



1 **THE FAMILY COURT SITTING AT OXFORD**

2 **BEFORE HER HONOUR JUDGE OWENS**

3 **CASE NO:OX20C00132**

4 **6TH TO 7TH SEPTEMBER 2021, 9TH TO 13TH SEPTEMBER 2021, AND 16TH**

5 **SEPTEMBER 2021**

6 **OCC v K**

7 **Ms Bancroft, Counsel, for OCC**

8 **Mr Merrigan, Counsel, for the First Respondent Mother, M**

9 **Ms Rai, Solicitor, for the Third Respondent B**

10 **Ms King, Legal Executive, for the Second & Fourth Respondents B & C**

11 **acting through their Children's Guardian**

12

13 This judgment is being handed down [in private] on 16th September 2021. It consists
14 of 23 pages and has been signed and dated by the judge. The Judge has given
15 permission for the judgment (and any of the facts and matters contained in it) to be
16 published on condition that in any report, no person other than the advocates or the
17 solicitors instructing them (and other persons identified by name in the judgment
18 itself) may be identified by name, current address or location [including school or
19 work place]. In particular the anonymity of the children and the adult members of
20 their family must be strictly preserved. All persons, including representatives of the
21 media, must ensure that these conditions are strictly complied with. Failure to do so

22 will be a contempt of court. For the avoidance of doubt, the strict prohibition on
23 publishing the names and current addresses of the parties and the child will continue
24 to apply where that information has been obtained by using the contents of this
25 judgment to discover information already in the public domain.

26 **Introduction, Background and Evidential Summary**

27

28 This is the final hearing of the Local Authority's applications for Care Orders in
29 relation to A, B and C. A is aged 15 years old, B is 14 and C is 12. M is their mother.
30 Their apparent father (who does not have parental responsibility) has not been located
31 despite extensive efforts to locate him. B, whose views differ from those of the
32 Guardian, became separately represented after the last pre-trial review in August this
33 year.

34

35 Proceedings commenced on 6th November 2020 when applications were made by the
36 Local Authority for Emergency Protection Orders (EPOs) and Interim Care Orders
37 (ICOs). EPOs were granted by the Court at a short notice hearing before HHJ
38 Moradifar on 6th November 2020 until 4pm on 13th November 2020 and the children
39 placed in foster care. A case management hearing and limited interim hearing (on
40 submissions only) in relation to the application for ICOs was conducted by HHJ
41 Lloyd-Jones on 13th November 2020 and ICOs were granted in respect of all 3
42 children. The interim care plans then endorsed by the Court meant that the children
43 remained in foster care under those ICOs. It is notable in this case that the children
44 have remained together in the same foster care placement throughout these
45 proceedings.

46

47 The case was timetabled to a contested interim hearing on 27th November 2020 when
48 it would be possible to fully consider the applications for interim orders and to hear
49 evidence if required. However, at that hearing M did not oppose the interim care
50 plans for the children to remain in foster care and the interim care orders were
51 confirmed as lasting for the duration of the proceedings or further order. A case
52 management hearing was directed to take place before HHJ Lloyd-Jones on 4th
53 January 2021, with various alternative carer assessments and disclosure underway in
54 the interim. The hearing on 4th January was adjourned to 11th January 2021 (I do not
55 know the reason from the Bundle), and a psychological assessment of the mother and
56 children by Dr Gregory was directed by HHJ Lloyd-Jones. Assessment of the
57 maternal grandparents in Latvia was also directed, as well as a parenting assessment
58 of M, and the case timetabled to an Issues Resolution Hearing (IRH) on 21st June
59 2021.

60

61 On 20th January 2021 the Local Authority applied to suspend contact under section
62 34(4) of the Children Act 1989, which resulted in a hearing taking place on 22nd
63 January 2021 and further case management directions were made, including a
64 Together and Apart assessment in relation to the children. Police disclosure, ordered
65 previously, was still outstanding at this point and an FCMH was listed for 25th
66 February 2021 to consider (amongst other aspects) whether a separate fact-finding
67 hearing was required, any consequential timetabling issues, progress of contact, and
68 state of the evidence including any documentation received from Latvia. It was noted
69 on the face of the Case Management Order from that hearing that the respondent
70 mother would be changing her legal representation. On 4th February 2021 the Local
71 Authority again applied for an order under s 34(4), this time to extend the previous

72 order. That resulted in a further hearing on 10th June 2021, though the application to
73 suspend contact was not pursued at that stage. HHJ Lloyd-Jones continued to hear the
74 case up to this point and in fact conducted the IRH on 21st June 2021.

75

76 At the IRH the case was timetabled to a final hearing before me with a time estimate
77 of 4 days commencing on 6th September 2021, and with a pre-trial review listed on
78 13th August 2021 again before me. At the pre-trial review it was apparent that no
79 final threshold document had been directed or filed, but a schedule of allegations
80 which numbered 24 in total had been produced. This schedule potentially relied
81 heavily upon evidence from A, but a separate fact-finding hearing had been
82 previously ruled out, the case had been timetabled on the basis of what appeared to be
83 witnesses with regard to welfare primarily, and no consideration had been given to
84 whether or not a Re W application may be required in relation to A.

85

86 Fortunately, the trial advocates (who had not hitherto all been involved in the earlier
87 hearings) attended the pre-trial review and, by dint of extending the time available for
88 the final hearing from 4 to 7 days and allowing some time for discussions on day 1, it
89 became possible to preserve the final hearing.

90

91 In June and July this year, very unfortunately unauthorised contact took place between
92 M and the children on more than one occasion. During that unauthorised contact it is
93 apparent that an unknown male was also present at times. That unauthorised contact
94 is not disputed by M, nor the fact that a male seems to have been with her. M also
95 does not dispute that her actions put the stability of the placement at risk and exposed
96 all of the children to a very significant risk of harm from the presence of the unknown

97 male, and also exposed them to emotional harm in particular due to the fact that M
98 was verbally abusive to A. It was this that led to A asking for her contact with M to
99 be suspended. D began to wet the bed after this contact too. As a result of this failure
100 to comply with contact arrangements the Local Authority had to urgently revisit
101 restrictions on contact, particularly for B who was less able to see the risks posed by
102 M and less likely to respond to ordinary supervision given her age. As a result,
103 separately to these care proceedings, there have also been proceedings regarding
104 Deprivation of Liberty (DOL) in respect of B which have not been dealt with by me.
105 Those proceedings have been before the High Court and therefore dealt with by the
106 appropriately ticketed judicial colleagues, with the current order authorising DOL due
107 to expire on 20th September 2021.

108

109 I have read the Bundle and heard evidence from the social worker, Dr Gregory and
110 the Guardian in the course of this final hearing. The case had been set up to be hybrid
111 to enable M and her advocate and interpreter to be present in a courtroom, with other
112 participants connecting remotely. However, prior to the start of the hearing M tested
113 positive for Covid so, with her consent, the case moved to wholly remote. Given the
114 final case being put by M it was agreed by all parties that they had no questions for M,
115 and she also did not want to give evidence, so I agreed that she did not need to be
116 called as a witness.

117

118 **Parties' Positions**

119

120 The Local Authority seeks final Care Orders for each child, with care plans for all of
121 them to remain in their current foster care placement, and for contact to take place

122 between the children and M once every two months (6 times per year). That contact
123 would be supervised, in the community, for 2 hours each time. The Local Authority
124 is also keen to promote indirect contact between the children and their maternal
125 grandparents but would need their contact details from M to set this up.

126 M does not challenge the Parenting Assessment of her, nor does she challenge the
127 recommendation of Dr Gregory that she and the children need therapeutic input. M
128 wants all 3 children to be returned to her care. She agrees that threshold is crossed in
129 respect of all 3 children and, in light of A's views, that A remain in foster care for the
130 time being. In respect of B and C, she seeks their immediate return to her care, albeit
131 under Supervision Orders. If the children do all remain in foster care, she wants
132 contact with them at least once a week or, if the court does not agree that this is in the
133 welfare interests of the children, she asks me to consider the Guardian's
134 recommendation about contact instead. She also wants the Local Authority to agree to
135 fund the therapy recommended for her and the children by Dr Gregory.

136

137 B wants to return to the care of her mother and to have as much contact as possible
138 with either or both of her siblings if they remain in foster care. If she cannot return to
139 live with her mother, she wants to stay with her siblings with their current foster carers
140 and have as much contact as possible with her mother at least weekly if not more.
141 She also wants her mobile phone back, though understands that is part of the DOLs
142 case which I am not dealing with.

143

144 The Guardian supports the making of care orders for all 3 children and agrees with the
145 final care plans for them to remain in foster care together. However, the Guardian
146 does not agree with the Local Authority proposals for the frequency of contact and

147 recommends that the children should have contact with their mother face to face once
148 a month, with indirect contact (suggesting a short telephone call) taking place with her
149 also once a month so that there would be contact between the children and their
150 mother once a fortnight, alternating between face to face and indirect contact.

151

152 **Relevant legal considerations**

153

154 In addition to considering section 31 (2) of the Children Act 1989 regarding threshold,
155 I have considered the welfare checklist in section 1(3) of that Act and had regard to
156 the article 8 rights of the parents and the children. I have also had regard to the article
157 6 rights of all concerned, not least in relation to the wholly remote hearing that I
158 undertook by consent of all concerned to conclude this case. I have also considered
159 the options for the children applying the considerations set out in *Re B-S (Children)*
160 *[2013] EWCA Civ 1146*.

161

162 **Findings**

163

164 The threshold findings sought by the Local Authority are set out at Appendix A to this
165 judgment and are agreed between the parties. In respect of the agreed threshold
166 criteria, having considered the unchallenged written evidence about these, I agree that
167 these are made out on that evidence and adopt these as my threshold findings.
168 Threshold is therefore crossed on this basis.

169

170 The next aspect that I have considered is welfare, by reference to the relevant welfare
171 checklist headings, but also weighing the two realistic options in this case which are

172 for either or both of B and C to return to the care of M now, or for all 3 children to
173 remain together in foster care.

174 All 3 children are of an age to be able to articulate their wishes and feelings clearly,
175 and in particular for A and B as the older children their views are to be given more
176 weight than their younger sibling, though this is not discounting the importance of C's
177 views at his age either. A is very clear that she does not want to return home to the
178 care of her M, wanting to remain with her current carers, and no party disputes this.
179 She also doesn't want to be separated from her siblings, but if she does end up living
180 separately to her sibling(s), would want as much contact as possible. She repeated this
181 view when she met me. A had also asked not to have contact with M for the time
182 being but has said that she would want to see M around her birthday and then make a
183 decision about further contact with M after that. A also wants to have access to her
184 mobile phone which is understandable given her age, but she does also understand the
185 concerns about her safety which led to it being removed.

186

187 I have already noted B's wishes and feelings earlier under her position at this Final
188 Hearing. It was noteworthy in the evidence of both the social worker and the
189 Guardian to me that they commented on how loyal B is to her mother (and see for
190 example the Guardian's Final Analysis and Recommendations at E82 too). It seems
191 more likely than not to me that B's wishes and feelings are inevitably influenced by
192 this loyalty to her mother, and therefore cannot be viewed as entirely independent
193 though the same could be said of many older children. What this loyalty does mean,
194 in my view, is that B is less likely to be able to understand or judge any risks that flow
195 from her mother, and therefore has not considered this in coming to the view that she
196 wants to return to the care of her mother, I find. C did not choose to meet me but has

197 conveyed his wishes and feelings to both the social worker (eg C113) and the
198 Guardian (E81-82). He is also noted to be very loyal to his mother and has said that
199 his first choice would be to go home, though he would not want to go home without
200 his sisters. If he could not go home, he would want to stay with his current carers and
201 would want as much contact with his mother as possible. Both B and C are clearly
202 very happy and settled in their current foster care placement from the evidence before
203 me, something that B also told me about when she met me. The impact of the
204 undoubted loyalty that B and C have to their mother is that their wishes and feelings
205 carry less weight than they would otherwise do, I find.

206

207 As identified by Dr Gregory in her assessment and reiterated in her oral evidence to
208 me, all 3 children need to be kept physically and emotionally safe and have some
209 additional needs arising from the emotional harm that they have suffered as a result of
210 the parenting they have received including that of their mother. They also have
211 identity needs arising from their Latvian heritage. This is not in dispute in this case.
212 What is in dispute is the risk of harm from M to the children now and her capacity to
213 safely parent the children whilst undertaking therapy.

214

215 In relation to the risk of harm and parenting capacity, as noted earlier M does not
216 dispute the conclusion of the parenting assessment nor the recommendation from Dr
217 Gregory that she and the children require therapeutic input. Dr Gregory's assessment
218 of M and the children is dated 25th May 2021 (E9-76). As Dr Gregory repeated in her
219 evidence to me, she concluded that M would need to engage in individual therapeutic
220 work to address her history of abusive relationships, to address the family dynamics
221 between herself and the children, as well as parenting work to develop her

222 understanding of the children’s needs (E37). Dr Gregory also explained in her
223 evidence to me that once M has started to understand her own difficulties and
224 undertaken therapeutic work on the impact of her parenting, there will then need to be
225 family therapy with the children (which may include different sibling groups). She
226 was very clear that this work could not be undertaken whilst any of the children were
227 living with M and gave an indication of around a six-month timeframe for the
228 necessary therapy, though she also pointed out that giving a time estimate was
229 difficult as much depended on the progress of therapy and M’s engagement with it.
230 Dr Gregory said the timeframe could be less or could be more than six months,
231 therefore.

232

233 As submitted by the Guardian in closing, given that M has not yet begun any therapy
234 and indeed an appropriate therapist and course of therapy has not yet been identified
235 for her, it does seem more likely that therapy for M will be a longer rather than shorter
236 piece of work. Dr Gregory was also clear that the type of therapy which both M and
237 the family need is not going to be available on the NHS. The Local Authority in
238 closing has agreed to fund this work, with the caveat that if M misses 3 sessions in
239 total funding will be withdrawn. M struggled to engage with Dr Gregory for her
240 assessment, so this caveat is sensible to me.

241

242 Dr Gregory also confirmed her assessment of the risks posed by M when giving me
243 her evidence, though she had also set these out in her report at E37 as follows: “*Areas*
244 *of risk include;*

- 245 • *Neglect of the children's physical and emotional needs*
- 246 • *Emotional abuse*

- 247 • *Scapegoating of individual children*
- 248 • *Failure to put in place boundaries or supervision*
- 249 • *Challenges in the family dynamics*
- 250 • *Failure to prioritise the children's needs over her own*
- 251 • *Poor emotional management*
- 252 • *Subjecting the children to risky individuals*
- 253 • *Lack of stimulation”.*

254

255 It is very clear from Dr Gregory’s written assessment and her oral evidence to me that
256 in her expert opinion the risks posed by M to the children will not be sufficiently
257 mitigated to allow any of the children to return home until M has engaged with
258 therapy. Dr Gregory gave compelling evidence that M could not safely parent any of
259 the children whilst undergoing therapy, emphasising that it would be necessary to see
260 evidence of change before it would be possible to assess whether the risks posed by M
261 had reduced. She agreed that there were some signs of positive change in that M was
262 no longer in a relationship with D, had gone to her GP about getting medication to
263 stabilise her mood and was willing to engage with the required therapy. However, Dr
264 Gregory pointed out that this was not enough to enable the children to be rehabilitated
265 to M now, and that M would need to complete the necessary therapy first and see
266 signs of further positive change indicators are set out at E37 before that could be
267 possible.

268

269 Dr Gregory was asked if it would be possible to put in place levels of monitoring and
270 intervention to protect the children if they lived with M whilst M undertook the
271 necessary work. Sadly, Dr Gregory was absolutely clear that until M had completed

272 the work required it would not be safe for the children to return to M's care. In
273 particular, Dr Gregory gave compelling evidence about the lack of insight that M has
274 about risks from individuals that she knows, as well as the impact of the difficult
275 family dynamics and challenges upon M's ability to parent to a good enough standard
276 and whilst she herself would be tackling her own difficulties and vulnerabilities in
277 therapy. Dr Gregory also pointed out that M's ability to engage with therapeutic work
278 was also as yet untested and that this was different to simply going to her GP about
279 medication. She said that M came from a considerably disadvantaged background
280 and in that context, any forward progress in terms of motivation etc is positive and
281 indicates some acceptance of change on M's part, but there was a long way to go for
282 M in terms of the work to be done and the changes M needs to make. Dr Gregory
283 acknowledged that M had at times acted protectively in the past, for example taking
284 A's mobile from her, but that overall M lacked the tools to parent the children
285 effectively and would need therapy to prepare her to develop those tools.

286

287 The parenting assessment, dated 17th June 2021, can be found at C133-148. The
288 conclusion is that M *"has shown some insight into parenting, it is identified that she
289 has been able on many occasions to meet the children (sic) basic health needs. I do
290 feel it is helpful to consider that M was a very young mother becoming pregnant with
291 A at the age of 14 by a much older man, M appears to have never solely parented her
292 children until 2019 when A was 13, B 12 and C 10. It is recognised taking on the sole
293 parenting of 3 children who had already experienced trauma would have been
294 challenging and due to M's own childhood she is likely to have lacked the practical
295 and emotional skills to positively parent the children.*

296

297 *M remains unable to see risk in critical areas. M appears to be unable to safeguard*
298 *her children when it comes to social media. It is also concerning that M does not*
299 *appear to be stimulating the children and that majority of their stimulation came from*
300 *spending significant time on electronic devices. M also appears to be unable to see*
301 *the severity in sexual abuse disclosures, this could be due to her own personal*
302 *experience around being in relationships with a significantly older male. M places*
303 *blame on A and is unable to see what part she plays in the current situation. M also*
304 *remains in a relationship with the male that allegedly raped A and appears unable to*
305 *see the risk this poses to the children. M has also demonstrated little understanding of*
306 *the children's emotional developmental needs and struggles to focus on the children's*
307 *need above her own. She can at times respond in a childlike way to her children and*
308 *treat them as adult peers. This places significant responsibility on the children. In*
309 *addition, M's parenting style is chaotic and at times unresponsive which also leaves*
310 *the children parented by someone who is unable to emotionally regulate herself.*
311 *There is also added concern around the magnitude of debt that M is in and that she*
312 *appears to still live above her means and the vulnerability this poses to the continued*
313 *exploitation of the children for financial gain. It is therefore my assessment that*
314 *should the children return to the care of M they would be at risk of significant harm”*
315 *(C147-C148).*

316

317 The social worker's evidence to me was also very clear that, although at times M had
318 demonstrated some protective capacity (again accepting the example of taking A's
319 phone away but also agreeing that calling the police in July was protective), overall,
320 these instances were minimal and in proceedings the concerns about M's ability to act
321 protectively increased rather than decreased due to the way M handled her

322 relationship with D and A's allegation of rape. It is hard to disagree with this
323 assessment, especially when one considers that M not only sought out unauthorised
324 contact with B and C whilst they were in foster care but took D with her to that
325 contact. This is very stark evidence of a lack on insight on M's part about the risks
326 that males may pose to her children and also the emotional impact on her children of
327 that lack of insight and overall lack of ability to act protectively, I find.

328

329 The Guardian also considered the question of whether any of the children could return
330 home to M's care whilst she undertook the necessary therapy. His oral evidence was
331 clear and compelling that she would need to complete the therapy first and only then
332 could the question of whether any of the children could go home be reviewed. He
333 acknowledged that it was positive that M wants to engage with therapy and that she
334 has acquiesced to the significant restrictions of the separate Deprivation of Liberty
335 proceedings in relation to B. H also agreed that M had at times acted protectively in
336 the past but said "*until M embarks on the work required and recently may feel that*
337 *she has learnt better strategies, but she is just scratching the surface and there is a lot*
338 *more that she needs to do*".

339

340 The impact on B and C of not returning them home is also something that has to be
341 weighed in the mix when assessing risk of harm to them. Dr Gregory, the social
342 worker and the Guardian all accepted in their evidence to me that not acceding to B
343 and C's wishes and feelings might cause them some emotional harm, especially B
344 given the strength and consistency of her views and her age. However, this must be
345 balanced against the risk of harm to them if they were to return home, and the impact
346 upon all 3 children of being separated. The social worker gave me very credible and

347 compelling evidence about the strength of the sibling bonds despite the difficulties
348 experienced by them and their complex family dynamic. She, and the Guardian, were
349 also very clear about the risks of separating the children and how that might make any
350 one of the children feel responsible for that separation. This responsibility is
351 something that the evidence shows A has already felt – see for example E0e School
352 Health Nurse report; E38 Dr Gregory’s report; E6 Guardian’s Case Analysis.
353 Essentially, it seems to me that none of the children needs to feel responsible for the
354 outcome of this case and the fact that the girls, especially A, feel responsibility for
355 what has happened to the family is sadly a further consequence of the poor parenting
356 that they have received, I find. The risk of harm to B and C of not allowing them to
357 return home as they have said they want is also ameliorated in my view by the fact
358 that all 3 children are not only happy and settled in their current foster care placement
359 but thriving there. They have clearly bonded very closely with their foster carers,
360 with A and B talking of them in loving terms, and are deriving great benefit from the
361 placement as a result. The plans for each child if care orders are made would
362 envisage the children remaining in that placement so any harm to B and C by not
363 being allowed to go home would be significantly mitigated by the fact that they will
364 be remaining in this placement, I find.

365

366 Given the significant risks for these children if they were to return to the care of their
367 mother before she has completed her own therapy and begun the work she needs to
368 then do to improve her parenting skills, on balance I find that none of the children can
369 safely return home to the care of M now. This means that they will remain in foster
370 care and the next issue that I have considered is what contact they should have with
371 M.

372

373 All parties have agreed to abide by A's wishes with regard to contact with her mother.

374 In relation to B and C, the social worker and Guardian agree that there should be

375 reduction in the frequency of contact but there is a dispute between them as to what

376 that frequency should be. The social worker's written and initial oral evidence was

377 that contact between B and C and M should be once every 2 months, but in answer to

378 a clarification question from me she did indicate that it could be every 6 weeks. The

379 Guardian recommends direct contact every month with indirect contact once a month

380 as well so that every two weeks the children would have contact in one form with

381 their mother. As I have noted earlier, B also wants more frequent contact than the

382 contact proposed by either the social worker or the Guardian.

383

384 The social worker's evidence to me about the "*emotional roller-coaster*" that the

385 children find themselves on with the current contact regime was compelling. She was

386 clear that this would be likely to cause them emotional harm, whilst also accepting

387 that B and C clearly also wanted to see as much of their mother as possible and that

388 reducing contact would also have a negative impact upon them. The social worker

389 also acknowledged that contact would need to be kept under review and that the

390 quality of contact was a significant concern for her. It doesn't appear to be in dispute

391 that M has struggled to provide quality contact for her children, and this is directly

392 linked to the issues about her parenting which Dr Gregory identified in her assessment

393 and repeated in evidence to me.

394

395 However, Dr Gregory also gave me evidence that in her view that monthly contact

396 would be better for the children as recommended by the Guardian. I was struck by Dr

397 Gregory's evidence that there was also a risk of the children by constantly thinking
398 about having more contact in the future if they knew that contact were to be reviewed
399 on this basis, and that in her view this might disrupt the placement. Though Dr
400 Gregory was talking primarily about the children needing to know what the contact
401 arrangements were, rather than knowing that there might be too much fluctuation. Dr
402 Gregory also noted that contact would be important to the children in relation to their
403 identity, and that contact with their maternal grandmother will also be important for
404 them since they lived with her for a prolonged period. Overall, Dr Gregory's view in
405 her oral evidence to me was that monthly contact was best for the two younger
406 children in light of the work that M had to undertake, with A's views about contact
407 directing when she saw M. Dr Gregory accepted, however, that there was a fine
408 balance to be struck between the importance of contact to B in particular and the
409 emotional impact on B of not having her views listened to, and the potential harms to
410 the children in respect of M not being able to meet their needs during contact as a
411 result of poor quality contact.

412

413 The Guardian's evidence to me about contact was very clear that, in his view, the
414 children needed at least monthly contact with M to meet their emotional needs. He
415 also added the recommendation that indirect contact, of about 10 minutes or so,
416 should take place once a month alternating with the direct contact that he
417 recommended. This would mean that the children would have some form of contact
418 with M once a fortnight. He was clear that in his view there was a particular risk that
419 B may 'vote with her feet' if contact were not at the pace that he was suggesting,
420 something that is credible to me in view of what happened with the unauthorised
421 contact earlier this summer. He was equally clear that it was important that the

422 children were not held responsible in any way for creating the situation that arose
423 about contact, pointing out that responsibility was with M and that it was very
424 important that M knew that and understood this if she wants contact to improve and
425 that she must not attempt to arrange unauthorised contacts in future. I have to say that
426 this is a very valid point and one that touches upon my earlier comment that it is
427 important, in my view, that none of the children feel responsible for the outcome in
428 this case. The Guardian's evidence about contact being important to all 3 children,
429 not just the younger two alone, was compelling. He said that it will be important for
430 the younger two to see as much of their mother as is safe at present, and that for B this
431 will in fact help her to come to terms with being in a placement that was not her first
432 choice since she wanted to go home to M. He also told me that, as A will be in the
433 same placement as B and C if final care orders are made, that the contact between B
434 and C and their mother will also help to assist A with having indirect updates about M
435 and thus lessen the concerns and sense of responsibility that A may feel. The
436 Guardian also suggested that if contact were to take place more frequently than the
437 Local Authority proposed, it could be for a shorter duration at first to ensure quality
438 and that hopefully as M completed the necessary work to improve her communication
439 skills that it could be extended and in due course move to unsupervised contact in the
440 community. He accepted that there were valid concerns about the quality of contact
441 but suggested that contact could start at a minimum of an hour but if it was strained it
442 could be ended sooner.

443

444 Contact between B and C and their mother is a very difficult balance in this case, as
445 everyone accepts. Given the weight of the professional evidence, especially around
446 the poor quality of contact and the emotional disruption that it causes to B and C

447 before and after, I find that contact more frequently than once a month is not in their
448 current welfare interests. This then leaves a decision about whether the Local
449 Authority proposed frequency of contact or the Guardian's proposed frequency meets
450 the welfare needs of the children. On balance, I find that the Guardian's proposed
451 frequency of once a month for face-to-face contact is more likely to meet their welfare
452 needs. This is because it was supported by Dr Gregory in her evidence to me, is more
453 likely to mitigate the impact upon B and C of not being able to return to the care of
454 their mother, and still represents a reduction from the current regime so should also
455 address the emotional harm risks that the social worker was rightly concerned about.
456 I also find that it would be better for the initial contact duration to be shorter to ensure
457 better quality as the Guardian suggested. This is in no small part because of the
458 concerns about the quality of contact which both the social worker and Guardian's
459 evidence highlighted. Taking the social worker's evidence about the potential for
460 emotional harm to the children into account, I do not find that it would be in their
461 welfare interests for their contact to be subject to the sort of fluctuations that longer
462 contact may risk if it has to be ended prematurely as the Guardian suggested.
463 However, I do not find that there should also be indirect telephone contact once a
464 month as the Guardian recommended. In my view that risks tipping the balance
465 towards the sort of emotional harm arising from the emotional upheaval that contact
466 (especially poor-quality contact) entails for the children and that the social worker
467 identified. Obviously contact does need to be kept under review, and the Local
468 Authority accept that this is the case and that such reviews should take place every 12-
469 14 weeks (which is more frequently than the statutory regime requires). The Local
470 Authority also accepts that there can be indirect contact between M and the children
471 by way of the children writing once a month to M and M responding, and I find that

472 this is also something that strikes the tricky balance around contact for these children
473 by mitigating the impact on B and C of not seeing as much of their M face to face as
474 they have said that they want.

475

476 **Conclusions**

477

478 In light of my findings above, I will make final care orders for all three children and
479 endorse the care plans for the children to remain in foster care (noting that it is also
480 the Local Authority intention for them to remain together and also in their current
481 placement). Their current placement has clearly provided them with high quality
482 parenting, and it is greatly to the credit of the foster carers that the children have
483 settled as well as they have and that the foster carers have dealt admirably with
484 ensuring that the children are kept safe. In relation to contact, I invite the Local
485 Authority to amend the final care plans to reflect my finding that contact should be at
486 a minimum of once per month face to face contact, with indirect contact once a month
487 by way of the children writing to M and M responding, and that the proposed reviews
488 of contact every 12-14 weeks should also be incorporated into the final care plans.

489

490 Also as agreed by the Local Authority, there should be a recital on the face of the
491 order recording funding arrangements for the therapy that M and the children need
492 since this is not going to be available on the NHS. It should also record the fact that
493 this funding is subject to it being withdrawn if M misses 3 sessions in total without
494 good reason such as a doctor's note showing clear evidence of illness.

495

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499



16th September 2021

FINAL THRESHOLD DOCUMENT

500

501

502 The mother, M, agrees that the threshold for the making of public law
503 orders is met on the following basis:

504

505 That A was beyond her control which caused A significant sexual,
506 physical and emotional harm, and put her at risk of the same, in that:

507

508 Aged 14, A was admitted to hospital with a severe sexually transmitted
509 disease.

510

511 Aged 14, A said she needed the morning after pill, which the mother
512 provided for her.

513

514 A has had sexual relationships with men over the age of 18.

515

516 The mother accepts that the other children would have suffered
517 significant emotional harm due to A being admitted to hospital.

518

519 The mother has on more than one occasion in the past told A that she is
520 partly to blame for breaking up the family, which has caused A
521 significant emotional harm.

522

523 The mother has caused the children significant harm and put them at
524 risk of significant harm in that:

525

526 A took an overdose and threatened to cut her wrists.

527

528 The children were caused significant emotional harm by the mother,
529 who had a knife with her, telling the children she was going to use it to
530 kill herself.

531

532 A and B have been caused emotional harm by arguments between the
533 mother and A.

534

535 In 2013 and until September 2019, the mother left the children in the care
536 of the maternal grandmother in order that she could move to the UK.

537

538 A had significant dental problems when she moved to the UK,
539 necessitating painful treatment.

540

541 The mother was sometimes unaware of A's whereabouts, putting A at
542 risk of physical and emotional harm. For example on 1st-2nd November,
543 mother left the house at 2am unaware that A was not at home.

544

545 The mother has found it difficult to work with children's services, which
546 puts the children at risk of significant harm. For example:

547 a) she sought out clandestine contact with B. This has led to a s34(4) order
548 being put in place, and B being made subject to DOLs provisions.

549 b) She was not honest with the Police about her relationship with D.

550

551

552

9th September 2021

553

554



555