

IN THE FAMILY COURT AT WEST LONDON

West London Family Court,
Gloucester House, 4 Dukes Green Avenue
Feltham, TW14 0LR

Date: 27 June 2024

Before :

HIS HONOUR JUDGE WILLANS

Between :

THE LOCAL AUTHORITY	<u>Applicant</u>
- and -	
(1) THE MOTHER	<u>Respondents</u>
(2) THE FATHER	
(3) S (by her Children's Guardian)	
(4) THE MGM	

Andrew Leong (instructed by []) for the **Applicant**
Paul Murray (instructed by **Russell-Cooke LLP**) for the **First Respondent**
Barbara Hecht (representative from **Hecht Montgomery**) for the **Second Respondent**
Kate Mather (instructed by **National Legal Service**) for the **Third Respondent**
Justin Slater (instructed by **Goodman Ray Solicitors LLP**) for the **Fourth Respondent**

Hearing dates: 24-27 June 2024

JUDGMENT

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, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of court.

His Honour Judge Willans:

Introduction

1. The applicant seeks both care and placement orders with respect to [] (“S”). The plan is one of adoption. The child’s guardian, [] (“the CG”), supports the application as does S’s father, the second respondent [] (“the father”). The fourth respondent, [] (“the MGM”) compromised her opposition on day 1 of the hearing and was thereafter discharged from the proceedings. The applications are opposed by S’s mother, the first respondent [] (“the mother”), who seeks for S to be placed into her care.
2. I have considered the papers contained in the final hearing bundle together with the supporting bundles;¹ the live evidence of the witnesses who appeared before me,² and; the submissions made by the representatives for each party. Whilst I will focus on the key parts of the information within this judgment and will not reference all of the information, I have nonetheless kept it in mind in reaching this decision.
3. This was an attended hearing (save for the ISW who gave her evidence remotely). Interpreters were required for all family members and participation directions were applied in the form of a screen in Court between the parents. I use labels within this judgment without intending any discourtesy.

Law

4. This is an application made under Part IV Children Act 1989. Throughout my considerations I give paramountcy to S’s welfare [section 1]. As this application includes a placement application with a plan for adoption, I should have regard to S’s welfare ‘throughout her life’ and I should consider section 1(4) Adoption and Children Act 2002.
5. The application if successful will have the most profound implications for S and for her family life. The extended welfare checklist in s1(4) compels me to have regard to the impact, among other things, of the severance of family life which would arise on the making of the order sought. But I am also obliged to ensure:
 - i) I approach any such analysis with a clear eye on the impact such an order would have on the right of each of the family members to respect for their private life pursuant to article 8 ECHR. Any order made by the Court interferes in family life but the order sought in this case is at the far boundaries of permissible intervention and requires a high level of justification. In considering article 8 it is incumbent on the Court to apply a test of proportionality, reasonableness, necessity, and legality to any proposals under consideration. I pause to note that with proportionality comes a direct consideration as to whether any lesser form of interference might adequately address the concerns in the case. If it would then the

¹ I also received discrete (1) contact; (2) police disclosure; (3) foster care logs, and; (4) social services documents bundles

² In order I heard from ET (independent social worker)(“ISW”); SD (Head of Service) (“SD”); the mother, and; the CG

proposal before the Court would be judged disproportionate and would be refused.

- ii) I keep in mind the draconian nature of the outcome proposed. This brings into focus the notion that there must be ‘nothing else that will do’ (i.e., that will meet the concerns in the case whilst avoiding the separation proposed) and that, were I to endorse the proposal, that I would be doing so as a ‘last resort’ (again suggesting there is no other appropriate option short of adoption).
- iii) I subject all competing realistic options (here placement or rehabilitation to mother) to a holistic analysis. This notion is one which involves avoiding a linear approach, with the endorsement of the last option left standing, rather applying a two-stage analysis under which (1) each option is assessed as to the positives and negatives surrounding that option, and; (2) carrying out a balancing exercise by way of a comparison and contrast of the outcome of these assessments. Through this approach the Court should be satisfied it has ensured all options have been both adequately and appropriately set against each other.

- 6. I bear in mind this outcome requires the making of a care order and the crossing of the legal threshold found in section 31 Children Act 1989. This is not in dispute before me and the threshold was agreed as set out in the Court Order dated 8 May 2024. The issue for me is as to whether the circumstances of the case justify the outcome proposed by the applicant. It should be plain from the preceding discussion that this does not follow automatically from the fact the threshold is crossed.
- 7. The mother does not agree to a placement order. I could only make such an order having dispensed with her consent on the basis that S’s welfare required me to do so.

Background

- 8. Each of the adult respondents were born and raised in [] (“X”). It is plain from their statement evidence this experience was physically and emotionally scarring in a number of ways. For the purpose of this judgment, I focus on the impact this had on the mother. It is clear she suffered significant emotional, sexual, and physical harm. I need not detail the same within this judgment but I have particular regard to the history given by the mother to the ISW [508-511]. For the purposes of this judgment, I accept that account as being an accurate depiction of the deeply troubling history experienced by the mother. Both the father and the MGM have different but challenging experiences in X before managing to leave that country and pursue asylum applications here.
- 9. The mother has [number] children prior to S. They range from [number] years of age. The older [number] children were born in X and it is believed their father is dead. The next [number] were born in this jurisdiction and it is alleged their father was abusive to the mother and had substance abuse issues. The mother suffered a

deterioration in her mental health in 2012 and was admitted to hospital. During this period, the children were accommodated for approximately 1-year after which they returned to the care of their mother.

10. In April 2018 care proceedings were issued in respect of the children following the birth of a child and the mother being hospitalised following an expressed intention to harm herself. The proceedings ended on 18 October 2018 with the making of a Special Guardianship Order with respect to each of the children in favour of the MGM. In October 2023, a further application was made with respect to the [number] of the children (“B”) following her absconding on a series of occasions. The proceedings concluded in April 2024 but on day 2 of this hearing B was reported missing and both a Recovery and DOLS Order was made by Cusworth J. sitting as Out-of-Hours Judge. This has a return date before me on 27 June 2024. At the point of drafting this judgment B’s whereabouts remain unknown.
11. S was born on [] and is thus approaching her 2nd birthday. She has been subject to an interim care order and separated from her parents throughout the proceedings. Whilst details as to case management can be found in section B of the bundle, I record the significant delay in the proceedings and observe this is likely a result of, among other things, the father not being identified until July 2023; a delay in the MGM raising challenge to her negative SGO assessment, and; an aborted final hearing in May 2024.
12. I should make clear there is no relationship between the parents with the mother making serious allegations against the father. It has not been necessary to determine the factual dispute between the parents as part of these proceedings and my conclusions are neither shaped by the allegations or the extent to which they are denied.
13. At final hearing, the Court has the professional assessments of the ISW [505 and 794] and of Dr V (Psychiatrist) [469]. I have also been referred to a previous Psychiatric report of Dr W within the 2018 proceedings [1074]. I have a number of social worker statements and the CG’s Analysis [714 and 933]. I have also had regard in particular to the mother’s statement evidence at [176, 255 and 281 (re child B)].

The Key Issue

14. This hearing has focused on the central issue of the mother’s mental health and the challenges posed by this to the mother and to her care of S. Almost certainly resulting out of her history the mother has been diagnosed with both Post Traumatic Stress Disorder (PTSD) and Emotionally Unstable Personality Disorder (EUPD).
15. The applicant argues, supported by the CG, that the latter condition is a long standing and persistent one with a significant impact on the mother’s presentation and engagement. The net result of this condition is to place the mother in a position in which she cannot provide appropriate, safe, and consistent care for S. The suggestion is that she needs to engage in therapeutic work and at this time there is no confidence that she will do so nor is there confidence as to the outcome of the

same, even if completed. It is argued a combination of this work, including likely delay in any commencement (in addition to the work itself), when taken with the need for evidence of sustained change, thereafter, means this falls outside of the timescales for S. Whilst an exact time period for the work could not be stated it was suggested this would be measured around 2 years at least.

16. The mother accepted the diagnosis of PTSD but questions whether the EUPD diagnosis still applies and suggests there is a need for reassessment. She is compliant with her current medication and it is argued she has evidenced an improvement in her mental health stability to the point where one can have sufficient confidence to place S into her care, whilst she pursues any work required. In making this point I am asked to reflect on the challenges she has faced in obtaining therapy and her recent engagement with counselling services.
17. The evidence placed before me is in substance either directly or tangentially linked to this issue. I will turn to this in the next section. This case has not focused on the ability of the mother to provide basic care to S or on her love and affection for her. It is accepted she was assessed positively in this regard and it is said this should not be surprising given her experience of child rearing. The issue is her ability to apply and sustain an appropriate good level of care. As noted, the MGM withdrew her opposition to the application and was discharged from the proceedings. The father supports the application. With this in mind I will focus on the real issues in dispute relating to the mother.

Consideration of evidence

18. This was not a case in which there was any meaningful challenge or criticism of the professional witnesses. I found each of the professional witnesses (ISW, SD and CG) to be professional and appropriate in their approach. They engaged with all issues without evasion and explained the rationale behind their conclusions. I would note I found the evidence of the ISW particularly helpful in the light of her willingness to consider alternative propositions in a fair and balanced manner and the content of her replies which were both detailed and gave a clear impression of her having a good and detailed understanding of the issues under consideration.
19. My assessment of the mother is impacted by the fact her evidence came via an interpreter. Whilst at times she addressed me in English, and whilst I could broadly understand her when she did., I was left in no doubt it was necessary for her to be assisted by an interpreter. Yet the process of interpretation was not without its challenges. The mother's evidence was at times confused and it was difficult to ascertain, as I would normally hope to do, what the source of this confusion was. She would respond to simple questions with expanded responses which after translation appeared often not to address the question asked. At times I intervened to attempt to keep her focused on the question but this was rarely successful. I bear in mind her mental health challenges and I have read a number of messages sent by her which are also somewhat unfocused in their content. I appreciate some of that might reflect the application of a translation app but I was left with the sense that the mother was struggling to provide a clear answer to questions asked.

20. There were though times when I was more of the opinion that she was being evasive in her responses. This arose particularly when being asked to explain her written communications. I formed the view there was room for a relatively easy and direct reply yet this was not given. On these occasions I felt she was choosing not to provide a direct answer rather than being confused as to what was being sought from her.
21. However, I would not wish to pass on to the consideration of the details of the evidence without recognising the real stress and pressure on the mother arising out of this hearing. The implications for her are stark and she is engaging not only through a different language but a materially different culture. Despite my misgiving above I have not concluded she was a dishonest witness in a material sense.
22. I will consider the evidence through a series of headings.

(1) Evidence as to mother's mental health

23. I have considered both expert reports. They present a consistent overview and diagnosis in respect of the mother. These conclusions are drawn from a consideration of the mother's emotional presentation over a number of years and is associated with an understanding of the history she has provided. These concerns are supported by the mother's historical actions and reinforced by further behaviour on her part.
24. In 2018, Dr W concluded she was presenting with symptoms of PTSD and EUPD. The symptoms of PTSD have the potential to impact on her parenting as she has symptoms of anxiety, panic disorder and hallucinations and pseudo-hallucinations. Such symptoms have the potential to come to the fore when the stresses of child rearing arise. The anxiety can be overwhelming and lead to neglect and avoidance. The risk from her depression is of psychological and emotional neglect as the mother becomes self-absorbed. In terms of her EUPD the risk is of impulsive behaviours including self-harm with emotional impact upon children in the care of the mother. Further there is a risk of unstable and unpredictable parenting. These conditions have the potential to cause both emotional and physical harm to a child in her care having regard to the unpredictable nature of her emotional state, self-harming and other actions which have the strong potential to impact on the children's own mental health into their adulthood.
25. Dr W felt the mother would be a difficult patient to treat given the communication difficulties that exist and the difficulties of providing meaningful therapy via interpretation. The expert considered working with the mother would be a protracted, long-term exercise with uncertain outcome. On the available information it appeared the risks identified would continue into the foreseeable future. He recommended a process of psychological therapy aimed at assisting with recovery from the trauma she has experienced. This might be based on CBT, DBT or related therapy and would require 1 to 2 years of work. He had some doubt as to her ability to engage in such work given her presentation at interview.

26. Approximately 5 years later Dr V reviewed the situation. She confirmed the diagnosis of EUPD but indicated the diagnosis of PTSD might no longer apply. She felt the EUPD was demonstrated over a number of years and is a condition that can wax and wane. She went on to describe behaviour patterns and concerns consistent with the earlier diagnosis. The symptoms of the same are often lifelong, with the potential to manage the same through therapeutic intervention. In terms of caring for S the expert expressed issues with attachment and mentalisation. The challenge is to develop an attuned understanding of what is going on in the mind of the child with the risk of breakdowns in interaction and relationship. The concern is to how the mother will manage taking on the stresses of caring for S and particularly so in the light of her experience of the challenge in caring for her older children. The expert noted the recent comparative stability in her presentation but noted it was not so long before that her presentation was problematic and drew attention to the fact that this arose in the context of not having caring responsibilities for a child.
27. These concerns are not theoretical. As noted in the history the mother has had a series of serious mental health breakdown with hospitalisation. She has attempted suicide and on other occasions threatened the same. These events arise over a sustained period and suggest a deeply rooted difficulty. She has found it impossible to provide care to her older children and there have been significant breakdowns in their care. Sadly, it may be the impact of this is being seen in the current difficulties surrounding B.
28. The mother points to a recent improvement in her mental health stability. This is agreed in comparison to some of her more troubling presentations. So much is agreed by the professionals. However, it is not agreed matters have been stable during this period. The applicant draws attention to the difficulties in maintaining contact (see below) and what this suggests as to the mother's underpinning mental health stability. They also point to communications sent by the mother and suggest this is further evidence of instability in her mental health. It is accepted the mother has been subject to some material challenges during the last two years. The circumstances of her relationship with the father are likely to have caused her stress as has the impact of both these proceedings and the proceedings concerning B. Notwithstanding this it is of note the mother has not been further hospitalised or acted in a self-harming manner. I accept all of this has to be seen in the context of her only having the direct care of herself and not having responsibility for a child.
29. I accept the medical evidence in this regard. I accept the mother has deeply engrained mental health challenges as a result of her life history and that she will require significant therapeutic support if she is to address the impact this has on her over the long term. I accept there will likely be periods of greater stability but also periods of crisis and particularly so if pressure on the mother mounts. It is clear to me that during periods of deterioration she will be unable to meet the needs of a child in her care and particularly so a vulnerable child of the age of S. I accept a child in her care will be impacted at an emotional level with long term implications for that child. I accept the prognosis is unclear, that work will likely need a period of 1-2 years to be completed and will have to be demonstrated as having been embedded

successfully. I acknowledge the prospects of a positive outcome cannot be calculated with any certainty and that one should apply a cautious approach.

(2) The mother's current counselling support

30. I heard about the difficulties the mother has faced in accessing community support for her difficulties. It has taken her some considerable time to obtain counselling support through an X speaking counsellor. I note efforts to refer her to the community mental health team failed due to the mother's historic disengagement from such services. Whilst I would hesitate to conclude the counselling is likely to cause more harm than good – the ISW considered some forms of counselling may be counterproductive – I agree it will not be sufficient to address the concerns identified and is most unlikely to fulfil the requirements of the therapy suggested by the experts. In lasting over 14 sessions it seems clear it has a level of superficiality when compared to that required. I do not want to undermine the efforts the mother had made and I am willing to accept this may help her in her day-to-day life but it is unlikely to be the answer to the issues faced by the Court. As a result, it is likely the mother's underlying issues will remain unaddressed at this time with the heightened potential for deterioration and problematic presentation.

(3) Contact issues

31. There is limited disagreement in this regard. The mother has struggled to maintain contact at the levels set leading to a reduction to weekly contact. Even then she has not been consistent. It appears agreed that since about November she has missed about 16 of the possible 30 sessions. There is a level of disagreement, with the evidence being somewhat confused on the part of the mother, as to the extent to which the mother notified her non-attendance in advance. Frankly, little turns on this detail and I do not need to resolve this dispute. However, the mother accepts and apologises for her non-attendance. I accept these are heart felt and genuine emotions. The problem is that this inability is a marker of her surrounding poor mental health. I find she has largely failed to attend as a result of the stress and emotional impact the contact has upon her. It seems likely by not attending she is protecting herself from the stress and harm that would be caused to her mental health. In a way this is a sensible strategy but it does speak volumes as to her ability to resume full time care of S. If the mother cannot maintain regular weekly contact for a short period, then how will she manage full-time care?

(4) The relationship between the mother and the MGM

32. This point arises given the mother references her own mother as a support for her and as a support which should give reassurance against any concerns of her own mental health deterioration. The applicant raises communications it has received in recent times in which the mother is highly critical of the care being given to her children by the MGM. In her evidence the mother sought to suggest there was a level of misunderstanding and mistranslation around the messages in question. She suggests she and the MGM are able to move forward positively. Having considered the messages, I tend to share the concerns of the applicant. These messages are

recent in timing and highly critical of the MGM's care of the children. It is very difficult to reconcile these messages with a suggestion of a co-operative and supportive relationship between the two women. I also bear in mind the challenges currently faced by the MGM which I consider likely led to her realistic change in position at the start of the hearing. I am in no doubt she would want to help out but I do not believe she can offer help which is sufficient to address the difficulties currently faced by the mother.

(5) Co-operation with professionals

33. Having regard to the above issues it seems clear any outcome which places S into the care of the mother would require ongoing professional support and overview. The mother argues she is open to working with the applicant. The applicant again points to a number of messages from the mother which suggest she is not open to working with the professionals. I have considered these messages which appear hostile to the applicant. Once again, they are not historic in character. As with the messaging around the MGM I listened to the explanation given by the mother which seemed to suggest there may have been a mistranslation by use of a translation app. I have to say I found this explanation unconvincing. The language used was clear and the Court interpreter had no issue in translating the same words in the manner used by the mother. The mother expressed herself in terms of 'hating' the applicant and made other highly negative observations. I struggle to accept an alternative and less problematic emotion was being expressed. Once again, this messaging indicates a level of emotional instability. It does not support the notion of a positive working relationship.
34. I am also asked to reflect on the allegations raised by the mother of ongoing communications sent by the father in the period March – June 2024. Whilst I am not asked to determine the detail of what happened the applicant draws attention to the fact that none of this was shared with the social work team until very shortly before the hearing. On the applicant's case she was receiving unwanted messaging from the father; he is said to have attended at her property, and; having done my best to understand her account of the messaging (which was not available) it appears it was abusive of her and sought to undermine her. In the context of the case this was information which one would have expected her to share. I understood her to explain her failure by the concern that were she to do so it would impact on her case. This does not give confidence as to future information sharing.
35. The history of this case raises a real concern as to the mother's ability to maintain a sustained relationship with professionals. I heard from the CG who struggled to contact the mother for much of the proceedings. I am also directed to the issues with the community mental health team and disengagement in that regard. I note the recent engagement with the counsellor but accept this has to be seen in the context of an impending final hearing. Taking a broad overview, it is clear the mother, affected by her mental health, has found professional engagement very hard.

Analysis

Extended checklist

36. S is too young to express any **wishes and feelings**. I can imply a range of wishes which include (1) a wish to be brought up within her biological family, and; (2) a wish for stable, safe, and enduring care. But this process of implication amounts to a departure from the wording of the section. In any event these concepts are captured by other matters within the checklist.
37. S shares common **needs** with all children of her age. She requires stable and predictable care which is safe and consistent. She needs a care giver who is emotionally available and has a focus on her needs. I accept the expert evidence as to the significant and potentially life-long harm that can arise in circumstances in which such care is surrounded by unpredictable and impulsive behaviour. The risk would be of a dysfunctional attachment style being set. Whilst I consider her current characteristic needs below, I do not consider S to require special care. Her needs are in reality standard for all children. But it is crucial these are met in a sustained fashion throughout her childhood. In essence S needs what all children need both at this point in time and throughout her childhood.
38. I have regard to S's **characteristics**. I bear in mind her specific cultural identity and the very real challenge that would be faced in obtaining a placement which would meet this identity. I bear in mind her wider family and the fact of her [number] older half-siblings and whilst the children do not have a currently established relationship it is an important factor to have in mind. I have regard to S's very young age and the period of time she has been in proceedings. I have little doubt this delay in obtaining permanence will have had a negative impact upon her, she needs an outcome now and cannot afford further delay or episodic instability in her care. I have heard about developmental issues which appear to have resolved. She remains a sensitive child who is clingy to her carers. It will be important to approach any transition (which is an inevitable feature of the case) with professional care.
39. By its very nature, this application is founded on a risk of **harm**. I have already referenced the agreed threshold. This hearing has appropriately focused on the risk that is likely to arise out of the mother's poor mental health. I have referenced the expert evidence and the views of the ISW. The evidence indicates the mother's condition is a lifelong condition that is amenable to therapy but will remain a matter of relevance. Through her adulthood it has had profound impact upon her and her children. The evidence is clear in regard to the need for intensive therapeutic support over a sustained period with uncertain prospects of success. As a result, there is a real and continuing risk of mental health deterioration with significant harmful impact upon a child in the mother's care. The impact on a wholly dependent and vulnerable child is exacerbated.
40. The applicant's plan will cause S to **cease to be a member of her biological family**. Within the hearing the applicant has recognised a need to actively promote the benefits of post-adoption contact with any prospective adopter. This willingness is based on the sibling relationship and the potential benefit of contact and harm if there is no contact. This reflects the profound impact of severance from family life

that will follow from adoption. At this point in time one can have regard to post-adoption contact but one must have in mind (1) a real possibility that any prospective adopter will not be open to direct contact; (2) that in such circumstances there would be only very limited circumstances in which a Court would go against these wishes, and; (3) that any contact would be quite limited in nature, be for identity purposes and might extend to no more than 1-2 times per annum. I have to consider the impact on S of this severance /significant reduction in relationship. I agree there is a real potential for emotional harm on S discovering the fact of her adoption whilst her half-siblings remained within family. The risk is of S feeling punished or thinking there was something personal or wrong with her which made this the case. The danger is of her blaming herself. All of this may lead to instability in the placement and this would be troubling in circumstances in which such a placement is being preferred as a result of the stability it will bring. There is a further risk of the severance being not only a severance of family life but of identity. With the best will in the world, it will be very difficult to find a cultural match for S. I am cautious about reaching the conclusion that a placement with an individual who has a geographically proximate link to country X would resolve this issue. Whilst this would introduce some common understandings and broad cultural connections it would be somewhat parochial to draw strong links between countries with vastly different histories. Placing a French child in an Italian family might be a broad parallel. Of course, there are some common cultural links around European history and social organisation but each country has a proud and very different history. The same applies with respect to X and surrounding countries. As such any adopter would need to be active in their support of S's culture and this might be a challenge leading to this important aspect diminishing over time. I do accept the view of the CG that in any such consideration there is a 'hierarchy' of priorities with identity needs being important but secondary to more basic needs for safety and emotional stability.

41. I am obliged to have regard to **the relationships the child currently has**. In this context I am directed to have regard to S's relationship with her mother. This does have value to her. There have been real challenges with contact and I have noted a level of non-engagement. This will have had a negative impact on S having particular reference to her presentation as a clingy child and the consequent need for her to receive consistent contact to overcome this difficulty. I do accept there has been some progress in this regard with the support of the foster carers and no doubt as a result of S ageing. This raises the worry that contact in the future will be inconsistent and may wax and wane as the mother's mental health stability fluctuates. To an extent one can see this in the case of the older children with periods of significant fragmentation in the relationship. I am in no doubt it would be highly damaging for S if she were placed with her mother only for the placement to subsequently break down due to an inability on the part of the mother to provide sustained care. I accept there is separate value to a potential relationship with wider family but this is not yet firmly established. I am in no doubt as to the mother's wish for S to remain within her family and in her care. But I am also required to have regard to the ability and willingness of the mother to provide S with a home which is a secure environment in which S's needs are met. This is the controversial issue at the heart

of the case with the professionals unanimously questioning the ability to meet S's needs on a sustained basis within a secure environment. Furthermore, the professionals whilst recognising the potential for change do not consider this can be done within S's timescales and there is a doubt whether it will be successful in any event.

Holistic analysis

42. The two realistic options are (1) placement with the mother, and; (2) placement for adoption.
43. The positives of the first option are as follows: (1) This option would maintain biological family life. It would enable S to maintain an emotional link with her mother, half-siblings, and wider family. Whether or not an adopter were open to contact this option would provide a far higher level of relationship and one which operated in a natural sense. For a child of S's age there are real limitations to episodic contact which would not arise in the case of a placement with her mother; (2) It would address the emotional impact on S of her later understanding of her severance from family whilst her half-siblings remained. It would negate any worries around responsibility for the same; (3) It would place her into a situation which was best prepared to address any questions she might have around her family history over time. Plainly there is no-one better placed to address questions that may arise. No amount of life story work can provide an exhaustive understanding of family history; (4) It would provide a strong cultural and identity link and understanding. Whether by way of language, culture, food or otherwise it would directly embed S within her cultural identity; (5) It is the outcome consistent with her family wishes; (6) It would support the life-long relationship with half-siblings.
44. The negatives of this option relate to: (1) The likely vulnerability of the placement to deterioration in the mother's mental health with a real prospect of neglectful care and placement disruption; (2) The challenges to providing necessary support to buttress the placement; (3) The evidence of sustained difficulty and the likelihood of the placement being surrounded by difficulties in the mother's presentation; (4) A risk of significant harm and lifelong emotional impact on S.
45. The positives of the second option are as follows: (1) Such a placement would not come with the risks identified above; (2) There would be a heightened likelihood of sustained care at a good enough level; (3) The placement would provide a natural homelife in which S is the centre of family life and as such would have permanence; (4) It would likely be enduring in character; (5) It may permit a continuing understanding of culture; (6) Through the selection and training of the likely candidates there is a likelihood of carers who are well placed to deal with the likely emotional baggage that arise on severance of family life whenever this impact comes to the fore.
46. The negatives of this option relate to: (1) This option would have a stark impact on family life and is the most gross interference in family life that can be imagined; (2) Even on the best scenario it is likely to limit direct contact to a very low level and

there is a real prospect of direct contact not continuing; (3) It cannot maintain the identity and cultural needs of the child to the level provided by family; (4) It does not come with a guarantee and has the potential to breakdown. If so, the impact is likely to be traumatic for S.

Conclusions

47. I have accepted and proceed on the basis of the unanimous professional evidence. I accept the mother has an enduring mental health challenge which has profound implications for any understanding of this case.
48. This difficulty is one which has endured for most if not all of the mother's adult life. It can be seen to have had a regular and significant impact on her presentation and availability for her children. At such points her presentation has been highly problematic and emotionally damaging to any children around her.
49. On the available evidence there is no sound basis for concluding the future will not continue to involve periods of similar difficulty. I appreciate one is currently in a period of relative stability. But even at this time the stability is comparative and is only positive when viewed against the more stark previous difficulties. One still has associated difficulties at a meaningful level. I have seen the reference to quite recent police concerns and I have noted the problematic messaging and difficulties with contact which point to an ongoing challenge. It is significant the mother could only manage these challenges in part by keeping away from contact so as to stabilise her emotions.
50. I accept the clear evidence of the mother requiring therapy to address her long standing difficulties and the trauma that underlies this difficulty. It is not surprising to hear this will require sustained support over a relatively long period and I note the potential for non-engagement and the lack of any certainty as to outcome. I agree S cannot wait for this to be completed. I do not discount the benefit to the mother of her current counselling and I give her credit for this engagement but whilst it may put the mother in a better position to engage with therapy it does not amount to the therapy required. I accept it will have been challenging to obtain a community resource but bear in mind the difficulties include previous non-engagement and I also bear in mind there has been a lot of time during these proceedings to make some progress.
51. Pending the successful completion of such work the mother will pose a risk of significant emotional harm to a child placed into her care. Sadly, until such a time she is not well placed to take on the sole care of S. I consider it likely S would be impacted in a negative way by such placement particularly as there is a likelihood of increased stress on the mother of such a placement. The evidence shows the impact such stresses have on the mother and the consequences for her mental health and presentation.
52. I do not consider there is a community support around the mother that would balance these risks. I do not consider the MGM is an option to meet any deficits in

care. She has her own significant challenges and responsibilities. Furthermore, it is clear the mother maintains a negative and challenging attitude to the care her mother is providing to her other children and I note the continued wish on her part to resume the care of these children. My sense of the evidence is that continues to be a somewhat strained relationship.

53. I am also concerned as to the prospects of the mother working co-operatively with the applicant on a sustained basis. The mother has expressed reservations about the applicant in firm terms. I suspect her emotional instability has contributed to this but I can see no basis for believing this will not continue into the future. Were S to be placed with her mother this would require a very high level of oversight. The evidence indicates it would be highly challenging to provide this support in the context of the relationship existing between the mother and applicant. There is a high prospect of this support breaking down with a return to Court. On the evidence the simple fact of support would be a likely further stressor for the mother.
54. It is clear S's welfare demands a transition into a stable and enduring placement. She cannot wait for change to be effected yet her mother needs significant time to effect change. I have reached the sad conclusion that her welfare demands progress now into a safe and secure placement and that this can only be met by a placement order with a plan for adoption. I consider the alternative option is neither workable nor sustainable. It is likely to break down if it can be established successfully in the first place. In my judgment nothing other than a placement order will do.
55. This outcome is draconian in form but it is the lowest form of interference consistent with S's welfare needs. It is reasonable, necessary and lawful.
56. I therefore make both a care and placement order. I dispense with the mother's consent to such an order as S's welfare demands this. The father gives his consent.
57. I have listened to the broad level of agreement around modifications to the care plan. This largely relate to consideration of planning around placement and consideration of post-adoption contact. I accept and agree these changes but go no further than that which has been agreed. I agree the proposed transition plan.
58. There should be no doubt this is a very sad outcome to have reached and I acknowledge this will be devastating for the mother and wider family. I can only hope the mother is able to maintain a focus on change so as to address her issues. There should be no doubt that she is not to blame for the situation she finds herself in but is suffering as a result of the life history that has impacted upon her. Her experiences and the impact of the same on her is a lesson of the damage which can arise from fractured and problematic care in childhood. I have had to balance these issues when working out what is best for S. It is important that S comes to understand in due course why it is that she has been adopted. It will be important for her to know that both her parents love and loved her; that her father felt this option was best for her, and that her mother wanted to keep her but a Court made the decision that this would not be for the best. I wish her the very best.

His Honour Judge Willans