

Before: Her Honour Judge McCabe

BETWEEN:

M

Applicant

and

F

First Respondent

and

T

(BY HIS CHILDREN’S GUARDIAN)

Second Respondent

Mr Matthew Fletcher instructed by Sills & Betteridge LLP for the Applicant Mother

Miss Rosanne Godfrey- Lockwood instructed by CH-R Family Solicitors for the First Respondent
Father

Miss Abigail Turner instructed by Charles Strachan Solicitors for the Second Respondent child via
his Children’s Guardian

JUDGMENT

IMPORTANT NOTICE

This judgment was delivered in private. The judge has given leave for this version of the judgment to be published on condition that (irrespective of what is contained in the judgment) in any published version of the judgment the anonymity of the children and members of their family must be strictly preserved. All persons, including representatives of the media, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of court.

Introduction

1. This is an incredibly sad case.
2. I am concerned with T, (dob) who is now two and a half years of age.
3. He is a much loved, much longed for little boy. Quite plainly he is the centre of his parents' world.
4. He is the first child of the Father. The Mother and the Father were in a relationship between 2018 and 2024, co habiting from the end of 2019.
5. T is the second child of the Mother. Tragically, her first child, E, died in 2017 when she was just four and a half years of age. I have heard almost nothing about E in this case, naturally the focus having been, very rightly, on T, but I am quite sure that her daughter's tragically short life, the trauma and loss which I am almost certain remains unresolved, plays a hugely significant part in the Mother's current emotional and psychological functioning and what I will go on to describe as a highly (unreasonably highly) anxious approach to parenthood. It is, frankly, not at all surprising that it should be so. It is, however, sadly, very troubling when considered through the lens of T's welfare.

Parties and their positions

6. The parties each make allegations against each other. It is, of course, not for the Court to allow the parties to litigate every single factual matter that they may choose to highlight, but to determine the facts that are necessary to be determined in order to inform the welfare decision making in the case.

7. If I have not dealt in great detail with each matter in the schedules and evidence advanced by the parties it is because I do not consider that it falls within the category of the necessary, relevant or proportionate to the ultimate decisions that I will need to make in this case.
8. Of the many allegations and facts that the parties have sought to advance as being relevant to T's case I have sought to identify those that are important to inform the ultimate necessary welfare decision.

History

9. From T's birth until the events of the 11th of June 2024, T resided with his Mother and his Father in the Father's home, which is the next door home to the house where his Paternal Grandmother lives.
10. On the 10th of June 2024 the Father went to the police to report various matters as against the Mother. On the 11th of June 2024 the Mother was arrested for controlling and coercive behaviour, assault by beating, child neglect and supplying a controlled substance to another. I should add that the police took no further action in respect of these allegations, but for a period the Mother was subject to fairly stringent bail conditions.
11. Since that time T has lived with his Father and has had contact with his Mother supervised by an independent social worker. There was a change in social worker, who refused to continue to work with the family due to allegations that the Mother had made against her, but the contact has, happily, continued. I am quite clear that T's relationship with his Mother remains an important and significant one. I am, further clear, that T's holistic welfare needs are being met in his Father's care.
12. Each of the parties raises allegations against the other which demonstrate, to state it mildly, a polar opposite style of parenting. Each suggests that the other is causing harm to T due to their

different way of parenting. It is for me to consider in this judgment the necessary and relevant facts and any harm that may flow from these factual findings.

These proceedings

13. These proceedings started on the 1.7.24. There have been numerous hearings before various tribunals. The proceedings have been acrimonious, with difficulties requiring the Court's attention in matters such as agreeing the letter of instruction to the expert and the minutiae of how orders should be drafted. I pause to record, for the benefit of the parties, that this is exactly how *not* to co parent. What T needs is for his parent to work together, not against each other, to communicate effectively, not to report each other to professionals. To stop, essentially, the battle and to take whatever help is necessary in order to provide safe parenting and co-parenting.
14. I have conducted a fact finding hearing, over two and a half days, considering matters that are set out in a composite schedule of allegations and found at page 1459 in the supplemental bundle. When I refer to pages of the bundle (which I have read) I will use either the letter 'B' for bundle or 'SB' for supplemental bundle. Where I have underlined any part of the oral evidence that was given before me, this is my emphasis.

The Evidence

15. The first witness from whom I heard was:

Dr Mohammed Rahman, consultant paediatrician, single joint expert

16. I am afraid that I found his evidence to be most unsatisfactory, both in written and oral form, and I would have to say that his evidence really failed to provide any robust or reliable assistance to the Court on the complex and nuanced issues in this difficult case.

17. I was very surprised to hear the following answer given to the following question, given that this issue might be considered to be at the very heart of the case, certainly insofar as the Father's allegations are:

“Qu: Allegations of FII and Perplexing presentations was an issue, this was clear in the Letter of Instruction?”

A: I can't comment on that”

18. Very unfortunately, the Doctor's report, which was provided late, wholly failed to undertake the task which is essential in cases like this; namely the careful, chronological, objective and neutral analysis of a parent's interactions with the medical professionals in the child's life. There was no attempt made at all to compare and contrast what, for example, the Mother had reported with that which had been observed by the professionals, no attempt to identify patterns or habits, no consideration of challenge that may have been made by the Mother to the views of the professionals (and, indeed, which on the evidence had been made) , no detailed analysis whatsoever, and really, ultimately, no assistance provided to the Court at all.
19. As if there were not already concerns about the quality of this expert opinion, the expert then proceeded to form a conclusion (part of nobody's case) and seemingly from out of absolutely nowhere, that the Father, rather than the Mother, should be considered to show behaviours of FII. This was 'based' on what appears to me to be an extraordinarily slim conclusion, and it led to me having to be even more careful in my treatment of this expert's evidence.
20. Dr Rahman was, furthermore, really quite closed in his oral evidence, being prepared to make no concession on any topic when questioned. This was surprising.
21. The lack of objectivity that Dr Rahman was able to bring, which in my view bordered on the defensive might be neatly demonstrated by the following exchange (this trying to understand

his purported identification of FII in the Father which, as stated, had not been part of anybody's case or featured in his letter of instruction):

“At 12 month assessment a concern was raised about his Gross motor skills? Yes

Identified as need / risk factor? Yes

Your report said no concerns at 12 month review?

I didn't give it much highlight as otherwise doing what would be expected

He scored 10/60 on the Mother's scoring

Low score? Yes, but we are looking at broad types of development

It's a screening tool not a diagnostic tool.

Then assessed at 18 months which is earlier than normal time? At the request of Father.

You state in report you are concerned as contents of report solely based on ASQ done by Father?

The Health Visitor was Ms G she confirms the answers to the question, doesn't she?

ASQ completed as result of answers to questions father gave as well as what she could see during the appointment?

But we have to question which parts the Health Visitor objectively identified and which part the Father answered.

The Health Visitor herself has said she completed observations of the child? Yes, we cannot deny that.”

22. Why an expert witness would find themselves having to acknowledge “we cannot deny” factual evidence from a medical professional surprised me by demonstrating a lack of an impartial approach.
23. I found that the Doctor really seemed to struggle to see any concerns at all about how the Mother was behaving. This is an answer that he gave in his evidence: “*I get worried when a*

parent is trying to take the role of the doctor and direct enquiries, that causes me concern” It is interesting that he had not picked up in the medical notes (and this may be a result of the lack of disciplined chronological enquiry already commented upon) that the Mother had repeatedly asked for a scan to be performed of T’s abdomen, in the face of the GP’s opinion (s) that this was not indicated and that the Mother had sought a blood test for a viral infection, and some additional test for allergies. She was clearly, in my judgment, ‘directing enquiries’ as none of these tests had been identified as being necessary by a professional.

24. Indeed, when he was asked the question about that specifically he answered:

Qu: At 161 SB despite two normal test results on the 22nd and 23rd 2023 March she’s asking for further testing on 27th of March?

A: What’s wrong with that?

25. Of course, it may be the case that he had carefully considered the requests by the Mother seeking these tests and for some extremely good reasons had considered that they did not cause any professional concern to him but there was no analysis provided by him at all as to why and therefore very little reassurance given by his answer.
26. It seems to me that the report of Dr Rahman is fully predicated on the basis that ‘a parent’ (and in his context, specifically, this Mother) may demonstrate any level of anxiety, and therefore involve any number of professionals and that this would be considered reasonable by this expert. I sensed a real absence of professional curiosity to consider on any objective basis at all whether the behaviours demonstrated by the Mother could be considered in any sense harm causing. This question and answer series aptly demonstrates that in my judgment:

“Qu: There were significantly high level of alleged symptoms being reported by the Mother which are not observed by the professionals?”

A: Depends on what you are trying to prove

Nothing bad here that specifically draws my attention

Child exposed to great many professionals during this time for examination? Yes

Qu: 7 different doctors in 2.5 months do you not consider excessive?

A: This where we have to be very careful, the reason why a parent seeks medical attention is not primarily what they are doing but reason why.

We see children who are brought to us who are extremely well, but the parents are very anxious

If you focus on a parent being at fault, you will read things in the wrong manner

Qu: Not about fault, it's about whether parent reporting in symptoms that other professionals not seeing and leads to child being examined unnecessarily

A: Parent knows child much better than any other health professional just because prof doesn't see that it's wrong to think parent is making it up

On the 4.6.24 mum called 999 during supervised contact found to be well by ambulance staff, no action

Not an example of M fabricating or exaggerating symptoms you said in your report

Qu: Immediately apparent to the medics he was fine?

A: But to the mother and if that's what she sees that's what she sees

27. Due to that lack of curiosity and lack of forensic scrutiny, the report and the Doctor's oral evidence together really fails to take the case any further forward in terms of the issues.

28. I was also a little dismayed by the Doctor's reasonably fixed view as to what causes (and what does not cause) emotional harm.

Qu: If notes from ISW right that child extremely distressed, accept this is emotional harm?

A: Being examined by doctor does not itself cause emotional harm; children do react to these situation

Emotional harm has to be protracted for period of time, won't be just for a few times

29. I think that anybody who had read the independent social worker's recording of T's visit to the GP in October of last year when he was being checked for bruises and was "screaming and clawing to get away from the GP and the Mother would have had to disagree with this remark.

30. I heard next from **THE MOTHER**

General impressions

31. The main abiding impression I received from the Mother's evidence was of her need to control the process. She had a laser sharp focus on and an intense mastery of the facts and the papers. She exerted a real need to control the dialogue and the narrative, even to the extent of seeking to redirect counsel who was asking her to look at a particular document in the bundle stating that the process would be easier if the Mother was allowed to look at the same document in a different part of the bundle, (exhibited to her witness statement rather than amongst the medical notes).
32. My general impression of the Mother's evidence was that there were very few, if any, chinks in the armour of her self belief in relation to her parenting of T. There was an almost fleeting acknowledgment that it was wrong of her to have called the ambulance to the Waitrose café (on the occasion of her first contact with T post his having been removed from her care three

days earlier), but other than that I saw no sign of any capacity to self reflect or any ability to tolerate any questioning of her approach.

33. Taking together the written evidence of the Mother, with the oral, and the evidence that she has provided to third parties (in particular the reports that she has made to the police and the GP and social services post separation stand out in this regard) I also note that the Mother's version of events has been escalating, and in some instances, in fact concocted.
34. Shining also through the Mother's evidence is an overwhelming (and on the face of it quite genuine) anxiety about T. I was able to observe her visible reactions to the evidence that the Father gave about him, and could see the discomfort she felt in the manner in which the Father was describing T's care now (for example playing in the dirt in the garden)
35. Mr Fletcher, quite rightly, cautioned against confirmation bias in the approach of the Court to this complex case. In fact, due to the wide ranging nature of the sources of primary evidence, it is in fact relatively easy to ensure the discipline of surveying the 'wide canvas' of evidence that is so essential in a fact finding case such as this. The failure of the expert witness to provide the comprehensive overview that was hoped for means that the Court in fact has nothing other than the wide canvas to consider.
36. I am clear that in this case the written and the oral evidence 'speaks for itself'. There is no room for, and no need for, any biased or pre determined view point.

Evidence: Discussion

37. There were some themes that I observed in the Mother's evidence, and it is convenient that I set out some of them. Where I draw conclusions or make factual determinations I will include them within these topics.

Strong opposition to 'germs' / desire for 'cleanliness' / intrusive care (leading to, in some instances, a significant and unreasonable control of the Father)

38. At C326 and onwards in the supplemental bundle are a series of incredibly controlling and highly unreasonable messages from the Mother to the Father. I will not set them all out here, but they demonstrate, beyond any doubt at all, a most appalling and completely unacceptable regime of control and restriction in how the Father was able to interact with T and how T was allowed to interact with the world at large.
39. There are messages controlling when the Father could see T, messages giving him an enforced ‘quarantine’ after spending time in the pub, messages berating him for not wearing a mask (I should add that this is months and years post the Covid legislation requiring such a wearing), messages telling him off for not cleaning properly, messages telling him he must take off the clothes he has worn outside or in the cellar. There are messages reminding him not to let T get dirty, put dirty objects in his mouth, reminding him that T must not grow up believing everything in the world to be ‘clean’ but that he must be ‘squeamish’ about things. There is even a message telling him off for holding another baby in his arms, who may be infected.
40. The Mother states to the Father he is constantly putting T “in danger” by walking into shops and pubs without a mask. She criticises him for putting letters from the postman onto a ‘clean tablecloth’. There are, in their turn, messages from the Father to the Mother begging to be able to see or hold T and the Mother refusing this.
41. Taken together these messages represent a deeply troubling picture, both in terms of the Mother’s view of ‘danger from dirt and infection’ from the immediate environment and the world at large and of the dynamic of power exercised by the Mother over the Father and seemingly accepted by him without active opposition.
42. When asked about her view as to bruising on T the Mother said this:

“Yes, I think the Father should be able to explain every single bruise he may have

Learning to walk learning to crawl, accidents happen, but not on buttocks and not systematically, some of them are systematic

Qu: you didn't let him explore or climb, is that the reason he didn't have any bruises or marks when in your care?

A: I didn't have bruises as a child."

43. This exchange was to me very illuminating as to the level of control that the Mother instinctively brings to bear in her dealings with the Father, on this occasion on the topic of bruising.
44. Another repeated topic is of the Mother blaming (quite unreasonably, in my judgment) the Father for 'infecting' T.
45. At page 336 B "*a photo what I get almost every morning from T's nose, after rhinovirus he has from you, it's not okay*"
46. The Mother is, furthermore, a parent who is, in my judgment, quick to use intrusive methods of providing care to T. For example, giving T a suppository to assist with consultation without this having been prescribed following a GP consultation. For an average parent, it would be a significant step to take in providing care to their young baby, but the Mother was characteristically firm in her self belief in this decision:

Qu: "Why not try an oral laxative?"

A: It's up to the person to choose this was more appropriate as faster effect, oral effect would take days

What about upset, distress and pain? Believe me would also cause pain if given via the mouth

One fourth of the suppository did not cause distress"

47. The Mother's desire to protect T and her need to control his environment extended , on occasion, to a fear in her of the GP being able to touch him. At 169 SB 26.1.23 it is recorded in the notes that she was 'anxious about doctor touching him....Told the Doctor she didn't allow him to touch him'. At SB 169 it notes 'So anxious about me touching an examining the baby does not allow to change him.' And on at least one occasion the Mother is noted to be questioning whether the Doctors had sterilised their equipment (evidently considered sufficiently noteworthy to the GP to record in the medical notes.
48. This approach appears to continue. On 15.8.24 the Mother called the local authority safeguarding Hub to raise issues about hygiene when T is out in the community with the Father.
49. In a contact session on 16.8.24 the Mother shows the independent social worker a photograph of a girl in the play area wearing gloves as her mother doesn't want her to get dirty hands and the Mother says that she thinks that this is a good idea.
50. There are many, many examples in the evidence in this case of the Mother taking what I would consider in my judgment to be an overly fearful to the point of extreme approach to hygiene.

Medical anxiety

51. This is what the Mother said about a reasonably common viral infection, in my judgment showing a capacity to catastrophise;

"Croup is a serious condition that might be life threatening especially in boys due to narrowing of airways restriction of airways evidence of condition can appear suddenly needs special treatment like steam bath so this episode of croup may happen suddenly and for that reason its v important to seek medical advice beforehand

It could happen at any time could happen at night when medical treatment not available"

52. I am of the opinion that this is illustrative of a level of anxiety that is arguably beyond the ‘reasonable norm’. I note that the Mother subsequently seeks steroids, describing to the surgery a worsening cough. She also talks in contact (prior to taking T to the GP surgery) to T in the terms of “we will help you breathe.”

A strong and fixed belief in her own ability

53. The Mother has training and experience working in the pharmaceutical industry. I consider that this, on the balance of probability, may well assist her in having perhaps an overly strong opinion in her own ability when it comes to medical issues and care issues for T.
54. She said “*I have the knowledge to fulfill every day working practice*” when being asked about her provision of supplements to T. She said (of the NICE guidelines) “*I use these guidelines in work in clinical trials*”.
55. There is nothing in and of itself harmful in the making of these statements, but I consider it to be relevant context when considering how the Mother did or did not choose to engage with or defer to the medical professionals who are charged with providing T’s care.
56. The Mother was not prepared to engage with the Health visiting service at all prior to T’s first birthday and I found this to be a further demonstration of her strong self belief in her abilities (also, on the balance of probability, a demonstration of her desire to keep T away from possible ‘infection’ by people who may be ‘carrying germs’)
57. The evidence that she gave on this topic was:

Qu: “If you were just acting like a concerned mother when offered the support of the Health Visitor to be involved with the monitoring why you then decline it?”

A; Not all parents need Health Visitor support.

Qu: but you are asking for imaging of baby's abdo as she feels something 'pathological' so you are asking for more tests why at the same time decline support of the Health Visitor?

58. *A: It is a different standard of service, blood in stool can't be assessed by the Health Visitors I would need a GP level of assistance*

The Health Visitor is more for new families, support with essentials which I didn't need help with

I don't think that the support of the Health Visitor would be helpful to T, as someone who has enough medical knowledge to navigate round issues, didn't think this would be helpful

My HV experience was negative, they said we want to measure babies, because there are mums who don't feed their babies, I thought this was insulting, I didn't think it appropriate to continue in that direction

Belief in her own ability being perhaps greater than that of the professionals involved

59. An example of the Mother, I think, considering that she knew better than some of the professionals advising her was with respect to the issue of supplements. Having been advised by the dietician to give a multi vitamin like "Well Baby", instead the Mother chose to provide six different types of supplements in doses unprescribed and unmonitored by any professionals, who were unaware that she was providing the said substances to T on a regular basis.
60. When asked why she took this approach she said:

"He couldn't tolerate a mililitre, a half mililitre of well baby

Stained his teeth, just not appropriate for us to continue with dark in colour, lots of issues with that"

61. When asked on behalf of the Guardian about her decision to purchase an oral iron supplement online, and to administer drops that were from a Bulgarian language labelled bottle, the Mother could see no difficulty or risk in her decision making.

Qu: "You chose not to go to online pharmacy but to go to eBay?"

A: eBay is a pharmacy they have a lot of supplements

Qu: You thought you were getting an English labelled substance?

A: It's in Bulgarian quite close provided on eBay with full information of how to use it

I know these drugs were perfectly fine to give to new borns, I wasn't risking anything"

62. When asked about the application of chlorhexidine to T's skin, the evidence was this: Qu: 22.3.23 164 SB the medical notes record, 'she appears to be anxious about baby being clean has previously used chlorhexidine wash prior to creaming face, I have advised her not to do this

Qu: "You were using this as general wash to remove germs? No

A: The antiseptic was efficient not used as wash used as application before creaming the face otherwise to put on patchy broken skin

A: It was not appropriate to put the cream on wet skin

Qu: The itchiness, redness, soreness is due to you using a strong antiseptic on face of a young baby?

A: No not used as wash, just a bit on a cotton bud to remove the mess on face before putting steroid cream on it

Needed to dry the area before creaming

Over the counter, not strong in strength, allowed per NICE guideline and was baby grade”

63. There was no element of shaking the Mother’s belief that she had acted in the correct manner, in accordance with her own research and decision making, despite being shown in the medical notes that the GP had advised against this. There was, and this is, a theme that continues throughout the Mother’s evidence, no pause for reflection or possibility of accepting that a different course should perhaps have been followed.
64. It was put to Dr Rahman on her behalf that the Mother recalled being told that if the eczema creams were not working she could consider using diluted chlorhexidine wash, reasonable? The answer given was yes.
65. But this does not appear anywhere in the notes. In fact, the only reference to this being used is the GP telling her to stop using it. 1) I think it would have appeared in the notes somewhere if she had been told they could use it and 2) looking, as we did, fairly exhaustively through the notes of the consultations on the occasions where eczema was mentioned, I just can’t see which consultation that could conceivably have been said at.

Questioning of medical professionals / pursuit of tests

66. The Mother’s self belief has, in my judgment, crossed the line into questioning the medical professionals tasked with providing medical care for T.
67. One example is on the 3.1.24 (B137) when the Mother called the GP surgery to question whether the BCG vaccine which had been given 12 months earlier had been given properly as she thought it had not been as T didn’t have a visible scar.
68. An area of particularly thorough questioning was directed towards T’s digestive system and pain in his abdomen, it being the Mother’s case that she regularly saw blood in his stools. I remark elsewhere in this judgment about how the Mother appears to me to have changed or exaggerated the number of times that this happened per week, and there are also inconsistent

overall periods of time demonstrated on the documents for this having been observed by her. What is relevant here, however, is that the Mother was pursuing particular tests, seeking to persuade the doctors to refer T for them, and seemingly unable to accept the advice given that such tests (which would no doubt be intrusive and, in some way, upsetting for T) were not indicated as being necessary.

69. On the 22.3.23 the Mother asked for there to be an abdominal scan and the GP informed her that this was not indicated as being necessary *“has requested abdo scan due to blood in stool....I have reassured her there is no indication for this”*. On 23.3.23 she apparently raised this with another GP because the notes record *“advised that imaging is not going to add to management... asking for imaging of babies abdo as she feels there is something ‘pathological’”*. On the 16.5.23 the Mother has requested “further tests and coprogram stool test.” On the 19.5.23 she tells the doctor that there is “blood in the stool every day” (I note that this was not her sworn oral evidence to me)
70. On 22.5.23 and 24.5.23 and 1.6.23 the Mother is reporting poor weight gain in T to the surgery (I note that this is not born out by either his place on the centile charts or the Doctors’ observations of him)
71. On 19.7.23 the father has emailed the dietetics department on he said the mother’s instruction asking for tests due to T’s ‘rash’ which the Dietician responds is not a test that she would recommend as there is *“no clear evidence that tests such as these are effective”*.
72. On the 11.8.23 SB 155 Dr E records the Mother is asking for there to be a blood test to check if there is a viral reason for T’s husky voice but the Doctor said no.
73. On the 28.11.23 the Mother tells the treating medical professional that the dietician has advised a further review by paediatrics. This does not in fact appear to be the case and there is no evidence that this is what the dietician recommended. Indeed, it would not be a ‘further’

review as it appears that the paediatric department had previously declined to become involved.

74. In fact, T was ultimately given steroids 28.11.23 and 29.11.23 and the Father said this about that:

“I was under the impression that it was done in order to appease Mother.

I believed she wouldn’t do it normally, but she said it would do no harm”

75. This trend appears to continue, as most recently the Mother refused to consent to a hearing test for T that the Health Visitor had indicated would be a good thing for him, because she, the Mother, did not see any issue that necessitated the test.

Exaggerations of symptoms

76. I do consider that, on occasion, the Mother has exaggerated.

77. In her oral evidence before me the Mother said this:

“Occasionally I was seeing blood in the stool

Several times a week I seeing the blood in stool”

78. This specific example shows the ‘story creep’ when 22.5.23 medical notes “specks of blood in stool most days”
79. ‘Most days’ is not the same as either ‘occasionally’ or ‘several times a week,’ and it is this progression that I have noted in a number of examples in the Mother’s evidence.
80. By the time the 15.6.24 comes round the Mother is reporting to the police that T has “gastrointestinal problems, which require special care that is neglected by the Father.” The need for ‘special care’ is not born out in any of the extensive medical records that I have seen.

81. There also appears to be an exaggeration with respect to T's asserted allergies or intolerances. As I've already observed, I cannot see in the notes that the dietician ever suggested a 'further' paediatric review, as the Mother describes.
82. I note that the Mother reported a small bruise on the temple to the GP surgery as a 'black eye' (I do not accept that this would not have been recorded in the notes if the Mother had not described it as such) and the Mother certainly, and significantly, exaggerated the 'symptoms' that she reported to the ambulance crew in June of last year.

Lack of concessions / inability to acknowledge an objective reality from the evidence

83. The Mother was not able to make concessions that I thought quite surprising.
84. At least twice the GPs record raising concerns about the Mother's mental health. On the balance of probability, I do not consider that this would be recorded in the notes if it were not accurate.
85. *Qu: We see it recorded that 'I expressed my concerns about M's mental health?*

A: No not right.

Are you saying that Dr B has put incorrect medical information in the medical records?

A: Errors and typos do occur I have seen in professional capacity

Failure to take T to appointments that have been offered when she has called the GP with concerns

86. There are, conversely, a number of occasions when the Mother has sought advice from the GP surgery, been offered / suggested an appointment and then failed to take him to the said appointment. There are apparently five occasions when this happened and the reasons given by her include: general concerns in bringing him into the doctors, a refusal to see a nurse instead of a Doctor, and the fact that T was asleep.

87. A specific example of this is 1.12.23 when the Mother calls the GP surgery asking for an appointment following the provision of the steroids for T's croup infection. Despite her ringing to ask for assistance because T is now "a lot worse" (her report) she then declines the offer of an appointment because the offered appointment, whilst with a Doctor, is not with the Doctor of her choice.

Failure to understand the emotional harm that may be caused to T by the operation of her own anxieties and the involvement of medical professionals

88. At SB 666 the Mother is recorded at her contact as saying to T: "*you have another bruise on your elbow (big sigh)*" When she is asked about the impact that this would have on T, she can see no problem and says: "*yes, looks like I did, I did not think he would understand at that time back in July 2024*"
89. This sort of interaction is, very sadly, a not uncommon theme of the spending time with sessions that the Mother otherwise enjoys with T. Indeed, the anxious and watchful checking of him is a recurring theme. At 671 SB, another contact recording "*you have bruises baby*"
90. On behalf of the Guardian the very troubling example of the Mother taking T to the GP in October of last year during a supervised contact was explored as follows:

993SB Mother saying he is not breathing

Mother says 'let's go to Dr L he will help us to breathe' Mother talking in loud heightened voice to T as GP completes checks

T is screaming sweating climbing clawing to get away from Mother and the GP

Mother is talking to herself saying 'next time he might come to contact with no arm or leg?'

In cross examination the Mother says that it was a '*figure of speech*'.

"Qu: do you really think this?"

A: After all I have come through since 11th of June anything is possible

91. Perhaps the most serious example of this, in my judgment, is the Mother's decision to call 999 and facilitate an ambulance being dispatched to T when she was having her first contact with him after three days in June of last year.

92. With respect to the calling of the ambulance to the Waitrose café the Mother was asked:

"Ambulances should only be called where there is an emergency situation?"

A: The situation was an emergency for me, I was in despair, was an emergency for me in broader context"

93. To use the Mother's words, she did not 'see the issue' with her decision to call the ambulance. I consider that this is an example of her rigidly strong belief in the rightness of her actions. It is also an example of the theme of the Mother exaggerating the facts, as demonstrated by what she reported (which was responded to as a life threatening emergency) compared with what "she actually saw, demonstrated by this exchange:

Qu: 289 SB you reported he was unable to stand and dizzy?

A: He was wobbly to me

When I was in that state in Waitrose when he trying to pull me away from the café

I don't see the issue here

I don't see the issue that I could say he was unable to stand I don't see an issue with what has been said in that stressful situation"

94. When asked to consider whether this incident would have been frightening or stressful for T to be examined by the ambulance crew the answer that the Mother provided was:

“In medical language it was not an examination it was observations with the help of a sensor which is called non invasive procedure

I would call it observations rather than examinations. He not stripped. He still dressed. Sat there with me”.

95. The ambulance incident also demonstrates an example of the Mother’s subsequent report being exaggerated and unreliable in my judgment.

96. In circumstances where the medical records as recorded by the ambulance crew read

(287SB) *‘good tone good colour, no primary concerns’*

The Mother (wrongly) stated in her written evidence that: (B332) the ambulance crew confirmed that he looked tortured.

97. When challenged on this exaggerated version she said: *“Sometimes I misuse words due to being a foreigner”*

98. I do not accept this. Firstly, her English was of excellent quality, the interpreter being troubled no more than 2 or 3 occasions during the whole of the three day hearing. Secondly, ‘tortured’ is a very niche and specific word to have selected if one’s command of the English language is said to be limited. I am sure that she knew exactly what that word meant and that she used it quite deliberately.

Dishonesty

99. I am afraid that I consider that the Mother’s evidence and version of events provided to professionals in this case goes beyond ‘story creep’ and has been, in her despair to have T returned to her care, at times downright dishonest.

100. The Mother made an exceptionally serious allegation against the Father, to the police, that he has been guilty of sexually abusing and assaulting T. This allegation is found in the police disclosure, page 92 in the supplemental bundle.
101. Amongst other allegations the Mother reported to the police that the Father always wanted to take the baby to bed alone and that the baby had been assaulted by him ‘numerous times’.
102. When she was challenged about this in cross examination she said:

“Qu: Is it your case that you think the F has a sexual interest in A?”

Do you think he has a sexual interest in your son. Yes or No?

A: I can’t answer yes or no.

Think he is sexually aroused by your son?

I hope not.

A: On those particular occasions I am thinking about I think there is interest.

Qu: What interest? Unhealthy interest.

Qu: What do you think he would do?

A: Not healthy.

Do you think he would perform some kind of sexual act on him?

If I wouldn’t reveal the photos of the naked child on the 15th of June I wouldn’t raise an issue of the sexual assault, particularly the staged photos posed on sofa of a naked child”

103. This is, to be clear, a context where the Father had what I am quite sure is an entirely innocent picture of his nephew as a baby (it is quite normal for family members to possess naked pictures of babies and children in family albums) which had been stored in some old family

albums. The Mother has not, in my judgment, simply over reacted, adding two and two together and making five. She has concocted a story, adding two and two together and making twenty, which she has then used against the Father in her desperate attempts to have T returned to her care.

104. In her oral evidence to me, the Mother tried to use just suggestion and implication, but in what she said to the police she made a damning and a dangerous assertion.
105. I also note the email that the Mother sent to Social Services on 20.10.24 (B503) This has a number of exaggerated and new (as in they don't appear to be mentioned anywhere else in the case papers) claims. It would not be proportionate to set them all out, but they are various and include i) the Father has a learning disability ii) the Father demonstrates cruelty to animals and iii) T had a "strange cough for months" in the summer of 2023 due to mould growing in the Father's house. This last is not consistent with what was reported to the medical professionals per the GP records.
106. I also note the contents of the email of 23.6.24 to social services from the Mother (SB 347) where the Mother is describing (and this is not in either her written witness statement or her oral evidence as a description) that a third party is holding her arms physically to prevent her from calling the ambulance when they are all together at the Waitrose café. This email gives a much more dramatic and quite different description of events from the Mother's statements prepared for this Court.

Bruises

107. It is convenient to consider here the issue of the bruises that T has presented with since being in the Father's care (June 2024) I note that T has been subject to a safety plan since 29.10.24 opened by Northampton Children's Trust. He has been a regularly monitored and highly 'visible' child during this time.

108. The Mother's evidence when asked about bruises on T was that "*T should not go through pain and trauma and children should have a level of supervision*"
109. The Mother very regularly checks T for bruises during the time that she spends with him in contact. This is referred to on behalf of the Guardian as 'hypervigilance' and I agree with that having read and heard the Mother's evidence about bruising. It was illuminating to me when she answered, "*I did not suffer bruises as a child.*" as her concluding remark on the topic.
110. It is clear to me that such persistent investigation and examination will cause T anxiety and perhaps his own hyper vigilance, leading to a clear emotional harm.
111. I heard next from **THE FATHER**

General impressions

112. The Father's evidence was extremely emotional. A visible and obvious demonstration of emotion does not, in and of itself, render anything more likely than not to have occurred, and amongst the infinite types of people that there are who appear before the Family Courts, there is an infinite style of emotional response to a situation. Having said that, his emotion struck me as being extremely genuine. It was consistent, and I observed it both whilst he was giving evidence and whilst he was listening to other evidence / submissions.
113. There was, now and then, a passivity in his evidence, a lack of focus and a lack of detail. Where there was such a vagueness, a lack of detail or an inconsistency, I am satisfied that it was due to accident rather than design, and a mistake rather than malice because it is really very easy to see and understand what the power dynamic would have been (having observed these witnesses) in the parents' household and in relation to matters concerning decision making for T.
114. In my judgment, the Father would have been almost completely passive as against the Mother's forceful personality and fixed beliefs. What came across very clearly to me was his

fear, indeed his reality, of being denied time with his son, which seemed very real and very powerful.

115. I think that the Father may also have exaggerated some of the matters that he relies on, and in fact he was able to make that concession whilst being cross examined in this way:

“Qu: You’ve said she won’t engage with docs and midwives?

That’s not true, is it?

I was speaking broadly but she has on numerous occasions I would make the appointment she would refuse to go, and I would have to cancel

It’s an exaggeration then, I wouldn’t have lied about it

Were your family who were helping you suggesting you should make it look as bad as possible, so A protected? No

So, your decision to exaggerate that concern then?

I believe that she has avoided doctors and midwives.

At that time? Throughout his whole life”.

116. It is reassuring in a way, and in flat contrast to the Mother’s evidence that the Father was able to acknowledge some exaggeration in his evidence.

117. The following evidence may be considered to demonstrate the passivity or lack of decision making control that the Father seemed to have about things whilst the parties were jointly caring for T in a household together:

“Qu: You were advised to give him well baby multi vitamin? I don’t remember

Don’t remember him not liking?

Not vitamin E.

I didn't know it was vitamin A he was being given until last week (during evidence)

I didn't agree that any vitamins should be given, if he had a healthy diet, he shouldn't need any

If it's advised, then I would give them to him.

They must have spoken to Mother about this I have no recollection

Qu: You said that supplements were being given to A nobody else uses? [SB 14]

A: I'm making the point that no need for him to have the supps, nobody else uses these

He's not well because always upset with these supplements, with the prolonged supplements being given for hours

Couldn't even drink water himself we had to spoon feed it to him and then he would even choke on that

118. The Father told me that there were always chlorhexidine and nasal drops by the changing table.

119. He told me, furthermore:

"I was not allowed hugs, kisses, cuddles as will make him gay according to the Mother

She would say that

I wasn't allowed to kiss him or any prolonged exposure to him

90% of the time I wasn't allowed to touch him"

120. In my judgment this evidence has a feel of authenticity about it. They would be unlikely and unusual specific allegations to invent and, with respect to the description of not being able to touch T, it certainly resonates with other pieces of consistent documentary evidence.
121. The Father was asked (in my view because of what I consider the most unhelpful hare that was set running by Dr Rahman) about what he said to the Health Visitor who undertook the developmental assessment shortly after T had moved to his care.
122. The exchange demonstrates how subjective these matters really always are and also gave an insight into the Father's embarrassment, which might explain (albeit not excuse) some of his apparent passivity.

“Qu: you were happy to accept Global Developmental Delay diagnosis? No, I was embarrassed

He couldn't walk properly he couldn't crawl properly he couldn't do steps

Mistake where I answered no to kicking a ball.

It's 10 points there by that mistake?

But I had to put ball in front of him and hold his hand. I didn't think that counted for 'kicking a ball'.

That's how I interpreted it

123. I make it clear that I attach absolutely no weight to the suggestion by Dr Rahman (and referred to by the Mother in her oral evidence) that there was any deliberate intention on behalf of the Father to deceive medical professionals or to exaggerate and it is in my judgment entirely inappropriate for the label 'FII' to have been ventilated with respect to the Father. I accept what the Father told me when he said:

“Qu: When you found out he had diagnosis of GDD you accepted it? Yes

Didn’t challenge it? I thought it independent assessment and all I could think about was trying to get him recovered fast

124. The Father gave relatively detailed evidence about the home regime which was very controlled in terms of cleanliness and hygiene:

“I was made to get changed outside of the house

If I went down the cellar would have to change, would happen in corridor of cellar,

If I went to my mother’s house would have to change all my clothes

Slippers for next door, slippers for the cellar, would get the slippers mixed up

I was an ice cream man, not as if I worked in the mine, or a hospital

I was not allowed to take outside clothes or cellar clothes or mother’s house clothes upstairs

This was outside washing machine, not allowed to use the normal washing machine in the house as my clothes too dirty.”

125. He explained his decision to tolerate as much as he did for as long as he did like this:

“I married her because I loved her, I didn’t want to break up the family, just obeyed everything she said, promised would be cleaner, wear the right slippers, didn’t want to lose her and T

126. He was able still to be reasonably balanced about the Mother, notwithstanding all that has happened, which I hope is very positive for the future. He said:

“I think she’s a great mum, but she goes too far, was a lovely person and she could have been a great mum but her fear of germs, she hates germs more than she loves T, I think it’s within

her to be a great mother, she goes too far with cleanliness, giving him supplements, trying to feed him for two hours, goes too far that way.”

127. He explained his lack of earlier protective action in the following way:

“I didn’t raise concerns with the Health Visitor as I didn’t want to be taken away from him

I stayed in my room like a frightened boy, like a fool

They shut me downstairs until easter Monday I could only hear him when he was crying that he was alive

I not allowed to go near him for a long time

I missed him so much

If I did anything wrong, she would keep him away from me, make me wear a mask, gloves,

128. With respect to the very serious allegation that the Mother had administered Russian medicines not prescribed for T, the Father gave this evidence in answer to questions on behalf of the Guardian:

“You raised concern he was being given eye drops / nose drops meant for the Maternal Grandmother?

I don’t know if they prescribed for her, but she brought them with her from Russia

There were plastic vials she would undo the top

I saw the vials; she took them from the fridge from the box and put them in his eye

I didn’t have the courage to do anything about this.”

129. This evidence, taking from the fridge, putting in T’s eyes, lacking the courage to act, I accept.

It is consistent with the general dynamics and other themes that I have observed.

130. The Father talked about the Mother not wanting to have Health visitors or other professionals in the house in this way:

“She didn’t want people in house with contaminated clothes, would have to scrub floor, wash covers on sofa, it was a lot of work for her”

131. The detail provided here was freely given, rings true and is again consistent with the other conclusions that the evidence leads to.

132. The Father again was asked about his failure to act protectively:

“Qu: were you worried?”

Yes, he (T) was isolated, not laughing, he would bang himself with his hand, not eating properly, mush from Scandinavia, the cardboard box would taste better

I didn’t want to upset her or be punished by her

Why did you not put him first and tell the Health Visitor? I was too frightened of the Mother, I hated being away from him, and not being allowed to see him.”

133. The Father told me that it was basically not until his family threatened to report both the Mother and him to the appropriate safeguarding agencies that he actually decided to take proactive steps himself.

134. In fairness to the Father, he appeared to me to demonstrate a deep and genuinely held regret as to his failure to act more proactively and protectively.

135. I accept his evidence about this.

The Law

136. In considering my findings in this case I remind myself of the burden of proof. It is for the person making the allegation or assertion to prove that allegation or assertion

137. I remind myself of the standard of proof. Baroness Hale in *Re B (Care Proceedings: Standard of Proof)* [2008] UKHL 3 [2009] AC 11 made plain that, in relation to the applicable standard of proof:

“I would...announce loud and clear that the standard of proof in finding the facts necessary to establish the threshold under section 31(2) or the welfare considerations in section 1 of the 1989 Act is the simple balance of probabilities, neither more nor less.”

138. It is, of course, a fact that findings of fact must be based on evidence. Munby LJ revisited this point in a case called *Re A (A Child) (Fact-finding hearing: Speculation)* [2011] EWCA Civ 12 in which he said it is:

“[an] elementary proposition that findings of fact must be based on evidence (including inferences that can properly be drawn from the evidence) and not on suspicion or speculation.”

139. In determining whether a party has satisfied the burden upon it, the court must bear in mind the wider context of the evidence, *Re U (Serious Injury: Standard of Proof)*; *Re B* [2004] 2 FLR 263. In *Re B (Threshold Criteria: Fabricated Illness)* [2002] EWHC 20 (Fam), [2004] 2 FLR 200 it was held that:

“Judges... are guided by many things, including the inherent probabilities, any contemporaneous documentation or records, any circumstantial evidence tending to

support one account rather than the other and their overall impression of the characters and motivation of the witnesses.”

140. And in *Re T* [2004] EWCA Civ 558 the then President of the Family Division Butler-Sloss LJ stated:-

“Evidence cannot be evaluated and assessed in separate compartments. A Judge in these difficult cases must have regard to the relevance of each piece of evidence to the other and to exercise an overview of the totality of the evidence in order to come to the conclusion whether the case put forward by the Local Authority has been made out to the appropriate standard of proof.”

141. Lord Nicholls made reference to the wide canvas of evidence that needs to be considered in his speech in *Re H and R (Child Sexual Abuse: Standard of Proof)* [1996] 1 FLR 80 and he said that:

“The range of facts which may properly be taken into account is infinite. Facts include the history of members of the family, the state of relationships within a family, proposed changes within the membership of a family, parental attitudes, and omissions which might not reasonably have been expected, just as much as actual physical assaults. They include threats, and abnormal behaviour by a child, and unsatisfactory parental responses to complaints or allegations. And facts, which are minor or even trivial if considered in isolation, when taken together may suffice to satisfy the court of the likelihood of future harm. The court will attach to all the relevant facts the appropriate weight when coming to an overall conclusion on the crucial issue.”

142. Therefore, in consideration of the jurisprudence, it is abundantly clear that the court must consider the wide canvas of evidence and place into context each element of that evidence judged against the rest.

143. I also remind myself of the direction given that is commonly referred to as a Lucas Direction that a lie told by a witness can only strengthen or support evidence against that witness if I am satisfied that the lie was deliberate, that it relates to a material issue, and that there is no innocent explanation for it, as sometimes people lie for reasons that they do not wish to disclose. The Court should first determine if the witness has deliberately lied. Then, if such a finding is made, consider why the person lied. *R v Lucas* [1981] QB 720.

144. I remind myself that memory is fallible and written contemporaneous evidence is important. Helpful guidance can be found in a commercial case:

‘In the light of these considerations, the best approach for a judge to adopt in the trial of a commercial case is, in my view, to place little if any reliance at all on witnesses’ recollections of what was said in meetings and conversations, and to base factual findings on inferences drawn from the documentary evidence and known or probable facts. This does not mean that oral testimony serves no useful purpose – though its utility is often disproportionate to its length. But its value lies largely, as I see it, in the opportunity which cross-examination affords to subject the documentary record to critical scrutiny and to gauge the personality, motivations and working practices of a witness, rather than in testimony of what the witness recalls of particular conversations and events. Above all, it is important to avoid the fallacy of supposing that, because a witness has confidence in his or her recollection and is honest, evidence based on that recollection provides any reliable guide to the truth.’ *Gestmin SGPS SA v Credit Suisse (UK) Ltd & Anor* [2013] EWHC 3560 (Comm) (15 November 2013)

145. In relation to expert evidence a witness provides an opinion to the court, they do not determine the case.

“The expert advises but the Judge decides. The Judge decides on the evidence. If there is nothing before the court, no facts or no circumstances shown to the court which throw doubt on the expert evidence, then, if that is all with which the court is left, the court must accept it. There is, however, no rule that the Judge suspends judicial belief simply because the evidence is given by an expert.” *Re B (Care: Expert Witnesses)* [1996] 1 FLR 667, per Ward LJ

146. The evidence of the parents is of the utmost importance. It is essential that the court forms a clear assessment of their credibility and reliability. They must have the fullest opportunity to take part in the hearing and the court is likely to place considerable weight on the evidence and the impression it forms of them (*Re W and Another (Non-Accidental Injury)* [2003] FCR 346).

Discussion

147. I have already provided a reasonably detailed analysis of the evidence of the parties under the various themes and headings under which I have organised my consideration of the evidence. I turn now to consider what appear to me to be some additional relevant topics before determining the specific findings that are sought in this case.

The Mother’s mental health

148. There is no expert evidence before the Court as to the Mother’s mental health and the instructed expert failed entirely to consider or even flag this issue as one arising on the papers. I can really do no more than identify that at least three professionals have noted concern about the Mother’s mental health. Dr E on 23.1.23 (SB 163) notes “*mother is so anxious she does not allow father to change him or touch him... mother was anxious about me touching and examining the baby*” and Dr B on 23.3.23 records “*I expressed my concern to the Mother*

about her mental health". The Health Visitor told the CIN meeting on 4.3.25 (SB 1575) "*I am concerned about the impact on mum's mental health of this situation*"

149. It would not be proper, without some sound expert evidence to assist me, to say more than that my general impressions of the presentation of the Mother with respect to the issues that we were considering, is not inconsistent with the comments of those professionals.

The Mother's first born child

150. Tragically, the Mother's first child, V, died in 2017. It is an extraordinary feature of this case that, despite the more than 2000 pages of documents, V's name was not known to the Court until Counsel for the Guardian asked the Mother during her questions.
151. Very, very little is known of the circumstances of this utterly devastating event. From the Mother's evidence, she died from a pulmonary cardiac disease, and it is to me troubling that this was never mentioned to the medical professionals who were investigating T, I am told, for a heart murmur.
152. It is another extraordinary feature of this case that the Father seemed to know almost nothing about the circumstances of V's death. It is perhaps indicative of the relationship between the parents that the Father didn't really seem to have asked any questions of the Mother. He 'believed' that V had died in fact at 6 months only of age, and that her death had resulted from some kind of infection. He didn't want to 'upset' the Mother and so had probed no further.
153. Again, I have no expert evidence about this issue. The Mother was asked questions on behalf of the Guardian about whether she thought that the loss of her daughter had maybe affected her as a parent of T, maybe caused her some additional anxiety. The Mother was, for her part, unable to even really consider that this might potentially be the case. I can properly make no finding at all about this, but common sense and basic understanding of human emotion would

suggest that the tragic (and potentially shocking) death of a parent's first born child would likely have some impact upon the parenting of their second.

General credibility

154. On behalf of the Mother, Mr Fletcher invites me to find that the Father is a highly organised, highly controlling parent, who has deliberately set about a plan to remove T from the care of the Mother / to ensure that he remains in the Father's care, stemming from his worries that the Mother was going to leave him.
155. He suggests that I can place a large amount of reliance on the 'mis reporting' or exaggerating of the Father when engaging with the Health Visitor in June of 2024, and in particular contrast to that witnessed by Dr L on the 17th of that month.
156. Mr Fletcher suggests that I should place reliance on the manner in which the Father has exaggerated his versions of events about the Mother, starting out as very dramatic complaints, and then subsequently becoming watered down as the case progressed, a sort of 'story shrink'.
157. He suggests that there are numerous 'lies' that the Father has told that demonstrate that his credibility is riven and that I should effectively discount all that he says against the Mother.
158. I pause at this point to remind myself of the questions that I posed to Dr Rahman. So much of a parent's experience in relation to their child is subjective. The subjective experience of one person will, self evidently, differ enormously from that of another. What is necessary to consider in cases concerning children such as this one is that extent and degree to which that experience and that approach might be considered to cause harm to the child (if, indeed, it does).
159. I have made it clear that I believe the Father. I find that his evidence sounded in truth and likely in reality. Broadly, I accept it. Where counsel suggests that he is 'lying' I would approach it rather as a different subjective experience. So, by way of example, saying that "T

is not allowed around people or been socialised” does not mean that he has never seen another person, (and insofar as the photographs that I have been provided go to prove what life was like they prove that he has, on some occasions, been out in the community and with other people, but it does not serve to give me a full understanding of what life was actually like day in day out for T) what it means is that, in this Father’s view, the huge level of restriction and control that the Mother was asserting over T was that he did not get out and socialise enough.

160. I do not really in fact consider that the Father has deliberately lied, certainly not in the same way that the Mother has. Frankly, and with no disrespect to him, I consider that he is too passive for that. These parents have experienced parenting at the opposite ends of the spectrum, this is the reality of the situation, and the Mother’s end of the spectrum is, in my judgment, harmful to T.

161. With respect to the Mother, she is absolutely not a passive individual. She is not vague, she is not passive in any way when it comes to T, she is not disempowered by professionals or her partner. She is, in every respect, a details person. And so, where she has told different versions of events to different people and professionals in this case (and I am satisfied that there are numerous occasions where she has been shown to do so, as demonstrated in this judgment) she has done so, in my judgment, quite deliberately.

162. In conclusion, I make it plain that, where there is a conflict between the Mother’s evidence and the Father’s evidence, in general I find his to be the most reliable version.

Domestic abuse

163. Each of the parents raises against the other that they have been the perpetrator of domestic abuse towards them.

164. There has been a lack of focused evidence on these allegations, the majority of the written evidence was concerned more directly with the care of T.

165. The Mother has provided photos of two bruises on a photograph date stamped 13.6.24, the same date that the Mother reported the abuse to the police.
166. The Father has, in his characteristically passive and undetailed way, described the Mother ‘slamming’ him when he did not do as she wished. He describes the Mother shutting his hand in a door and causing him real pain.
167. There is no independent evidence, naturally, of any of these matters (which does not in and of itself preclude these matters being established on the balance of probability of course) and no report at the time of the events to any third party. The parents have each raised these issues against each other in the light and during the course of their battle over who should have T living with them.
168. Unlike the other evidence in this case, which to me felt robust, compelling and real, the evidence of the parties on this topic felt much more like an ‘add on’ or a ‘make weight’ allegation. The parents did not, in my judgment, provide focused and believable evidence either in writing or in the witness box on this subject.
169. Taken as a whole I do not consider that either parent has satisfied me with sufficiently credible or robust evidence that they have been the victim of domestic abuse at the hands of the other parent. With respect to the Mother’s allegations, it is also important to note that such an allegation is diametrically opposed to the dynamic within their relationship that I have witnessed and read so much about, and it is highly inconsistent with all of the contemporaneous messages and communications that I have read and seen in the many pages of evidence in this case.

Findings Made

170. I take the findings in turn from the composite schedule of allegations.

Section A, the Mother's allegations against the Father

One: The Father has acted in a way that has put T at risk of physical and emotional harm

This allegation is not proved. The Mother's evidence is not reliable, and it is not supported by any corroborating evidence. I reject her version of events due to 1) the unreasonable lens of her particular view on risk and appropriate care, 2) story creep, 3) exaggeration and 4) dishonesty.

Two: The Father belittled the mother and dismissed her when she asked him to uphold basic rules for hygiene around T

This allegation is not proved. I reject the Mother's evidence for the same reasons as given above. It is, on the basis of the evidence that I have seen and heard, on balance a reasonable description of the Father to give the Mother as being 'phobic of germs'.

Three: The Father has been physically abusive towards the Mother

This allegation is not proved. I reject the Mother's evidence for the same reasons as given above.

Four: The Father has been emotionally abusive towards the Mother throughout the relationship

This allegation is not proved. I reject the Mother's evidence for the same reasons given above. If anything, the Father waited far too long to act to protect T. I accept his version of events that he acted only when his family threatened to take steps to report both the Mother and him.

Section B The Father's allegations against the Mother

One: The Mother has over medicalised the child

Paragraph 1 a) b) and c) are proved on the basis that I accept the Father's evidence as truthful and reject the Mother's. There are additional supporting pieces of evidence that I take into account in this regard. For example, with respect to the nasal drops that the Father describes the Mother applying to T, I note that her first question to the GP when she has taken T there during a contact session and he has a cold is "no nasal drops?", this plainly being her usual way of approaching such an illness.

Paragraph 1d) is not proved, there being insufficient evidence.

Two: The Mother has been (sic) fabricated (sic) illnesses

The substance of these allegations is proved but I take issue with the label that has been attached to this in the absence of expert psychiatric or psychological evidence. The facts that are contained within 2 a) and b) are proved on the basis of the Mother's exaggeration and dishonesty as recorded within this judgment.

Three: Physical and emotional neglect and/or abuse of the child

3 a) b) and d) are proved on the basis of the evidence provided by the Father and within the contact recordings and medical notes. 3 c) should have the word "preventing" replaced by the word "restricting" as there is some evidence in the form of photographs and the like of T being able to enjoy some of these developmental rights within the bundle, but I accept the Father's evidence that it was on limited occasions.

3 e) is proved. 3 f) is not established.

Four Coercive and controlling behaviours towards the Father

4 a) is proved on the basis of the Father's evidence and the contemporaneous messages in the documents in the bundle. 4 b) and c) are not established.

Five: Physical abuse of the Father

Is not proved.

Harm Caused

171. There are a number of ways in which the behaviours identified in the findings above have caused or are likely to have caused or might cause physical and / or emotional harm.

172. As a result of his Mother's hypervigilance, medical over anxiety, general unreasonable approach to hygiene and germs, high levels of control and rigidity of approach, repeated exposure to medical professionals and the seeking of medical tests, T will have been caused emotional harm.

173. Any unnecessary examination by a medical professional is intrusive for a child and may well cause them their own anxiety, distress or fear. There is a documented example of this with the

GP in the October 2024 contact notes but each occasion where there has been such an examination, in particular when unwarranted and therefore avoidable, could potentially cause harm.

174. In particular the June 2024 attendance of an ambulance crew and their examination / investigation in a busy public place was wholly unnecessary and, in my judgment, a likely cause of emotional harm.
175. The Mother's persistent speaking out her fears to T and her inability to shield him (comments such as "you have more bruises baby") will likely cause him worry, fear, anxiety and emotional harm.
176. The Mother's use of non prescribed medications could potentially have caused physical harm to T.
177. The Mother's use of invasive methods (eg laxative suppository, eg removing snot from his nose 'daily') of caring for T's basic care could potentially cause either physical and / or emotional harm to T.
178. The Mother's use of supplements, non prescribed, and without informing the medical professionals, could have caused physical harm to T, particularly the iron drops in Bulgarian language and purchased from eBay.
179. The Mother's dishonest report of the Father for sexually abusing T could have led to a highly emotionally abusive and harmful outcome for him had the police taken the investigation further.
180. The Mother's refusal to engage with the Health Visitor in a meaningful way could have limited T's opportunities for meaningful monitoring and advice. The Mother's declining of appointments when they were not, for example, with the GP or her choice, could potentially have caused a lack of proper medical attention for T.

Bruises on T whilst in the care of the Father

181. The Mother has persistently i) checked T for bruises during her supervised contact and ii) reported them to social services. On one occasion she has taken T to the GP, during what was otherwise a really enjoyable contact session for him, and the description of how very distressing he found that examination and appointment is very difficult to read.
182. I do not consider that there is a risk of harm caused to T by this means whilst in the care of his Father. It is recorded at the Child in need meeting on 4.10.23 that the GP does not agree with the Mother's reporting to them that there is excessive bruising to T or that the Father does not seek medical attention when it is needed.
183. T has been a very much assessed, visited and visible child. He has been well observed by the many professionals who are working together to keep him safe. No present risks have been identified in his Father's care.
184. I do record my concern that the Father's instinct to protect T from the manifestly harmful situation that he has described to me was not stronger and sooner. I trust that he is now clear as to where his priority needs to lie and that is with his wholly dependent and vulnerable young child.
185. Finally, I record grateful thanks to all Counsel for 1) their industry (which was greater than might have perhaps been anticipated given the instruction of the expert) and 2) efficient and calm approach in what could have been a far more acrimonious hearing.

LMC

18.5.25