to contain and control her emotions it could not be maintained long term especially when caring for 2 young children.

Dr [REDACTED] adult psychiatrist reported that at times of stress the Mother's parenting capacity could be negatively impacted as she would be unable to prioritise the needs of the children and psychotherapy was needed which would tend to be for 6m-1y.

The ISW Ms P [REDACTED] concluded that the Mother is at the beginning of her journey of recovery but is not sufficiently engaged with a recovery plan for consideration to be given to the children's move to her care.

The CG supported the LA care plans for adoption.

3. I noted in my judgment (paras 87-88) that the key issue was the Mother's Borderline Personality Disorder (BPD), her ability to manage stress and ability to regulate her emotions. If her emotions were unregulated the children would be at grave risk of harm. I concluded at that stage last August that the proportionate response to the issues was to adjourn to see whether there could be a sufficiently robust package of monitoring and support for the couple. The parents planned to move in together and I noted that they needed to show they can be a couple and live together. The LA put together a programme of assistance support and

assessment: relate counselling (initial assessment was not progressed further due to involvement with DVIP), DVIP, a positive parenting course with [REDACTED] for Mother, Zen 12 step group therapy which the Mother had been accessing for several months, psychotherapy for Mother began with Ms F [REDACTED] in October on a weekly basis, Mother's engagement with CMHT began in January 2015, mentalisation therapy for Mother began just before the hearing. The LA and CG were no doubt disappointed with my decision on 1.8.14, as evidenced by the SW's statement, but I am satisfied they embarked upon this plan in good faith.

Since October 2014 the Mother has been assessed as a sole carer due to the Father's lack of engagement in the support plan and the Mother's decision to separate.

4. The parties and advocates remain the same as in July 2014. This part of the final hearing has taken place on January 27, 28, 29, 30, February 11 and 16 2015.

5. The LA urges me to make care orders and placements orders now, the CG supports this. The Mother seeks that the children live with her alone under a care order if felt necessary, or interim orders if the court wished to adjourn the final decision. She suggests a plan where by the children move in over 6-8 weeks with increasing contact. The Father supports the Mother. The realistic options are that I approve the LA care plan for adoption or the children go to live with their mother, or I adjourn the making of final orders. There is no kinship placement available in parallel.

6. During this part of the final hearing I have heard oral evidence from the allocated Social Worker [REDACTED] C [REDACTED], contact supervisors Ms C [REDACTED] and Ms L [REDACTED], Dr N [REDACTED], Mother's treating psychiatrist, both parents and CG.

7. Positive factors:

Both parents love the children very much

The Mother is committed to caring for them, but her engagement is in stark contrast to that of the Father.

Supervised contact has been good on the whole and there is an attachment between the parents and children

There have been no reported incidents of domestic abuse since January 2013

Mother has engaged positively with a therapist since October and continues to attend the 12 step Zen programme
Mother has engaged “diligently” in parenting work with A [REDACTED] and has some theoretical understanding of parenting which she has been able to demonstrate in the supervised contact
Mother has tried very hard according to the LA and the CG
The support network of friends has provided some emotional and practical support

8. Main risks:

The Mother’s mental health and emotional functioning

The Mother has a diagnosis of BPD, a life long condition. The fact she has a BPD does not in itself preclude her or any parent from having the care of a child. The Mother has a long standing history of mental health problems dating back 20 years to 1995.

Dr N [REDACTED] her treating psychiatrist confirms the diagnosis of both Dr C [REDACTED] and Dr J [REDACTED] as being more likely BPD than bipolar disorder.

Neither Dr C nor Dr N saw features of BPD during their clinic attendance with Mother. That does not mean there is no risk of relapse.

Dr N saw her on 31.10.14 and 22.1.15. He said that as far as he could ascertain she appeared to be doing well and functioning well on a daily basis. His opinion is that the BPD is mild, but that does not have any correlation to how it would affect her parenting.

If the symptoms of BPD recur in the future Dr C records that this can have a significant impact on functioning, including being a parent.

Dr N states that “it is difficult to predict the extent to which Mother may or may not show worsening/recurrence of BPD in the future”. He thought that the mentalisation programme which the mother was about to begin is helpful for those who suffer from BPD, now 5 weeks into it.

9. The Mother in her written and oral evidence appeared equivocal about acceptance of the psychiatrists’ diagnosis of BPD, although accepted she had associated personality difficulties:

Q do you agree with BPD diagnosis?

A I don’t disagree with it...If I have it I am managing it very well

Q is it lifelong?

A it can be genetic

Q will you have it throughout your life?

A perhaps unless it's managed properly...I will have to do more research

10. In 2010 Dr J [REDACTED] had recommended psychotherapy, with timescales of 6-12m as likely to produce some results. Dr C and Dr N agreed with this subsequently.

11. In her evidence in July the Mother said that she thought that attendance at the 12 step Zen therapy was the right therapy for her, she by then not having taken up psychotherapy. I directed (with her consent) that part of the Mother's support plan should be her accessing 1:1 psychotherapy. The Mother has now been attending Ms F [REDACTED] for the last 3m. She has not yet dealt in therapy with her childhood and its significant trauma and she disagreed in evidence with the suggestion that this area will be highly stressful for her. The CG's opinion is that this will be a very difficult process to go through and may well be a psychological stressor which will affect her mental health and ability to parent. She had the choice to begin at the end ie her children all being removed, rather at the beginning with her childhood. The Mother said that she feels "lighter" after each therapy session. The Mother is in addition began a mentalisation course a few weeks ago.

12. Mother submits that her recovery began a long time ago and that although she has only just begun the 1:1 psychotherapy in October 2104 albeit that it was recommended in 2010, she has been attending other therapy with Dr R [REDACTED] for a longer period. This may be correct, but the expert recommendation for BPD is 1:1 psychotherapy and that began only a few months ago.

13. There is no evidence of the Mother misusing drugs or alcohol during these proceedings. The Mother's home is not chaotic and she appears not to have the chaotic lifestyle which she carried on for so long in her past. The last 14 months must have been extremely taxing for the mother due to the birth of twins and care proceedings. She has been keen to learn from A [REDACTED] and put that into practice for the children.

14. There have been a number of worrying incidents in contacts as set out in para ...below. It does appear that the M has remained focussed on the children throughout contact.

15. Parents' relationship

Quite apart from the finding of domestic violence which I made relation to 26.7.11, the evidence heard in July 2014 about the parents' relationship was confused. I read and heard differing accounts of how much time the parents, a married couple since 2012, spent together. The parents' Counsel when seeking an adjournment of the final hearing in July both stated that the parents would move in together. This was the court's expectation following the 1.8.14 judgment.

16. The Father moved in with the Mother in mid August. She said in oral evidence that by 14.10.14 she had decided with her solicitor that she would separate from him. On 15.10.14 at the FG Co-ordinator meeting held at her flat, neither parent mentioned this.

The matter was returned to court on 16.10.14. The Mother said she was separated; the Father did not appear to be aware. I offered then to hear evidence from the parents about whether they were or not separated. The CG suggested that statements be filed on the issue, which I directed.

Her statement 22.10.14 sets out that she had a growing realisation that the Father was not showing sufficient commitment which was likely to jeopardise her prospects of caring for the children.

17. Having heard her oral evidence in January 2015 I still do not understand when and why and how she made the decision to separate only weeks after beginning to live together. She said that she had begun to see that she could not rely on him yet she had not said this at a review meeting on 3.10.14. The Father says he was ill from 2-10 October so he was unable to attend contact, Mother accepts this, yet on the other hand says he was unreliable because amongst other things he was not attending contact. On 30.9.14 Father told 'Care to Talk' that they got on well together.

18. The parents say (at the time of the hearing) that they are friends and neither appears particularly upset that their relationship has ended. In evidence neither was prepared to rule out the possibility that they might resume their relationship in the future. On the one hand the Mother says she needed to separate from him due to his unreliability, on the other hand she included him as part of her support network at the FGC on

30.10.14. The Father says he hasn't talked to the Mother about their relationship because she is 'always busy'.

19. I have considered the parents' submission that this all shows they are able to act in a mature co-operative way. If the mother had been able to explain in a clear way why she decided to separate and why so soon after he moved in, then there may be some merit in that submission. But with a background of lack of clarity about their relationship and marriage and the mother having told the ISW only the month before the hearing "my marriage is in tatters" I do not accept that the parents are simply acting now as a mature separated couple.

20. The Father's aunt contacted the SW on 28.10.14 withdrawing her offer of support, saying "she [Mother] kicks him out when it suits her and gets him to do stuff then doesn't want anything to do with him". The Father denied in evidence that he had reported this type of behaviour in his wife to his aunt, but I left wondering why his aunt would offer such an untruth to the SW.

21. The CG was of the view in her final report that the parental relationship lacks clarity. After hearing their evidence I agree with her.

22. Domestic abuse

The Father has a long criminal history including offences of violence. I have made a finding of domestic violence that he assaulted the Mother on 26.7.11, causing bruising, that she refused to provide a statement or prosecute him. It follows that there is a risk of DV in the future. If there is a risk of domestic abuse, there is a risk that the children would suffer harm by neglect emotional or physical harm.

23. Following the 1.8.14 judgment [REDACTED] a DV worker from 'Care to Talk' carried out an assessment. She recommended a full DVIP risk assessment if the children were to be returned to either parent's care. Both parents denied DV to her. Father minimised his long history of violence. He did not accept my finding regarding 26.7.11. According to Ms T [REDACTED] he showed no motivation to change. [REDACTED] submits that the DVIP approach is narrow ie "no admission/no help". I do not accept her submission. This was a programme included in the support plan by agreement; it was thought that the Father wished to engage.

24. The Father said in oral evidence:

Q do you accept there has been DV in your relationship with Mother?

A yes whatever the findings are

Q was there DV in your relationship with Mother?

A I believe the findings

I noted at the time that this was hardly acceptance.

Mother denies any abuse or violence in their relationship, despite the court's finding but she did inform Ms T [REDACTED] that she was willing to work with her.

25. I accept that the DV findings are not at the upper end of the scale of seriousness and that in supervised contact the parents have mostly worked well together. The Mother acts mostly in a controlling way and the Father is more passive. On occasions the Father left the contact due to a row over a child care task.

26. His unreliability and the lack of any work undergone by the Father is relevant. If the mother seeks to rely on him in part and he lets her down, it is likely that a row will result.

27. There is significant lack of clarity about their relationship. The relevance of this is the lack of openness with professionals about the status of their relationship in the past (with the spotlight of a court hearing hanging over them) which is likely to be repeated in the future, when no court hearing is imminent. In addition given the findings made about their past history and the Father's criminal history, and the fact that despite it being part of the support plan, no DVIP work has been undertaken, there must remain in my judgment clear risks by their being in contact with each other.

28. There have been no reports of domestic abuse since January 2013. There has been no evidence of violence since 2011.

However in contact there have been some instances of the parents arguing with each other and being confrontational in contact.

EG on 2.9.14 the Father could not be coaxed to interact with the children and the Mother appeared agitated by his behaviour. The parents were arguing on the way back to the contact centre.

EG on 4.9.14 and 5.9.14 the Father became confrontational.

EG on 5.12.14 Mother raised her voice in anger at the contact supervisor.

EG on 18.12.14 the Father walked out of contact, after being angry and raising his voice, during a disagreement with Mother about heating up food.

29. Co-operation with professionals

The LA are critical of the Mother for not having made her house ready for the children to live there by only buying beds and a safety gate on day 5 of the hearing, meaning this was too late for professionals to assess the safety of her home. I do not agree with this criticism. It adds nothing to my consideration of the risks.

30. Mother refused and still refuses to provide her sister's contact details so that she might be spoken with about support for the Mother or as part of a parallel plan. The mother has given oral evidence twice about this and states that her sister does not want to be involved. This is despite the sisters having a regular contact and her sister having a baby of similar age to the twins. The CG in particular took time to try to obtain this information from the mother but to no avail. Although I consider this an enormous pity whichever of the 2 placement options I were to take, I do not consider it to be a factor indicating a lack of co-operation with professionals per se, having heard the mother's tearful evidence when refusing to give the details.

31. The FSW Ms C [REDACTED] has been involved since October 2014, Ms L [REDACTED] the contact supervisor since June 2014. Ms L [REDACTED] has been present at many more contacts than Ms C [REDACTED]. Ms C [REDACTED]'s role was to assess how the Mother put into practice the work carried out with A [REDACTED] by the Mother.

Ms L [REDACTED] took notes on her laptop/tablet which CG felt was off putting.

32. The contact notes from both observers note the parents' affection for the children; there are many examples of positive interaction and warmth. There are 800 pages of detailed contact notes, and there was cross examination of both supervisors about a number of these. I read a large selection of the notes.

33. The parents ask me to treat Ms L [REDACTED]'s evidence with caution for the many reasons set out in their submissions, in summary that Ms L [REDACTED]

overstepped her role by being too friendly, has not always acted professionally, some of her notes being without full/any context.

34. Some of Ms L■■■■'s contact notes are lacking context. Eg the contact note referring to the Mother's reaction to the "Sikh" joke on 4.12.14 does not record that Ms L■■■■ herself had shown a photograph of a decorated potato to which the mother objected.

Eg 15.9.14 the Mother's comment that she did not want SL's friends to greet the children. The context missing was that the Mother did not want the children upset by meeting new people at that stage in the plan.

35. Two contacts need to be set out in some detail.

On 6.11.14 a contact was due to take place at the Gurdwara. Ms L■■■■ records that the Mother did not greet her, was tense and angry and that she told Ms L■■■■ to prostrate herself and the children in front of the altar to seek forgiveness for making the children late. Ms L■■■■ said that she was very upset by this and reported it to the SW. The contact note states that Mother questioned whether the children had come from their usual foster carer.

The Mother asserts that Ms L has made up the allegation relating to prostrating on the altar. She accepts that she asked whether they had come from another placement. The fact that the children had been in respite care the week before is not included in the contact note and would have provided some context for the Mother's question. The Mother denied being upset but says she was concerned about their presentation.

I simply do not accept that Ms L■■■■ has made up what would be a blatant lie that Mother told her to prostrate herself and the children on the altar. I cannot see why she would make up such an odd remark. I take into account the submission that just because Ms L■■■■ has given favourable reports of contact does not mean she is reliable at all times, but I found her account of this event believable and I find that the Mother reacted as is set out in the contact note.

36. On 19.12.14 an incident where A■■■■'s ankle was caught in the mechanism of the double buggy. Ms L■■■■ and the Mother give different accounts of where people were standing. This is not surprising given this was by all accounts a traumatic incident. It was not an every day event. Ms L■■■■ says the Mother swore, E■■■■ agrees, but says it was only once. The Mother said in evidence that she did not swear then that she may have sworn at N■■■■. The Mother's outburst has to be put in context of a

traumatic incident to her son. Nonetheless I find that her reaction to A ■ leg being trapped was to swear at an adult who was there to help or observe.

37. What really troubled me, in addition, was the manner of the Mother's explanation in the witness box: it was incredibly wooden and rigid in the description. Further the Mother appeared to suggest that she was reasoning with A ■ then aged 13m:

“at 3.20pm I allowed them as their Mother in my discretion 15 min more playtime....I gave a countdown...at 3.40pm was the last 5 min warning....I picked up A ■ at 3.45pm and took her to the buggy....A ■ put up resistance indicating she was very sad...my parenting skills kicked in...all of a sudden I can hear commotion...my pace was with A ■ very slow at her level...N ■ plonked A ■ in the buggy and ran round the back saying where is the lock...I persuaded A ■ she did so well...”

38. The Mother accepts that there have been difficulties with Ms L ■ and that she became cross with her on occasions but that there were reasons for it. The Father took the same view.

39. Having heard their accounts, I find:

Ms L ■ probably spoke about her personal life too much to the parents. Having heard her evidence over several hours I do not consider that this affects the accuracy of her recordings.

Some of the many contact notes lack context in parts, as set out in the examples above. When the context was put to Ms L ■ she often accepted it and I did not consider at all that she was trying to paint a negative picture of the parents.

She included many positives about the parents in her reams of contact notes and volunteered these in oral evidence. I accept the accuracy of such comments, as I also accept the accuracy of her contact notes overall. I reject the Mother's evidence that Ms L ■ was controlling and a dictator.

There are a number of instances of the Father being confrontational eg 4.9.14 and of the parents arguing in front of the children eg 2.9.14 and 18.12.14, and of Mother being confrontational eg 4.12.14. In addition there are the most worrying events of 6.11.14 and 19.12.14.

40. In my judgment there is evidence of the Mother co-operating with some professionals but not all. She has a good professional relationship with those professionals whom she deems are helping her eg Ms D [REDACTED], Ms C [REDACTED], Dr R [REDACTED]. She clearly did not get on with Ms L [REDACTED]. She told the SW that she did not trust him, but overall they appear to have got on reasonably well later in the proceedings. She refused to tell Ms P [REDACTED], the ISW instructed by her, why she had told SISP that she had been sexually abused, adding that she would tell her once the ISW knew her story. She has refused in my judgment to be open about her relationship with her husband.

I conclude that probably the professional network would have difficulty in having a consistently truly open relationship with the Mother if the children were in her care. With her history and diagnosis such would be essential.

41. The Father's co-operation has been much more limited. The Father's poor engagement with the court process prior to August 2014 has carried on since. When I adjourned the final hearing on 1.8.14 so that the parents could as a couple be provided with a support plan by the LA I had no idea that he would let the Mother and the children down in this way. As all the advocates recognise this is a particular tragedy when the court had given the parents an opportunity, against professional advice. He failed to file a statement before the start of this hearing, just like he did before the July hearing. He failed to comply with direction for hair strand tests until months had gone by. He failed to co-operate with his own solicitors for 6 weeks who contacted the court in line with their professional obligation to do so. He has not engaged with iHear, giving reasons including bank appointments and forgetting. He had denied the DV finding made on 1.8.14; in the witness box in January he seemed to accept the finding but could not elaborate upon it, giving the court little reason to believe that he really accepted the finding.

42. He is frequently late for contact, the parents say this is due to car parking which I refuse to accept is a reasonable excuse on an ongoing basis. He has missed 13 contacts since September 2014. Six of these fall within dates provided by a medical note stating that he had gastric flu from 2-10.10.14. On 14.10.14 the Mother told her solicitor that she was separating from the Father due to his lack of commitment, which seems at odds with his being ill. Another curiosity about that medical note was that he could not recall how he obtained it, whether by attendance at the GP or a telephone call. His evidence was far from clear.

43. Despite agreeing at the 27.11.14 review to bring food for the children he has rarely done so.

44. He has been confrontational at contact on a few occasions both to the mother as set out above.

45. I can conclude that the Father loves his children but lacks commitment and reliability. He is able to meet their basic needs in contact and plays with them. He has made progress with the support offered by Ms C [REDACTED]. When asked questions hypothetically about support for the Father if the children were with the Mother the SW agreed that the level of supervision could be reduced over 3 contacts and then a review. The CG felt that any such review should be after 8 weeks. I am not at all sure that if I were to consider that proposal that the Father would cooperate with it.

46. It was his Counsel's submission that "support can be put in place to support the Father while he demonstrates consistency and reliability". It is astonishing that after 14 months of care proceedings and 10 months after the LA formulated its plan for adoption, that the Father is yet to demonstrate this.

47. Parenting and support network

There were 6 people present at the Family Group Conference and the agreement was signed by those present plus P [REDACTED] and by L [REDACTED].

According to the mother her support network would be her friends E [REDACTED] and P [REDACTED], C [REDACTED] and N [REDACTED], and that the Father will have contact. (earlier she had been saying he would be part of the support). P [REDACTED] has not yet met the twins. N [REDACTED], E [REDACTED], C [REDACTED] and S [REDACTED] have attended some contacts. The Mother's counsel accepts that the mother has been very directive of her supporters during contact.

48. The Mother says that they will look after the children while she attends her therapies. She says that E [REDACTED] is her main support. He is P [REDACTED]'s partner and a stay at home father with a (primary) school age son, they live in [REDACTED]. P [REDACTED] works full time. The distance from [REDACTED] to [REDACTED] is 20 miles. The psychotherapy is in the evening so the twins would somehow have to be taken to E [REDACTED] in [REDACTED] or he come to [REDACTED] to collect them and take them back with him to collect his

own son. The Mother added in submissions, in response to the CG's concerns that the Father will lend her his car to assist.

49. E■■ has written a letter of support, which is attached to Mother's position statement.

50. N■■ also wrote an email of support which was produced late and admitted in evidence during submissions. When she was asked why there was no letter from N■■, the Mother in oral evidence said that N■■ is "busy with her own life", which rather begs the question of how available N■■ might be to the Mother as a support. Mother has been described by the contact supervisor as being "terse" with N■■. M said in evidence that her relationship with N■■ was fine but "she needs to listen a bit more".

51. S■■ is no longer available as a support for the Mother. C■■ had about 6 contacts with the Mother and children. She told the SW that the Mother dictates and she does as she tells her. She has also provided a letter of support.

52. The mother's plan is that she lives on her own and would be caring for the twins alone every evening and during the night. The twins' foster carer is apparently exhausted by the time her husband comes home from work and effectively hands them over to him.

53. The Mother's oral evidence was that she would have a routine and would be able to cope. She says that she has benefitted from the routines which Ms D■■ has taught her over the last few months.

54. The CG's assessment is that the Mother's coping strategies, still in their infancy would be severely tested by caring for the twins and this is likely to trigger psychological difficulties as described by the psychiatrists. The CG's assessment is that the Mother appears to have a rigid and set routine of dealing with the twins during contact. Mother's Counsel submits and I accept that there are no examples of Mother taking this out on the children. In addition I note that both Ms C■■ and Ms L■■ often describe the contacts as relaxed.

55. I was struck by part of the Mother's evidence:

Q you are v focussed on the children's needs how will you keep that up 24/7?

A with respite, with the support network that will take over, with a set routine...first 2 weeks after last judgment I found very difficult but I adopted and managed

Q you have set times for doing thing, children don't always confirm to this?

A by setting rules. I am sure they will follow my rules

Q you have to be prepared for their tantrums?

A that's where emotional coaching comes in, rewards and consequences come in

Q can you reason with a 14m old that way?

A [nods] We are taught to teach them that way

Q what if they throw an orange across the room?

A they correct their mistake, you descriptively praise them with the behaviour you want

.....

Q different parts (of the support network) may deal differently?

A yes we may need more discussion about what the twins are fully aware of

56. I have set out at paragraph 37 above my observation that the Mother was wooden and rigid when describing her interaction with ■ during the 19.12.14 incident. From her oral evidence I gained the impression that the Mother was very focussed on ■ and expected ■ to understand her and fall in with what she expected. Mother says that she was doing what Ms D ■ had taught her but it seemed to me more than a parent talking to her infant/toddler about what she is doing, it was an expectation that ■ would understand and obey.

57. Ms L ■ says Mother swore at her. E ■ agrees that she swore, but once, and does not say who it was directed at.

58. I agree with the CG that the Mother appears to lack the capacity to be flexible about others' care, which potentially leads to conflict.

59. At the review meeting 27.11.14 there was discussion about the contact moving in to the Mother's home. Initially the mother said no, she has since said that this was because she did not consider the home to be ready. She agreed on 27.11.4 after the Father agreed. I did think it surprising that the Mother's instant reaction was not to accept contact in the home. I agree with the CG that this suggests that she is not ready yet to take on this responsibility. Following the meeting the SW then read the DVIP report in full and the LA halted the alteration in contact. The court

was not notified of this change. If I felt that observation of contact in the Mother's home was needed to enable me to make a final decision I would adjourn to enable that to take place.

60. Discussion and conclusion:

All parties submit that this is a difficult case. I am perfectly well aware of the severe nature of the care plans as I hope is clear from my July 2014 judgment and the decision I took then to adjourn the final hearing. I have considered whether the children can be moved to live with their mother, and whether safeguards can be put into place to make the placement with her good enough. Cases such as these involve a mosaic of interwoven evidence. I have to stand back and look at the picture as a whole and ask myself whether adoption is the necessary and proportionate response to the risks posed.

61. When I consider the evidence as a whole I note the positives as set out earlier in this judgement, particularly shown by the Mother's engagement. Adoption would mean the loss of birth family ties and loss of the actual relationship with the parents.

62. I balance the positives with the risk of recurrence of the symptoms of BPD, the Mother's long standing history of mental health difficulties, and the fact that psychotherapy has only just commenced in October despite that long history. In the past the Mother has displayed significant mood instability, propensity to mix with the wrong people, irritability and poor coping skills which could all affect her ability to function and especially to parent according to Dr [REDACTED].

63. The Mother is at the early stages of psychotherapy, there are many potentially stressful topics to cover yet. She continues to make strides with her personal recovery. So far she has not had the children in her care when undergoing therapy. She hopes that the mentalisation therapy just started will assist her with strategies to cope with stress.

64. Could any safeguards be put in place regarding the risks posed by her mental health? A line of communication between the CMHT and LA would be needed, as would the support network raising concerns. This is not sufficient to provide safeguards in my judgment. The Mother would be a sole carer for twin babies/toddlers for most of the 24 hours of the day. She will be undergoing 1:1 therapy plus group therapy and mentalisation course. The therapy and work is aimed at assisting her with

deep rooted life experiences. The twins' independent and experienced CG is of the opinion that it is too risky a situation to contemplate. I accept her opinion.

65. In July 2014 the parents were very clearly claiming to be a couple who wished to live together and parent together. Now the Mother would be a single carer with no family support, but with support from friends, who, however committed at this point, have their own lives to lead too. This is not a long term support network in my judgment.

66. There is real uncertainty about the reasons why the couple separated and the status of their relationship now. The CG's suspicion that the couple have resumed their previous relationship whereby Father was living with his Mother and regular contact between the two was not put in cross examination to the parents in those terms. However I am no clearer after hearing their evidence.

67. There has not been any DVIP work undertaken by the Father due to his lack of acceptance of his history. There are no allegations of domestic abuse or police call outs since 2013, but if the Mother is caring for the children alone all day and night and is seeking his help/assistance and finds him unreliable, it is highly likely in the absence of any DVIP or anger management work having taken place, with a background history of a Mother with BPD that this will result in an abusive situation and in harm for the children.

68. Could any safeguards be put in place to reduce the risks of domestic abuse? I do not see that there can. As recently as 20.10.14 at the FGC the Mother said that the Father would be with the children 3 times each week from 10am-4pm. She has changed her position now to agreeing that his contact should remain supervised for the time being. She has also changed her position to saying that she needs someone reliable. It is submitted by her counsel that this shows flexibility on her part. That may or may not be correct. However I do not accept that the imposition of a care order and/or boundaries around the father's contact would be sufficient safeguards. The Father is a man who does not accept his criminal history, does not really accept the finding of DV made in this court, and who has disobeyed a number of court orders as to filing of expert evidence and his own evidence, showing scant regard for the legal process.

69. I accept the opinion of the CG that placement with their mother would be a very risky situation. I do not accept the submission made by

Counsel for the Mother that the CG has ‘speculated’, such a word implies guesswork. I referred in my earlier judgment to the CG being an experienced professional. I consider that the CG has filed 2 detailed analyses and gave really thoughtful and analytical evidence.

70. In my judgment the challenge for the Mother as a single parent, caring for twins full time day and night, as a person with a long history of mental health difficulties, a diagnosis of BPD and at an early stage of her psychotherapy, would be enormous and I consider would pose a real risk of harm now and longer term for the twins, despite the Mother’s real love for them. The support network she puts forward is not going to be available for the mother for more than babysitting whilst she attends therapy/courses. It appears to be a short term plan at best. There are no safeguards against the risks posed.

71. The court has to consider their welfare throughout the children’s lives. Their welfare is my paramount consideration. The twins are 14 months old of British Asian and Indian heritage of Sikh religion and have been in foster care all their lives. They have a pressing need for permanent placement with their long term carer, in order to both secure attachments. The plan is for indirect contact only and this is entirely appropriate in the circumstances of this care plan for adoption.

72. The orders which will best meet the children’s welfare needs are firstly a care order, the court approving the care plan for adoption. Secondly in order to carry out the aims of that care plan the courts has to consider making a placement order. Given that the parents do not consent to placement orders I have to decide whether the children’s welfare throughout their lives requires that I dispense with their consent. In my judgment it is imperative that I dispense with their consent (s52(1) (b) ACA 2002) in order for the care plan to take effect, the care plan of adoption which acknowledging is the most draconian interferences with a parents Article 8 rights, is the order which I have considered is necessary and proportionate.

73. One day the children may read a transcript of my judgments. I would like them to know that their birth parents loved them dearly. I would like them and their birth parents to know that I have considered all of the evidence available to me with great care before coming to the decisions set out in this judgment.

END