

ENGLAND AND WALES / JUDGMENT

London Borough of Tower Hamlets v The Mother & Ors

COURT
IN THE EAST LONDON FAMILY COURT

BEFORE
HER HONOUR JUDGE SUH

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IN THE EAST LONDON FAMILY COURT
Neutral Citation No. [2025] EWFC 216 (B)
Case No: [redacted]
Courtroom No. 3
6th and 7th Floor
11 Westferry Circus
London
E14 4HD
Wednesday, 11th June 2025

Before: HER HONOUR JUDGE SUH

BETWEEN: LONDON BOROUGH OF TOWER HAMLETS
and
1) THE MOTHER
2) THE FATHER
3) W
MR N O'BRIEN appeared on behalf of the Applicant Local Authority
MS V ROBERTS (instructed by COPPERSTONE SOLICITORS) appeared on behalf of
the First
Respondent Mother
MS T BARRAN (instructed by HANNE & CO SOLICITORS) appeared on behalf of the
Second
Respondent Father
MS R LITTLEWOOD (instructed by LAW LEGAL) appeared on behalf of the child
through his
Guardian
MS K ROUND (instructed by ALCOTT SOLICITORS) appeared on behalf of the Sixth
Respondent

JUDGMENT

(Approved) This Transcript is Crown Copyright. It may not be reproduced in whole or in part, other than in accordance with relevant licence or with the express consent of the Authority. All rights are reserved. This judgment was delivered in private. The judge has given leave for this version of the judgment to be published on the condition that (irrespective of what is contained in the judgment) in any published version of the judgment the anonymity of the children and their family members 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. HHJ SUH: 1. Plain language summary ST's family love him. He is a big part of his family. He knows who they are. He loves them. To ST's mother: you have shown real courage in coming to court every time. I hope you get the help you need to look at what has happened in the past and how to go forward in the future. You were child focussed and selfless to say that ST should be with W. W: you are a loving and caring mother. You do your very best for your children. You are honest. You are warm and caring. Your compassion is clear to see. I have to put ST first. I have to do what is best for him. What he needs most is stability and someone who can reliably meet all his needs. He has a particular need for attention and stability. I think if he were with W she would do her very best. But she also has the needs of her children to manage. I think that it would be very difficult for her to meet ST's needs as well of the needs of her teenagers. If that placement broke down that would be catastrophic for him. ST's immediate family is so dysfunctional I think some of them would undermine W and could make it unsafe for ST. I think that Adoption gives ST the stability and safety he needs as he grows up. I hope that he can see his mother, W, and his brothers and sisters but there needs to be a careful risk assessment of this and therapeutic help. If ST reads this judgment in future, he should know he is deeply loved.

Judgment

2. 3. This is [case no redacted]. Today I am concerned with ST, born on [redacted], who is currently in foster care under an interim care order made on 24 May 2023. This is an application for a care order dated 29 September 2022, and a placement order dated 30 July 2024. The maternal family member, W, has also made an application for a special guardianship order. I heard this matter on the 3rd, 4th, 5th and 6 June, and again on 10th June, and I am giving judgment on 11 June 2025. Parties and representation Mr O'Brien represents the Local Authority. Ms Barran represents the father. Ms Roberts represents the mother. Ms Round represents W, who is the applicant for the special guardianship order and Ms Littlewood represents ST through his Guardian. I want to say at the beginning of this judgment how grateful I have been for counsels' assistance over the past few days. Each of them have offered their client wisdom and excellent advocacy and 4. 5. 6. 7. 8. 9. have said everything that could have conceivably been said in support of their clients' cases. I have been very fortunate in a sensitive, difficult, finely balanced and long-running case to have consistency of representation wherever possible, and to have had excellent counsel at this final hearing. Opening positions The opening positions were as follows. The Local Authority

ask that ST be placed for adoption. This is supported by the Guardian. The mother supports W and says that that is the best place for ST to be in her care and the father would want ST to remain in the family rather than being adopted.

Background

By way of background, I have set out in previous judgments the background and chronology for these proceedings and do not intend to repeat it here. The family first came to the attention of the Local Authority in 2005, before ST was born. At the beginning of these proceedings, the children were at home with their mother, under an interim supervision order. However, the Local Authority was concerned that, contrary to the safeguarding agreement, the children were still having contact with the father. The matter returned to court in May 2023, and the children were removed to foster care. OP and QR were together and ST in a separate placement. I gave a fact-finding judgment on 15 March 2024. The father did not attend that fact-finding hearing, and the reasons given for his non-attendance are set out in that judgment. In short, he left for [redacted country] on a single ticket on the day on which a witness summons was served for his attendance and contempt proceedings followed. DNA testing eventually confirmed that all four boys had DNA from the same male relative. The Y chromosome profiles of OP, QR, ST and AB matched, and were consistent with them having the same father, or a common male ancestor. The inference to be drawn is that, on the balance of probabilities, Mr [redacted] is AB's father, and I drew that inference in concluding proceedings for QR and OP earlier this year. No one has asked me to reopen at that finding. The mother did not oppose a care order for QR and OP, so I gave judgment in their matter on 28 February 2025. They are now in separate residential placements. The mother, on careful reflection on the first day of the hearing, decided she was not in a position to have ST back in her care, acknowledging that she had not had the therapeutic support that she needed to address her own experiences. She supported ST being with W. She does not want him to be adopted and has even considered whether the long-term foster care would be better than this option. I gave my reasons for QR and OP not being able to return to their mother's care in that judgment of 28 February 2025, and that judgment sets out in full the work that the mother would need to do to have the children back in her care, and the positives and negatives of placement with her. I do not intend to repeat it all, as very little has changed for her since that judgment was given. I understand that UV and her younger sister are still at home, and on the first day of the hearing, UV reported to her mother that she had been attacked overnight. Therefore, the need for stability, a clean and orderly home and boundaries and ability to protect the child from harm from their father, are even more acute in the case of ST, who is younger than his brothers, and has had a difficult start in life. 10. 11. 12. Participation Throughout these final proceedings, the mother has had an intermediary. I am grateful for Ms Roberts setting out the ground rules so clearly as annexed to my previous orders, and we have had breaks and given plain language explanations. The mother did not give evidence, and nor did the father. He attended by prison link, although his attendance was sporadic. He said he was feeling unwell at times, although no medical evidence has been produced. However, I am satisfied that their Article 6 rights have been fully respected.

Submissions

In submissions, the Local Authority set out the pros and cons of all the options and concluded that nothing else will do for ST short of adoption. They did not think that a contact order was necessary. The Guardian agrees with this and says that all contact going forward would need therapeutic underpinning, and she wants ST to have the therapist intervention described by Dr Maguire relating to attachments. Through Ms Roberts, the mother submits that the professional evidence is tainted by both the failure of the Guardian and the social worker to carry out a full pros and cons analysis of all realistic options. She, therefore, cautions placing weight on Dr Maguire's evidence, because she has relied on the professional analysis of social workers and professionals, which was flawed. Her position is that W is the best option for ST, and she set out the pros and cons of those realistic options too.

13. Ms Round highlights the limitations of Dr Maguire's evidence, which she also submits was based on the flawed analysis of the social work professionals. She highlighted the need for caution, as I analyse the answers given by the social worker and Guardian and the special guardianship assessor in cross-examination because they are starting from the position of trying to defend their view that W cannot care for ST. She too endorsed the positives and negatives highlighted by Ms Roberts. Law
14. When I look at the law, I remind myself the Local Authority brings this case. It is for them to prove on the balance of probabilities. I remind myself of the weaknesses of hearsay evidence and that the weight attached to it is for me to determine. Not all the evidence in the bundles has been challenged in cross-examination that includes the CAMHS, school, foster carer and contact log reports and I remind myself, therefore, of the weaknesses of this type of evidence.
15. Ms Round reminds me of the case of *Re D (Care Proceedings: Adoption)* [2016] EWFC 1, in which the Court set out very clearly that what is required is parenting that is good enough for the child, not some hypothetical, average, typical or normal child, but for the particular child and having regard to the child's needs and requirements. I have, therefore, set out under the headings of the Welfare Checklist and the Checklist in the 2002 Act, ST's particular needs in some detail.
16. Much has been said about the uncertainty that flows from a placement order and how quickly a placement may be found, and whether a plan of adoption should be reviewed. The uncertainty as to whether adoption can be achieved does not preclude it being the best option, *CM v Blackburn & Darwen Borough Council* [2014] EWCA Civ 1479, nor does the possibility that another option is feasible. A timetable within which a Local Authority should implement a substantive order once proceedings have concluded, I remind myself is beyond the jurisdiction of the Court and not a prescribed part of the content of a care plan. I remind myself I cannot make a placement order subject to conditions. Evidence 17. 18. I will now turn to an analysis of the evidence and when I look at the evidence, the analysis I must carry out for ST has been made more difficult by the way that the case has developed. W put

herself forward for both children. She is compassionate, and I in no way criticise her for that. However, it is not clear, and it is not set out anywhere in her written case or position statements in terms, that she would consider caring for one child if she could not care for both. She was at pains to make sure that neither ST or AB felt rejected, and even in submissions wanted to make clear that she is not choosing between the boys. That is entirely understandable from a human point of view, but it has had an impact on the way that the evidence was prepared. There is a joint special guardianship assessment looking at her caring for both boys, and the social workers, Guardians and Dr Maguire all prepared their final evidence on the understanding that she wanted to care for both. In cross-examination she accepted she could not care for AB and meet his needs. 21. 20.

19. Witnesses prior to her oral evidence had been asked questions about caring just for ST, but the written case does not always deal with each boy separately, which would have been helpful to everyone. No one has asked me to adjourn for a separate assessment focusing just on ST, but in crafting this judgment I have had to take particular care to draw out the points that relate to him. The summary of the main points made by each witness and the impression they made on me are as follows. Dr Maguire was a thoughtful, impressive witness. She had met all of ST's family several times. In 2022, she met his older sisters and brothers as well as his parents. He was too young to be part of that assessment. In 2024 she reported on him, QR and OP. She commented specifically on him and AB in 2025. She was clear and in command of all the difficult factors that the Court has to weigh up. She was able to say when she could not assist with a point and did not stray outside the area of her expertise. She was clear that there were uncertainties for both children but took us back to what we did know from the evidence and research was best for ST: a stable placement, no breakdown of that placement and his needs being adequately met. She said both boys needed a placement that is most stable for meeting their needs throughout their childhood. She was clear that whoever had care of ST would need specific therapeutic support around attachments and said that dyadic psychotherapy and an organisation providing that support may be suitable. I did ask her view on W just caring for ST, and her evidence was: 22. 23. "It reduces the risk of overload and reduces the risk of placement breakdown, but for ST I think it is still hard to manage his needs with those of her other children, and there are still issues around family dynamics and in particular contact, because his father has presented risks to the family, and my concern is that he would present a risk to ST, so that contact has to be carefully managed and the father knows where she lives". 24. In submissions, Ms Roberts and Ms Round highlighted the particular caution I should exercise in relation to Dr Maguire's evidence. She has not assessed W, although she did speak to her on the phone for an hour. She was asked to consider the placement of the boys together, and it is submitted that she has not seen ST for over a year and had been sent other professional observations that may have clouded her own views, given the professional consensus was that ST could not be placed with his family. 27. 28. 26.

25. Ms Round submits that the social work evidence is infected with the assumption that W's children's difficulties are due to her poor parenting, and there are certainly passages in the special guardianship assessment that could be interpreted that way. I do not think that all of these points were put in terms to Dr Maguire. She was not asked, for example, the impact of the social work views and their final statements had had on her own analysis. However, these are factors which reduce the weight I can put on her written evidence in particular. Against this I weigh the following. It was clear that Dr Maguire exercised her own judgments and did not adopt any blame that others may have apportioned to W's parenting. She said it was "very complex", and "that some children with additional needs, it does not matter how loving or skilled the parents are, those difficulties still arise". She formed her own independent view of the options and came across as unjudgmental in her evidence. Her independence of thought was seen in that she was not overly reliant on others' opinions, nor did she cite or reference the social work documents in the body of her analysis. It is clear from each of her reports throughout the proceedings that she speaks with those who have first-hand experience of working for or caring for the children, such as foster carers, school, nursery, and she lists the primary evidence of the foster carer and contact logs in her list of materials seen. Where Dr Maguire has placed reliance on others, it is largely about their observations of behaviour in the children, rather than their opinions or conclusions. For example, she spoke to ST's foster carer to gain an update about his behaviour. She struck me as someone who had balanced the risks and positives of the options herself and was able to do this repeatedly in her oral evidence. She has met all members of the family several times and formed her own view from a psychological perspective. At a number of points she made it clear she could not answer a question, which was for social workers, such as the ease with which an adoptive placement might be found. She addressed the boys' needs separately and did a separate report for each one as an individual. Although she was asked to expressly address the impact of the children being placed together, she was also asked in her instructions whether W could meet the emotional and psychological needs of the children if "either or both of them were placed with her". These are factors which I also weigh in the balance when I look at Dr Maguire's opinions. However, I remind myself that ultimately an expert may express an opinion, but I have the job of synthesising all the evidence to reach a judgment. The special guardianship assessor came across as somewhat defensive in her responses, which may be understandable given that her view has changed as the assessments progressed as to whether W was able to meet the needs of all the children in her care. However, her conclusion was clear and settled, and she did not depart from it. She says: "W understands in principle the needs of ST, but in practice, I don't feel confident that this is a sensible kinship placement that should go forward. We don't have the fully effective strategies in place for W's daughter, and her son is just beginning to receive support. ST is an anxious toddler, and these are important years. He does better with an experienced carer in an individualised placement. When W's daughter feels anxious, she needs time and attention and support, and I think ST's needs and her needs may compete with another, and it would be very stressful for W". 29. 30. 31. The family finding social worker listened to Dr Maguire's evidence to better understand what support ST might need. She was clear that he

would need support over and above the 32. six sessions of support offered as a matter of routine to adoptive families. She remained optimistic that ST was a child who had many positive qualities, and she would be able to find a permanent adoptive placement for him within four to six months. She showed a clear understanding of the benefits of direct contact to an adopted child and was open-minded and clear that the adopters were trained to manage direct contact. ST's social worker knows him well and remains the social worker for his older brothers. She has worked with this family for a long time, and she struck me as someone who really understood the family dynamic. It was regrettable that her analysis of the pros and cons of each option was not more detailed, but she struck me as even-handed in the witness box in her assessment of W. She was clear in her conclusion that because of the additional pressures in W's household, the home environment will be stretched, and she did not think ST's needs could be met in that placement. "Much as I want to place him with his family", she said, "I do not feel that a placement with W would provide the stability he needs to flourish". 34.

33. W was an honest witness who has done her very best to help the Court. Her love and compassion for the children was clear. She is not naive, and she does not trust the mother to tell her the truth. She made a clear distinction between behaviour that was seen in her children at school and how they were at home. She said there were no issues with their behaviour at home. The overall impression her evidence gave me was of a devoted, caring mother who wanted to offer the same love to AB and ST that she showed to her own children. However, I think she underestimated how hard it would be to meet the needs of all of the children in her sole care. The Guardian was a witness who clearly wants the best for ST. She is the one who made the application for Dr Maguire to give a report on him and AB. It was unfortunate that her final analysis did not set out more fully for ST the pros and cons of all options. However, when asked about them in chief, she fluently and confidently carried out that balancing exercise orally. She was reasonable in accepting in cross-examination she did not do this as fully as she should have done in writing. She was, however, at times in danger of adopting a linear approach in approaching adoption and saying that was the only option because she had ruled out the others. However, she did fairly concede the positives about RC and the negatives of adoption, but maintained her clear view that adoption gave ST the permanency and stability that he requires. Threshold 35. The threshold has been crossed in clear terms and is appended to my order of February 2025. Welfare 36. 37. Therefore, I turn to the child's welfare, which is of my paramount consideration, and remind myself of the no-delay principle. I look at ST's ascertainable wishes and feelings in the light of age and understanding. No doubt if ST could tell me what he wants, he would want to be with his mother, or if that was not possible with a family member. He enjoys his time with them. However, he would also, I am sure, if he could articulate this, want stability and predictability in his life going forward. I look at his physical, emotional and educational needs. Dr Maguire reported on ST in 2024, and she says: "I think that while he does not currently show any anxiety in his 38. 39. 40. 41. 42. attachments to an extent that might significantly impact on his future developments, I think

that given he may face further changes in his placement, that professionals need to be aware of this anxiety and to do all they can to ensure that ST feels safe and loved". She concluded she does not think ST is an easy to manage child and feels that this reflects his personality, him needing lots of attention and possibly the impact of attachment difficulties and trauma. In addition, because he is not an easy to manage child, ST is going to need a more stable and structured environment where adults are able to set boundaries, implement routines and structure, and have the emotional capacity and resilience to follow through and remain calm when parenting ST becomes challenging. She observed him in nursery in July 2024 and felt that his behaviour was "quite hard, both for me and his teachers to manage", she says: "And I'm worried if he's not supported to follow boundaries, routines and limits, that these behaviours might be harder to manage as he becomes older, meaning they start to impact on his relationships, engagement in education and stability of any placement". She noted his behaviour deteriorates after contact. ST's carer, she says, believes he is harder to manage on returning from contact and she is worried he has learned aggressive and challenging behaviours during contact sessions. I have reviewed the contact and foster carer logs and there was a particular period in early 2025 in which ST appeared to be expressing himself by kicking things and by particularly spoiled sleep. This has resolved with his most current foster carer, but it is suggestive of a child whose behaviour can be harder to manage and is consistent with Dr Maguire's opinion. The special guardianship assessor highlights in her assessment that: "ST is loving and an active child who can demand adults' attention. While at home, ST prefers to have one-to-one attention from his foster carer and seeks to be near her and wants to engage adults in play. He is reluctant to play on his own and thus his foster carer is supporting him to engage in independent play and mitigate his feelings and worries". This was something that the social worker picked up. She told us in the witness box how ST is clingy when she tries to leave and that on one occasion he held onto her leg when she was trying to leave his current placement. "He really needs attention and always wants somebody to be with him", she said. Having looked at the foster care logs, it is consistent with what I see there. For example, on 23 March 2025, the notes are that he is very attention-seeking, which is a fair reflection of a pattern that appears in the notes. In the pre-adoption medical of 17 February 2025, it says that: "ST does not display any significant emotional difficulties, but being a very active toddler, he requires constant supervision. He is fearless and does not understand the risks to himself, often climbing on sofas and safety gates. He also engages in rough play, likely mirroring behaviours he has been exposed to from his older siblings. Developmentally, he is progressing in line with his age and his speech and language skills are advanced and he communicates well". 43. Physically, there is a hereditary condition, [redacted], that raises the risk within this family 44. 45. 46. 47. 48. 49. of developing [redacted form of] cancer to nearly 100%. ST will need to be screened for this condition in future when he is 10 years old. Educationally, his nursery say he has settled into the nursery well. He is popular with his classmates. He is friends with lots of children. He is working at age expected in maths and literacy but still working on his formation of letters. He likes attention, both positive or negative. I look at the likely effect on ST of his change of circumstance. He lived with his family until he was removed into foster care in May 2023.

Since then, he has moved between three different foster placements. He has had his mother in his life throughout, but his father left suddenly for [redacted country], meaning he has not seen his father for some time, and he is too young to understand why that is. In December and January 2025, OP and QR moved to residential placements in the north of England and family time, therefore, changed for ST and he did not see them as regularly. His family time with his mother also became less frequent. During the time which his contact with his brothers was reduced, it coincided with a period of disturbed sleep and behaviours in the foster placement. That could be coincidental, but the foster care log suggested that something was troubling him around that time, and it could be he was sensitive to the changes going on around him. I believe he has also had a change of nursery. Dr Maguire points out that changes are particularly challenging for ST. She says: "I think that ST may experience more difficulties when he initially moves to a new placement or otherwise will appear to settle for a short period before the difficulties start to emerge. This may mean that ST needs increased levels of adult time, attention and support at this stage". The foster carer notes and the contact notes also suggest that he finds transitions difficult. From November 2024 to March 2025 in the contact notes, ST struggles with the ending of the session and saying goodbye to his mother. There is a similar incident in the foster care notes where he struggles to leave a park where he is having a good time with his foster carer and I have already mentioned how the social worker described him clinging to her leg. This is a child who appears to find change and transition a particular challenge. The social worker fairly accepted that the transition to an adoptive placement is likely to be difficult for ST. In the longer term, change will have an impact on ST, and Dr Maguire was very clear that the breakdown of a placement for ST would be very detrimental in the long term. The clear evidence of all the professionals is that he needs stability going forward and changes to be minimised. I look at his age, sex and background. He has an older sister, UV [date of birth redacted] and XY. She is also over the age of 18. He has QR and OP. [Heritage of family redacted] family of [redacted] faith. They speak both English and [redacted language]. The together and apart assessment of 2023 notes a close relationship between the siblings. The social worker who did this assessment worked with the family for a considerable time and observed: "This sibling relationship will be important to them for their long-term emotional development and enhance their ability to develop positive relationships in the future. This relationship provides emotional support, a sense of stability, belonging and continuity". 50. She also noted a particular closeness between ST and his siblings and his mother. I look at any harm that he has suffered or is at risk of suffering. The threshold has been crossed in very clear terms, and it is not just sexual harm that puts ST at risk in future but 51. 52. the family dynamic and the risk of emotional harm and neglect. ST is at risk of harm from his father. The psychological report of Dr Maguire dated 2022 assessed that the father may find it hard to accept others' opinions when different from his own and would likely pose a significant risk of being emotionally or physically abusive to both male or female children in his care. The social worker points out in her risk assessment of the father this year that he does not accept the findings around sexual abuse and so is likely to offer ST in the future a conflicting narrative as to why he is not in his care and why he is in prison. The father has

not formally responded to the findings or played an active role in the proceedings since his departure to [redacted country]. He has been represented throughout and has had the opportunity to file statements and through his position statements he says he has done some work in prison, but this is at an early stage. His attendance at the final hearing was sporadic. A link was available throughout, but the father chose to absent himself. The impression that I have been given by the father throughout these proceedings is that he has no respect for the Court, little interest in gaining a deeper understanding about what is happening for his son and very considerable difficulties facing the consequences of his actions. Even in these proceedings by not appearing on the video link consistently and saying he is ill without producing medical evidence, he has been a disruptive factor in trying to conclude these proceedings in a fair and efficient way. 54.

53. We do not know how long he will be in prison. However, this is a man who has shown no respect for any authority including the authority of this Court. He seems unlikely, therefore, to accept any decision and is likely to pose a risk to any placement. The family collectively have been very much under his control in the past. I noted that W said in evidence that on the occasion the family visited her house she did not like the way he controlled UV. I found that he was present at the family home in breach of a working together agreement in May 2023, but that this was not an isolated occasion; that he is a manipulative and powerful figure and within the dynamic of the family they let him do as he wishes. There is also a risk of harm from ST's mother. She is yet to do the work she needs to do therapeutically to process her own past and there is a pattern of avoidance and passivity which puts any child in her care at risk. She would not actively hurt ST, she loves him, but she is yet to do the work that looks at the underlying reasons the children were removed from her care. Her acceptance of the abusive dynamic with the father has been fluctuating throughout these proceedings. Dr Smith from the [redacted] thought she was in complete denial about the unequal power dynamics between her and the father, which probably contributed to creating a domestic environment where incest occurred. She is to be commended for telling the police and the social worker that the father was back in the UK, but her ability to remain separate from him and remain out of unhealthy relationships has yet to be tested in the long term. He is a forceful character who has a magnetic presence in the family. He is not a man who tends to think about anyone but himself and the mother is a vulnerable lady, and remains so. The social work view, which I accept, is that given the dominance of the relationship, it is difficult for the mother to keep away from him. Indeed, two of their adult children live with her still. The boys were in touch with him as soon as he came back to the UK, so any distance she places between herself, and the father is likely to be undermined by her adult and nearly adult children. The mother also misses contacts and that would be harmful for ST if she were not consistent in any contact arrangements. I look at drug use within the family. The father uses drugs and has not been open and 57. 58. 56. 55. honest about that in the past. The most recent information from the prison was that he uses crack cocaine and heroin daily and has done so for the last four to five years as a coping mechanism using around £150 to £200 worth daily. That is very different to what has been

said in the past. During his parenting assessment he said he no longer uses cannabis and stopped over a year ago. The hair strand test showed that contrary to his assertion he had continued to use cannabis and cocaine. The mother said she was unaware that he was using drugs. The social worker gave evidence. She did not know where he got the money for this, and she saw drug use as a significant risk factor. For UV too, drug use appears to be a risk factor. On 6 September 2024, a police Merlin report received suggests there was safeguarding concerns for UV about being a vulnerable adult addicted to crack cocaine. The police visited on 4 September 2024, and the officer stated at the time of their visit UV answered the door and she was under the influence of substances. She told police during the visit she is taking crack cocaine. The report stated her clothes were dirty, she had self-harm marks on her arms, which looked recent, and she reported she had not slept for six days because she was binging on crack cocaine following her family time being cancelled. The night before the hearing she told her mother that she had been attacked. Clearly, she is in a very difficult place. Therefore, there is a history of drug use by two family members in the family home, which is clearly a risk factor, and when AB was removed the police were very worried about UV's associates. I look at the dynamic of the family and the risk of harm that poses to AB. This is a family with two adult children and two older boys heading towards majority. I found they have not had clear boundaries growing up that makes them ill-equipped to deal with social workers around contact for AB. The meeting with QR and his social worker highlights the challenges of working with this family. QR, writes the social worker: 59. 60. 61. "I asked you if you knew your dad came back to the UK and you said December time and that you knew from the first day he came back. I asked him if you went to see him while you were living with your foster carer and you said every day. You also mentioned you knew he was at your nan's house and that's where you went to see him. I asked you if your mummy and OP knew your dad was back in the UK and you said OP knew but you did not know if Mummy knew. We talked about why you were unable to share this information with me, and you said there were many reasons you didn't tell me, but you were unable to tell me what those reasons were". 62. 63. The social work evidence was that this is a family who keeps secrets. She gave evidence that they keep secrets from the mother. Her evidence was that the family may undermine the placement because, "We simply do not know what's going on". There is also a risk from UV, ST's sister, both at home with his mother at the moment which must cause obvious tensions given the background. The Guardian at the professionals meeting said the following: "W is going to be asked to care for ST on his own and this is a very complex family background, continuing to have contact with his mother who's been assessed as having failed to protect and does not grasp the issues, continuing to have contact with his brothers who completely deny any of the issues, managing ST's complex behaviours as well as her own children. It's not just the here and now but potentially the future and how ST will develop and understand himself, his family, how he's come to be with her and potentially the older he gets the placement could break down". I accept W's evidence that she would not let UV into her home and would take all steps to keep the father away. I also accept that she is cautious about the mother. However, this is a family that both individually and collectively and repeatedly have undermined

safeguarding measures, such as breaching the working together agreement that father would not be in the family home and QR seeing his father when he was back in the UK. I mentioned in QR and OP's judgment the occasion when C had the boys turn up at the mother's home and she was not honest with the social worker about that. Therefore, they do not share information openly with people trying to help them such as QR and OP not telling the Guardian or the social worker they had seen their father back in the UK. These adult and nearly adult children are hard to monitor in terms of what they share with each other online or in person and who they associate with. This is a family that is deeply affected by trauma and ill-equipped to process it, a family that keeps secrets and does not work well with others. No doubt QR and OP will be back in their mother's home when they meet majority and UV and XY are still there. I accept the Guardian's evidence that this would create a complexity for ST in his relationship with W as she tries to support him. I am careful and I am reminded by the advocates not to conflate W's family with the mother's household. She is part of the wider family group but there is a distance between her and the maternal family, and the toxicity of ST's household has not infected hers. However, she does not propose cutting ties with the mother and her household. Instead, she proposes to manage the risks and those risks are, in my view, significant. There is an ongoing dysfunctional family dynamic that poses a risk of harm to ST in terms of undermining his security and his home life wherever he is placed and maybe that is particularly hard to manage for a family member. There is a risk of harm to ST if his needs are not met. It would clearly be harmful, the social worker gave evidence, because ST has experienced so much if there were pressure points in the placement caused by the differing needs of the children there. I was taken to an incident recorded about W's son in June 2024, that suggested he might be aggressive physically. W reported this to the police because she felt he was the victim in this situation. The evidence as a whole does not suggest that her son is a physically aggressive child. Indeed, he appears to be very sweet-natured and kind towards younger children. Indeed, he has got on well with ST and likes younger children's presence. However, CAMHS does describe his difficulties with impulsiveness and that is evidenced in the school behaviour log too and so there is a risk of harm to a younger child, and I do not put this too high, by trying to copy what an older child is doing. There is an example in the 2023 logs which W explains her son was on the ledge where the stairs were at school. I do not overstate this risk, but it could be harmful to ST if he copies what the bigger children can do. His adoption medical actually flags that there are signs he does this already. There is also a risk of harm to him educationally if he emulated her children's pattern of school attendance. I have to also set out that there is a risk of harm to ST if his contact time with his family was reduced or restricted, particularly if no adoptive placement was found for him. It is harmful for him to cease his relationship with his birth family or to restrict it given his place in the family, his understanding of his role in the family and here it is clear from my analysis that there is no harm-free option for ST. I look at how capable his parents and W are of meeting his needs. Paternal family members, including the father, have been assessed, but not assessed as able to meet the 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. needs of ST, and they have not challenged those assessments. The mother clearly loves ST, but she is realistic in her

assessment that she is not ready for him to return to her care. She has had support over a number of years. She has done the Strengthening Families course in 2022. She is having her family support worker in that year. She did Triple P in 2024. She attended the Positive Change programme. She did Strengthening Families in November 2024 but was not able to finish that course. She was offered a place on that course in January 2025, but for various reasons missed the first three sessions. Dr Smith from [redacted] was commissioned to work with the mother, but at the midway point that work ended due to the limited attendance of the mother, and she demonstrated limited ability to engage with that therapeutic work when she did attend. Dr Smith concluded he was not confident that therapy and/or the safeguarding work he recommended would bring about significant positive change. She struggled to engage with the parenting assessments, as well as [redacted], and at times she can take on board advice, but she struggles to make long-term changes. She struggled to put in boundaries for the older children as set out in the previous judgments, and the contact notes suggest that she still appears to do so; see, for example, 29 November 2024, 3 March 2025, 10 March 2025, 14 March 2025 and 15 April 2025. The Guardian who observed the mother and ST in her final analysis says that: "ST has a very close relationship with his mother and siblings, but during the contact I observed, he spent most of his time playing with his mother and would seek out her attention. He also displayed some defiant behaviours and pushed boundaries. I found that the mother struggled to consistently place boundaries and at times would acquiesce to ST and his siblings' needs". The report of the current foster carer to Dr Maguire highlights the particular need ST has for clear boundaries. She told me that while ST prefers to do what he wants rather than follow adults' limits, with clear boundaries and a consistent approach, he will listen to adults. However, sadly, the mother is not able to provide that consistency. I have already mentioned how UV is back at home, and the most recent report suggests that she is really not in a good place. She has not attended any of the hearings for her son, save for the first one remotely, and should ST return home, he would be exposed to UV's drug-taking, chaotic environment and risky and potentially unsafe adults. Emotionally, the mother is not able to deal with the incredibly complex situation that she and her children find themselves in. Ms Fossung, whose evidence has not been challenged, says: "I still do not believe that the care the mother would be able to give ST is good enough. I'm worried about her capacity to keep the child safe, her ability to set boundaries and manage the network around her. Both her parenting skills and her emotional well-being would need to have improved considerably for ST that being in her care to be an option. The mother has a limited support network. W was put forward late in the day and does not live close enough to pop in".

78. W says, when speaking to the Guardian, that the mother has continued to be closed off about the harm that had occurred in the family. W stated that the mother does not really talk about that stuff and is a secretive person. When she offers advice, the mother sometimes listens and sometimes she does not. I think the mother was right to accept that ST cannot come home to her at the moment. 79. 80. 81. 82. I turn now to W and there are so many positives about her care. She presents as being highly committed to supporting the mother and UV

and mitigating the possibility of both ST and AB moving outside the family network. She has demonstrated her understanding of the necessity and importance of supporting the children's emotional and behavioural well-being through their identity and life story. She has an appreciation of ST's heritage and cultural background. She has gone to workshops and taken time to inform herself of the issues in this case. She has attended contact consistently. The first special guardianship report says: "She maintains a level of sympathy towards the mother and UV but is able to consider her own personal stance and how she will approach the safety and welfare of the children as paramount. The risk assessment carried out in the father's contact demonstrates she is clearly motivated to keep the children safe and would make use of social work assistance and protective orders. She has insight and has demonstrated that she is able to think about what's best for ST in his relationship with his father. Her home is clean and tidy, and she is proactive in getting support for her own children". There are some practical arrangements that would need attention should ST be placed in her care. She has a three-bed property and so ST would have to share with her children or W could have the sofa and make her own room available for him. ST currently has his own room in foster care and there is uncertainty with regards to how he will respond to sharing a bedroom with an adolescent cousin or indeed having W's room. ST's sleep hasn't always been straightforward, and we do not know how the change will impact his sleep patterns. Housing isn't in and of itself a reason to prevent placement with W, but I do observe that if placed with her there would probably need to be a house move and possibly therefore a change of schools or college or nursery for ST and the children. This would be destabilising for her children and her daughter in particular who needs routine and ST who needs stability above all. W works from 6am to 8am but her employees are supportive and flexible, and she would even give up work or change her working pattern. She has one job and four cats to balance in the mix. These practicalities can be overcome but it is the needs of her own children that are really quite striking when I read the totality of the evidence. AB's assessor highlights as of 9 January 2005, W's daughter's attendance was 43.9%. It has gone up to 47% as of 22 May 2025 year. W's son's attendance in January was 66.9% and later this year it was 63.9%. He is I believe suspended for a period in March.

83. W drives her daughter to school but cannot force her to go in and there are also times when she gave evidence she had to drive to school to take her daughter's phone from her, which is not allowed in school. Mr O'Brien took W through the support she had to give her daughter each morning around each school day, and it became very clear it would be hard to manage the school run for both her and ST, both of whom display anxieties and in ST's case clinginess. Although the challenges of the school run, again, would not in itself be a reason to refuse a placement of a child with somebody, since the Local Authority and family members could provide support, it was illustrative of the pinch points that are likely to occur during the day when trying to meet the diverse sets of needs of three children. ST starts school in September, and the social worker gave evidence, which I found compelling, about the impact of ST of older children in the family not going to school. He needs a positive role model so he can mimic positive behaviours, and it would be great to have in a

household for 84. 85. 86. 87. 88. 89. him that positive attitude towards school. It is, however, W's children's emotional needs which are really most striking. The evidence of Dr Maguire was that if there were no concerns for W's children then her recommendations would still be the same. This was a view shared by the special guardianship assessor in the witness box, but the reality is that W's children do have their own emotional needs. ST's social worker said: "Each of the children have their own needs. Each of these children will be impacted. It will take a lot of support and resources, and I feel that the placement will be quite stretched, and it will be very difficult for any carer". I make it clear that the enhanced needs of W's children are not due to poor parenting. I accept Dr Maguire's evidence that for some children with additional needs it does not matter how loving or skilled the parents are, those difficulties still arise. The school are clear that W wants the children to achieve. She contacts the school to share concerns. There are no concerns in the home, the school write, and she has good listening skills and is on hand to share any thoughts and feelings. However, Dr Maguire's report suggests that as a breed teenagers can be even more challenging than younger children and W's evidence that her son was impacted by Covid, I think he would have been year 6 going into year 7 at that time of lockdown. The professionals in the witness box were slow to criticise W who is clearly doing her best for all her children but would be thinly spread. It is clear that her children's needs are long standing. W spoke to the assessor in January 2025 about her children's educational experience. She stated that her daughter had difficulty sleeping since early childhood which would escalate into resistant and defiant behaviour. W's daughter has been under consultation and support of CAMHS since 2018 due to her difficulty sleeping and is prescribed a sleeping tablet in addition to a non- stimulant ADHD medication. The school feedback is that both children can display defiant behaviours towards authority and often fail to follow instructions. Although Ms Round submits that it has improved with the daughter's medication stabilising in December 2024, the school report of the 28 January 2025 says: "W's daughter's truancy has improved, and she is now more engaged in lessons. However, her attendance is a concern, and she often arrives at school extremely late. We only have an assembly on a Tuesday morning which she is aware of, and she has never been forced to attend this, but her attendance is impacting her ability to reach her full potential. She will often refuse to comply with sanctions put in place due to her behaviour which then results in her being suspended. On a couple of occasions she's gone into a different class which is not her own class where there is a cover teacher and impersonated another pupil which causes disruption to the whole lesson. She often uses her mobile phone in school and refuses to hand it in to staff. Her year 10 report suggests that she has got 97 behaviour points relating to her behaviour when the year average is 24". 90. This letter I believe was sent to W as recently as 4 April 2025. The behavioural aspects of her daughter's diagnosis are not new. A CAMHS letter of February 2023 suggests that these behavioural difficulties at school have been long standing. The special guardianship assessor spoke to W and her daughter and noted that it seemed that W's daughter has a considerable level of needs attributed to the behavioural aspects of her ADHD and she is known to need to reach out to her mother and need a lot of coaxing, encouragement and reassurance to convince her she will be able to manage and help her feel secure. In her oral

evidence, the special guardianship assessor said there are aspects of how the mother enforces boundaries which are lacking when it comes to helping her children engage in environments outside her home and her care. She said: “It seems to me that home is a safe space for W’s daughter, but she’s yet to develop the skills to manage the outside world despite W’s best efforts”. The Guardian notes that even at home W’s daughter isolates herself and struggles to sleep. W is doing all she can, but her daughter is at a difficult stage of life where she is not fully autonomous but has agency in making her own decisions. The social worker for ST, although at pains to say she was not criticising W parenting, gave evidence she had not seen W being authoritative or many consequences being in place. The social worker thought that the routines, boundaries and strategies that W had put in place were not fully effective through no fault of the parent. For W’s son, the report of 28 January 2025 says that: “W’s son chooses to truant every day despite numerous changes and meetings with his year team and senior leadership team. He has been suspended numerous times for defiance and physical aggression to a pupil”. I have dealt with the physical aggression earlier and that is not material to my analysis. They talk about when he was educated off-site for intense one-to-one behavioural support and returned and displayed the same behaviours: “W’ son is underachieving in most, if not all, of his subjects due to the amount he misses due to truancy. He’s in our internal exclusion room today due to him truanting yesterday”. The assessor took time to speak to both W and her son. He spoke of being sent to isolation and it being a very difficult environment for him because the children are required to sit in the isolation room all day with few breaks. It was also observed how he used to rock and fidget and sing to himself while the assessor interviewed his sister. It is to his immense credit that I heard that he has been going in to sit his GCSEs and to W’s credit she has got him a tutor so that he is in the best place to be able to do so. However, clearly the challenges that her children find in a structured educational environment are considerable. I look at CAMHS involvement with the family. W’s son is waiting for a CAMHS assessment process initiated as of November 2024. He does not have a diagnosis but there are ongoing assessments to address inattention, overactivity and impulsiveness. 91. 92. 93. 94. 95.

96. W’s daughter is under CAMHS on the neurodevelopmental pathway. She has medication and regular psychiatric reviews. She is on the psychotherapy waiting list for anxiety. The CAMHS letter of 20 February 2023, highlights the need for routine and predictability suggesting that she will be stressed by sudden changes or unexpected events and would tend to react negatively at those times.
97. W reports that her daughter is known to struggle in large group settings like family parties or busy crowded environments. She uses headphones to manage her sensory needs. Therefore, W’s daughter has a particular need for a calm environment with a limited number of people. It seems to me that this is the antithesis for the environment that young children tend to create and that there is an obvious tension between the needs of teenagers 98. and the needs of preschoolers. W said that her daughter prefers to be in her own space. However, this conflicts with the needs of ST, an active preschooler who likes attention and people to play with him all the time. Both W’s daughter and ST have sleep difficulties and W

accepted when asked by Mr O'Brien that maybe she would not be getting much sleep as a result if ST lived with them. However, it seemed to me that she struggled to accept that the needs of her daughter and ST required her to be in two emotional environments at once. The needs of a student who is taking GCSEs in 2026 and the needs of a child starting school in September 2025 are very different and it seems to me from the evidence that their anxiety would manifest for each child in a different way.

99. We also do not know how her children would react to ST. W's son is pleased at the prospect of younger children coming, but W says her daughter was slightly reserved and asked lots of questions. It is not known how the reality of living with a young boy will impact W's children and it is a long-term commitment. Although they are heading towards majority, they may well, like many young people, be living at home for some time and an 18-year-old does not miraculously become a fully independent being on their 18th birthday. They still have developing to do, and Dr Maguire gave evidence that their difficulties are likely to continue into adulthood. I accept the social work evidence that we do not know how W's children and ST will react to each other when sharing a relatively small accommodation. It seems abundantly clear to me that the social worker is right when she says if there are three children in placement, there will be pressure points. W's daughter reports to CAMHS getting angry and irritable with her brother and W very honestly told the Court that she does not get on with her brother most of the time. That may be not unusual for teenagers, but there is a risk she may find the same with ST and there is potential for real tension with one teenager sitting GCSEs who likes her own space and a reception child who likes attention from everyone around him. 100.
101. W does well in contact caring for both AB and ST. Overall, the contact supervisor writes: "Her approach blended guidance with warmth, ensuring both children felt supported and understood while learning about the importance of basic safety". However, it's the combination of the needs of a four-year-old and two teenagers that is complex in this case. 102. The social worker describes how ST switches between things and needs attention immediately. The special guardianship assessor said that in the event of not having the emotional availability of his carer, ST's needs can escalate. It seems that ST requires the constant reassurance balance around him to promote his feelings of security. Dr Maguire opines that: "Should ST be placed with other children, and especially if these children have additional needs, then his carers face the risk of not having the resources to support his additional needs as best they can, facing more stress and possible burnout and that may mean that each child faces the risk of individual needs not being met and of placement breakdown. While I think that W's older children may not need the same level of practical care as younger children, supporting them through adolescence and their GCSEs presents with different challenges. In my professional and personal experience, these challenges can be even harder to manage than those faced by parents of younger children and because W's own children have neurodevelopmental, emotional and behavioural difficulties, the challenges involved in offering the level of care they need may be even higher". 103. She also questions the extent to which ST has formed an attachment relationship with W, and

concludes that: "I think for ST, the risk presented by W not being able to fully manage the care of all four children outweighs the benefits of ST moving to a permanent placement with somebody he already knows". I have already cited Dr Maguire's view when I put to her the possibility of ST being the only child with W's children, which mitigated the risks, but did not remove them. I know that W has a supportive family. I have read the family group conference minutes a number of times. However, the assessor points out that: 104.

"Although she has an identified support system, the varying sources of support do not provide a consistency of care, which would promote ST's sense of security, predictability and routine. These are highly important factors, especially in the light of his identified level of emotional needs". 105. The Guardian agreed and said: "His primary attachment figure, if they do not give him what he needs, his behaviour deteriorates. W's son could of course help, but there was always a deterioration when the female carer in his foster home was not available. His primary attachment figure would be W, and he would place demands on her".

106. What ST needs, and indeed W's own children need, is her. They need her consistency, and I do not think she can or indeed would want to delegate the emotional work of supporting the children in her care. Although [names redacted] and the others mentioned in the family group conference would undoubtedly provide practical support, they are limited by geography, their health and their own lives as to what can realistically be offered and even if professional respite and their care was also offered, it is the attention of the main carer, the main attachment figure that ST needs, and arguably teenagers need too.
107. Overall, the evidence suggests that W would be very thinly stretched from an emotional point of view, trying to meet the needs of three children in her care. ST has flourished in his current foster placement where he is the only child. He has met so many different adults, but he does seem to benefit from a consistency of care and boundaries, which W may struggle to give, balancing the needs of two other children, even with the support of her network. They cannot be the consistency of emotional care that ST needs. I now highlight the evidence given about what if ST were the only child with W, in addition to her own children. Throughout her written case, she wanted to offer a home to both ST and AB and so, as I have already said, the written evidence was prepared on this basis. However, the Special Guardianship assessor was clear that even if ST was the only child placed with W, her own children's needs would conflict with his and W's daughter's needs in particular. 108.
109. W's daughter needs attention when she is struggling. She has an anxiety about children who are even younger than her. The Guardian's clear conclusion was that although the 110. 111. 112. 113. 114. advantages of being kept in the family are clear what predominates is that W's daughter's anxiety has yet to be resolved, and there are a number of challenges which are difficult to overcome, and there is a child where there is a level of uncertainty with W's daughter and ST is an anxious child. I have already quoted Dr Maguire's evidence about ST being in placement, and ST's social worker was clear that her recommendation would not change if only ST were in W's care. "W would do her best," she said, "but if he was placed there on his own, if even her children did not have additional needs, I think it is still a

stretch because of ST's needs". Even if she had no other children, it might be difficult. The Guardian endorsed this view, that although the risks were lessened by just placing ST with W, it was clear that they were still there and it is clear from the professionals' meeting note that the group concluded that neither child should be placed with W, and that they considered them as individuals as well as a pair. I look at the risks that W would have to manage in contact with the family. I have set out already that W would do everything within her power to keep ST safe, but that the wider family are unlikely to work openly and cooperatively with her, or indeed social workers, based on past behaviour and that W knows this. She says that the mother is secretive. Added to this, we do not know how the outcome of AB's proceedings will be received by the family, and where blame will be apportioned within the family network, and I would be concerned if it were apportioned on the most vulnerable family members. Therefore, W would have to deal with contact, and even with professional support, this could be a challenge. W has attended a workshop called Preparing for Sensitive Conversations with Kinship Children, but I think there is an additional complexity over and above, I am sure, the issues dealt with in that workshop, due to the circumstances of AB's conception. W's own children, for understandable reasons, have not been told about AB's parentage, and it is hard to know how they will respond, and how it will impact their view of ST. The social worker fairly says they are likely to be confused, and it will have a huge impact on the household. Although it is no fault of ST's, the information may alter their view of him and his family. W would need to tell him the reality of the Court findings as well, because no one else in his family is likely to and they are likely to undermine her narrative because they do not accept it. I look at W's evidence, and it seems to me that she may have minimised some of the challenges that she would need to face with ST in her care. In her initial viability assessment, she self-reports no physical health needs or history of mental health concerns. Her healthcare assessment came back with a history of anxiety and depression, arising from the stresses of being a single parent, and that she may be susceptible to a relapse of low mood. She also has the hereditary syndrome [redacted].

115. Dr Maguire questions whether W had fully disclosed the full extent of her children's difficulties during the first assessment. I think that the issues are flagged by W, quite clearly, but the complexity of the situation in her children has only become fully apparent with the CAMHS and school disclosure. Dr Maguire reflects that either she does not view her own children's difficulties as being much of a problem as professionals view it, or that she has not been honest in order to facilitate the boys moving to her care, or she does not anticipate the challenges involved for caring for four children with additional needs.
116. Having listened to W, I do not think she is being dishonest or trying to mislead. However, there is a tendency I think throughout her evidence to understate the scale of the challenges for caring for the children and ST together. She agreed with Ms Littlewood she was a glass half-full person, and that was apparent in her answers in court. For example, she told the Court that her daughter will lay around in her room on her laptop or phone even when her friends come over. However, CAMHS note that she told them that W's daughter spends 90%

of time in her bed just lying there and thinking and when asked about the different impression these two descriptions gave, W said, well, it depends how her daughter is on the day. That may well be true. However, within these proceedings, I think there might be a tendency of W to downplay the complexity of the situation that she deals with.

117. Another example is in her first statement she gives the impression that her daughter managed to attend all of the anxiety group work, whereas in fact she attended one group session with W, and was unable to complete the rest. Similarly, in questions posed by Ms Barran, said she does not think ST has ADHD of the same gravity as her daughter. Maybe there is a tendency to minimise the scale of the challenges ahead. Finally, W told Ms Littlewood that she could care for both AB and ST and maintained that position throughout cross-examination until Ms Youll representing AB through his Guardian asked her if it was in AB's best interest to be cared for by her and W had to concede it was not. I do not criticise her for changing her position. It was an honest and courageous thing to do. However, I think it is illustrative of how her desire to provide the boys with a home overrides her ability to see the tough reality of doing so, which is a theme of her evidence. She conceded many times in court it would not be easy, but in my view seemed to somewhat underestimate the scale of the challenges. This led the social worker to give evidence that: 118. "I do think she understands ST's needs to an extent, but it's the first time today I have heard her say she would only care for ST, so does she fully understand what she is taking on and ST's needs?" 119. 120. I look at whether making an order for ST would be better than making no order at all, and the range of powers available to the Court. I am asked to make a decision about the adoption of ST, and so his paramount consideration is his welfare throughout his life. If I conclude a placement order accords with his welfare, then I have to determine whether his welfare requires me to dispense with the consent of his parents to making such an order, and I remind myself of the guidance of *Re P (Placement orders: Parental Consent)* [2008] EWCAB Civ 535. I am content that in section 1(4) of the 2002 Act, paragraphs (a), (d) and (e) have been dealt with, and so I turn to paragraphs (b), (c) and (f). Paragraph (b) is ST's particular needs. I have already mentioned ST's particular need for attention. The social worker told us in the witness box he is a child who needs to be the focus of attention in the home. In her statement of May 2025, the social worker sets out how ST's last placement broke down, how the carer struggled with poor sleep, and had the support of a therapeutic fostering and care team.
121. His nursery time was increased, and the student social worker came once a week to do one-to-one work with him, during which he told her he was scared, and the foster carer went so far as to request a support worker at night. The previous foster carer reported he was active and demanded lots of attention, and displayed some challenging behaviours, like not listening to instructions or adhering to boundaries. A discussion between the GP and ST's last carer led to the ADHD referral being made. The current carer is also very experienced and has had training and support in managing children with complex needs. ST is sleeping through the night in her care, but he does need a lot of attention, she says, and the nursery also reports that he often wants to be cuddled or to sit on an adult's lap in carpet sessions or

circle time. The social worker observes that ST responds well to one-to-one attention, and Dr Maguire agrees with this, that he has benefited from being the only 122. child in placement, due to needing high levels of attention.

123. Dr Maguire analyses all this information and concludes in her 2025 report that having met the family over a period of years, ST is a “harder to manage child”, and this may be his personality, his parents or carers not setting good boundaries in the past, or him showing anxiety in his attachments, which means he finds it harder to follow the adult lead and seeks their attention through his behaviour. I can see from reading the information provided that ST has continued to display behaviours which reflect anxiety in his attachment and continues to need adult attention. She goes on: 124. “The evidence base suggests that because he has experienced early adversity and shows some anxiety in his attachments, ST is likely to need a higher level of care and support than other children”. 125. 126. She highlights that he is more sensitive to future adversity and disruption than other children, and that his start in life and his possible ADHD are part of this. She highlights that he is more susceptible to developing emotional, physical and behavioural and social difficulties as he moves through childhood, and this risk would be increased, she opines, if he does not receive the level of care that he needs. ST has particular needs arising out of his family’s history. Dr Maguire says: “ST also faces challenges involved in understanding his family history, the abuse that’s occurred, and managing the possible social and emotional impacts of this. He has a particular need, in my view, to have somebody help him navigate his life story”.
127. Dr Maguire looks at the evidence base and concludes that: “ST would be better placed to cope with the challenges involved in learning about his family’s situation if he has good emotional, social and behavioural wellbeing, because the parenting he receives will impact on his wellbeing, and therefore impact on how he copes with these challenges”. 128. 129. 130. The complexity of the situation is highlighted by the fact that both QR and OP regard AB as their nephew. That is true to an extent, but he is also their and ST’s half-brother. UV and the father have never accepted the fact-finding judgment, or the inferences drawn from the DNA tests, and the circumstances of AB’s conception and its impact on all the family members is one that ST’s immediate family are not well-equipped to help ST with. Family members, other than the mother, do not accept other aspects of family life set out in the threshold document that have led to care proceedings. There is a pattern of dismissal and denial, and his immediate family are psychologically ill-equipped to deal with a uniquely sensitive situation. In theory, although an agreed narrative could be suggested, this family does not seem to me to be a family who are able to provide a consistent, considered, sensitive response to ST if he asks about AB, or indeed other factors that led him being placed away from his mother. He has a particular need to learn about his family history in an accurate, age-appropriate and planned way, and that places a particularly heavy burden on whoever cares for ST to tell him honestly, but also sensitively, about his history as he needs them to do. I look at the likely effect on him of having ceased to be a member of the original family and become an adopted person. There would be a severance of legal ties with

the birth family, which is lifelong and fundamental. The relationship with the birth family would be constrained and subject to risk assessment by the Local Authority. Direct contact would need to be risk assessed. It is a lifelong decision that affects his sense of identity as he grows up. It would extinguish the parental responsibility of his parents, and he would be treated in law as a child of the adopted family. That has potentially an impact on identity, self-worth or self-image.

131. As Dr Maguire points out, adopted children may experience a sense of indifference, persistent unconscious loss, persistent confusion, which impacts their psychological well-being. ST knows who he is in his family. He has an ongoing relationship with his mother and siblings. It would be a huge loss for ST were he to be adopted. He is an integral part of his sibling group and adored by his mother and loved by W. I look at the relationship he has with his relatives and the likelihood of that relationship continuing and the value of it doing so to ST, the ability and willingness of his relatives to meet his needs and the wishes and feelings of his relatives. The mother wishes to care for ST but accepts at present she is not able to do so. W puts herself forward for him and the father wants to have contact with him. 132. 134.
133. OP said he wanted ST placed in W's care. He was asked about what he wanted me to know about his relationship with ST. He said he does not have a relationship with ST because he barely sees him. He said he last saw him about a month ago with his mum. He was very clear he would want contact with ST whatever happens and there is a value to ST remaining part of the family within which he has a clear identity and a clear role.

Analysis

I move now to looking at the realistic options for ST and to take a step back and evaluate all the options with a global, holistic, multifaceted evaluation of ST's welfare that takes into account all the negatives and positives, the pros and cons of each option. I remember the guidance given to me in the case of HW (Children) [2022] UKSC 17, which tells me that decisions leading to adoption require a rigorous evaluation and comparison of all the realistic possibilities of a child's future in the light of any factual findings, though I have to evaluate the family placement of W, the nature and likelihood of harm that the child would suffer in it and the consequences of harm arising and the possibilities for reducing harm and mitigating its effect and then compare the advantages and disadvantages of that family placement with adoption.

135. Only this route leads to the Court being able to make a decision for a child's lifelong welfare and decide what is both necessary and proportionate. In cross examination both social workers and ST's Guardian were taken through their balancing of the options in their witness statements and analysis, and they were asked about whether they could have included more positives for W and more of the drawbacks of adoption. Indeed, it would have been helpful to the Court had they done so with more rigour.

136. However, their light-touch approach in writing risks the impression, wrongly I think in this case, that they had ruled out W. However, whatever the nature of their balancing exercise, it does not absolve the Court of the need to carry out its own analysis of the pros and cons of each option. For completeness, although the mother rules herself out, I want to record that she loves ST. If he were with her, he would be with family. ST loves her. He enjoys his time with her. He has bonds with his brothers and sisters.
137. Against this, she is not able to put in place consistent boundaries. She has not worked openly and honestly at all times. There is a risk of harm, given the findings I have made that have not yet been mitigated by her doing the work she needs to address this. She has not had that therapy she needs to address her own complex past. She was dependent on the father in the past, and I cannot rule out that she may resume a relationship either with him or become dependent on someone else until the work she needs to do is embedded. She is managing the complexities of a relationship with UV. She has had a long involvement with Social Services that has not led to sustained improvements in the home conditions or her parenting ability. If ST were returned to her care and removed, it would be catastrophic. The father wants as much contact as possible with ST. He is a forceful and controlling figure who has had a considerable sway over the mother in the past. There is a real vulnerability in this option, given the history of the case and the influence that the father may exert in future.
139. Although no one presses long-term foster care as a preferred option, for completeness I address it because it would mean that ST could maintain a relationship with his family, be cared for by safe, vetted foster carers. The Local Authority would have parental responsibility for him. Contact could be arranged in a safe way. He would be protected from the harm arising out of that complex family dynamic.
140. A placement could be found to meet his individual needs. He would have a bespoke placement that would not be impacted by other children's needs. There would be ongoing professional support to manage the impact of being away from his birth family. He would be protected from learning about his birth family history in a way that does not meet his needs because it could be professionally managed. He would get a high level of protection from the father, and it would be reviewed at LAC meetings. He may get additional support at school, and he may get a foster referral for ADHD. 142.
141. Against this, it is hard to find a cultural match for his heritage. There are the psychological risk factors for a child being placed in foster care, which Dr Maguire says are greater than those posed by adoption or kinship care. He would have a corporate parent throughout his minority. He would risk changes and different carers. He has had three carers already and he is only four years old. There is the stigma of being a child in care, the continued state involvement, the long-term uncertainty and the possible placement moves. This option does not meet his need for stability and the risk of the father finding out where contact is taking place or where he is living and turning up is mitigated but not fully addressed. In favour of Adoption, it provides stability and permanence. A family would be chosen to meet ST's needs and give him a stable and predictable home. The Local Authority would not be

making decisions for him. The adoptive parents would. This option provides the highest level of protection against risk of harm arising out of the complex and toxic family dynamic. He would be protected from learning about his birth family history in a way that does not meet his needs. There would be somebody independent of the family, given the important job of managing how and when and what he is told of his life story in an accurate, age-appropriate way. Permanency best meets his needs for stability after a number of moves he has had during childhood. ST would not be impacted by other children's needs. A placement would be looked for that meets his bespoke needs. There would be ongoing professional support to manage the impact of being separated from his birth family. His contact with his birth family would be calibrated around his needs and he would have the highest level of protection from the father. The adoptive family's identity would be confidential, as would their address, and any contact could be professionally supervised. There could be a limit on what is known on social media about ST and his location, and there is no wider family dynamic to manage in terms of others tipping off the father or saying things that are ill-advised because everything would be professionally supervised. It is a plan which all professionals think best meets his needs, and Dr Maguire says the research suggests that option has better outcomes for children than long-term foster care. 144. 143.

145. Against this I balance the delay and uncertainty inherent in the process of finding the right adoptive family. However, I remind myself of the case of CM, in which the Court of Appeal said that once a decision is made, delay is a matter for the Local Authority adoption agency and not the court, because the limit of the court's jurisdiction over Local Authorities and their planning is clearly circumscribed by Parliament. There is inevitable tension between the decision that adoption is required and the impact of delay on ST, who is waiting for a placement. He would need to move from foster care to the adoptive placement, and there is a risk of more placement moves while he is waiting. There are factors in ST's life that make him harder to place than some children: his age, the ethnic match, some of his behaviours, the possibility of a [redacted] gene, which will not be known until he is 10 or so. There are the unknowns of the adoption plan, whether other children would be in placement, and whether a family could be found to meet his needs. He struggles with the process of change, and the introduction of an adoptive family would be hard. He may reject them. His clear sense of place and role in his birth family will make this option deeply confusing. He clearly loves his mother, and she clearly loves him. 150. 149.
148. Adoption has lifelong implications. It limits the ties to the birth family and could lead to a particularly devastating sense of loss. He may face challenges in relation to his identity in later life, and adoptions can and do break down. It carries the emotional risks of loss and the sense of being different throughout his life. I look at the option of W. This could be under a care order, supervision order, or a special guardianship order, and could be tested in any event under an interim care order. I bear in mind when looking at W the support that could be offered to her should the child be placed in her care. This could include respite care from the Local Authority, therapeutic underpinning; that fostering and adoption resource that his current carer has, and risks could be mitigated by the high level of support of her family and

the training that she would need to manage the risk of all the children in her care. She is warm and loving. She has raised her children and met their needs and is a good advocate for them. He would be raised with his extended family. He could have family time with his mother and his siblings. She can meet his basic care needs. She has a clean and tidy home. She has met his emotional needs in the context of contact. She knows him, so his transition to her may be easier than to a foster carer or adoptive placement. She is willing to take advice. She has done the training recommended. She works well with professionals. She has been consistent in contact. She has been emotionally available to her own children and a good advocate for them. She understands from her lived experience the values of kinship care. She has an understanding of ST's cultural heritage and Dr Maguire says the earlier the children achieve permanency, the better the outcomes will be and so there is less delay in this option, assuming it does not break down, and the research suggests that outcomes for kinship care may be better compared to local authority or foster care, says Dr Maguire. 151.

152. Being placed with his biological family may aid him in his sense of belonging and W has the skills to deal with children with ADHD and is experienced in managing her own children's needs. ST and W's son have positive contact. The mother supports the placement as does the wider family in preference to adoption, which mitigates risks. W is realistic about the risks posed by ST's family, and the father in particular, and would take steps to protect him. There could be tightly managed contact to mitigate risks of ST's family dynamic.
153. W is prepared to take time off work and change her working pattern. She does not work in school holidays. She is cautious about the mother and does not believe everything she says. She is realistic in viewing the risks involved. She has a good family network and excellent offers of help in the family group conference, including other family members with experience of children with additional needs. The transition period could be carefully crafted with therapeutic underpinning and ST may be less likely to reject W as a carer because she is known to him as Auntie and Mum would remain Mum. She values education and works well with the children's schools.
154. Against this, we know that ST does best when he is the sole focus of his carer. Although ST would have a permanent placement sooner with W, there are factors that increase the risk of breakdown of this placement, which would be catastrophic for him. ST, says Dr Maguire, will need support over and above what will be needed by other children placed in care to help him manage the impact of learning about his history and AB's parentage. ST needs to be protected from learning about his family history before he is ready and needed to be protected from the stigma associated with this family history and this would be harder for any carer to manage within the dysfunctional dynamic of ST's family with children who are adults or nearing adulthood and what we know about this family's ability to work openly. 156.
155. Although W has skills to manage her own children's additional needs, there are challenges managing more than one child of particular needs and that those needs may pose different challenges given the stages of the children's lives. That is to say that managing a teenager

with ADHD is different to managing a four-year-old with behavioural challenges and potentially ADHD. Each child is going through their very own particular stage of development. The needs of vulnerable teenagers are different from ST's needs, and I think it would be hard for any household to balance the needs of both. Indeed, W accepted she may not get much sleep. W's daughter has a high level of needs. She has GCSEs next year and will likely continue to need her mother's high level of input to get to school and stay in school and managing her anxiety around it. W's daughter's response to ST is untested and her own difficulties do not seem to sit easily or be compatible with living with a younger child.

157. Although W can put boundaries in place, this has not been fully effective for the children because they both still have difficulties at school in terms of their attendance and behaviours. That is not a criticism of her but a reflection of her children's high level of needs. Her own children's complex needs means that ST's run the risk of being overlooked. The low attendance of her children at school means that ST lacks positive role models when he starts school in September. Both W's children have significant behavioural difficulties in interacting with the outside world at school and her daughter isolates herself at home. There is a risk, and I do not overstate this, that ST may copy the impulsiveness of the son or the irritability of the daughter and that they will influence his way of behaving. He needs a high level of vigilance and emotional support to help him manage another change. The father is, as we know, someone who does not respect authority. He wants as much contact with ST as possible and although W's risk assessment suggests she is in a good place to manage that, he is a forceful character and his insistence on contact may well place the placement under strain. The family have individually and collectively in the past undermined safeguarding measures and not been honest with social workers during these proceedings. Therefore, carefully managed contact within these proceedings did not remove risks at various points in time. I am thinking of the time when the father had contact with ST in the family home, so there is a real risk that despite her very best efforts, the family dynamic and the characters within it would undermine W's attempt to keep ST safe and she has to keep him safe until he is 18. She would have to manage the wider family members, including the adult children who 160. 159. 158. pose different risks to ST, and I have already mentioned two family members with a history of drug use and there will be family gatherings throughout ST's childhood that she will have to navigate. The family as a whole do not accept AB's parentage or the broader history that I found in this case and W would be the primary figure to have to manage this and it is fraught with difficulty. Although this is less acute if AB is not with her, she will have to share ST's family story with him and deal with the reasons that AB was adopted within the context of his father, his brothers and his sister not accepting AB's parentage.
161. Although this option could be underpinned by a care order or supervision order, that comes with a level of intrusion from the state. The less intrusive option means W sharing parental responsibility with the mother and the father and that may be difficult because of the mother's avoidance and minimisation and the father's level of risk and forceful personality. It ties her to them throughout the child's minority and Dr Maguire was clear that despite W's

positive qualities, the risk of a family dynamic makes it hard for her to protect ST from harm. Again, one could mitigate this risk with a care order and giving the Local Authority parental responsibility but that brings its own disadvantages of a corporate parent. She has been overly optimistic, I think at times, about the challenges. Although she has an excellent support network, ST needs a primary attachment figure to be consistently available to him. Without this, these behaviours escalate, and W's own children do need specific support of their own. The emotional work of supporting each of these children cannot really be delegated, which places a huge pressure on W. Although she has transferable skills caring for her own children, ST's needs are complex and not identical, and his behaviour escalates when his needs are not met. Although he settles well in each placement initially, his needs become more acute after his settling in period, so there is a risk that the transition period would not give us a realistic picture. 162.

163. Having looked at the pros and cons of each option, I have found this an incredibly finely balanced and difficult decision to make. However, looking at all the relevant factors, I conclude that a plan of adoption best meets ST's needs. I need to consider whether making a care and placement order is proportionate in accordance with Article 8 because I should only intervene in the life of this family to the extent it is necessary and proportionate to the risks of the child and it is ST's welfare that is the golden thread throughout this judgment. I am satisfied that the care and placement orders are proportionate orders. Sadly, I cannot realistically envisage that W will be in the position to provide the care that ST needs to meet the totality of his needs, given the other calls on her time and the challenges posed by his family dynamics. I am satisfied that adoption offers the best way of meeting his needs for permanence and security. I accept that this now is genuinely a case where nothing else will do, short of adoption, and I am satisfied the position is really very clear now that his welfare requires me to dispense with the consent of his parents. 164. Contact 165. I look at contact, and the mother has never undermined the foster placement, but she lives with unpredictable young people and was unable to effectively support her own boys returning to their foster carer when they came to her house and the wider family dynamic is unstable. There is always a risk of the family telling the father what is happening.
166. Dr Maguire gave evidence that contact had the potential to work well for ST and did not rule it out, but she said it needed to be considered in the light of how he settles in the placement and how the family members are coping, by which I think she meant the birth family members. She took the view that how the family members cope with contact, if they have it, is important to how ST is doing and needed to be reviewed. 167. 168. 169. 170. 171. 172. 173. 174. The family finder evidence was that contact needed to be under review and needed to promote stability. Contact being supervised mitigates some risk of what is said about AB and his parentage, but that risk needs to be assessed. The Guardian said that a contact order is not necessary because the Local Authority will advocate for ST when it comes to matching and support it and they have already set out the plan of what they would like to happen. The paramount consideration when considering contact is ST's welfare, both now and throughout his life, and a contact assessment needs to be taking place, which calibrates how

he settles with an adoptive family, his birth family's reaction to adoption, and it needs to be underpinned by therapeutic work. The Local Authority are committed to the principle of a reasonable level of contact with the family, including face-to-face, and there is authority for the proposition that in such circumstances an order for contact is not necessary, that is *Re C (contact)* [2008] 1 FLR 1151 and in this case, given that level of commitment by both the family finder and the Local Authority, I make no order in relation to contact.

Conclusion

In conclusion, and subject to further submissions, I make the following orders. I have recorded already the threshold criteria met, and I dismiss the special guardianship application. I invite the Local Authority to amend their care plan, to set out that contact will be kept under review and risk assessed with all family members, including the father, and to set out the contact trajectory, which they put in their contact document into the care plan itself. They should, with their amended care plan, confirm that they will commission specialist therapeutic support and advice to ST and his carers, and making those decisions about direct and indirect contact. The Local Authority accept that this may exceed what the adoption support fund will pay and is not likely to come from CAMHS. I think W should clearly be included in the contact plan and assessment. I make a care order, therefore. I dispense with the consent of the parents. I make a placement order. I direct a transcript of this judgment be prepared. I give permission to disclose documents to prospective adopters, including the court order, the updated CPR, the adoption medical, the reports of Dr Maguire, and the Guardian reports, and the judgments, both in these proceedings and in linked proceedings, if necessary. I make the usual orders as to costs. I would ask Ms Littlewood's instructing solicitor to remember to send a copy to Dr Maguire, and I think probably to the [redacted] so they can see how their work was considered in the judgment. I thank the Guardian and the social workers. They do a difficult job, and I am particularly grateful for the consistency that they have provided for ST. This social worker knows the family so well and I am glad that she tells me that QR and OP are doing okay and that she has maintained her relationship with them. I thank her because she will probably be the person that tells them the outcome of these proceedings and that is not an easy job. I thank the Guardian for attending despite ill health and struggling through her evidence despite being unwell. That is a mark of the dedication that I often see in professionals assisting the Court, putting the welfare of children above their own. I want to thank the foster carers who have provided care for ST. Finally, I wish to thank counsel. I have been greatly assisted by continuity of representation from Mr O'Brien, Ms Roberts and Ms Barran. Ms Round and Ms Littlewood have had the difficult job of coming to a case more recently which is voluminous and complex. This has been a difficult and sad case in which to make a decision, but my job would have been immeasurably harder had I not had the help of excellent counsel throughout these proceedings. I finally would end this judgment with how I ended the summary that if ST reads it in later life, I hope he understands that he is deeply loved. 175. End of Judgment Transcript of a recording by Acolad Ltd 291-299 Borough High Street, London SE1 1JG Tel: 020 7269 0370 legal@ubiquis.com Acolad Ltd hereby certify that the above is an accurate and complete record of the proceedings or part thereof. This transcript has been approved by the

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