

1 **THE FAMILY COURT SITTING AT READING**
2 **BEFORE HER HONOUR JUDGE OWENS**

3 **CASE NO: RG17C00656**

4 **30TH JANUARY 2018 TO 1ST FEBRUARY 2018**

5 **SCST v D & W**

6 **Mr Brookes-Baker, Counsel, for SCST**
7 **Ms Harris, Counsel, for the First Respondent Mother, RD**
8 **Mr Bond, Counsel, for the Second Respondent Father, JD**
9 **Miss Shrimpton, Counsel, for the Third Respondent Father, PW**
10 **Ms Mitchell, Counsel, for the Fourth and Fifth Respondents, acting through**
11 **their Children's Guardian**
12
13

14 This judgment is being handed down [in private] on 1st February 2018. It consists of
15 24 pages and has been signed and dated by the judge. The Judge has given permission
16 for the judgment (and any of the facts and matters contained in it) to be published on
17 condition that in any report, no person other than the advocates or the solicitors
18 instructing them (and other persons identified by name in the judgment itself) may be
19 identified by name, current address or location [including school or work place]. In
20 particular the anonymity of the children and the adult members of their family must
21 be strictly preserved. All persons, including representatives of the media, must ensure
22 that these conditions are strictly complied with. Failure to do so will be a contempt of
23 court. For the avoidance of doubt, the strict prohibition on publishing the names and
24 current addresses of the parties and the child will continue to apply where that
25 information has been obtained by using the contents of this judgment to discover
26 information already in the public domain.
27

28 **Introduction**

29 I am dealing with applications for Care and Placement Orders in respect of A and K.
30 A's father is JD. K's father is PW. A is aged six years old and K is aged four years
31 old. RD is the mother of both children. RD is no longer in a relationship with either
32 JD or PW. This is a final hearing originally listed to encompass aspects of fact-finding
33 in relation to threshold and welfare in relation to disposal. However, threshold has
34 now been agreed and I will outline later in more detail the basis for that agreement
35 and the remaining issues in the case.

36 **Background and evidential summary**

37

38 The Applicant Trust applied for interim care orders on 31st May 2017. HHJ Oliver
39 granted interim care orders on 31st May 2017 and the case was timetabled by him to
40 an IRH on 20th October 2017 and thence to this final hearing with some further case
41 management hearings being conducted by HHJ Moradifar. I first dealt with the
42 proceedings at a Directions hearing listed on 16th January 2018.

43

44 A was subject to Child Protection procedures outside of this area between 2011 and
45 2012. Her father (JD) had been convicted of a sexual offence against a child which
46 gave rise to those Child Protection procedures. He is therefore a Schedule 1 offender
47 and was deemed to pose a sexual risk to children as a result. He was to have no
48 contact with A.

49

50 The family moved to this area and in 2013 both children became subject to Child
51 Protection due to concerns that RD had continued to have contact with JD, concerns
52 that she was misusing alcohol, and she had failed to engage in work designed to
53 improve her awareness of sexual risk.

54

55 RD then began a relationship with PW and K was born in 2013. By November 2014
56 the children were again subject to Child Protection Plans. They had been found at
57 home in the care of RD and PW in extremely poor home conditions. RD and PW

58 were intoxicated at the time. PW has two older children from a previous relationship
59 and those had been removed and adopted due to neglect. PW was assessed in the
60 course of those proceedings as suffering from a severe affective disorder and
61 depressed mood which significantly compromised his ability to parent to a good
62 enough standard.

63

64 On 28th May 2017 the police were called by neighbours who were concerned that the
65 children had been left on their own during the day and that RD was intoxicated. The
66 police attended the property and spoke to RD and saw the children. RD was indeed
67 intoxicated and the flat was chaotic, messy and unclean.

68

69 A neighbour reported that RD had failed to collect the children from school and
70 nursery on Friday 26th May 2017 so the neighbour had collected them and taken them
71 to her own home for the night. RD arrived at 4pm the following day, smelling of
72 alcohol and unsteady on her feet. RD took the children home. Later enquiries have
73 shown that K was collected by her mother on 26th May 2017 and at that stage the
74 school had no concerns that RD might be intoxicated. The neighbour was so
75 concerned that she went to the home at 9pm that night to check on the children. She
76 found RD intoxicated and unable to care for the children or feed them. The neighbour
77 stayed until the children had gone to bed. She returned on Sunday 28th May 2017 to
78 find the children alone and K in a distressed state.

79

80 The police placed the children under police protection on 28th May 2017, leading to
81 the children being accommodated. This followed A disclosing that she had been
82 assaulted by her mother, left alone and not fed properly. The police investigation into
83 child neglect is currently ongoing.

84

85 The children were seen to have a number of marks and injuries including scratches to
86 the face, arms and bruising around the eye. They have also had marks to arms, face
87 and hand which appeared to be possible cigarette burns. The initial Child Protection
88 Medical concluded that they were indeed cigarette burns. In the course of the
89 proceedings Dr Frelander, a Consultant Plastic Surgeon, was instructed to consider
90 the suspected burn marks on the children's hands. He concluded that the marks were
91 consistent with and most likely caused by burns (E9). However, on 13th November
92 2017, RD raised concerns that there was an injury on A's hand which resembled the
93 marks that Dr Frelander had assessed to be burns. Both girls have remained in foster
94 care since they were accommodated on 28th May 2017 and contact has only taken
95 place under supervision. Dr Frelander produced a further report dated 2nd January
96 2018 which concluded that the mark was unlikely to have been present when A was
97 examined on 30th May 2017. Dr Frelander was of the view that it was 1-3 months
98 old and was likely to be a burn caused by a lit cigarette. The foster carer was of the
99 view that the mark was present when A came into care. As a result of the concerns
100 around this mark, Dr Millard, a Consultant Dermatologist, was instructed following
101 the hearing on 16th January 2018. His report, dated 29th January 2018, frankly raised
102 rather more questions than it answered. He concluded that he was unable to assist
103 with the likely timing of the mark being caused but nonetheless went on to say that

104 the mark on A's hand looked much more acute (recent) and that the mark seen on K's
105 hand on 30th May 2017 was also acute despite being clearly present on 30th May 2017.
106 As a result of the evidence from Dr Millard, the absence of evidence from the foster
107 carer and others on this issue and taking account of the relevant case law, the Trust re-
108 formulated threshold to remove any reference to the cigarette burns, accepting that the
109 evidence would make it difficult for them to discharge their burden of proof in
110 relation to those allegations.

111

112 The Trust also made the final threshold document much more succinct, in line with
113 the President's guidance about such documents. This final, succinct document was
114 accepted by the parents (particularly RD in respect of whom the factual issues for
115 threshold relate). However the Guardian wished to add more specific detail with
116 regard to the nature of the physical and emotional abuse experienced by the girls and
117 particularly A. I heard submissions on this point and, having considered in particular
118 *A County Council v DP, RS, BS (by the Children's Guardian) [2005] 2 FLR 1031*,
119 concluded that the revised document amply encompassed the ambit of the physical
120 and emotional harm suffered by both girls and by detailed cross reference to the
121 evidential examples incorporated the sort of details that the Guardian was anxious to
122 have on record should there be any later application to discharge the care orders
123 which all agreed were necessary in this case at this point. I also pointed out in my
124 judgment on the issue that any future application to discharge would involve
125 disclosure of not just the threshold document itself but any relevant evidential
126 documents from these proceedings which would, in my view, address the concern that

127 the Guardian had about a limited threshold document not sufficiently recording the
128 level of concerns about RD's parenting of the girls.

129

130 I have read the Bundle and watched the VRIs of M and U and, as proposed and agreed
131 by all advocates, have dealt with the remaining issues in this case by oral submissions
132 on the written evidence before me.

133

134 **Parties Positions**

135

136 As I have noted above, the Trust amended their final threshold document at the
137 commencement of this final hearing and threshold was accordingly resolved by
138 consent. The final care plans for the girls are for care and placement orders with both
139 girls to be placed together in line with the sibling assessment conclusions.

140

141 The respondent parents also significantly changed their positions so that all accepted
142 that care orders were necessary in respect of the girls and no longer sought to put
143 themselves forward as potential carers for the children at this stage. The only
144 remaining issue in this case was therefore whether or not the Trust final care plans for
145 adoption were in the best interests of the girls. The parents' cases were that long term
146 foster care was in the girls' best interests and therefore it could not be said that
147 nothing else but adoption would do for them. They therefore did not agree to the
148 making of placement orders as sought by the Trust. The Guardian supported the final
149 care plans for adoption and therefore agreed that placement orders should be granted
150 in this case.

151

152 **Relevant legal considerations**

153

154 In addition to considering section 31 (2) of the Children Act 1989 with regard to
155 threshold, I have had regard to the welfare checklists contained in section 1 of the
156 Children Act 1989 and section 1 of the Adoption & Children Act 2002, and have also
157 had regard to the case of Re B-S. I have also been mindful of how draconian an
158 option adoption is in these sorts of proceedings and therefore have to consider that
159 nothing else will do in order to approve the final care plans and grant the placement
160 orders sought.

161

162 **Findings**

163

164 Having considered the final agreed threshold document and the written evidence in
165 this case, I adopt the final agreed threshold document as my threshold findings in this
166 case and am satisfied that threshold is crossed for the purpose of section 31. An
167 anonymised version of the final threshold document recording my findings is
168 appended to this judgment.

169

170 The next stage of my consideration of this case has to be the welfare checklists in the
171 Children Act 1989 and the Adoption and Children Act 2002. The first relevant
172 heading in each is the wishes and feelings of the children concerned, taking into
173 account their age and understanding. A is now six years old and K is four years old.
174 It is not disputed that there is a bond between girls and their parents and that the
175 parents love the girls. The security of that bond in light of the experiences which both

176 girls had at the hands of their mother and the limited time that they have spent with
177 their fathers is questionable, I find. The Guardian is of the opinion that the girls
178 definitely have an insecure attachment to their mother (E184). Prior to reaching this
179 conclusion the Guardian carefully detailed in his final report that in his view the
180 presentation of the children and various strategies that they displayed on coming into
181 care was as a result of the children learning “strategies to keep themselves safe in
182 what must have been a frightening environment in the care of their mother. My
183 impression is that the children were hypervigilant and watchful as well as eager to
184 please an unpredictable and hostile adult, to avoid being harmed. These strategies
185 suggest that the children developed insecure attachments with RD” (E184). The
186 Guardian also noted A’s ambivalence about seeing her mother (E184) and the
187 allocated social worker also noted a degree of ambivalence from both girls in relation
188 to attending contact with their mother (for example as noted in the social worker’s
189 statement at C104 and C111).

190

191 Both fathers in this case have also been absent from their respective daughter’s lives
192 for significant periods of time when one considers the girls’ comparatively young age
193 (and one should note that to young children what may seem a shorter time to an adult
194 appears longer). Contact with their respective fathers has therefore only re-started
195 comparatively recently for the girls as a result of these proceedings. It was noted in
196 the risk assessment of JD that A’s description of him indicated a level of emotional
197 bond “likely to be linked to the relationship she had been able to build with him in the
198 first years of her life, along with the fact that he has been absent from her life for the
199 last three years, which is likely to have caused A to idealise him, particularly in the
200 context of PW’s presence in her life” (E93). Balanced against this evidence, the

201 contact notes clearly do show some very positive interactions between the girls and
202 their parents and it is accepted by both the social worker and the Guardian that
203 (ambivalence about their mother aside), there is a lot of quality contact for the girls
204 evidenced during contact sessions. Given the length of time that the girls lived with
205 their mother, and despite the fact that their young age makes it more difficult for them
206 to fully articulate their views independently, both would no doubt want to return to the
207 care of her mother if that was safe and in their welfare interests. A has told the
208 Guardian that she “would like to live with her mother, A then said with much more
209 enthusiasm that she would like to live with her foster carer ‘for ever’” (E184).
210 Despite the ambivalence that this comment from A shows, both girls clearly would
211 want to have a safe, secure and permanent placement as soon as possible, as the
212 evidence from the allocated social worker and the Guardian demonstrates.

213

214 The next relevant heading is the physical, emotional and educational needs of the
215 girls. As assessed by the allocated Social Worker the girls “remain at high risk of
216 developing later emotional and behaviour (sic) problems due to the trauma, abuse and
217 disturbed attachments they have suffered in their mother’s care” (C111). A has also
218 been observed to have had a pre-occupation with ensuring that K’s needs were met
219 (C63-64). In addition there were issues initially with K’s speech development being
220 delayed when she first came into care (C64). This has improved dramatically since
221 she has been in her current foster care placement to the extent that she no longer
222 requires a referral to SALT (C65). Both the allocated social worker and the Guardian
223 are of the opinion that the girls will require some form of reparative parenting to
224 mitigate the impact of the abusive and neglectful parenting that they experienced at
225 the hands of their mother over a period of years. Whilst neither girl therefore has

226 particular physical, educational or emotional needs necessarily beyond those of
227 children who have experienced the chronic neglect and abuse which they have, as the
228 social worker notes “due to their early childhood experiences, both A and K will
229 require a carer who is dedicated to providing them with the care, responsiveness and
230 stimulation that they require in order to thrive as they progress into their later
231 childhood and teenage years” (C65).

232

233 There is a potential for a change of circumstances for both A and K whatever decision
234 I make, I find. Not returning to the care of their mother represents a change of
235 circumstances, albeit one that is mitigated by the fact that they have been in their
236 current foster care placement for the past 8 months of these proceedings. It was
237 submitted by the advocates for the parents that a placement in long term foster care
238 would enable the girls to remain in their current placement. If this were to be the case
239 it would potentially mean that this would represent virtually no change of
240 circumstances for them. However, it is by no means clear whether it is likely that the
241 girls could remain in their current foster care placement. The information that the
242 current foster carers may be willing to put themselves forward as long term foster
243 carers is relatively new and is no more than an indication of willingness as Mr
244 Brookes-Baker confirmed. They are agency foster carers who may not easily be able
245 to simply switch to becoming Trust long term foster carers, particularly since there
246 may be significant financial disadvantages to them in becoming Trust long term foster
247 carers. They are not therefore in the category of long term foster carers who are
248 immediately in a position to offer a permanent place to A and K, I find. If they are
249 not in such a position it therefore means that long term foster care as a placement
250 option may not mean that they are able to remain in their current placement and would

251 potentially therefore involve a further change for the girls. Approval of the care plans
252 for adoption and granting the placement orders sought would also potentially entail
253 further change for the girls since it would entail a move to an adoptive placement for
254 them. Either way, the potential negative impact of such changes would ultimately be
255 mitigated by the high quality attachment which they have been observed by the social
256 work and Guardian to have developed with their current foster carers (for example as
257 noted by the Guardian at E184).

258

259 The next relevant heading in both checklists relates to harm which A and K have
260 suffered or are at risk of suffering. I will consider this in more detail under the
261 heading of parenting capability as the two are inextricably linked in this case in my
262 view.

263

264 Parenting capability or ability is the next significant aspect of both checklists. As I
265 have also noted above, this links directly to risk of future harm. As was conceded by
266 RD in her acceptance of threshold in this case, both of her children have suffered
267 chronic, appalling and deeply damaging physical and emotional abuse as a result of
268 her neglectful parenting, inappropriate use of physical chastisement and her problems
269 with alcohol. Whilst it is greatly to her credit that she has acknowledged this at the
270 commencement of the final hearing, it is unfortunate that she was unable to fully
271 acknowledge the deficits in her parenting much, much earlier for the benefit of her
272 children. Doing so might have enabled her to take positive steps to address her issue
273 much sooner and more importantly perhaps have prevented A and K from enduring
274 years of significant harm.

275

276 It is abundantly clear that the girls have suffered years of neglectful and abusive
277 parenting. As was submitted by Mr Brookes-Baker, the police disclosure
278 demonstrates numerous call outs in the period 2014 to 2016 to the family as a result of
279 RD's drinking and the children being neglected and at risk of abuse in consequence
280 (for example J39, J44, J47 and J49). The incident on 28th May 2017 is therefore part
281 of a very well-established pattern of poor parenting on the part of RD, I find. A
282 parenting assessment of RD was completed on 14th September 2017 (E30-65). The
283 conclusion of that assessment was that she was unable to parent the girls to a good
284 enough standard whilst her issues with alcohol misuse remained unresolved (E64). It
285 also concluded that she was unlikely to be able to achieve change within the
286 children's timescales. It is conceded by RD that the likely timescale required for her
287 to tackle her issues sufficiently so as to be able to potentially adequately parent A and
288 K is outside of the timeframe required by the girls. This, coupled with the evidence
289 from both the Trust and the Guardian about RD's parenting capacity, leads me to
290 conclude that sadly the girls remain at risk of significant physical and emotional harm
291 if they were to be exposed to their mother's parenting in the foreseeable future.

292

293 PW was also subject to a parenting assessment conducted in September 2017 (E66-
294 90). The conclusions of that parenting assessment were also negative with regard to
295 his ability parent the girls to a good enough standard. A further parenting assessment
296 of PW was conducted in December 2017 (E104-132) using the PAMS model in light
297 of concerns about PW's cognitive functioning. The conclusion of that assessment was
298 that both PW and his partner had "good intentions but ...lack the necessary insight
299 and skills to care for K who will need a level of reparative parenting" (E122). PW has
300 also accepted that he is unable to parent K to a good enough standard and therefore

301 she would remain at risk of significant harm if she were to be exposed to his parenting
302 in future.

303

304 A risk assessment of JD was conducted October 2017 (E91-94). JD has serious and
305 relevant convictions for offences involving sexual activity with a child under the age
306 of sixteen years (J16), making and possession of indecent images of children and
307 extreme pornographic images (J20) and has been sentenced to imprisonment for
308 failing to comply with the resultant notification requirements (J21). The conclusions
309 of the risk assessment were that his status as a risk to A was high but that in the
310 context of a supervised setting the risk of sexual harm to A would be low (E93). In
311 light of this and his acceptance that he has failed to protect A from the consequences
312 of her mother's alcohol abuse in the past, it is clear to me that he remains a significant
313 risk of harm to A in the future.

314

315 In fairness, all three parents in this case have accepted by their final positions at this
316 hearing that they are not in a position to put themselves forward as carers for the girls
317 in any form. I accept that that acceptance is a brave one in light of the way in which it
318 significantly narrows the range of realistic placement options for A and K.

319

320 The next relevant headings are the likely effect on A and K of having ceased to be
321 members of their birth family and the relationship which they have with relatives, and
322 likelihood of such relationships continuing and the value to them of this. Clearly, A
323 and K are loved by their mother and each of their fathers as the Trust and Guardian
324 acknowledge. Contact is something which the girls enjoy, albeit there is the issue of
325 the ambivalence which A has demonstrated in relation to contact with her mother as I

326 have already noted. JD has demonstrated particular commitment to contact given the
327 considerable distances involved for him in travelling to and from contact. It does also
328 need to be borne in mind that the contact which the girls currently enjoy is closely
329 supervised. Despite the close supervision, there have been instances of RD exposing
330 the girls to her emotions inappropriately or acting in a way that demonstrates a lack of
331 appreciation for the harm which her actions have caused – for example on 27th
332 November 2017 raising her voice to the girls causing A to become anxious, and on
333 13th December 2017 RD became agitated causing to A take on a mothering role.
334 Ceasing to be members of their birth families would have implications in terms of
335 both girls sense of identity, as the allocated social worker and Guardian acknowledge
336 in their final evidence (see for example C73 and C74). This could, however, be
337 addressed through life story work (including careful preparation for adoption as the
338 Guardian suggests at E187 in light of the girls’ ages) and the proposed indirect
339 contact, I find.

340

341 The wishes and feelings of any of the children’s relatives with regard to adoption is
342 the next relevant heading. It is clear that none of the parents or wider family members
343 in this case support adoption as an outcome for A and K. This is entirely
344 understandable in light of the obvious love that they have for A and K. However, I
345 have to consider these proceedings from the perspective of the children and with their
346 welfare as my paramount consideration. With that perspective, taking into account
347 the fact that they cannot safely return to the care of their birth families as the negative
348 assessments of the parents and other wider family members in the Bundle
349 demonstrate, the fact that the parents and wider family members are opposed to
350 adoption does not necessarily mean that adoption must be ruled out as an option in

351 this case. The wishes and feelings of the wider family members is a relevant factor
352 when considering their ability to support adoption as an outcome and in particular
353 their ability to accept any adoptive placement to such an extent as to allow for more
354 contact than is proposed in the final care plans.

355

356 Given my conclusions above, the realistic options in this case are as follows:

357

- 358 1. Placement in long term foster care
- 359 2. Adoption.

360

361 The first of these options has the positives that it would meet A and K's identity
362 needs by enabling them to remain legally part of their respective birth families, they
363 may potentially be able to remain with their current foster carer with whom they have
364 established a very close bond, and there may be scope for more contact in a long term
365 foster care placement than in an adoptive placement. A and K would receive ongoing
366 support from the Trust and, even if they could not remain with their current foster
367 carer, would be cared for by carers who would have been selected to meet their needs
368 fully.

369

370 The disadvantages to this option are that long term foster care is significantly less
371 stable than other permanency options potentially are. Foster carers, even those who
372 are undertaking long term care, are able to retire or cease to be foster carers at any
373 point (and may do so for unforeseen personal circumstances at any point when they
374 are caring for children despite their intentions when children are first placed with
375 them). Continued involvement from the Trust does also bring with it a level of

376 intrusion and scrutiny into A and K's lives which is not usual for children not in long
377 term foster care and which can be difficult for children to cope with. On top of the
378 already identified potential for A and K to develop later emotional and behavioural
379 problems this could lead to longer term issues if they were to lack a sense of
380 belonging and feel insecure as both the evidence of the allocated social worker and
381 Guardian demonstrate.

382

383 Given A and K's ages, any long term foster care placement would last for twelve
384 years in A's case and fourteen years in K's case. Long term foster care is only
385 technically available for the duration of a child's minority after which they would
386 become a care leaver and may no longer be able to remain living with their foster
387 carers. Direct contact may also be problematic in long term foster care for many of
388 the same reasons identified in relation to post adoption direct contact so there is no
389 guarantee that long term foster care would enable direct contact to take place. There
390 is also the practical difficulty in this case that it is not known whether or not the girls
391 could remain in their current placement so this option may still entail a further move
392 for the girls to another long term placement. In addition, as I have noted, the inherent
393 risk of lack of stability in a foster care placement may mean further moves for the
394 girls over the years. As the allocated social worker has noted, whilst subject to long
395 term foster care, there is also a high likelihood of changes in their allocated social
396 worker (C72-73) which would add to the instability of such a placement from the
397 point of view of the girls themselves. Legally the girls would also not be part of any
398 foster family and a sense of fully belonging is assessed by both the allocated social
399 worker and Guardian as important in terms of providing the girls with permanency
400 and security in order for them to fully develop (C73 and E186).

401 It was also submitted by Mr Brookes-Baker for the Trust that it is likely in time that
402 the girls will divulge more about their experiences of being parented by their mother,
403 and are likely to require additional support to deal with this. This does indeed seem
404 likely based on the lengthy period of neglectful and abusive parenting which A and K
405 were exposed to. Long term foster care in this case also therefore carries with it the
406 potential disadvantage that any emotional difficulties which the girls may experience
407 associated with processing their earlier experiences would be done in a placement
408 that carries less inherent potential for security and stability, and in circumstances
409 where they may well have more contact with their mother.

410

411 The second option, adoption, has the potential advantages of providing long-term
412 stability for A and K, ensures placement for them for the whole of their remaining
413 childhoods and into adulthood. It was submitted by advocates for the parents that
414 research highlights the risk of adoptive placement breakdown in this case given the
415 ages of the girls and the length of time that they have been in their current foster care
416 placement. They also highlighted the evidence of the Family Finder in that currently
417 only one potential couple of prospective adopters have been found from an original
418 search which showed eight potential couples. The search is undoubtedly complicated
419 by the girls' ages and ethnic backgrounds, as the evidence of the allocated social
420 worker and Family Finder acknowledges. However, it must be borne in mind that the
421 limited number of prospective adopters at present may be due in no small part to the
422 limited nature of the searches that can be undertaken prior to any placement orders
423 being granted (C138).

424

425 The Trust amended plan is to search for an adoptive placement for up to twelve
426 months, in line with the recommendation of the Guardian (E186-187). The evidence
427 of the Family Finder is that there are already prospective adopters who may match to
428 A and K. This is, as she notes (C144) extremely positive and frankly more than one
429 often has in cases such as this. I am therefore satisfied that, whilst there are concerns
430 about the time that it may take to find an adoptive placement for the girls, there is
431 much evidence to show that it is more likely than not that a suitable placement may
432 be found for them sooner rather than later.

433

434 In terms of the concerns expressed by the advocates for the parents about the
435 likelihood of adoptive placement breakdown, those have been acknowledged by the
436 Trust and Guardian. However, neither A nor K currently have complex emotional
437 and behavioural needs (which in itself is somewhat surprising given their
438 experiences). They are at increased risk of developing these, as the evidence of the
439 allocated social worker and Guardian shows. That evidence also shows that
440 achieving a secure, permanent placement is the best means of preventing the girls
441 developing complex emotional and behavioural problems. Despite the research,
442 looking at the facts of this particular case and the uncontested evidence before me, I
443 am satisfied that any risk of adoptive placement breakdown is not so great as to mean
444 that it is not in the welfare interests of the girls for it to be considered.

445

446 In addition, as noted by the allocated social worker in her sibling assessment at E29,
447 “research also indicates that siblings placed together do experience better outcomes
448 that if they were placed in separate placements”. This would therefore also
449 ameliorate any risk of adoptive placement breakdown, I find.

450 In relation to adoption, like long term foster care, A and K would be matched to
451 carers who would be able to meet their needs. Life story work and indirect contact
452 would meet their identity needs. A and K would also be protected from further
453 significant harm arising from the inadequate parenting of their mother, though this
454 advantage would also potentially attach to long term foster care. The disadvantages
455 of adoption are that their relationship with their birth families would be severed both
456 legally and practically as I have noted earlier. Given the impressive written evidence
457 of the Family Finder, despite the undoubted challenges to finding an adoptive
458 placement posed by the girl's ages and ethnic background, it seems clear to me that
459 she is rightly optimistic about the potential for finding a match and that this may be
460 achieved in less than the proposed maximum timescale of twelve months. I have also
461 taken into account, as all agree, that there is much evidence of how many positives
462 there are in relation to these two girls. Ms Mitchell for the Guardian emphasised this
463 in noting the pen portraits of the girls contained in the sibling assessment at E24-25.
464 Those pen portraits show the girls to be bright, lovely and engaging and very close to
465 each other. That sibling assessment has quite rightly led to the plan for the girls to be
466 placed together. I am therefore confident that it is not beyond the bounds of
467 possibility that a suitable adoptive placement could be found fairly swiftly for both
468 girls together.

469

470 It was submitted by the advocates for the parents that the analyses of the realistic
471 options in this case by both the allocated social worker and Guardian were lacking in
472 detail and therefore created a gap in the evidence. It is true that the Guardian's final
473 analysis and recommendations does not separately consider each of the relevant
474 welfare checklist headings nor contain a very lengthy table setting out the Re B-S

475 analysis of the placement options. However, in the case of the Guardian it has to be
476 remembered that Cafcass require the use of a standard template for the completion of
477 reports, as Mr Bond for Mr Davies acknowledged. I find that it is artificial to focus
478 solely upon the references to the welfare checklists (which occurs at E174) and the
479 Re B-S table (E185) and one has to read the Guardian's report as a whole which then
480 does provide the full and balanced consideration of the options in precisely the sort of
481 holistic way that the current law demands.

482

483 Similarly, the allocated social worker's final evidence, which is contained in two
484 statements (C48-81 and C101-116) has to be read as a whole. That evidence does
485 acknowledge the positives for the girls as well as the negatives of the placement
486 options for them. It is, I find, a full and balanced consideration of the options and is
487 not in fact deficient in the way that was submitted.

488

489 The essential issue which I have to consider at this point is whether nothing else but
490 adoption will do for the girls at this point. Given my findings above about the risk of
491 harm which RD would continue to pose to A and K, and that RD cannot make the
492 necessary changes within the girl's timescale, I am satisfied that nothing else but
493 adoption will do for A and K. There is a risk that an adoptive placement may not be
494 found for them as the Trust and Guardian acknowledge, but that is catered for in the
495 plan to search for up to twelve months for an adoptive placement and then, if none
496 has been found, to commence parallel searching for a long term foster care
497 placement. The Trust will need to be mindful of the need to avoid drift for A and K
498 but this is not a reason for not concluding that nothing else but adoption will do at
499 this stage. The risks to A and K of not achieving stability and security in a long term

500 foster care placement do outweigh the advantages, I find, and adoption will provide
501 them with the emotionally attuned carers and stability that they so clearly need. It is
502 a necessary and proportionate step to take, therefore, in light of the risks to their
503 physical and emotional safety if placed in long term foster care when balanced
504 against their need for long term safety and stability. I am therefore satisfied that it is
505 in A and K's welfare interests to dispense with the consent of their parents to the
506 making of a placement order.

507

508 The final aspect of my considerations relates to contact post the making of the
509 placement orders up to the girls being placed. The Trust plan is to reduce contact for
510 all of the parents and is set out in the final care plans at D21-22 for K and D33-35 for
511 A. The Guardian supports these plans, but the parents would like more frequent
512 contact prior to placement. Contact has to be assessed from the perspective of what
513 is in the best interests of the children, not what may meet the emotional needs of the
514 parents. There is the potential for the girls to be matched to an adoptive placement
515 quite quickly if the planned adoption day meeting in February 2018 goes well. The
516 evidence of the allocated social worker and Guardian is very clear that the girls need
517 to achieve stability and permanency sooner rather than later so it is important that a
518 balance is struck between allowing them time to adjust to reducing contact and
519 allowing them the time and space to undertake preparatory work in readiness for
520 adoption. Post the making of the placement orders the purpose of contact for the girls
521 will need to shift to meeting their identity needs rather than maintaining their full
522 relationships with their families. In addition, allowing more contact up to placement
523 would risk undermining any successful transition to an adoptive placement, I find, as
524 there may be difficulties in the families accepting adoption as an outcome as I have

525 earlier noted. I am therefore satisfied that what is proposed in terms of contact post
526 the granting of orders today is in the welfare interests of the girls.

527

528 **Conclusions**

529

530 Given my findings above, I am satisfied that it is in A and K's welfare interests to
531 grant the applications for care and placement orders. I will therefore endorse the care
532 plans, dispense with the parent's consent to the making of placement orders and grant
533 the care and placement orders sought.

534

535

APPENDIX

536

537 **FINAL THRESHOLD**

538

PURSUANT TO S.31 (2) (a) & (b) (i) CHILDREN ACT 1989

539

540 *The Trust asserts that where the threshold sought below includes information later*
541 *acquired and later events to show the state of affairs at the relevant date in*
542 *accordance with the principles in Re G (Care Proceedings; Threshold Conditions)*
543 *[2001] 2 FLR 1111.*

544

545 At the date protective measures were taken, on the 28th May 2017, there were grounds
546 to believe that A and K had suffered and were likely to suffer significant harm; and
547 that the harm, or likelihood of harm, is attributable to the care given or likely to be
548 given to them by their parents not being what it would be reasonable to expect a

549 parent to give them, pursuant to S.31 (2) (a) & (b) (i) Children Act 1989.

550

551 The Trust relies on the following, in particular, in support of the contention that the

552 s.31 (2) (a) & (b) (i) Children Act 1989 threshold is crossed:-

553

554

555 1. The mother has a history of alcohol misuse and directly exposing the children
556 to the impact of this, which has resulted in the children being placed at the risk
557 of physical and or emotional harm. Despite reporting that she had not
558 consumed alcohol since the 20th October 2017 two sets of testing for the
559 periods September 2017 to middle of December 2017 and October 2017 to the
560 beginning of January 2018 establish that she has consumed chronic excessive
561 levels of alcohol during those time periods. [J39, J44, J47, J48, J49,].

562

563 2. The mother has been unable to consistently meet the needs of the children,
564 particularly when she is under the influence of alcohol. Examples being an
565 inability to maintain a clean and appropriate home environment and provide
566 regular meals to the children [F0k, F0I, F0m, F3, F24, F51, J39, J44].

567

568 3. The mother has left the children alone and unsupervised at home on more than
569 one occasion, the most recent example being on the 28th May 2017 when
570 Police were called to children's home , due to concerns relating to the children
571 being left alone and the mother being intoxicated. The Police found the mother
572 intoxicated and the home conditions chaotic, messy and unclean. The mother

573 admitted leaving the children alone and she was arrested on suspicion of
574 neglect and the children were made the subject of a PPO [F3, H4, J116, J123,
575 J124, E59].

576

577 4. The mother has inappropriately chastised the children on more than one
578 occasion. This has resulted in the children either sustaining bruising and or
579 scratches or being at risk of physical and or emotional harm. [F0f, F0i, 52,
580 F30, J115, J117-120, E54, E55].

581

582 5. The mother has failed to adequately supervise or adequately protect the
583 children to the extent that they have sustained bruising and scratches as
584 documented in the Child Protection Medical Assessment on the 30th May
585 2017.

586

587

588

589

590

A handwritten signature in black ink, appearing to be 'A. Dew' or similar, located in the lower right quadrant of the page.