This judgment was delivered in private and a transparency order is in force. 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 and legal bloggers, must ensure that this condition is strictly complied with. Failure to do so may be a contempt of court.

Neutral Citation Number: [2024] EWFC 453 (B)

The Family Court sitting at West London

Case No: ZW22C50202

IN THE MATTER OF THE CHILDREN ACT 1989

AND IN THE MATTER OF F A BOY (D.O.B 12.02.2022), AND

G , A GIRL (D.O.B 12.02.2022)

2nd May 2024

B E T W E E N:

LONDON BOROUGH OF HILLINGDON

Applicant

-and-

Y (Mother)

First Respondent

-and-

X (Father)

Second Respondent

-and-

F and G

(Through the Children's Guardian, HH)

Third Respondent

JUDGMENT OF DJ HUSSAIN FOR THE FINAL HEARING ON THE 25 March 2024 T/E 8 DAYS

Abbreviations: *LA: London Borough of Hillingdon, 1R: Y /M, 2R: X/F, F & G: the twins*; *SW Social Worker, FSW: Family Support worker, ISW independent social worker; XX Cross Examination; MHT Mental Health Team. Names of Court appointed experts abbreviated to the initials.*

Notes

Anything underlined , is for the purpose of standing out and not because I have attached greater weight to it than the rest of the evidence.

The terms Y/X, mother, father, and parents is interchangeable only for stylistic reasons and nothing else.

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The Application

1. This is an application for Care and Placements orders by the LA regarding the twins F and G.
    a. The applicant is the London Borough of Hillingdon, represented by Lauren Bovington of counsel instructed by Parwant Lakhan. The allocated social worker is LL.
    b. The M represented herself.
    c. The F represented himself.
    d. The children are represented through their Children's Guardian is HH, represented by Lorna Cservenka of counsel instructed by Lindsay Blake.

Preliminary Application/Issue

Witnesses

2. The parents filed a C2 application dated 5 March 2024 which contained 74 paragraphs, seeking to appeal DDJ Elliot's order, seeking to prevent hospitals disclosing the twin's medical records, seeking an order of certiorari, challenging the parenting assessments, challenging LL, requesting a new threshold amongst other things.

3. Having looked at the C2 application, much of what was sought is covered in previous orders and the judgment where it relates to witnesses and threshold. The relevant law is below. The application appears to be a challenge to the care order and that is

also considered in the body of the judgment. Much of the C2 including appeal of DDJ Elliott, the three hours contact had been dealt with in the appeal of application dated 29 February 2024 which LJ Jackson dismissed as wholly without merit.

4. I considered the oral submissions on each witness but set out my decision in groups below. The LA and G opposed the applications.
5. Witnesses [i-ix] who were from various hospitals and medical practices were not necessary to resolve the issue of threshold or welfare because the evidence filed already by the parents was sufficient to address this. In paragraph 63 a [i-xxiii] the parents sought to call 23 additional witnesses, many which had already been determined in previous applications as not being necessary or relevant and because there was no gap in the evidence.
6. Witnesses [x-xi] [xix], Mr NH, Prof S and Dr E were not court directed expert witnesses, nor had they met the children and were essentially character witnesses and not necessary to determine the issues.
7. Ms AS and Mr FF gave evidence to assist the court in determining what support was available to the parents. [xiv] Dr D, Mr WW was acting as McKenzie friends, [xvii-xviii] were more character witnesses.
8. The parents could not identify witnesses [xx-xxi] and they were not necessary or relevant to determine threshold or welfare. Paragraph 63b [i-iv] had been determined by DJ Saunders at a previous hearing.

<u>Discharge the Care Order</u>

9. The parents asked the court to determine a further C2 application to discharge the care order dated 9 June 2022. I declined to determine it in isolation as it was effectively the other side of the application to make a care and placement order. Thus, it was necessary to consider all the evidence in the trial first because if the court sanctions a final care and placement order then the application to discharge fails.

<u>Residential Parenting / Mother and children foster care assessment.</u>

10. The parents asked the court to determine whether the parents should be given permission to attend a residential assessment, or a parent and children foster placement assessment pursuant to s38(6). I considered the case of Re S (A Child) [2014] EWCC B44 (Fam) and FPR 25.

11. The court's control of expert evidence and assessment in children's proceedings is governed by s.13 Children and Families Act 2014 ("CFA"). When deciding whether to grant permission the court is to have regard to the factors at s.13(7) namely: "(a) any impact which giving permission would be likely to have on the welfare of the children concerned, (b) the issues to which the expert evidence would relate, (c) the questions which the court would require the expert to answer, (d) what other expert evidence is available (whether obtained before or after the start of the proceedings), (e) whether evidence could be given by another person on the matters on which the expert would give evidence, (f) the impact which giving permission would be likely to have on the timetable for, and duration and conduct of, the proceedings, (g) the cost of the expert evidence, and (h) any matters prescribed by Family Procedure Rules."
12. Family Procedure Rules 2010 ("FPR"). The court must have regard to the overriding objective (FPR 1) and (FPR 25). The timetable must be drawn without delay. The court must consider the impact on the child of any revision or extension to the timetable. (Practice Direction 5).
13. This application would extend the proceedings. The caselaw on delay is clear. Section 32 CA89 is trite law. Re S (A child) (Delay) 2014 EWHC. Justice must never be sacrificed at the altar of speed [29]. An extension beyond 26-weeks is permitted, only if necessary to resolve the proceedings justly. The current delay is awful, and the twins have been in proceedings for two years. Resolution of the proceedings and if placement is the option, that must happen soon because the separation will be very tough emotionally for the children and their parents. There is a high risk of a residential placement breaking down and causing further disruption to the children.
14. A further assessment would only be necessary if there was a gap in the evidence so that an assessment was necessary to fill it to demonstrate a change. A residential assessment test is a parenting assessment testing parenting skill.
15. In this case the parents were not able to provide specific details of a residential assessment that offered them a place, nor details of what gap in the evidence it would fill, and there was no properly constructed part 25 application. They provided the broad details of a veteran's residential centre but the LA on investigation could not find any information. The order of September 2022 was clear that if an assessment was to be considered Y had to provide details of residential assessment

that would take her. In this case there are several expert assessments that cover mental health , cognitive health and parenting capability , and they answer all the issues that the court must grapple with. There are no new questions for an assessment to answer regarding parenting capacity.

16. There were no timescales for completion or what would be assessed at a residential assessment. There have already been two negative fully comprehensive statutory compliant parenting assessments, so a third assessment was not necessary as there was no gap in the evidence as I set out below.
17. There is no solid evidence to suggest that the parents are committed to making necessary changes in respect of their engagement with professionals and parenting, that any change would be achieved in the children's timescales and no evidence that they could maintain any potential change. The details are set out in the body of the judgement but briefly I note:
18. The parents did not demonstrate any development in parenting or meaningful engagement with professionals during the process to suggest that a third parenting assessment would lead to a positive parenting assessment. Considering that there was no gap, the overriding objective, and that any delay is harmful to the twins, I could not give permission for a third assessment.

Background Facts

19. Y and X have degrees in law from University where they met.

20. At the time proceedings commenced were living together in the same flat but did not present as a couple initially. They are not working at present, but both have a long work and educational history. Y has worked in hospital administration and X was in the army, been a deep-sea diver and worked in construction. Y passed A levels, started a medical degree, and completed a law degree.

21. Y has cautions from 2005 and 2006 related to assault occasioning actual bodily harm. In her written evidence Y did not recall the cautions or reasons for it. X has two convictions for three offences related to driving with excess alcohol, driving whilst disqualified, without insurance from 2006.
22. The children were conceived through IVF overseas in Estonia. X is not the putative father but according to Y was supporting her through the IVF journey. These are

Y's first children while X has two adult children who were not subject to any LA intervention.

23. X has adult children and Y has a cousin but there is no other family relevant to the case.
24. In March 2022, Y stated that she was not in a romantic relationship with X, that they were flat mates, akin to second cousins. (See C& F assessment March 2022). She stated that in 2017 they had a relationship but that he had hit her twice while in a deep sleep. She stated that he was racist and did not date women of colour. However, now they are a couple, engaged to be married and live together.
25. The family came to the attention of LA when Y passed a note to the receptionist at her GP surgery in January 2022 stating that X had slapped her, and she was concerned about his mental health. The receptionist called the police because Y was 22 weeks pregnant with twins and there were concerns around domestic abuse.
26. The police spoke to Y who raised concerns about X's PTSD and the police had concerns about the mental health of both parents. When X was interviewed by the police, he said he was mumbling due to PTSD, and said that he was being followed. The police attended their home March 2022 and concluded that both Y and X were suffering from undiagnosed mental health conditions. At the time the twins were still in the neo-natal unit.
27. The twins were born in hospital on 12 February 2022 at 25 weeks and remained in hospital in the neo-natal unit until 30 March 2022 when they were transferred to their local neo- natal unit which was the local hospital for the parents. Below I set out the health concerns for the twins.
28. G's birth weight was very low (birth weight of 4 9 3 g). She also had atrial septal defect–small hole in between the 2 receiving chambers of the heart, chronic lung disease–required supplemental oxygen. She had retinopathy of prematurity grade 1–abnormal blood vessel formation at the back of the eyes and small intraventricular haemorrhage grade 2–resolved
29. F had extremely low birth weight (birth weight of 8 6 4 g). He also had Patent foramen ovale–small hole in between the 2 receiving chambers of the heart and a small intraventricular haemorrhage grade 2and retinopathy of prematurity stage II-III

30. The LA were concerned that the twins were being exposed to domestic violence. Y would not answer DASH questions, that X suffered PTSD. Y told the LA that the twins were conceived through IVF. (See C& F assessment March 2022). There were concerns about parenting capacity, undiagnosed mental health which led to the twins being on a Children in Need plan.

31. The initial concerns remained, on a home visit while the twins were still at the Imperial College Healthcare NHS Trust Hospital. Y refused to engage with perinatal mental health services because she wanted a neurological assessment first (See C&F assessment April 2022). Y was incoherent with her information and made granular accusations according to the notes.

32. The LA undertook Child and Family Assessments on 22 March 2022 and 14 April 2022. The initial plan was for the LA to provide support under section 17 CA89, a CIN plan because Y was going to engage with the Perinatal Mental Health team and X would engage with MHT but Y had expressed that she did not wish to engage.

33. On 30th March Health Visitor, HN and Perinatal Mental Health Nurse have expressed concerns about Y's mental health. Perinatal referred Y to AMPH for MHA assessment.

34. The MHT were concerned and sought an assessment under the Mental Health Act 2003 because of Y's presentation and reactions to the LA. Y did not attend the assessment leading to the team seeking a warrant from Willesden Magistrates court for a mandatory assessment in May 2022 ["the Mental Health Act warrant"].

35. In May 2022, SW team visited the parents at home where it was agreed that the LA would not start proceedings because the parents would cooperate and that the mother would move to a mother and baby residential unit for an assessment.

36. By 6th June 2022, the twin's health had improved to the extent that they were ready to be discharged. The hospital would not discharge the twins to the parents because they were unable to care for the children competently and confidently.

37. On 7th June 2022 Dr OO sent an email to LA stating that Y had told him that she would be taking the children home. Nurse II sent a further email stating the same that the parents had threatened to take the children home. The

hospital contacted the LA but also the police and obtained a police protection order ["the Section 46 order"] preventing removal from the hospital.

38. The local authority decided that they would issue care proceedings and attempted to serve the mother with a letter of intent. Y refused to take hand of the letter, but the contents were explained to her by SW, AN.

39. An interim care order was granted on 10th June 2022 and the children were removed together to foster care where they have remained ever since. The parents had contact three times a week at a centre with the children which has continued to date.

40. Y was represented at the first case management hearing and a variety of assessments were directed as well as disclosure of the papers for any residential unit identified. The psychiatric and psychological assessments were undertaken for both parents individually and were updated after receipt of the parents' incomplete medical history.

41. At the third CMO 6.9.22 the application for residential assessment was adjourned generally. Parents made an application to restrain LA from vaccinating twins – the application does not specify which vaccinations should be resisted but led to order on 5th September 20222 refusing the application and recording that LA can go ahead with all routine vaccines and that G may be given the Palivizumab vaccine while F may be given Palivizumab if required. There have been numerous C2 applications that are set out in section B of the bundle. The adjourned IRH was August 2023.

42. X was granted parental responsibility by the Central Family Court, apparently by agreement but I have not found the order in the bundle. Contact commenced in the contact centre twice a week for two hours. The first parenting assessment (by SS) was undertaken in 2022 and the outcome was negative. X undertook a cognitive assessment and communicourt assessment.

43. After reading the contact notes and observing contact, the Guardian applied for a further parenting assessment in September 2023. The court sanctioned this because the final hearing set for September 2023, had to be adjourned for judicial illness. Because the adjourned final hearing was set for March 2024, there was sufficient time for a further parenting assessment.

44. Contact was increased to three hours, three times a week. The assessment (see below for the issues) commenced in October 2023. The parents did not attend any further sessions after the mid-way report in November 2023, because the ISW (CC) recommended contact reduce to twice a week for two hours. The ISW filed the final report in January 2024, again negative. On application in December 2023, the court directed contact to remain at three times a week but reducing each session to two hours which was appealed. At the pre-trial review in Feb 2024 the LA were directed to file a Supervision Order support plan and directions given for filing final evidence, and a transparency order was made.

Multiple C2 applications

45. The parents filed over 22 C2 applications including an application to injunct the ISW, to restrain the hospitals from disclosing medical notes for parents and babies. Applications for writs for perverting the course of justice.

46. The applications are at section B of the bundle, and I do not repeat them here. There are 8 appeals of the 22 C2 applications with the most recent one being struck out and wholly without merit. Most of the applications were repetitive, incoherent, or lacking in the relevant law and were dismissed by various judges. The final applications that I dealt with at trial are set out above and had elements of all three characteristics. The relevant law below was provided to the parents at the pre-trial review to assist and focus them.

The Law

47. For the court to consider whether to make a care order it must first consider the test under Section 31 of the Children Act 1989, generally known as the threshold criteria. The court may only make a care order if it is satisfied that at the relevant date the child concerned is suffering or is likely to suffer significant harm, and that the harm or likelihood of harm is attributable to the care given to the child or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him or her.

a. My paramount consideration is the welfare of the children in accordance with Section 1 of the Children Act 1989. In considering this I shall have regard to the welfare

checklist under Section 1(3) of that Act. I am mindful of the statutory principle that delay is likely to be harmful to the child and I acknowledge that the court should take the least interventionist approach commensurate with the child's welfare and, that I must, and I have considered the human rights of the parents and of the child and that any interference with their right to private and family life must be justified and proportionate and necessary.

b. I note section 1(2) of the CA89 that any delay is likely to prejudice the welfare of the child.

c. The Court decides what is in the best interest of the child by applying the welfare checklist set out at section1(3) of the Children Act. The checklist consists of the ascertainable wishes of the child; the physical, emotional, educational needs; effect of changed circumstances; age, ethnicity, and background; harm suffered and risk of harm; capability of parent to meet child's needs and what powers available to court to best meet the need.

d. Welfare in this context is synonymous with "well-being" and "interests", extends to and embraces everything that relates to the child's development as a human being and to the child's present and future life as a human being (Re G [2012] EWCA Civ 1233 at [25].

e. The yardstick that welfare is assessed by is the standards of reasonable women and men (today) and having regard to the everchanging nature of our world, changes in our understanding of the natural world, technological changes, changes in social standards and changes in social attitudes.

f. I have reminded myself with the case *of Re B-S (Children)* [2013] EWCA Civ 1146, which

amongst other things indicates that the judicial task is to evaluate all the options undertaking a global holistic and multifaceted valuation of the child's welfare, which considers all the negatives and positives or the pros and cons of each option.

g. I have considered the no order principle under Section 1(5) of the Children Act, where a court is considering whether to make one or more orders under this Act with respect to a child, it shall not make the order or any of the orders unless it considers that doing so would be better for the child than making no order at all but that will not apply for this child.

h. As to any findings of fact, the burden of proving an allegation falls on the party who

makes the allegation. In this case that means the local authority must prove the allegations against the parents. It must do so to the civil standard of proof, namely the balance of probabilities. It is not for the parents to prove that they did not do something that is alleged against them.

i. I give myself a *Lucas* direction. I remind myself that there may be several reasons why a person may tell a lie. A person may lie to deliberately because they are guilty of what is alleged but they may lie for other reasons, for example to bolster a weak case, to protect someone out of panic or to cover up disgraceful or embarrassing behaviour. If the person lies about one matter it does not mean that they are not telling the truth about something.

j. I have reminded myself of the case of *Re S* [2014] EWCA Civ 135 in which Macur LJ when considering the issue of dishonesty said that 'The fact of a parent's non-disclosure or deceit is not necessarily determinative of parenting capacity or, depending on the circumstances, an ability to co-operate with the authorities.

The Threshold Criteria

48. The threshold criteria fall to be considered at the time that protective arrangements were instituted, where those protective arrangements have been continually in place Re M (A Minor) (Care Order: Threshold Conditions) [1994] 2 F.L.R. 577, HL. Furthermore, events and information occurring after proceedings have begun can be admitted into evidence to the extent that they prove the threshold criteria at the time when protective measures were put in place G (Children) [2001] 2 F.L.R. 1111, CA.

a. In addition , where there is a dispute about how a local authority should use a care order, the court is not powerless and the Court of Appeal has repeatedly made it clear that the court has to consider risk and welfare in such circumstances and the court actually has an important duty to look at all the factors and produce its own analysis and the court can refuse to grant the care order which the local authority seeks if it is not satisfied that the plan put forward by the local authority is in the child's best interests:

l. In *Re X, Barnet London Borough Council v Y and X* [2006] 2 FLR 998 Munby J (as he then was) found that the local authority had made several fundamental errors in

the process of preparing its care plan, he refused to endorse the plan as being in the child's best interests and adjourned the case to permit the local authority to reconsider its plan.

II. In *Re S and W (Care Proceedings)* [2007] EWCA Civ 232 the court of appeal reminded us that there is a powerful quasi-inquisitorial aspect to care proceedings with the court and the local authority having a shared objective to achieve a result that is in the best interests of the child; if a case is adjourned to permit the authority to reconsider its care plan that is what it should do, in the light of any judgment. If after such reconsideration the authority's plan is unchanged then the court may have to decide whether to make a care order.

III. It is simply not open to a local authority within proceedings to decline to accept the court's evaluation of risk and it is that evaluation which will inform the proportionality of the response which the court decides is necessary *Re W (Care Proceedings: Welfare Evaluation)* [2013] EWCA Civ 1227.

IV. The approach in *Re W* was endorsed and restated in *Re T (A Child) (Care Proceedings: Court's Function)* [2018] EWCA Civ 650 where Peter Jackson LJ held that a court has not only a power but a duty to assert its view of risk and welfare. The obligation on the court not merely to make its assessment, but to see it through was a matter of principle and not one determined by individual judicial inclination.

Law on Adoption: Adoption and Children Act 2002

49. Further I have considered the following principles set out below in respect of placement and different types of parenting and they have been at the forefront of my mind when applying the facts to the law in this specific and difficult case. The welfare of the child throughout their whole life must be the paramount consideration in my analysis, section 1 Adoption and Children Act 2002.
50. Pursuant to s.21(1) of the Adoption and Children Act 2002, a placement order is an order made by the court authorising a local authority to place a child for adoption with any prospective adopters who may be chosen by the authority.

a. Under section 21(3) of the 2002 Act, a court may not make a placement order unless satisfied either that the parent has consented to the child being placed for adoption or that his or her consent should be dispensed with. In this case, neither parent consents. Under section 52(1)(b), the court may dispense with the parent's consent if the welfare of the child requires the consent to be dispensed with.

b. Pursuant to s.52(1) a court cannot dispense with the consent of any parent unless the court is satisfied that the parent cannot be found or is incapable of giving consent (S.52(1)(a)) or that the welfare of the child requires the consent to be dispensed with (s.52(1)(b).

c. If those conditions are met, s.1(2) of the Adoption and Children Act 2002 highlights that the court must consider the child's welfare as paramount and must consider the child's welfare throughout their entire life (in contrast to the requirements under the Children Act 1989). The court in doing so must have regard to the welfare checklist within s.1(4):

   i. the child's ascertainable wishes and feelings regarding the decision (considered in the light of the child's age and understanding),

   ii. the child's particular needs,

   iii. the likely effect on the child (throughout his life) of having ceased to be a member of the original family and become an adopted person,

   iv. the child's age, sex, background and any of the child's characteristics which the court or agency considers relevant,

   v. any harm (within the meaning of the Children Act 1989 (c. 41)) which the child has suffered or is at risk of suffering,

   vi. the relationship which the child has with relatives, with any person who is a prospective adopter with whom the child is placed, and with any other person in relation to whom the court or agency considers the relationship to be relevant, including, the likelihood of any such relationship continuing and the value to the child of its doing so; the ability and willingness of any of the child's relatives, or of any such person, to provide the child with a secure environment in which the child can develop, and otherwise to meet the child's needs, and the wishes and feelings of any of the child's relatives, or of any such person, regarding the child.

d. Nothing Else Will Do Principle: The court is aware of Re B (Care Proceedings: Appeal) [2013] 2 FLR 1075, and Re BS (Adoption Application of s 47(5)) (2014) 1 FLR 1035, and the well- trodden ground covering the guidance that adoption is the "last resort" when "nothing else will do". The court noted Lady Hale in Re B: "it cannot be said that 'nothing else will do' when nothing else has been tried" (para 223)

Diverse Parenting

51. The dicta of Lord Templeman in *Re KD (A Minor) (Ward: Termination of Access)* (1988) 2 FLR 139, still hold true: "The best person to bring up a child is the natural parent. It matters not whether the parent is wise or foolish, rich, or poor, educated, or illiterate, provided the child's moral and physical health are not endangered. Public authorities cannot improve on nature" (page 141)

52. Diverse parenting*:* Re L (Care: Threshold Criteria) [2007] 1 FLR 2050, para 50: "society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent. These are the consequences of our fallible humanity, and it is not the provenance of the state to spare children all the consequences of defective parenting. In any event, it simply could not be done." (Para 14).

53. That approach was endorsed by the Supreme Court "We are all frail human beings, with our fair share of unattractive character traits, which sometimes manifest themselves in bad behaviours which may be copied by our children. But the State does not and cannot take away the children of all the people who commit crimes, who abuse alcohol or drugs, who suffer from physical or mental illnesses or disabilities, or who espouse antisocial political or religious beliefs." (Para 15) We have to have a degree of realism about prospective carers who come before the courts." (Para 16) (para 17)

The Law Relied on by the Parents.

54. In the applications and position statements filed the parents have relied on s97 Children and Family Act 2014, dispute the applicability of section 5 &6 of the Children Act 1989 to the appointment of a Guardian. They have sought relief through certiorari, habeous corpus, the McFarlane Accords, Data Protection Act

2018, the GDPR regulations, judicial review, declaratory relief, the law of tort, proprietary relief, injunctive relief, criminal prosecution of the professionals, licensing regulations to challenge the validity of experts.

55. The correct and applicable law in this case is set out in the section above entitled 'The Law'.

Fairness and rule of law

56. In terms of fairness, I am satisfied that the matter has been dealt with fairly and there is no breach of article 6. The parents often stated in evidence that they have made several applications and they could not be wrong all the time, but the fairness of a trial is measured by the processing evidence, giving relevant people the chance to have their say in accordance with the relevant rules, proportionately.

57. Fairness is not measured alone by the outcome of a process but by the application of rule of law. In this case the parents were given a wide leeway in trial to ask questions that did not have an evidential basis and have more time than the other advocates to make their points with appropriate trial management to conclude the trial in the time allocated.

58. X did not want an intermediary assessment and there were breaks in the trial.

The Parties Positions

59. The LA seek a care and placement order for the twins to be placed in adoption.

60. The Mother and Father seek a discharge of the applications and that the twins be placed in their care.

61. The Guardian supports a care and placement order for the twins to be placed for adoption.

The Evidence

62. The parties filed a main bundle, a core bundle, a bundle of contact notes and a bundle of the twin's medical notes because the parties could not agree on what was relevant and by disregarding court directions, the total amount of pages exceeded 8000.

63. I considered the evidence and set out below how it feeds into welfare and threshold. At trial Dr OO gave evidence first.

Dr OO's Evidence

64. Dr OO oversaw the twin's care at local hospital after they had been transferred from the Imperial College Healthcare NHS Trust Hospital in March 2022. He provided a witness statements and notes. He liaised between the parents and nursing staff and saw all the notes from his staff.

65. In his evidence he explained that the twins being premature had serious health issues (as I set out above) and the local hospital had to provide care with the objective of getting the children to a stage where they could be safely discharged. The twins spent over 100 days in hospital in the neo- natal unit. During the time in local hospital there

were some instances where the parents could not attend due to illness or home delivery or other appointments.

66. There was a list of competencies for the parents to meet e.g., feed, change, stimulate. They passed all but two competencies but that did not assist with discharging to the parents according to the doctor. It was practical and safe care that concerned him. The entries for 20th and 23rd May 22, show a risk of physical harm if X looked after twins. The nurses said that X could not hold the children safely and nearly dropped a baby. The hospital's job was to make sure that the children could be looked after safely and confidently before discharge.

67. Y worked well with Dr OO until he reported her. Y, she did not work well with the nurses whom she patronised with her educational background. The doctor recognised the stressful environment and parents can be rude and they expect it. But the parents were rude to the staff.

68. He wanted and needed to see that prior to discharge the twins could be cared for confidently, safely, and adequately by the parents who were provided with a toolkit task worksheet as well two sessions of 'rooming in' to teach them how to look after premature babies.

69. 'Rooming in' is where the parents spend 24-48 hours in a room next to the neo natal unit which replicate home conditions and the parents must care for the twins under observation. If the children were home the parents would have to give each other the breaks and during the rooming in Y asked to have 8 hours sleep and for the nurses to look after the children 28th May 2022 but this would not be

replicated at home. After the rooming in sessions the doctor was not satisfied that the twins could be discharged to the family home.

70. The babies born very early, very small, and had gone through significant medical issues . They had required different respiratory support, keeping their temperature stable, different ways of feeding them. By due discharge date, there was a lot of complexity looking after them. They were sensitive in using mouth, skill in feeding, special teats used. The parents did not really understand this.
71. The twins are different to each other and required adults to focus on their individual needs too. It would be intense and tiring and he wanted the parents to recognise that. He needed reassurance that the parents recognised this and were able to do this. He was not satisfied that the parents could do that when he spoke with them.
72. By May 2022 (three months later), the parents should have been finessing their skill sets and they were not. Y was struggling with basic needs of the children (feeding/changing). If children went home with Y there would be a risk of neglect and harm. The care had to be taken over by competent and confident carer.
73. Y suggested that the LA did not have enough to bring proceedings and had manipulated the hospital to not release the twins to the parents by obtaining a Police protection order and the doctor disagreed.
74. YN stated that they did not have enough evidence as of 20th May 2022 to start care proceedings and he had asked the hospital staff to provide statements in support for court. The doctor pointed out that the children were ready for discharge but as they were on a CPP they could not be discharged to parents and the parents were not confident and competent carers yet. Some concerns are mentioned below.
75. Asked about moving the boy, he noted that F was twice size of G and made more progress to move to a different unit. While they do try to keep babies together, they need to provide care to other babies in neo -natal. He had to be moved because of pressure on space but the mother objected to this and made threats.
76. 2nd May 2022, Y feeding and G turned blue, was an example of lack of understanding the baby's need. They wanted parents to recognise these issues and

wanted engagement. If a similar feeding incident had happened at home, it would be catastrophic for the baby.

77. 14.5.2022 Parents visited and fed 30ml of milk which was not enough (so nurse bottle fed) another thing that required competency. If the baby got hypoglycaemia due to sugar levels dropping, a catastrophe to baby.
78. 20.5.22 the dial turned down on oxygen for G. Y objected to the Guardian implying that she had turned down the dial. The oxygen flow meter dial was not easy to move but they never got to the bottom of how that happened.
79. While Y stated that she could not remove the children given security, the doctor confirmed that the mother had told him she would remove the children. He had to take the statement seriously.
80. The doctor stated that the parents sent him several emails which he had to report to the police after the Emergency Protection Order was made on 7th June 2022.
81. Dr OO felt that the parents (in terms of engagement) would communicate with him politely but the reports he got from the staff concerned him, about the way they treated his staff was not the same. The doctor had reported the parents to the police for harassment after 7th June 2022.
82. The local hospital Neo Natal Unit expressed concerns regarding Y's availability to care for them. It is reported that Y had not always attended regularly to see the children and provide the necessary care needed. It has also been recognised that Y has difficulties caring for both and needs a lot of support.
83. This has meant at times she has been reliant on staff to care for the children, as well as asking X to assist with the care of the babies due to feeling tired. It has also been raised that there are concerns regarding X's ability to help Y care for them due to his physical capabilities, his mental health issues, and the previous domestic incident. An example of this was when X was seen struggling to hold the babies correctly and struggled to give them their bottles.
84. Thus, at the time of discharge, the concerns were that the parents could not care properly for pre-mature babies with specific needs because they could not recognise the cues and, be aware of risks and respond to them and they were unable to engage, work with professionals openly and honestly.

85. At present [2024] for oversight and growth development, the twins have done well according to the doctor. They walk, chat, and doing well. They are discharged from his care. They could have issues with cardio -vascular, cerebral palsy, ADHD and the person looking after the children must be aware of possible risks and be able to recognise them, but he was very pleased by their progress.

86. Dr OO gave helpful details about the parent's initial care of the twins and the facts that led to the emergency protection order. It was highly unusual to obtain such an order to prevent the parents removing the children. Further, having been the twins treating paediatrician for two years, he emphasised the need for attuned care and an ability to recognise the risk of neurodevelopmental problems. They are now discharged from his care after two years. He was very pleased by their health progress.

AN SW

87. She was involved from May 2022 to June 2022 as she was in pre-proceedings team and set out the evidence leading to care order at trial. 7th June 2022 SH provided a statement which she adopted. Her statement was dated 27th June 2022. She was not involved in the parenting assessments and her evidence is related to the facts between March 2022 and June 2022.

88. She set out the hospital's concerns including setting out the threats made by mother about removing the children. She also set out the concerns about parenting which are corroborated by the local hospital contact notes but added concerns about consistent contact because Y missed a few contact sessions in the hospital due to ill health and waiting in for deliveries.

89. She agreed that care proceedings were halted in May 2022, because the mother was going to cooperate but after that time, concerns again increased in relation to Y's capacity to care for the twins who were medically ready for discharge.

90. Dr OO had mentioned difficulties which SW agreed with. Y presentation (aggressive, not following advice) was a concern. AN had to go out with a colleague due to threats received by other colleagues and hospital staff too from Y. The intitial social worker statement describes the threatening messages on legal action. Staff attended to provide a

letter of proceedings to Y and she was in the meeting. Y made verbal threats around legal action, it was a difficult meeting and it ended because it got aggressive.

91. In cross Y put to her that the plan for care was contrived by YN because at the meetings which mother could not attend, he had asked the professionals to build a case. SW disagreed with this and explained the efforts that she had gone to engage the mother in mental health assessments and provide s17 support.

92. SW was part of the team who tried to serve Y with notice of the proceedings which the mother refused to accept. Y stated that trying to serve her while she was with the children at the hospital was not appropriate and she was also concerned that they were trying to have her arrested. AN denied that this was the case. A care order was granted in June 2022.

Concerns in June 2022

93. The concerns revolved around the parent's mental health, their care of the children and their ability to work with professionals. The expectation was that the parents would remedy those concerns moving forward while the children moved into foster care from hospital. They had contact with the children 3 times a week. The LA would assist them in improving their parenting skills while the Guardian focused on the best interest of the child. The Court directed that the following assessments were necessary and proportionate for the court to resolve the questions of care and placement and the expectations upon the parents were clear.

Assessments

94. These assessments are intrusive and stressful for parents who must be open and honest about their entire life's history /provide medical records (no matter how embarrassing) so that reports can be provided for professionals to assess risk of harm to the children.

95. The court directed psychological and psychiatric assessments for both parents, a joint PAMS parenting assessment, hair strand testing for Y, cognitive testing and below I set out the key points of the assessments. Dealing with Y's assessments first.

Y Assessments 2022-2024

96. The assessments were tasked with identifying whether Y had any enduring mental health issues, personality disorders or personality traits that could impact welfare and parenting capability. If identified how they could be managed or resolved to allow for safe parenting. A great deal of the assessments focused on whether disorders were caused by a car crash, and there was delay due to medical records not being disclosed by the parents.

Hair Strand Test

97. The hair strand test for Y suggested used of codeine over five months, no other drugs or alcohol but positive for codeine at a medium level and dihydrocodeine at an occasional level. Y clearly engaged in this testing and was NOT abusing substances.

98. Dr WA's historic reports related to Y's RTA noted a pre-injury history of depression and alcohol use in his report of 2008 when considering whether Y had a personality disorder.

99. Y undertook psychiatric and neuropsychological assessments in August, December 2022, July 2023 with Dr McEvedy [Dr McE] and Dr Pragnell . When both carried out their initial assessments, they did not have Y's full GP records. Ultimately, they saw some records up until 2013 and from 2022 onwards and provided addendum reports. The GP records and reports they viewed set out examples from her earlier life showing depression, possible bulimia, overdoses, possible sexual abuse by her brother and examples of the combative stance Y adopted with professionals but there was a gap in the records between 2013 and 2022.

Y's Assessments: Psychiatric Assessment [E142/ 4th August 2022]

100. Dr McEvedy conducted an assessment with Y at the Nightingale hospital in July 2022. He saw her GP records from January 2022. In the report he set out Y's family history, the impact of family death's, her relationship with her mother. Y was born in England, lived in India after birth, returned to the UK, that she had suffered racism in school. She had studied medicine at

university and was disappointed when her grades did not gain her admission to medical school. She attended university and studied law.

101. She was involved in a car accident in 2001 that caused a traumatic brain injury. A road traffic accident in November 2001 is mentioned in GP records with a closed fracture of the right elbow. She said that there was a legal case, but which she said ended without decision or formal outcome in 2010. She said that some form of psychometry, that is formal neuropsychological testing, took place in 2007.

102. He read her GP records and set out some examples including "18 March 2022 Y was angry in a consultation with her GP, threatening to sue and involve the GMC: "*she said she has journalists on standby and has 400 lawyers on standby at her "fingertips"… Unhappy with the e-Consult system and will lead a public enquiry into this and have it scrapped". She told her GP that she would "report" them to her obstetric consultant at the hospital."*

103. He noted 25 March 2022 GP records contain an entry of discussion with Y, that the perinatal mental health team had recommended prescription of the antipsychotic medication, quetiapine; but Y refused to accept this.

104. He noted the observations of the local Hospital, summarised in Dr OO's statement, that there were concerns about the safety of the children, if they were unsupervised in her care at home, and Y dismissed this, telling him that negative reports from the hospital were a result of complaints which she made about various aspects of care at the hospital: "*It's the care business industry saying it".*

105. He noted from the risk assessment of AN that "there were also concerns for Y's mental health and she had not informed health professionals of her pregnancy and only sought antenatal care at 22 weeks".

<u>Issues of Personality Disorder</u>

106. Dr McE believed that there were issues of personality disorder but that could not be diagnosed without further access to the GP records and reports from neuropsychiatry / neuropsychology.

107. He was struck by the degree of disconnect between Y's thinking about the circumstances in which her children were removed into foster care in June 2022, and the implications of her decision making at that time. At that time, she saw no reason

to acknowledge the role or even legitimacy of local authority involvement in matters of child welfare/ safety, and this remains her position. She continues to see this as simply a matter of the law, unfair detention and her human rights, even that the family court lacks legitimacy. It is presumably relevant that she and X have some form of legal background in the form of academic courses, neither of them is a qualified lawyer.

108. He thinks there may well be a significant issue of faulty judgement, although the reason(s) for this are not clear. Two possibilities, which are not mutually exclusive, are that there are some enduring subtle neuropsychological deficits because of the traumatic brain injury received in 2001 which may have some effect on judgement. The other possibility is that the dynamic of the relationship with X. Y described, X, using his previous experience in military reconnaissance, decided that it would only be safe for her to go to the local supermarket in West London within certain hours, which she came to accept as "quite reasonable".

109. After reviewing both the updated bundle and the medical records, Dr McE in August 2023 believes there are some likely abnormal personality traits present over time.

110. Y's approach to others, reflected in medical records and in her approach to agencies/ services, has been to find fault, or to become engaged in conflict, often hinting at or explicitly mentioning legal redress. Dr McE was concerned that Y may have undiagnosed issues of faulty judgment.

111. He thought that Y's expressed opinion, that the local authority had no legitimate role in matters of child welfare/ safety, and even that the family court lacked legitimacy, is very unusual. Such inflexibility and maladaptive stance are most likely to be linked to traits of abnormal personality, which include poor judgement, poor planning, inflexibility, difficulties in interpersonal relationships (intense and to some extent as concerns the relationship with X, and her previous report of domestic violence is noted), tenacious sense of personal rights, and the link to alcohol problems in earlier years.

112. Dr McE states that, these trait personality abnormalities are mixed in nature, rather than consistent with one sub-type of personality abnormality.

Dr McE states ongoing personality difficulties may have their origin in childhood adversity/ trauma or whether they result from organic brain injury in early adult life, or a combination of the two.

Current Impact

113. The ongoing personality difficulties are enduring, and appear to have a significant impact on current functioning, including in domains relevant to this childcare matter, such as interpersonal relationships, and ability to cooperate and work harmoniously with others, significantly services and agencies which would need to be involved, were the twins to be returned to Y. This is a relevant fact when considering the physical and emotional welfare of the twins with Y.

114. The mother's mental health assessments do suggest that she has difficult personality traits (not a personality disorder) which impact her thinking and behaviour with professionals and can potentially prevent her recognising risks of harm to the children and prevent her prioritising the children over her own intractable views on parenting which I consider against the welfare context below.

Possible Remedy /Solution

115. Dr McE recommended dialectical behavioural therapy [DBT] and mentalisation based therapy [MBT] and pointed out that Y would need to give provider the reports. He stated that the therapy could take 12-24 months. After that a period of testing /embedding would be required to see if there was improvement in parenting.

116. The timescale is not within the twin's timescale for permanency. The Guardian was concerned that even if Y was able to obtain the therapy there were concerns that it could be unsuccessful especially if Y does not embrace the process and he felt that this was likely given her relationships with professionals.

Dr Pragnell's Neuropsychological assessment Y

117. He interviewed Y in November 2022. Y did ask to record the interview and take photos and he declined. This was an inappropriate request by Y.

118. Dr Pragnell spoke to her with an interpreter present. He undertook verbal reasoning tests where she scored highly, although her processing speed very low

but general intellectual ability was average. I am satisfied the tests were thorough and robust.

119. He concluded on the balance of probability, given her presentation and performance on neuropsychological testing, his provisional opinion was that Y is not suffering from a neuropsychological condition or significant neuropsychological symptoms that could be attributed to a head injury.

120. While there are references within her records to diagnoses of depression, anxiety, and personality disorder, she denied a history of significant mental health problems during his assessment with her.

121. Y may have experienced disruption to early attachment relationships that have influenced her patterns of interpersonal interaction through her adult life and could, in theory, influence how she relates to others in positions of authority, which in turn could influence her interactions with health and social care professionals.

122. On the balance of probability, he did not think Y was suffering from a neuropsychological condition that requires treatment or other support. However, he did recognise and acknowledge her issues with authority above.

<u>What Assessments conclude about Y?</u>

123. Both reports identify that Y finds professionals a challenge and that her lack of engagement is not due to underlying mental health issues (without seeing her full medical history). This unknown potentially places the twins at harm.

124. Y's approach to involvement with or scrutiny or supervision by legitimate authority/ agencies likely presents significant obstacle to the safety of the children, now and in the future.

<u>X's Assessments</u>

125. I have read X's psychiatric, psychological and communicourt assessments in the bundle.

126. Dr McClintock's wrote a report dated 18 July 2022 and the report at section 2 sets out Y's involvement in the participation of X's assessment. Y stated that she would answer the call from Dr McC to X, she would leave the room and that the doctor should note that X would be providing pre-prepared answers.

Dr McC did not see X's full medical notes. He stated that X was taking Olanzapine, an anti-psychotic medication.

127. Dr McC was struck by X's presentation, the way he answered questions and by his lack of knowledge about certain issues such that the doctor felt that there were difficulties with his cognitive state. He found his presentation to be confusing, for example, despite having a degree in law he did not have knowledge about some very basic legal terms.

128. Given that one of the attachments in an email sent by the mother's solicitor, contained a copy of his qualification in law, there must have been a marked decline in his cognitive functioning since that time as someone with the difficulties he noted at interview, would have very much struggled to obtain a university level qualification, in any subject.

129. The doctor was also concerned by his lack of knowledge about the doctor's name and occupation, and he seemed unable to clearly explain what the local authority were worried about, regarding him and the mother.

<u>X's PTSD</u>

130. Dr McC reviewed the GP notes, the army records, statements from X and Y in July 2023. He notes that some paperwork was from 1961 even though X was born in 1965 that X was discharged from army in 1991 (31 years ago) but not diagnosed with PTSD. He states that the paperwork he reviewed mentions PTSD and personality disorder.

131. Thus, Dr McC does not conclude that X suffers from PTSD or any other form of mental health illness at present. His concerns relate to cognitive and psychological issues.

132. But after he met X, the doctor raised concerns about X's cognitive functioning, and the ability to undertake a parenting assessment.

133. Reports however indicate that X has a history of mental illness given his diagnosis of PTSD, his prescription of antipsychotic medication and reports of past paranoia regarding the traveller community. He was seen by the Community Mental Health Team and he is described as having difficulty in managing his anger with emotional outbursts. Despite such recorded features there is little definite evidence

of a specific diagnosis or reasoning as to his need for medication and this remains unclear according to Dr McClintock.

Cognitive Assessment

134. Dr Mann conducted a psychological assessment on 21.12.2022. X's verbal /perceptual reasoning comprehension were low. X stated that he did not understand LA's concerns. Dr Mann states:

135. There were limitations to the psychological assessment due to denial that he has ever experienced mental health difficulties and his inattention/overly positive response within the personality profile which invalidated the measure. X's unusual presentation is likely to be a combination of his impaired processing ability and probable underlying mental illness and trauma of which he has poor insight and understanding. His presentation and denial of difficulties maintains the uncertainty of any mental health diagnosis.

136. Although X stated that he did not have any difficulty in his level of understanding, his cognitive profile and his presentation would suggest otherwise. His verbal comprehension was not within the impaired range and, by itself, would not hinder his level of understanding, but it is his ability to process information that impacts on other areas of his cognition according to the doctor.

137. X has an impaired ability to process information which is likely to contribute to very poor attention, distractibility, difficulty in learning and retaining information and integrating such information cognitively. Thus, a Communicourt assessment was conducted (see below).

138. Dr Mann reported again on 1st April 2023 and stated that past medical reports have highlighted issues about X's cognitive functioning with reports of a cerebellum injury, radiation exposure impacting on his communication, and issues relating to confusion and disorientation.

139. In his further report of July 2023 which was a joint instruction by Y and LA he noted that that X could hear everything during their assessment (there was a suggestion that his ears were blocked which prevented his participation), that he could not comment on PTSD because he found no evidence of it in the review of X's army records.

The Parent's Response to the Mental Health assessments

140. Y sets her 16-page response to mental health experts where she points out that she has never harmed the children and that she was right to question all decisions and they were not a personality trait. She stated that.

141. *'Dr.McEvedy stated that mother expressed opinion, that the local authority had no legitimate role in matters of child welfare/ safety, and also even that the family court lacked legitimacy and that is very unusual. Mother was defending herself in that she considered the local authority was misguided in instigating the proceedings because she considers herself to be a good mother. However, she has cooperated with the LA as best she can and much has been achieved in the raising of G and F due, in significant part, to mother recognising the legitimacy of the local authority and has, thereby, deferred to the experience and knowledge of social workers.*

142. *Indeed, mother welcomes advice from SWs and medical professionals because she recognises their wealth of experience. Mother has a love for English law and its principle of habeas corpus. Mother denies that her making an observation on how family courts operate across England, is indicative of an abnormal personality. Indeed, she would relish a rational and objective conversation about how the role of family courts fits within English law. A love of law and justice does not mean one is suffering from an abnormal personality. Mother feels that had she not had post-partum hypertension with oedema in her legs or the trauma of separation from her babies and care proceedings that she would in fact have performed much higher in Dr.Prangnell's assessments of her. Neither consultant has appreciated mother's background in troubleshooting when she was trained by KCW CHC and Community Health Council officer after medical school, which has been her raison d'etre at the time.*

143. *Mother feels that social services and ISW perceive her freedom fighting as CHC complaints manager experiences as challenging behaviour towards authority when this is not the case. Mother feels it is right to exercise parental responsibility by questioning staff for second opinions, informed consent and her medico-legal choices.*

144. *She is happy for the authorities to arrange any concerns they have in respect of this on a supervision order and she is willing to undergo CBT related to unlearning of subjects that she learned at CHC, medical school and law school should they deem it necessary. Otherwise, mother feels she has a stealthy and steadfast mind dedicated to her family which will never allow them to come to any harm as her grandiosity is exhibited in her appetite for second opinions and always checking her family's legal rights.*

145. In respect of Dr Mann's report, Y has stated in a WhatsApp message to CC that 'any defamatory challenges will be sued out at high court in Kings Bench from X. Any defamation of his character, reputation or any insults / libel / slander will be dealt by a military grade solicitor for him'. "

146. Reading through the contradictory response the focus was not on whether any harm could be caused to the twins by this thinking but on justifying the statements she made to the doctors, essentially. The response demonstrates a lack of insight by Y, it is defensive and deflective and no thought on welfare.

<u>The Parent's Response to X cognition</u>

147. The parents did not agree that X had any cognitive issues and wanted Dr AD and Professor NY to give evidence which was declined as it was not necessary, but the parents filed without permission medical reports /notes from both which were in the main bundle. The mother describes the assessment as a three-hour cognitive battery by Professor NY. Dr AD states X's cognitive ability is rated as under functioning, that his processing speed is very low within the second percentile, that his speech was 'slow, effortful and poorly articulated and below the level expected'.

148. She writes that he performs at the upper end of lowest scale for verbal reasoning. So, Dr AD's tests results are very similar to Dr Mann's results if not even less supportive of X's position.

149. The parent's response at was misleading by focusing on X's verbal reasoning scores rather than what Dr AD said about his cognition. They further provided a letter from an SLT, EN, who suggested Talking Therapy

because when she spoke with X, she thought his poor communication was brought on by stress despite it been ongoing prior to the proceedings.

150. The parents also relied on an MRI by Prof NY who states that the MRI is not the method to identify cognitive difficulties. Thus, the written material from the witnesses the parents wanted to call did not support their assertion that X was cognitively capable as I have set out above.

151. The parents further stated that X's poor assessments were due to his ears being blocked with wax. None of the medical assessments suggest that X could not hear during the assessments.

Communicourt Assessments

152. In the first communicourt assessment X could not participate, and no conclusions were provided. At the second assessment the assessor set out recommendations for questioning, breaks to ensure X's participation.

153. But at the final hearing and the pre-trial review a month earlier X declined the assistance and appointment of an intermediary because his cognitive ability was higher than assessed.

154. Y stated that his issues arose from speech and language difficulties, including a blocked ear which had not been drained at the time of the assessments. Neither Dr Mann nor Dr McE reported hearing difficulties.

155. In terms of X's psychiatric, psychological and (to an extent the communicourt assessment), a key feature of all three is Y's involvement in the assessment. It does not detract from my conclusion about X's mental health, but Y's involvement poses a question as to why she will not let the professionals assess X alone and how that might impact on the care and welfare of the twins.

156. X filed some courses for first aid, CAHMS and mediation from the Florence Academy that are in his name to prove that he was capable. Given that his cognitive ability is limited and that the courses were all online – E- courses and that in oral evidence X said that he did not type anything, I do not believe he undertook these courses. It is not matter I weigh in assessing threshold or welfare, but it does support the view that X does not recognise his own limitations.

157. X clearly has cognitive difficulties as assessed by the medical experts and as a fact set out by Dr AD but both parents deny this.

158. Essentially if I accept what the parent's say there is no plausible explanation as to why X cannot care for the twins which means there is no way of remedying, supporting, or protecting the twins if cared by X alone. This unknown is harmful, and it is not within the twin's welfare time scales to spend any more time trying to ascertain the reasons. But I do not agree with the parent's explanation and prefer the evidence of the experts regarding X's cognition and that impacts his care of the children.

159. Thus, on balance the evidence demonstrated that Y had difficult personality traits that impacted on her care of the children. The evidence demonstrated that X has cognitive and physical difficulties which he refuses to admit and impact on his care of the children.

160. I consider how that has impacted on care below and the quality of contact to help me assess welfare.

Contact Notes

161. The first period is the contact between the parents and twins while they were still in the hospital, the second period when the contact was in a contact centre with the twins and third period the contact in the centre when the twins are 18 months to present date where contact reduced from nine hours a week to six hours but was supervised by two contact workers.

Contact at the Hospital when babies were in Neo- Natal Unit

162. Between 30 March 2022 and June 2022, the twins were in their local hospital neo-natal unit being born three months early. Y at the beginning would not wear a mask without checking with lawyers, she asked for specific nurses not to look after the children. Y asked that eye drops not be used in a test [4.4.22]. Y was stressed, asked for a baby to have a blood transfusion, and asked for the chaplain [10.4.22]. Y tried to feed baby while baby was lying flat, the nurse intervened because it was unsafe [12.4.22].

163. Y got upset when F was moved to special care nursery [14.4.22]. She told nurses that she had three degrees, call a magistrate and the police because she did not want the twins to be separated. They described her as rude, confrontational, and aggressive. [27th June 2022]

164. Y asked if the twins could lick chocolate from her hand, and the nurses said no. The doctors advised that the twins should have fortnightly eye checks because of risk of sudden progression of retinopathy but Y would only consent to three-week visits without a second opinion [25.4.22].

165. There was a concerning feeding incident, but Y did listen to nurse as baby was turning blue and stopped breathing [2.5.22] and X poured large amounts of milk into the baby's mouth, and it was dangerous. Y did not want the twins to be vaccinated [16.5.22] and would contact lawyers. On one occasion with parents G's, oxygen dial turned down to 0.031/min from 0.11/min [20.5.22] but nothing to prove the parents turned it down.

166. Those notes also show that Y rang consistently to enquire about the welfare of the children, she showed concern and affection for the children. She fed them and occasionally settled them [26.4.22] and [29.4.22] and had skin on skin contact [2.5.22]. But Y was preoccupied sometimes with deliveries, was very tired as the care was constant and new.

167. While the twins were in hospital, the notes set out a detailed record of interaction between 30th March 2022 and June 2022. The notes highlight the difficulties of looking after children born prematurely and the importance of following the advice of the doctors and nurses who have specialist knowledge. While the notes demonstrate some difficulties with feeding and the mother's worries the overriding theme is the confrontational attitude of Y.

168. Thus, while I can understand some of her rudeness (due to stress) and interaction with staff, I do not understand why she would argue with the professionals when it was clear that they were experts, and it was in the welfare of the children to follow the advice of professionals.

169. It seemed to me that she was not putting the welfare of the twin's first and some of those decisions could harm the children, like her opinion on eye checks and vaccinations where the time was of the essence to protect the twins. It seems to me

that her difficult personality trait interfered with her ability to absorb what the doctors told her and potentially placed the children at risk. But I balance that against the fact that she was scared and stressed although I cannot ignore the risk of potential harm that the twins faced at that time.

170. The contact moved to a contact centre. In my opinion on moving to the contact centre, the level of interaction between Y and the twins improved but not with the professionals.

171. In the centre Y would feed the twins milk and as they got older baby food, sometimes homemade, she changed the nappies, she played with them, read them books, sang to them, said prayers, and spoke to them appropriately. Y showed appropriate concern when she noticed little red spots near G's eye. She gave them equal attention.

172. On most days, there were no safeguarding concerns recorded although there was a concern that Y was feeding the twins to many types of food. Y interacts well with the twins as they climb onto the sofa, or they are dancing, and she is singing. Y is very hands on. Y feeds them, plays with them. In most of the early contact notes X follows Y's instructions. His interaction is limited with the twins in the first 18 months.

173. But a noteworthy feature is that on occasions where Y disagrees with the contact supervisor or professional, it escalates. The supervisor asked her not to give the twins extra milk, Y did not agree, and Y rang the police during the contact on 22.7.22, in front of the twins. This response was an example of Y's resistance to advice and an example of her difficult personality trait impacting welfare.

174. About the early contact Y stated "There are 97 contact reports listed in the court bundle. Of these 76 reported no Protection/Safeguarding concerns. The remaining 21 showed comparatively minor concerns, largely to be expected from a first-time mother who had never experienced extremely premature babies at all. This inexperience rapidly improved with the expert guidance from family support workers, so that concerns about Y as a mother fell away."

175. The last sentence above was not correct in terms of improvement or concerns about the mother's care which centre around exercising judgment and welfare.

176. In the later contact after October 2023 when the twins are 18 months plus, they are running around a lot and require constant supervision and Y undertakes this mainly while X is in the kitchen, cleaning or out buying food. X talks to himself and the children ignore him most of the time. There are a lot of examples where the children fall over or bump their heads which are due to lack of supervision by the parents.

177. The contact on 13.10.23 was problematic in that individually children banged heads, fell over, got hit by toys as referenced above and it was a session observed by CC.

178. Y feeds the children healthy foods like berries, watermelon, she makes food and buys food. The mealtime seems quite interactive with a variety of food, but CC expressed concern that the children were hungry because Y kept changing the food before they had finished.

179. There is a loving bond between Y and the twins who interact with her and laugh and respond. This was confirmed by the Guardian in evidence.

180. This is a good bond and Y can manage basic care of feeding, she is also able to entertain the children through reading, singing, playing. She is clearly trying hard to create a homely atmosphere in the contact room by bringing lots of toys, but they are a tripping hazard and the children fall over a lot. Y did not like being told often to stop the children climbing onto the sofa, putting bangles and dominos in their mouths and there is a concern over the lack of boundaries.

181. The contact notes indicate that Y is the primary carer for the twins and X's role is to provide support through getting food, cleaning and clearing. The notes show that Y undertakes most playing, reading books, singing, showing videos on her phone.

182. X was not allowed to hold the children for fear of them falling but I cannot see from the notes any other type of engagement with the children by X. X did sing happy birthday to them: X sat down and was happily singing a happy birthday song to the children. He mumbled. He stroked their heads and was showing them some affection, but much of his time is assisting Y, cleaning, fetching and well away from the children.

183. X explained in his oral evidence that he was doing what he was told by Y and the contact supervisors. The notes suggest that X was unstable on his feet. The notes also demonstrate that Y and X are supervised by two contact workers

who actively intervene. Contact is supervised not supported. In the most recent contact notes of February and March 2024 on issues of boundaries and safety:

184. "G was throwing her salad sandwich all over the floor. Mum looked at her and was laughing, the supervisors told mum, she must try to stop her from doing this and not laugh at her. Mum said she does not know how too. Mum was advised to say no, stop throwing the food on the floor. G tipped the books from the shelf onto the floor. F sat looking through books. F tipped a box of Lego brick onto the floor, mum said Mumma said no. G continued to do this and tipped the rest over the floor."

185. But 6-9 hours contact a week has not developed their parenting skills or honed sufficiently for contact to move to the family home between Y and the twins. There has been no application of what they learnt in the parenting assessments or from the FSW to the children consistently.

186. The more active the twins became; the more supervision was required, and the centre felt that two supervisors were necessary because the parents could not manage the twins safely which translates to a concern that the parents could not keep them safe at home if they were allowed home. As set out above if the centre raised a safety concern about tripping / climbing Y tended to deflect by blaming the room set up or pointing out other hazards like the plug sockets.

187. X in his oral evidence described how he could keep the children safe at home by blocking off, putting safety locks on cupboards and doors but he could not elaborate on this or explain in detail which concerned me about how he could specifically keep the children safe. In response to XX from Y where he was led on each question so that he answered everything with a yes or no, he confirmed that he would provide close protection for the children. However, the SW, the PAMS assessors, the Guardian and the FSW all reported the lack of engagement and involvement by X in the care at contact.

188. Y in her XX of LL, the social worker, pointed out that the contact notes did not set out safeguarding concerns in the section on safeguarding which she said suggested there were no concerns. LL responded that the way the notes were completed was

unfortunate but that the notes set out the concerns such as the examples set out above.

Some conclusions from the Contact notes

189. Overall, the early contact between Y and twins demonstrates the development of a loving bond and severing of that bond will have an impact on the twin's welfare if the court sanctions placement but that must be balanced against the potential harm the twins could suffer if the parents are not able to follow the advice of professionals. The later contact while maintaining those aspects of bonding above, the parenting demonstrated a lack of boundaries, lack of control over the children, an ability to keep them safe in a small space.

190. I read all 800 plus contact notes and recognised the love and joy between Y and the twins, and I attach a lot of weight to contact because it is primary evidence on the relationship, below when thinking about reunification at home but I must balance that against the risk set out above that was demonstrated in contact since the children would wish to be safe as well as being with their parents. Thus, it is very important that I analyse their parenting capability by considering the parenting assessments and what they learnt there and if risks could be managed or extinguished.

PAMS Assessment 31.01.2023

191. Sarah Smith [SS] conducted a joint assessment of Y and X. She was instructed by the mother's lawyers, and she had specific questions to answer in her report and she had a specific remit to follow as set out in her instructions.

192. She had concerns about the behaviour of the parents, citing Y's gaslighting, threatening legal proceedings, Y's dismissal of Dr McC and Dr Mann's reports on X. She described herself as X's carer and that she can support X with his needs. She was concerned about the contradictory information, unverified information instead of absorbing parenting skills.

193. SS found that obtaining information from the parents was problematic, in that Y had difficulty focusing on the question asked, going off topic, while X's responses were limited to one-word answers.

194. Using the main evidence-based tool, completing the five PAMS tools which provide a comprehensive profile of the family's day-to day functioning of the 15 tasks, the parents thought they needed help with one task – feeding.

195. X had adequate knowledge of feeding but X could not make up a bottle for F. X struggled to identify when F had eaten enough. SS was concerned about an incident whereby X refused to feed F when Y was struggling to manage both twins.

196. Y had good knowledge of feeding, and able to prepare milk but took over 30 minutes to feed G half a bottle unlike the foster carer where G finished a bottle in ten minutes. SS was concerned about the parent's ability to consistently put their knowledge into practice.

197. X struggled to identify signs and symptoms of illness. X could not manage his own medication and SS was concerned how X could manage a child. Y wanted to attend a paediatric first aid course. SS felt that X could not identify the twins' cues and failed to comfort G and he walked out of the contact. X could not initiate appropriate play and games.

198. SS stated that Y spent more time with F than G. Her recommendation is that neither child should be placed in the care of Y or X either as individuals or together due to the level of concern regarding Y and X's ability to safely care for either child. She expands on this by analysing the evidence from the parents and her own observations.

199. SS concludes that Y presents with difficult personality traits and appears to have difficulty accepting the views of others if they do not equate with her own. She has been unable to accept expert assessment of X's vulnerabilities but has instead criticised the way the experts conducted their assessments. Y now asserts that X had sight and hearing problems, which she said she and X had been unaware of up until the time of the expert assessments, and which Y argues significantly impacted X's ability to complete the testing administered.

200. In terms of assessing Y's character, SS stated that she has serious concern that Y will distort information she receives to fit the narrative she wants others to accept. When her narrative is not accepted Y will exhibit, in her view, quite extreme behaviours in the angry messages she sends which tend to include complaints of

discrimination and threats of legal action. In her opinion Y's approach could be viewed as intimidating by those on the receiving end.

201. In XX, SS stated that she did consider the mother to be threatening and attempting to intimidate her into changing her report because she could not be intimidated.

202. Nevertheless, in terms of understanding the needs and routine of the children, she thinks Y would struggle because Y's expectations for the extent of routine the children would have, if placed in her care, would be unrealistic e.g., she cited the children's toileting needing to be at set times. During contacts, Y has at times struggled to maintain the twins feeding routine despite being provided with times when the children next required food.

203. SS concludes that Y will not be able to prioritise and multitask when caring for both children. She noted that Y would drift mid-way through care resulting in neither child receiving adequate care.

204. For X, SS states that X is unable to independently contribute to the children's care needs and he has had limited involvement with the children, has difficulty completing even basic tasks for the children and his contact with them to date has lacked quality, so no observable attachment exists.

205. Historically, Y has prioritised X' needs above those of the children e.g., when she failed to attend the hospital to be with the children because she said she was staying home to care for X as he was unwell. SS states that there are multiple concerns about the ability to provide simply good enough care for the twins.

206. In terms of understanding risk and protecting the twins from emotional harm, SS concludes that they have minimal ability to identify risks and protect the children from emotional harm. Neither appear to have demonstrated any consideration as to possible impact on the children when X became angry at contact ad reportedly 'stormed out' of the contact room.

207. Neither have considered the emotional impact on the children from their basic care needs not being consistently met. Neither have considered the emotional impact on the children by their developmental needs being compromised because of the overly restrictive approach taken by Y during contact.

<u>SS notes the reactions of the children to the parents.</u>

208. The noticeable difference in the twin's presentation when they are in their foster placement, compared to how they present during contact, in her opinion indicates that they present as mostly unresponsive babies, with bland, unsmiling faces, whilst in the care of the parents. This is in stark contrast to the babbling, smiling laughing presentation they have whilst with their foster carer.

209. SS concludes that the twins would be at risk of physical and emotional harm and neglect. Both minimise and do not accept the risk of domestic abuse and the dynamics of their relationship suggest to SS that Y is dominant, and X complies, although Y prioritises X's needs over the children. SS states:

210. Y presents as dominant in the relationship, and she has concerned that X appears to unquestioningly accept what she says. that X will look to Y for guidance in his responses and she has observed Y to quickly become angry with X, telling him to 'stop lying', when he was providing information regarding his finances during the assessment. However, X has been noted to act in an angry manner when he has not wanted to do as Y . SS is concerned that Y has dismissed expert assessment of X and she does not accept the cognitive and physical difficulties he is seen to have.

211. The consequence is that if Y continues to refuse to accept that X has difficulties , it is hard to see how she will ensure his needs are met. Without an acceptance of his difficulties, Y could overestimate his ability to provide care for the children and this could result in the children's physical and emotional needs not being met or them experiencing physical harm. Y appears to prioritise X's needs above those of the children and her concern would be that the twins need would become secondary to any requirements of X.

<u>Working with Professionals</u>

212. In terms of the parents' ability to work with the professionals she concludes that while they present as working with the family support worker, they disregard the advice given, that they accuse professionals of discrimination, threatening legal action when their narrative not accepted, and she considers that it is disguised compliance. It is not meaningful.

213. X does not challenge Y's behaviour and the messages and emails sent in his name would indicate that he will also start to threaten legal action when professionals do not agree with his narrative – his narrative parroting that of Y. She has serious concern that Y 'gaslights' in that she will change information – often keeping some of the original information to provide her new narrative with an element of legitimacy – and that her distortion of information originally provided she will then refer to as fact.

214. If SS is correct in her conclusion this means that the working relationship between the parents and professionals is not open, honest, collaborative or likely to be successful. This will impact on the welfare of the children if they are cared for by the parents because oversight by the professionals would be difficult. That is potentially harmful for the twins.

215. Ultimately the assessment is negative and the key conclusions that stand out are the lack of stimulation and attachment of the twins to the parents, the inability of X to contribute to parenting in a meaningful way. Y does not follow the advice of professionals and threatens them with legal action if she feels threatened or challenged. Ms Smith set out an email exchange:

216. "For example, when I spoke with X, I asked him if he had had an opportunity to visit any tourist spots when he was in Estonia for the IVF treatment – and what he thought of the country. He appeared confused by the question and seemed unclear about having travelled to Estonia and as such, I did not ask anything further. The subsequent whats app message I received from Y was ' if you need any medical information about where I had my intimate medical procedures could you please direct them to me as X doesn't know the answer and gets confused when you ask him? If it is private and sexual in nature then I will answer you in accordance with the Equality Act 2010. Thank you. Just to confirm please do not ask about my medical history to X but please direct to me.'

<u>Parent's response to SS</u>

217. In response, Y stated "*These contrivances by these people who treated Y with contempt and perceived her as an "antiCorona-PPE" and an "anti-vaxxer" and spirited "Brexiteer" (especially the foreign bank nurses) additionally, prejudicially gave rise to the fake ICO which led to continued pseudo-incarceration of mother by*

way of house arrest for purposes of double-blind assessments carried out by SS. If this is not true on a balance of probability; it is impossible for not one person at either the NHS trust or SS have anything positive to say about Y who admittedly is like marmite until people want something from her. h) From racism instigated solely by Turk {name redacted] it is obvious that the ICO against Y does reflect racial discrimination that Y, the twins and X have faced amongst these people. And the court cannot ignore the political dynamics or demographics at play here. And the only way that Y, the babies and their father X will have any restitution in this case is if the SS are forced to produce actual witness evidence against their accusations of Y whom they also describe as "kind and loving".

218. In XX, Y further queried SS's qualifications and experience, pointing out that her enquiries with Bristol university, the House of Lords, various local authorities had not uncovered any verification of SS's qualifications or experience. Y stated they looked at her credentials, her experience in premature babies, check her CV , looking out for published articles which was reasonable. SS was not upset by Y checking CVs. Y suggested that SS had represented that she was published, and SS stated that her CV did not say this nor had she represented this.

219. Y queried the validity of a PAMS assessment since the owner of PAMS had stopped the business and stopped issuing licences. SS pointed out that the licences were still valid, that PAMS assessments were still accepted and recognised.

220. Y queried why SS undertook PAMS as the assessment was for people with learning disabilities. Y and X do not have learning difficulties, have degrees. SS continued the PAMS assessment which was what she was instructed. SS stated that she was instructed to undertake a PAMS assessment but that it was equally applicable to parents without learning difficulties.

221. When asked about what harm had occurred while parents looked after the twins, SS viewed that there was potential harm. But for SS intervention G, might have suffered harm on an occasion when she observed contact. She was worried that G would fall out of X's arms and suffer physical harm. Y states that the contact notes indicated that the baby fell into the pillow. G did not fall because SS prevented it. She fell into a donut pillow. SS refers to incident where X sitting on the sofa, Y positioned

his hands. Y was not the closest in proximity. SS disagreed with Y's analysis of the incident that G had not come to harm on that occasion.

222. There was no discussion about adoption, and she would never raise it in first meeting. She did not speak to Y about supervision orders and input into care plan. SS does a time limited piece of work.

223. Y put to SS that there was no mention in her report of the impact of long covid, X losing two sisters, mother's health condition and that SS had not made any allowance for it. SS stated that there were some references to pre-eclampsia, but her assessment was about parenting. SS was sympathetic but she was involved when the twins were older. Y stated that they were scared until G's heart defect closed and SS had sympathy for this. Asked if she should tell LA about this. SS stated that her job was to report on parenting and the management of stresses that are inevitable, and her job was to assess the impact. She tried to be as fair as possible and detailed as possible.

<u>Future Risk of Harm with the parents</u>

224. Asked about future harm, based on current information from the doctors, Guardian, LA and second ISW said the parents would struggle to meet the physical, emotional needs due to lack of attuning and lack of supervision. She would be concerned that Y would leave X in charge of children and his ability to look after the twins. She is concerned that Y cannot work with professionals in the welfare of the children.

225. The examples SS gave was the new ISW, who SS does not know and that by mid-point ISW was struggling to engage with Y. The Guardian needed to take a second person with him due to concerns about unfounded allegations. Y stated that she had requested a second person because she was not comfortable discussing female health issues with the Guardian.

226. Thus, at the point this report was written by SS in January 2023, the twins were 11 months old, the parents had contact 2-3 times a week. But the conclusion of the PAMS report was that the parents individually or together could not care for the twins.

227. I found SS' evidence to be compelling, open, honest, balanced, and acceptable. Her position was that the parents had not made any of the recommended changes to

allow the children to be safe and well in their care. Her concerns were heightened not lessened.

228. At this point in time the concerns were the ability to manage the children's health, development, follow the advice of professionals, provide support to the children as a couple because of the difficult personality traits of Y.

229. There were concerns about X and his ability to parent independently. Universally at this point (Jan 2023) the ISW, the medical notes from the local hospital, the contact notes and the assessments from Dr Mann and Dr McE demonstrate that X, the father cannot look after the children on his own. If these concerns were not resolved by the parents the children could suffer emotional, physical, cognitive harm if cared for by the parents. This risk of harm would not be present if the children were adopted or in long term foster care where the LA share PR.

230. Despite the results of this assessment, the contact notes continued to indicate a good bond between Y and the twins, and a second parenting assessment was directed.

<u>The Second PAMS assessment- October 2023</u>

231. After the Guardian's first final report in September 2023, on application the court directed that a further parenting assessment was necessary. The Guardian felt that the parents had started to work with the professionals and understand the concerns. The ISW was instructed by the Guardian but chosen collaboratively by the parent's lawyers and Guardian. This choice was to ensure the best chance for the parents to succeed because they would feel confident with the assessor and work collaboratively.

232. This was a fully independent assessment and a further, unique opportunity within care proceedings for the parents to demonstrate their ability to meet the needs of their children.

233. The aim of the assessment was to see how and if the children could have contact with the parents in their home safely and well. Catherine O' Callaghan was instructed [CC] and she provided two reports, a mid-way report in November 2023 and a final report in January 2024.

234. For the midway report CC observed two contact sessions on 13.10.23 and 20.10.23, roughly 7 hours, and a phone call on 28.10.23. CC described being emotionally unregulated, making threats to publish details on websites and talking about a forced adoption conspiracy. Asked about engagement with professionals. Y stated it was all made up and reacted strongly when asked about her engagement with CC.

235. Y seemed to be finding it very challenging to engage in this assessment she replied, '*I am not, and don't you dare write that or I'll have this heard at the high court, I will not have that written about me one more time*'. At this stage CC tried to encourage Y to have a break in the session as she was becoming increasingly challenging and confrontational. She refused to take time to calm down and wanted to remain in the room. This was further reinforced at their discussions.

236. CC was concerned that Y was presenting as very oppositional to work with. She presents as refusing to follow the structure of the assessment and unable to take on board professional advice and guidance. Such was her behaviour in the third session that CC ended the session as Y was refusing to exit the room and her voice continued to be raised. Y then began answering yes and no to questions and presented as trying to disrupt the session further. CC asked if she could speak with X alone as he was calm, however Y refused to allow this.

237. There were positive moments of warmth and affection by both parents towards the children. CC observed contact twice and described it in her evidence as chaotic and unsafe.

238. The twins are active toddlers, and it was apparent that both parents struggled to navigate boundaries and safety throughout the session. The supervisor intervened three times to ask the parents to check on the children after they had fallen but Y was unhappy about the intervention stating that the children were fine. Y clearly does not appreciate prompting which she views is criticism.

239. The room had too many toys in it which the children were falling over. CC was also wondering why Y kept changing their clothes all the time. Y said it was because she did not get a chance to change them but then stated it was because the clothes were stained but CC did not see a stain.

240. CC noted and concluded that X was continually cleaning and being moved away from the children by Y. It was very difficult to assess X's actual parenting as he is constantly being restricted and undermined by Y's controlling behaviour and personality. It is therefore difficult to evidence the quality of his parenting and how the children respond to him when he is being prevented from demonstrating much more than cleaning support tasks. As they are seeking to be assessed as co parents it is important X has the chance to demonstrate how he engages with the children, but it did not happen as he was not allowed.

241. Y has sent CC a video of X holding the children, which was a breach of the written agreement. CC felt that X must be allowed to engage and interact with the children and test his ability to stimulate the children.

242. Y was happy to leave the children with X alone. Asked about his mobility issues and if she felt this would pose any difficulties or risks. She felt that this would not and then say *'do you want the truth or what they want me to say to you… Close protection is what he does best. I would be happy to leave him for up to two hours or more. Wouldn't go more than 30 mins away by Cab, that's not because of safeguarding issues for X, it's just because they are twins.*

243. X has visible issues with mobility and issues with communication and Y shows little insight into the safeguarding and welfare of the twins according to CC.

244. X presents with significant cognitive issues and communication issues. He presented as confused and reluctant to speak. X is a very vulnerable man. Y seeks to speak over him and remove him from the room throughout contact and sessions. Dr Mann assessed Y as having cognitive issues and of needing a care assessment to better understand his level of needs. I note that Dr Mann later received several messages from Y referring to the report as 'slander'.

245. The contact session exposed their difficulties in managing the children's safety and supervision needs. In the contact Y became focused on the plug sockets being exposed. She was unable to reflect on the points regarding the climbing of the sofas, pulling lamps. Another example of diversionary answers and failing to focus on improving her own care of the children.

246. In the second session CC noted that the furniture had been removed to appease Y who blamed the clutter for the accidents, but CC noted the level of injuries was the same

247. CC explained in evidence that the phone calls between Y and CC were positive at first, but Y wanted to record their meetings, which was refused and questioned CC about the veracity of the assessment, PAMS or KUBAS. She brought a lengthy agenda which would derail the session and the assessment. Y had several expectations like having someone present, recording the sessions and it was unreasonable and not allow her to challenge on the parents' parenting capacity.

248. Y wanted the cards in advance to prepare but CC only had one copy and was not able to provide them. The assessment was a KUBAS assessment and CC stated the mother could make written notes of the meeting not recordings. In evidence and in the report, Y stated that she had a right to make recordings under a transparency rule which CC disagreed.

249. Of the contact sessions CC stated in cross, a reduction because parents were overwhelmed and the children were falling over, tripping, minor bumps, and bruises. The reduction would allow the parents to grow and develop with the changes. Y pointed out in cross that the environment in a centre is not homely and pointed out that the children were safe when climbing the sofas or playing by the bookcase/ cupboards. The parents did not engage with her after that.

<u>Reason why contact could not progress to Parent's home.</u>

250. CC concluded that contact could not move to the home because parents seem unable to manage the needs of the children within the confines of a contact centre and the supervisor has to offer several prompts and guidance to ensure that the contact is safe for the children. The parents struggled to ensure that the children are physically safe in contact and cannot observe both children safely at the same time, often leading to the children falling or climbing on sofas and tables.

251. Y also presents as struggling to accept guidance and support from professionals when they do prompt her with the children. Contact therefore, could not be supervised in community either because of the high level of supervision required within the centre and the lack of meaningful engagement with professionals.

252. After the mid-way report, the parents tried to obtain an injunction restraining CC from finishing her report, they investigated CC's qualifications and were thoroughly aggressive and litigious with CC. The Appeal courts dismissed their applications against CC.

253. CC received numerous WhatsApp messages , overt threats of reporting and concealed threats . They tried to file an injunction against her. Y had accessed a CUBAS power point which referred to recording of sessions. She contacted the owner and tried to gain information. They would latch onto a phrase and take it out of context.

254. After the mid-way report the communication intensified seeking her to withdraw the report, telling her to be quiet during the sessions. They suggested that CC would not re-arrange medical appointments to accommodate the parent's needs. CC tried to offer other appointments and explained that it was 'time limited piece of work' that had to be completed by January 2024. Parents wanted her to attend all the contact sessions which was not reasonable or necessary.

255. Y questioned the validity of the final report dated 5th January 2024 as CC had not seen the parents after the October contacts. CC had intended to attend contact on 20.12.23 but she did not attend due to the parents' threats to report her to a professional body. Her final report was based on her observations and the agreed documents provided.

256. In terms of X, CC noted X presents as having significant mobility and language issues. Y has not permitted him the opportunity to meet with professionals alone and has stated that she does not trust professionals to do so after 'he was given a test when he couldn't see what was in front of him'. When CC tried to arrange to meet with him alone, she received messages from Y's phone number claiming to be from X, but X told her that he cannot text and type and therefore dictates to Y. She suspects the messages are from Y. X cannot provide any safeguarding or supervision of the children at home as demonstrated by the level he provided in the contact centre.

257. CC notes that Y controls his finances, his written communication with others and refuses him opportunities to meet with professionals alone. I am troubled that she has also refused him the opportunity to engage with adult services assessments.

Given his own vulnerabilities, X is not being treated fairly or appropriately by Y, and that he is a potential victim of abuse. It is troubling to see the role he plays in supervised contact sessions where Y continually gives him various tasks to do given his clear mobility difficulties and his desire to spend time with the children. It would be assumed that someone taking on a caring role for him would seek for him to be sat in the contact and engaging with the children. She noted in a recent contact on 19.12.2023 X was seen to almost fall on two occasions.

258. CC was clear in her final report of January 2024 that there was no prospect of the parents changing, taking on board the concerns of the professionals, and that there was no possible safeguarding to protect the children if returned to the parents.

Y's Characterisation according to CC

259. Y's presentation and behaviour were concerning. She struggles to work with professionals and is very swift to escalate to threats to harm professionals' credibility and professional status. She has a very basic understanding of legislation and professional bodies but seeks to weaponize her knowledge with the intention to manipulate and disempower professionals. This behaviour is extremely disruptive to building a working relationship. Y has not been able to remain focused on the children and has sought to create chaos and disruption to this assessment.

260. She stated that both parents found it difficult to adjust and develop. There was so much resistance by the parents and, contact must be safe. Parents were in unique position of having so many contact sessions a week, but the parenting did not develop or improve or become attuned to the children's needs.

261. From her observation, there is a lack of understanding of what stimulation was required, reading a story is stimulating but should have been interactive. Children walking around and none of the toys played with. Y stepped over toys to show children the phone. They do not sustain it for the duration of contact and in future they need an understanding of child development.

View on Supervision Order

262. She did not think a supervision order could be appropriate when asked by Y because she believed that Y and X could not work with professionals. CC also had

concerns about the dynamics between X and Y. Y would not take on the advice of professionals and X not able to mitigate the risk that caused of harm to the children because of the unequal dynamics in their relationship.

263. CC concludes that Y and X cannot meet the changing needs of the twins, that Y does not accept that she has caring responsibilities for X , that X cannot assist Y with parenting and they have a limited support network. Y pointed out her friend could help with emergencies and play dates but little else.

264. The level of interaction and supervision is not stimulating the children and the lack of supervision leads / may lead to accidental injury as it could have been avoided by greater parental vigilance and awareness. Removing furniture from a room is not child protection.

265. It is a parent's role to teach and navigate children on how to be in a room where boundaries are taught and set. Not climbing on furniture, not touching something that could be dangerous is something a child needs to learn from an adult by boundary setting, using tone of voice, saying 'No' and intervening to physically stop an accident happening. It is evident that X has so little actual interaction with his children it is difficult to quantify whether he is even aware of the children's changing needs and development.

<u>Parent's response to CC</u>

266. In response Y set out that the "second Parenting assessment" *was farcical as it did not even take place for the long list of detailed reasons given to the judges that are found elsewhere in this bundle and have been explained at great length by the parents. The parents are good enough parents and are witnessed by all contact workers and wardens including the guardian as having given adequate feeding, provided good stimulation with cuddles and age-appropriate toys and the parents always show good emotional insight and more significantly, have never displayed any major deficits in parental supervision, which does not present significant risks to the children's physical safety. This situation has been discussed ad nauseum and videos displaying this have gone as far as the court of appeal. What these two bad actors are displaying is a "SNAPSHOT" analysis much like the ISW1 over the milk when Mother was bringing in her own with breast milk*

added. In a similar way this ISW2 only saw the children when they were learning to climb the sofas for the very first time. And they had been given no parenting classes to learn how to do this.

267. *LL knows that Callaghan told the parents against the LOI to "go find their own parenting classes elsewhere". That's how little interest she had in this family which at the time had no less than 7 pre-arranged, unavoidable medical appointments for Father. The report of the ISW2 and its incompetency's and the way that she mistreated the parents surrounding the issues over PAMS vs Cubas vs ParentAssist vs revision materials and not speaking to the friends and family group and refusing to carry out a PCA statutorily compliant assessment is well documented under that title and the parents request that the court read those documents in conjunction as otherwise this will elongate this document to a length that everyone will complain as they usual do.*

268. *We also require the court to encourage CO to have further training concerning the aforementioned points and possibly seek counselling with regards to her paranoid thoughts concerning deep fake audio-visual as this is indeed a very new concept for the world to have to endure and CO can be reassured that even deep fake videos can be disproven by police forensics laboratories. And it is simply not nice or in the best interests of our babies for CO to continue to have such a strongly held prejudice, (especially when, even the council, WLFC or WhatsApp, do not use AES triple encryption). We explained that the meta data, binary, blockchain etc is altered no matter how precise the artist believes his work to be. And that the generation of true random numbers remains an unresolved element in computer science. We have assured CO that she does not have anything to fear from us, as the purpose is only to make sure that we are not misreported through miscommunication as detailed by the reports by Professor S, Dr E, ER, EN, NM, Dr WA, Midwife JI, and others.*

269. This extract shows that parents clearly did not like, or respect CC and they would not work with her. CC did rearrange meetings despite the parents' medical appointments. Describing the report as farcical, describing the ISW as 'two bad actors', 'the mistreatment of the parents' demonstrates' the parents lashing out and

their inability to focus on improving their own parenting skills-deflection. Furthermore Geraldine Weatherall of CUBAS confirmed the integrity of the assessment and the qualifications of CC. GW was contacted by Y, a distraction.

270. I set out the parenting assessments in detail because they provide accurate, detailed, and contemporaneous examples of interaction between parents and twins, and the parents with professionals. This has endured in other professional relationships with the parents. I found SS' analysis to be very inciteful and accurate about the risk to the children and there was hope that the parents would take on board the concerns and adjust their behaviour and control their emotions by the time of the second PAMS.

271. I found CC's evidence to open, honest, balanced, and acceptable. Her position was that the parents had not made any of the recommended changes to allow the children to be safe and well in their care. CC maintained this position in the face of aggressive, intimidating cross examination by Y who laughed in CC's face, called her paranoid and was generally rude and disrespectful to CC. Despite intervention by myself and objection by the LA, Y did not change her behaviour towards CC which is another example of not being able to follow the direction or recommendation of a court or a professional.

272. Overall, the aim of the second assessment (contact moving to the home) was not achieved. The parents refused to engage after the November report which meant there was no prospect of observing or testing safe contact in the parent's home. Home contact was not tested due to the parent's lack of engagement with the assessment and how harmful that could be to the twins.

<u>Why did the Second Assessment Fail?</u>

273. The second assessment failed because the parents wanted to record the sessions when this was not allowed. They would not follow the structure of the assessment or engage with it.

274. The failure of engagement of the assessment lies at the door of the parents because they refused to cooperate, and it is another example of refusing to work with professionals or take on board their advice and recommendations. The failure to take on board recommendations places the children at risk of harm who require their carers to follow advice to keep them safe which I have considered below.

275. The two parenting assessments were negative, they demonstrated that the parents behaved in both assessments in a similar way, insisting on dictating the terms. They reacted to the assessments in a similar way, aggressively if their terms not met.

276. There was no improvement in parenting assessment results despite the two assessments being undertaken by different assessors and using different assessment methods.

278. After two years the parenting skills had not developed enough to allow the children to have home care and any further assessment or delay is not in the welfare of the twins because the lack of permanency is harmful for the long-term welfare of the twins.

279. The parents did not understand that contact with the children couldn't move to their home because it is not safe as professionals cannot monitor the children 24/7 and the parents will not follow the advice from professionals to keep the children safe. They do not identify what area of parenting they think they need help with, which accords with the views of the professionals that they will not engage or have insight.

280. The evidence from the ASW who oversaw the twins for the past two years was robust and comprehensive and insightful and highlighted the same issues.

<u>LL, Allocated Social Worker</u>

281. She filed two statements dated 2nd August 2023 and 26th January 2024. She took over at the end of June 2022. Her role has been to collate all the information and decide about the care plan in collaboration with the other managers. In her statements she noted that the children while premature were meeting their developmental milestones but slowly. She highlighted the potential medical risks they might face which she noted from the permanency medical examination.

282. Y pointed out that she did not consent to the examination nor agree with it but of course the LA are exercising their parental responsibility. The children may be at risk of cerebral palsy, ADHD as mentioned earlier. The mother felt that this diagnosis was orchestrated to scupper return of the children and she asked LL about diagnosis only being made through a psychologist. She also questioned the credentials of the medic who undertook the assessment noting they are not registered with the BMA.

283. LL had considered the PAMs, the four expert assessments, the addendum, the evidence from AN. She observed contact twice at beginning of 2023 and read all the contact notes which fed into her statements but has not observed since due to complaints by the parents.

284. She observed positive aspects of contact, feeding, interactions but had some concerns about X mobility and lack of interaction. Y had accused her of peddling an agenda of forced adoption and accused her a racism and unfair treatment which LL denied. Y in cross told LL about her health issues, her terror for the twin's health which she says contributed to the 'failure' of the parenting assessment. LL had sympathy and accepted it would be stressful.

285. When LL went to the contact centre to speak to mother, Y reported LL to the police leading to written communication only between LL and parents. Y further reported LL to police for perverting the course of justice.

286. LL pointed out that Y did not speak to her and only communicated through her solicitors making a working relationship difficult. The mediation was unsuccessful so communication and working together did not improve although LL highlighted good working together over the MMR vaccine. But at the same time Y did not follow the written agreement fully.

287. LL noted that the FSW had 25 sessions with parents which is double the usual amount and she noted while they worked well with FSW, but they would not or could not maintain what FSW taught them.

288. The parents think that LL fixated on adoption. She disagrees and prior to August 2023, and she recognised a lot of the positives and had not made decisions on the final care plan. LL accepts that they are a mixed-race family, and the plan took that into account. She does not find it odd that twins appear to look like X and has no influence on LL's assessment.

<u>Opinion on Supervision Order</u>

289. She stated that a supervision order would not be sufficient to prevent harm. Long term FC also not appropriate because the twins need a permanent home and an opportunity to develop lifelong bonds. It was not in the children's best interest for proceedings to continue. She felt that further parenting assessment are not necessary. In terms of X, she stated:

290. *X continues to have very little involvement in parenting G and F during family time sessions due to him spending most of his time in the kitchen completing domestic tasks. As stated in the Parenting Assessment, "It is evident that X has so little actual interaction with his children it is difficult to quantify whether he is even aware of the children's changing needs and development. His time with the children and the quality of that time is actively minimised by Y and this seriously affects the input he has in the care or stimulation of his children." It is clear from contact records that X cares for G and F and will often show physical affection toward them, however, whilst X continues to minimise the extent of his difficulties and display a lack insight into the Local authorities concerns regarding these, the prognosis for any change in X parenting capacity is poor. X refused to undertake a Care Act assessment*

Parent's Response to SW

291. Y, despite sending LL flowers, accused her of racism, did not have any faith in her professionally and did not work with her. Y also accused LL of perverting the course of justice and demanded that LL be removed from the case and stripped of her social work qualifications as set out in her response in the bundle. There was a detailed response by Y as to each date relied on by the SWET but broadly along denials and disputes. Y states that the SW team made them feel like criminals and that she could not parent effectively in a controlled environment and that she was entitled to question the qualifications of various professionals.

292. I accept from reading LL's evidence that she treated the mother fairly, when possible, tried to work collaboratively with mother.

Y/Mother's evidence

293. Y adopted the statements in the bundle, that she wrote both individually and jointly with X. I read the statements above and have highlighted points throughout the judgment but generally the state of the parent's written evidence can be described as repetitive , indecipherable and verbose though I have extracted the themes and points relevant to welfare and threshold from it.

294. Y stated that after the birth, she was very unwell physically including heavy bleeding. She was petrified because the babies were so premature and unwell. She could not cope with the level of interference by the LA.

295. Asked about her historical mental health including depression, overdosing she stated that the medical records were wrong. She thinks the records when converted to digital format, they lost the detail and became a tick box exercise. Asked about historic alcohol dependency, she has not consumed any since pregnancy. She did not engage with the perinatal team at the local hospital because she had engaged with the teams at other hospitals, and she had no mental health issues.

296. Y says that she had valid reasons for her behaviour, asked about the threatening messages for lawsuits, she said that she was defending herself and felt persecuted. Note of the child protection – summary of analysis – threatening lawsuits, because of the LA's erratic visits and not answering calls. Y says that she was venting. She had valid reasons for her resisting the LA. She felt that they did not help her or support her and she vulnerable after giving birth.

297. She explained in her own words that the " *cause for misunderstandings - Mother was still profoundly ill with dangerously high blood pressure, edema and a very painful, still healing caesarean wound all of which affected her choice of words at the time. This is often the case even with anybody "feeling under the weather" which mother was, to put it mildly. Mother had bilateral pitted oedema in both legs up until September 2022 and lost her father's sister in May 2022 whilst helping her companion the twin's father X grieve through the loss of two of his family members six days of each other. Both mother and father suffered long Covid, and the local authority were provided with extensive laboratory results from laboratory called 'medical diagnoses to this effect."*

298. She never intended to remove the children from the hospital, and she would have been stopped by security and the double lock doors. In response to questions from X which mother had written, and X read out. She confirmed that the children had not suffered significant harm in their care, that contact sessions had been successful. She felt that LA had treated her unfairly and not given them a section 97 assessment. She felt discriminated against by CC, LL and the LA . She confirmed to X that she has no mental health issues.

299. Y accepts that there were deficits to their parenting at the time [JUNE22]. G's stats dropped one time when she was holding G. Oxygen 0.1 and 0.3 and Y did not notice but she would have called nurses. If the oxygen was low, the alarm would go off and the nurse would attend. They did not notice the stats.

300. She told the Guardian that CC was threatening and intimidating. With SS and CC both wanted to present the case which they would not accept. Those people did not accept their own medical evidence. Y does not understand why they would not accept the information. She points out she had the right to rectification, asked if report would be different. Y thinks it would not be different. Asked about historic challenges to professionals, Y stated that she was defending herself and she had good reasons to challenge things like her medical exam results and the road traffic claim for damages.

301. Y does not want to talk about the IVF journey because she has a right to remain silent. If she had a friendly relationship with LL, she would have spoken about it. She does not want to talk about it because she wants to protect the children. Y got very agitated when talking about it.

302. Y understands the concerns but Y does not trust the LA and , she has a right to privacy. Y says that she is asking for help and feels everything she does is wrong to the LA even though she did not do anything wrong. She says that she is not stupid as she is a level 7 postgraduate, and she does not have cognitive issues.

303. She mentioned about having more training. She worked with FSW and QCH which shows she can work with professionals. She understood the advice, but she could not manage some of it because of the discomfort in the room which was contrived and artificial and daunting. Y implemented advice when FSW there but when FSW not there, old habits crept back in because Y did not know what the next step was. The twins had different needs.

304. Talking about the force adoption plot, Y thinks the LA focus on certain types of families, help certain types more than others. She does not think the LA give full help and it is financially attractive to adopt children out. They are a conspiracy group of powerful people, and she does not feel they have a say joint or shared about the children. She is not resistant. She says her reaction was mardy, not hostile. She says people jump to conclusions by the way she speaks or her accent.

305. She mentioned that they passed DBS and CRB checks and were not a harm to their children. The contact notes show that they are mindful of safety and had alerted the centre staff to the wall plug issues. She had alerted the hospital staff to blood transfusions for G.

Analysis of Mother's evidence

306. I commend and give the mother credit for being able to identify some of the key points in their case and put them to the professionals through cross examination. She is intelligent. Y was able to formulate leading questions and generally ask them correctly but unfortunately often she focused on points that were not relevant or did not have a proper legal basis to be put which I understand as she is not trained as a lawyer. She managed to retain and repeat relevant information and put it to the professionals.

307. She played the part of an advocate well because she is clearly intelligent which would have made her lack of insight into the LA's concerns more baffling but for the conclusions of the medical assessments by Dr McEvedy.

308. But the other strong characteristic of the mother was the fact that she would attempt to mislead witnesses and the court. She told Dr OO several times that the problems at the LA was related to staff shortages which he did not accept and was not true. She said that she was told various things by QCH which were not correct either about access to therapy which only related to dealing with premature babies and was not promised by the local hospital.

309. The written and oral evidence from the mother, consists primarily of denials, deflection, and distraction although I recognise some of this is motivated by her genuine love, dogged protection of X.

310. As an example of this she denies that there is any risk of harm related to the children's health even though premature babies are at risk of neurological issues. She deflects this point by stating that (as an example) this was only raised by the LA children's doctor recently and orchestrated to deprive them of the children. Y then focus on challenging the veracity of the doctor's professional qualification as a

distraction. Y has employed the same methods with Dr OO, LL, PAMS assessors, CC and SS, to name but a few.

311. She has accused the professionals of having an agenda of adoption and she has written hundreds of pages in the bundle related to this from what she describes as the McFarlane Peace Accords to the applications for habeous corpus and injunctions. Her written evidence veers between incomprehensible, misleading, inaccurate, and repetitive.

312. Y is clearly intelligent but was misguided by failing to focus on improving her parenting capability or engaging with professionals in a meaningful way and by failing to recognise or acknowledge health risks of the twins.

313. I have concerns about her honesty because much of the information she relies on is half true. In evidence she stated that the application for vaccines was successful, but the court ordered that G be vaccinated and recited that F be vaccinated if necessary. Her application was clearly unsuccessful.

314. She stated that she wanted her own experts to prove X's cognitive ability who could prove he was cognitively fit but her evidence from Dr AD state that X does have cognitive issues.

315. She stated that Dr OO agreed that they could take the children home but the entire time he stated that he did not think they were competent and confident carers and could not take them home and he reported her threat of removal.

316. Y raises these points generally without referencing the evidence so that I must check everything she has stated because she has been largely inaccurate or economical with the truth.

317. Other professionals stated that Y attempts to humiliate and embarrass professionals that she thinks are less intelligent than her, as recorded in the contact between her and the nurses. In XX she attempted to humiliate a witness by asking them if they knew what "deoxyribonucleic acid" instead of simply asking about the importance of the DNA test.

<u>Conclusions on Y's mental health</u>

318. Noting that Y disclosed past depression and possible overdoses to the experts above, noting the detailed description by the experts of Y's reaction to professionals prior to proceedings and whether she had a defined personality

disorder or difficult personality traits, I agree that Y has difficult personality traits, past mental health issues which are risky for the twin's welfare. I fully accept Dr McEvedy' s analysis of Y.

319. There is no evidence of prognosis and treatment for Y. The treatment suggested is DBT as mentioned earlier but I do not believe that Y will engage in it because of her engagement so far in the process.

320. Y's emotional regulation is poor, she has difficult personality traits, and she has minimised her history and its impact on her mental health. She has anger issues which she describes as 'mardy' behaviour, another example of minimising the effect and dismissing of the professional's concerns. These are a potential risk to the twins if untreated and they witness it.

X / Father's Evidence

321. X adopted the joint statements in the bundle. In cross by the various parties, he gave his views on threshold and welfare. At time babies were ready to be discharged, the parents had not met the required competencies and he says that is correct. Dr OO told them to keep visiting the children, but they had to stay at home to recover from Covid. When Y needed rest while rooming in, he did struggle to look after twins. It was overwhelming having babies he said. On 10th August 2022 X was sick and that he fell asleep twice during the session. X does not recall it because he thinks he still had Covid. He was on medication, and it made him drowsy. He accepts that he did not feed G because she might get sick. He was on olanzapine. It might have impacted his judgment.

322. Asked about his mental health, he stated that he never suffered PTSD and was never diagnosed with it. An outcome from triage completed by Central Northwest Hospital and in the summary, reason for referral where X self-reported having PTSD X says it is not true and he did not do this. Records state that 'X admitted that he is experiencing paranoia, responses not making sense, and PTSD to the hospital' but X says that he did not report it.

323. March 2022 Mental health assessment. Formulation box – X who reported to be suffering PTSD, paranoia and denied this. Again, self-reported but he stated that a dishonest professional wrote down PTSD. Many professionals state that he self-reported PTSD and X says they are all untruthful.

324. X is unsteady on his feet, but he stated that if he is in correct position, that he can physically care for the twins. Contact 9th November 2022- SS's observation. They had to intervene to stop G falling but he disagrees and states she would have fallen onto his knees because he was sitting down. Asked why they intervened. SS made that up because SS wanted to cover up her own mistakes. X struggles to recognise cues about feeding, tiredness a year ago. He says that now he can recognise it. X says the contact notes record it inaccurately.

325. In terms of support for the children he can manage physical tasks like babyproofing the flat, offering close protection security in the park or supermarket. He can now change nappies if they are pull ups. In cross by Y, he agreed that they had never harmed their children, that he thought the adoption was a forced adoption. He agreed that the professionals were discriminating against them. He did not have any cognitive difficulties.

326. He knows that he cannot be left alone with the children so if there was an emergency he would shout for the neighbours. He cannot hold the twins because of his elbows. He believed that the children did not have cerebral palsy / ADHD (they don't have it) and that could only be diagnosed by a psychologist not the LA who he said has breached their article 6 rights . He had asked for therapy and a domestic violence course but not provided them by LA.

327. In response to the Guardian, the Guardian reports F running out of rooms and X did not stop him on 8th March 24 and X accepts that he should be with him unless there was a reason like going to the care workers. F had a small ball and put it in his mouth and wrong because he might swallow it. X should have taken it out, but he did not. G pulled a large plant over, but he disagreed that he failed to supervise. F kneeling into a chair and X recognised this. X told him to be careful but accepts that F won't have understood that. X's engagement limited, and X agrees with this. He is cleaning /tidying but says that he told off by supervisors if things aren't picked up.

<u>Analysis of X's evidence</u>

328. X is quietly spoken and clearly has physical limitations as set out. He physically shakes, he is moving about, and he does not speak clearly. But he is also

not being honest about his cognitive ability and refused an intermediary, but he agreed that he has written none of his evidence himself. He is in denial about reporting PTSD. He expresses the same views as Y about the professionals.

329. X filed mental health assessments that talk about him reporting PTSD, that in early 2022 he thought the IRA were after him. He denied the reporting as I mentioned above but the police report it contemporaneously. Kensington and Chelsea were concerned about undiagnosed PTSD, and they mentioned a breakdown from October 2021, and they were concerned that Y would not let him participate in his medical assessment.

330. X has been on medication olanzapine which is an anti-psychotic medication; and I believe that he has had PTSD (see below) because Y reported it the police and her GP and because X self-reported it as set out above.

331. But if he were to have an episode while caring for the children the mere fact that he has not acknowledged PTSD because he is in denial means it cannot be managed or safeguarded against this. This is a significant risk to the children. However, he has shown some insight about the limitations of his care for the children knowing he can't look after them in an emergency, and he loves them.

332. But if he genuinely believes that he cannot be left alone with the children as he stated in evidence and in the joint written response, then the children are at risk of harm in his care because it is highly unlikely that someone else will be around the whole time with him and the children and relevant to reunification below.

<u>X cognitive Challenges</u>

333. The evidence demonstrates that X has under functioning cognitive ability as confirmed by the expert's psychologists. He has physical limitations that prevent him carrying children. This was confirmed by the Dr Mann above, by the parent's own evidence from Dr AD, by the Communicourt expert and by all the professionals who observed him. Not one person other than the mother thought that X had good cognitive functioning. My own view of the father's evidence concurs with the professionals. His denial presents a risk of harm to the children if they were left in his care alone or under a supervision order.

X PTSD

334. Despite Dr McClintock's analysis on PTSD above, X has had previous diagnosis of PTSD as set out in his evidence. Y told the police X was suffering PTSD in January 2022 and that she had reported him for domestic assault to police. She told the police that X was paranoid and thought she was being followed. The risk assessment suggests X has PTSD. X told the police he was being followed and had PTSD . Dr WK suggests undiagnosed PTSD in May 2022 and that the olanzapine assisted with control of hallucinations. I accept that at points X had PTSD and his denial of its existence presents a risk of harm to the children as set out below. X could not explain why he was taking olanzapine, an anti-psychotic medication but that points towards PTSD risks being controlled through the medication. However, his denial presents a risk of harm to the children if they were left in his care alone or under a supervision order.

335. But as set out above, the cause of cognitive and mental health issues is largely unimportant because there is no evidence of prognosis and treatment (it is unclear if X continues to take olanzapine) because X denies the existence of any of his potential limitations. The denial and lack of treatment means he poses a risk of harm to the twins, as there is no mitigation or safeguarding available and this feeds into and is explored below when looking at the welfare options.

Overall conclusion about Y and X together

336. In evidence the parents agreed with each other about the way they have been treated. They agree with each other that they have never placed the twins at risk of significant harm or that they have suffered such harm. They agree with each other that neither has personality difficulties, cognitive issues, or PTSD despite Y reporting this in March 2022. They both say they engage with the professionals, but it was not meaningful, or collaborative. They both say that they would engage in further assessments but did not engage in the last PAMS assessment. Y manages the care of the children while X undertakes the practical chores and adds very little to the care of the children which will feed into my analysis of welfare below but the

evidence from them suggests that there has been no acknowledgement of risk, no insight, and no willingness to develop parenting capacity.

337. The evidence submitted by the parents, especially from themselves in the last six months does not show that they have an ability or examples to show that they can make the changes required for the twins to be placed in their care. They have not accepted that there was a risk of harm and have not taken steps to resolve the risk.

The Parent's additional evidence in Main bundle

338. During the two-year period of contact, it was clear that X had PTSD issues cognitive issues and physical issues but that he denies these problems so that remedying them was rendered difficult. Y had no cognitive issues but personality traits which she denies so that those difficulties could not be remedied during the two years of contact and the impact is considered.

339. I have read through and considered the whole and noted that Professor IE and TS stated X did not suffer psychiatric or cognitive issues. I read in the same section from Dr AD that X did have cognitive issues. I prefer the evidence of court appointed experts who have a duty to the court for assessing risk and welfare but in any event the evidence filed by the parents largely supports the points raised by the LA or deals with minor points that don't directly impact on welfare or threshold.

340. I read section [U] where there was confirmation that the children had private healthcare. I read letters of support from AR, NA, TE amongst others. I note the assessment provided by Mr NH which is not court sanctioned but states the parents have strong humanitarian values and passed all the assessments. There was a variety of historic medical evidence related to X's army days and the mother's RTA which are of no assistance.

341. The Care Act rejection letter where the doctor states that Y told him that X did not have support issues and therefore did not pass a Care act assessment in November 2023. Most of the paperwork filed related to historic medical issues,

letters of support, appointment or disclosure request letters, MRIs showing that there was nothing wrong with either parent. Ear cleaning reports and SLLT letters.

342. The children's medical records are also filed but other than the disagreement on the risk of ADHD, cerebral palsy, there is no relevant or disputed information about the children in the 3927 pages of their medical notes that assists in determining welfare or threshold.

343. Thus, considering the evidence, pulling it together, I apply it below in my analysis of threshold and welfare. Threshold analysis was primarily informed by evidence from the parents, the LA and Dr OO, set out above.

Threshold

344. The relevant date for determining the threshold criteria is 9th June 2022, the date the Local Authority instigated care proceedings. The relevant time is the same in respect of both "is suffering" and "likely to suffer" (Southwark LBC v B [1998] 2 FLR 1095). Information acquired after the relevant date can be considered as to proving the situation at the relevant time (Re G (Care Proceedings: Threshold Conditions) [2001] 2 FLR 1111).

345. The parents stated in evidence, closing and the written response to threshold that threshold was not met at the time of removal. They denied threshold. The children did not suffer or likely to suffer significant harm due to their care. I set out the final threshold verbatim below.

Threshold Facts

346. The mother's complex presentation and behaviour and her reluctance to engage in support poses a risk of harm to the children, specifically:

i. The mother has long-standing and untreated mental health issues including anxiety and depression; abnormalities of personality functioning, overdoses and alcohol related issues dating back to 1991;

ii. On 11.3.22, the perinatal team reported that mother presented as manic; expressed clear paranoid thoughts; struggled with sleep and is highly anxious; only engaged on her terms and would disengage if mental treatment was discussed; accused the worker of wanting to harm the babies or take them away

iii. On 13.03.22, the police visited the family home due to the mother reporting that X believed he was being followed by the IRA and she was afraid he would kidnap the

children. The police raised concerns about the mother's presentation and her mental health and were of the view that mother was calling the police to report untrue accounts to get attention

iv. On 29.03.22 the mother refused to engage with the perinatal health team;

v. On 30.03.22 both the health visitor and perinatal mental health nurse expressed concerns about the mother's presentation and mental health;

vi. During the children's stay at the local hospital post the birth, the staff have witnessed the mother to be erratic, threatening lawsuits and not understanding the expectations around visiting hours.

vii. The mother's presentation has caused the perinatal team to seek an urgent assessment under the Mental Health Act. An attempt was made on 25th April 2022, whereby the mother refused entry to her home and accused the professionals of acting illegally. The assessment was eventually undertaken on 9th May 2022 with the threshold for admittance into a psychiatric ward not being met but observations of her behaviours posed a query of traits of a personality disorder.

viii. On 31.05.22 the mother sent text messages and emails to the social worker to say that she did not want to work with them, wanted to be left alone and for all her records to be deleted.

ix. The mother sent abusive and intimidating text messages and emails to hospital staff because when they did not support her position

x. The mother has sent threatening messages to professionals who do not support her position and have a differing view to her own. She wanted to remain with team whom she says gave her a perinatal assessment in XX.

<u>The Parent's response</u>

347. In response the parents partially admit some of this in their joint response to threshold. They explain that the journey from conception, pregnancy to premature birth was highly stressful and caused great fear which is understandable and led to their behaviour. "*The mother had serious health issues at the time including heavy bleeding and Mother feels sad that she was too sick with post- partum pre-eclampsia and her legs bilaterally below the knees were swollen with pitted oedema and she had serious pain on walking and mobility issues".* The

parents say that they should be treated with compassion for this reason. Her reactions caused no harm to the twins.

348. In the same document the parents rely on the law of tort to deny the LA's authority to seek a care order, post photos of the children looking happy and spending time with X both in the neo natal unit and contact centre. In the response to threshold mother states that she did engage with the perinatal team but felt trust was broken because they wanted her to move from Epsom. She describes the medication she has been on.

349. There are also partial admissions of interim threshold which are not relied on by the LA for final threshold. Y suggested that the LA had created a case to remove the children and she relied on YN stating in May 2022 that there was not enough to apply for a care order. However, they did not apply for a care order until after 7th June 2022 after the threat to remove.

350. Y's position is that she does not suffer any mental health issues and relies on the assessment 9th May 2022 which determined that she had capacity and should not be sectioned after she had given birth. However, her past records suggest that she has suffered depression, bulimia, sexual abuse which are from before the proceedings were issued.

351. The behaviour set out above in (i)-(vi) and (vii-x) was a potentially harmful the mother was upset when F was moved from G because he was improving faster so that he could move out of neo-natal, but she could not focus on the positive and reacted angrily. Y describes her reaction as 'mardy'. Dr McEvedy' s report suggests that Y does have a complex presentation. This presentation, whatever the cause does pose a risk to the twins who may witness it and may be deprived of care as a result.

352. On a balance of probabilities these facts are proved as set out above. All the events described in threshold did occur and are recorded contemporaneously in the evidence as set out above.

<u>The mother's refusal to accept professional and medical advice poses a risk of significant harm to the children, specifically</u> -:

i. On 06.06.22 the mother, against medical advice, threatened to remove the children from the care of the hospital against the advice of Dr OO when

the hospital considered a safe discharge plan was not in place and there were significant concerns about the mother's parenting capacity and ability to meet the needs of the children without intensive support

ii. As a result of the risk of the mother removing the children from the hospital, the police exercised their powers of protection on 8th June 2022.

The Parent's response

353. The parents say that they did not actually remove the children and could not do so because of security, CCTV, locked doors preventing them. They stated 'Mother *asked Dr OO on 7th June 2022 "What's stopping me from taking my babies home?" a simple question not a threat?"* They partially admit threshold.

354. But it was the fact that they made a threat, which the professionals had to consider seriously, and which is set out in the contemporaneous emails/letters from Dr OO and Nurse II.

355. The parents relied on the fact that the children were ready to be discharged and believed they were going to go to their family home but did not understand that the children could not be discharged to their care because of the child protection plan.

356. This is Y's explanation, but a threat was made and the professionals had to take it as face value because the parents were not yet able to care for the children as explained by Dr OO who pointed out that after two rooming in sessions, it was not safe for the children to go home with their parents. On a balance of probabilities these facts are proved. Y did say she would remove the children.

357. The parents' inability to meet the basic care needs of the children posed a risk of significant harm to the children-:

i. At the time of the children being ready for discharge from the hospital the parents were not able to independently and without significant support undertake the basic care needs of the children and were considered as not having the requisite confidence and competence to care for the children

ii. X was observed to not adequately and confidently care for the children during times that the mother required rest or sleep.

iii. On 10.08.22 in a supervised contact session X refused to feed G as he said she might be sick. He was observed to fall asleep twice.

iv. X has been suffering from PTSD for a considerable period and that impacts upon his functioning.

v. X also suffers from physical health issues which make him unsteady on his feet with risks of fall an ongoing pain management for such.

vi. X has been observed to be unsafe at contact. He was heavy handed with F; he couldn't keep G safe whilst on his lap;

vii. X struggled to recognise cues around hunger and feeding ;

viii. X was advised to no longer use the baby carrier due to the risks to the children of him slipping or tripping; and dropped a kettle full of water on the floor in the kitchen of the contact centre.

The Parent's Response to Threshold

358. In response to the facts set out above the parents do not accept that they could not care for the twins at the time of discharge. The matter of the oxygen dial was not investigated. I believe that Y did not turn the dial down either accidentally or deliberately, but she did not notice that G was receiving less oxygen and that if it had continued G would have suffered harm.

359. X accepted in oral evidence that he could not care for the children while Y was resting. X thinks he fell asleep in the August contact because he had Covid-19. X mobility is impaired. He is constantly moving, appears unsteady on his feet both in court in front of me and with the professionals during the assessment. Y states that hid physical issue may be due to 'spurs' in his elbow. There is no medical diagnosis or prognosis in the evidence and even if that is the reason it does not assist in response to threshold.

360. X accepted that he did spill a kettle of water and it was cold water. The notes describe how X was standing in the spilled water in his socks and making no attempt to clear it up, looking confused.

361. G did slip from his lap during contact, but he stated in evidence that if she had not been caught, she would have slipped into the 'donut' shape pillow, which Y brought to court and demonstrated.

362. This was also set out in his response to threshold: He was concerned about G's safety on his lap which is why the Father placed her in a doughnut pillow on his lap which he regularly used when he was on the floor with her. The father also

accepts that he was advised not to use the baby carrier and took that advice willingly as he was on medication at the time. The Father accepts that he dropped the kettle which was full of cold water after tripping in the kitchen. The Father accepts that he struggled to recognise cues around hunger and feeding.

363. I am satisfied that on a balance of probabilities these facts are proved and that the inability of the parents to provide basic care both together and separately posed a risk of significant harm to the children.

364. Thus, threshold as set out above has been met and I must consider welfare options. Having found threshold, the parent's application to discharge the care order fails because the LA proved they were correct to seek a Care order.

The Guardian's Evidence.

365. The Guardian focused on welfare and helped identify the option that is suitable for the twins. HH wrote two reports dated 20.9.2023 and a final report dated 25.03.24. HH adopted his reports and gave oral evidence. Y suggested that HH was not independent and was biased. HH pointed out that in his first report of September 2023 he had recommended a further parenting assessment which was opposed by LA which he says demonstrated his independence. In his September report he also pointed out that Y was resistant to him observing contact and attempted to remove him from the case.

366. But when he saw Y, he had to bring a colleague because Y misinterpreted their conversations although it was put to him in XX by Y that she had insisted on a second person because she did not want to talk about intimate female health issues with HH. But he had not asked her about this. He asked about the parenting assessment and the concerns about her supervision.

367. In his report from September 2023, he had observed contact and saw hope when it came to the care Y offered the twins. He stated that she had made good progress in parenting education and he thought that Y's difficulties with interpersonal interaction were triggered by the care proceedings and had undermined her working relationship with professionals and he noted that she had worked well with the FSW who provided 20 sessions of one-to-one support and coaching.

368. He thought her resistance to medical advice was borne out of anxiety of the twin's well-being which has led to misguided decision making placing the twins at harm. He thought her level of insight in September was mixed and noted that she would not acknowledge the risks to G of delaying the palivizumab vaccine.

369. But overall, in September he noted that Y had made significant progress in developing her parenting skills and her confidence which he described in oral evidence as 'green shoots' of hope so he recommended a further assessment in September last year. He noted that during contact Y did keep an eye on them and ensure safety and manage the competing demands of care, praising the children , being patient but he noted in oral evidence that Y was not able to maintain consistent safety measures during the other contact sessions which was supported in his September report by his conversation with the contact supervisor who noted while Y had started to follow instructions she 'tends to lapse a bit'

370. In September though, HH still had significant concerns about X and his ability to care from the contact he observed. He was clear that X could not parent either child on his own due to his significant cognitive processing and the need for constant supervision.

371. But overall, in September he thought that working with the parents could lead to further parenting progress that might lead to a different final order so that every effort was made to see if the children could remain with parents. Thus, he suggested a further six-week ISW assessment, contact to increase to six hours at the parent's home but with continued support and coaching. He was clear in oral evidence that contact at home had been dependent on the outcome of the ISW report which had been negative. Everything that could be tried had to be tried before he could endorse the final care plan.

372. Sadly, in the final report dated 25.03.2024, HH could not recommend that the children return to the parents because it was not in their long-term welfare which I will return to below.

373. He felt her responses had a paranoia quality while Y felt that she had not been given a chance and her parenting impeded because she can't use a play pen or

reigns like the foster carer which the Guardian pointed out are not a substitute for basic parenting. Y stated that she changed G's clothes because Judge Hellens made an order allowing her to do this which was not true.

374. Y was disparaging about CC when HH was asked about the assessment and he felt that she had fixated on her. Y was angry when he asked her if she had personality difficulties

375. He had observed contact in December 2023 and March 2024 and highlighted the warm relationship between mum and twins but he had significant concerns about the inconsistency of care, attunement to the children, their supervision and ineffective co-parenting. F pulled down a large box of toys, put a domino in his mouth when neither parent watching, that G picked up broccoli from floor and put it in her mouth. He noted that Y tried to make a game of getting the domino out of F's mouth, increasing the risk of choking rather than taking it out. There was much intervention from the contact supervisors.

376. He was surprised by Y's thinking when she put heavier books on high shelf out of the way but then said sorry to G for taking the books when she had not confiscated anything. She could not say 'no' consistently and enforcing boundaries. The lack of boundaries may cause the children to be less able to self-regulate and have issues with authority.

377. HH felt overall that Y's care was inconsistent and could lead to an insecure attachment for the children but had been protected so far in contact by the supervisors who would not be available if the children are placed with the parents 24/7.

378. HH was concerned by Y's emotional regulation creating instability for the children and her lack of judgment over the vaccine as an example of potential harm but LL did note in her oral evidence that Y had collaborated over the MMR vaccine when LL had found a gelatine free vaccine. But balanced against that is Y was in denial about the possible risk of ADHD and cerebral palsy in premature babies so that she would not be able to look out for the signs.

379. HH concluded in his report and oral evidence that a supervision order or return to the parents was not in the welfare of the children because they would be at risk of emotional and physical harm. He felt that any further assessments were not

necessary and cause delay so that twins would be harmed by the delay. He felt that the parents had not shown signs that they would work with professionals or take on board advice.

Conclusion on the Guardian's evidence

380. The Guardian was clearly not biased as his independent analysis in September 2023 led to a second PAMS assessment. He had spent a lot of time with the parents and formed a professional view about their parenting capabilities, set out above, and their characterisation. He heard the oral evidence from the parents during the trial this week and did not change his recommendations. He was clear that all options for parenting had been explored and there had not been any improvement in overall parenting. I found his views to be measured and based on contemporaneous evidence. I accepted his evidence and considered it against the options under the Act.

The Care Plans /Placement

381. The final care plan and updated care plans recommend placement by way of adoption because the children are not likely to be safe due to the parent's mental health nor are the parents able to meet the children's needs or manage to change within the children's time scales. The final care plan in January 2024 after the conclusion of the second PAMS assessment maintains the recommendation of adoption. Contact would be reduced if the court approves the plan and will become letterbox contact once a year for both children.

382. An application for placement was filed and served in August 2023 and the ADM recommendation is dated 19 January 2024 stating that the siblings will be adopted into a family together and remain together.

383. The parents object to care and placement and set out their objections at 9 March 2024 and state:

384. *"MOTHER AND FATHER DO NOT AGREE WITH UNLAWFUL FORCED ADOPTION BECAUSE THE THRESHOLD FOR FORCED ADOPTION HAS NOT BEEN MET, AND MOTHER AND FATHER PLAN FOR FULL CUSTODY OF THEIR CHILDREN L, BACK TO THEIR CARE . Mother and father are not contracted to EY*

and have not asked her to adopt G and F by way of any contract and she does not have parental responsibility or lawful right to place their children or give custody of them to anyone else as threshold for adoption has not been met. •

Parents reject her work and refute all her findings. "

385. I have set out their words to reflect how strongly they oppose adoption and demonstrates their love to fight for the children.

Y's closing points on Welfare on Behalf of the Parents

386. In closing Y raised the following arguments. She stated that the parents should have been offered a section 97 assessment CFA 14. They sought equitable relief and requested a right to rectification under GDPR rules. They relied on their proprietary rights to the children to confirm that they would not consent to adoption. They relied on the law of tort, habeous corpus, certiorari. They stated that they do not recognise the jurisdiction of the family court as the matter should be determined by a jury. They stated that the system was weighted towards forced adoption and that they felt there was nothing to do to change the direction of this case. They state that the assessments are flawed because the SW LL is not suitably qualified , because the Guardian is biased , that the PAMS assessments were not legal, that the medical analysis is wrong. This is set out in much more detail in the bundles.

387. They stated that they never harmed their children , there was no significant risk of harm. They state that neither has mental health issues and passed cognitive tests.

Belligerent Stance and the relationship with Professionals

388. This is a case where the parents decided to take on the system and used law to shift the agenda away from legitimate child protection concerns. This poses exceptional challenges for social work and legal professionals who faced relentless, unfair attacks on their integrity and judgment purely to distract attention from matters related to welfare. An example is below of what they told the police, accusing the professionals of racism and the police wrote:

389. *"They are a mixed-race couple and have experienced racially aggravated requests and comments from several persons of different ethnicities since the birth of their twins. These persons were employed within the NHS and social services as well as from members of the public at the address given above. Y is also a Sikh who*

is leaning towards Christianity, and this has led to her perceiving religiously aggravated comments and attitude against her. They told the police that Dr OO was taking a DNA sample from the children for genetic testing."

390. I have cut through the noise and distraction within the 8000 pages filed by the parents and professionals to consider fully and fairly the options available, especially family placement and focus on welfare.

391. I turn then to the twin's welfare. The LA's plan for them is one of adoption together. The parents oppose that plan and neither consent to the making of placement orders.

392. My task is to undertake a global, holistic evaluation of each for the options available for their future upbringing before deciding which of those options best meets the duty to afford paramount consideration to their welfare throughout their lives. I am required to look at all the realistic options holistically to find the best solution for their welfare.

Proceedings over two years and impact

393. It cannot be understated how harmful this extended period of foster care will have likely been for the twins. The period between birth and two years old is the time when most attachments are made by a child. They have been denied the opportunity to make attachments and form bonds with their permanent carers for an extraordinary period (over two years).

Welfare Checklist

394. While I apply the facts to the law in greater detail below, it is important to broadly note the essential elements in addition to the welfare checklist including the ascertainable wishes of the child; the physical, emotional, educational needs; effect of changed circumstances; age, ethnicity, and background; harm suffered and risk of harm; capability of parent to meet child's needs and what powers available to court to best meet the need.

The child's ascertainable wishes and feelings regarding the decision (considered in the light of the child's age and understanding),

395. The twins are almost and two and half years old and have spent two years in the LA's care. `They have lived together with the same foster carer for two years. They have not lived with their parents. Their ascertainable wishes and feelings would be to live with their parents safe from harm. They would also want to be kept together as siblings.

The child's particular needs,

396. They were born three months premature and suffered health issues on birth as set out above. There are health risks associated with premature birth and they require family to be alive to those risks and they require parents attune to their particular needs. They have individual needs and common needs as twins. A move in the future whether to the parents or someone else will impact them as it is a permanent change. The foster carer they are with now is not their long-term option but she is someone who meets their physical, emotional, and educational needs. The parents broadly meet their basic needs during contact although there are concerns over boundaries and safety. See below.

The likely effect on the child (throughout his life) of having ceased to be a member of the original family and become an adopted person,

397. The twins may feel a lifelong loss that manifests as emotional issues like anxiety, or they may feel wholly integrated as part of their adoptive family. They may have questions about their identity and characteristics. This is explored in detail below.

The child's age, sex, background, and any of the child's characteristics which the court or agency considers relevant,

398. The children are twins, they are of mixed ethnicity being Asian and Caucasian. The mother and father share the same ethnicity as the children. The importance is explored below.

Any harm (within the meaning of the Children Act 1989 (c. 41)) which the child has suffered or is at risk of suffering,

399. They have suffered harm and been at risk of harm since birth as set out in this judgment. The threshold for harm was met. The parenting capacity is set out in this judgment.

The relationship which the child has with relatives.

400. As yet they do not have a relationship with any person who is a prospective adopter but their relationship with their foster carer and parents relevant. There are no other family members to consider. If the relationship with parents could continue so that the children were safe from harm that would be valuable to the children. The parents are willing to provide the child with a secure environment in which the children can develop and they want to meet the child's needs. The parents want the children to be returned. This is explored in detail.

Duty of the Court

401. I remind myself that I should not undertake a linear analysis whereby I discount each option in turn until the only option left is one of adoption. The realistic options for the twins are reunification with the parents independently or under a supervision order, adoption, and long-term foster care. I have tried to ensure a rigorous evaluation and comparison of all the realistic possibilities for the twin's future. I must undertake a balancing exercise when looking at welfare and the options.

402. I recognise that adoption can only be approved where it is in the child's lifelong best interests and where the severe interference with the right to respect for family life is necessary and proportionate. The children's article 8 rights have been engaged as have the entire family's article 8 rights. I have evaluated family reunification considering all the evidence in the bundle and set out the main points in detail above and below.

403. I assessed the nature and likelihood of the harm that the twins would be likely to suffer, the consequences of the harm arising, and the possibilities for reducing the risk of harm or for mitigating its effects by applying the evidence to the law. I have compared the advantages and disadvantages for the twins of that placement with

the advantages and disadvantages of adoption and of any other realistic placement outcomes short of adoption.

404. The comparison will inevitably include a consideration of any harm that the children would suffer in the family placement and any harm arising from separation from parents, siblings. It is only through this process of evaluation and comparison that I can validly conclude that adoption is the only outcome that can provide for the child's lifelong welfare – in other words, that it is necessary and proportionate.

405. The powers available to me include the options sought by the parties including no order but this is not a case where the no order principle applies because of the risk of harm.

406. The parents want reunification or reunification under a supervision order. They wholly object to adoption. There are no family members or friends who could be SGOs, and the children have no relationship yet with prospective adopters.

Reunification with Parents at Home

407. Dealing with safe reunification first, comparing it to the other viable options and considering the evidence above from the assessments and the parents.

408. The children have never lived with their parents (sadly) as they went straight from hospital to foster care. The twins have not lived with their adoptive parents either so both are untested but they have been at risk of harm in their parent's care while this risk is unlikely with prospective adopters because of rigorous assessing.

409. They have lived with the same foster carer and spend more time with her and have a strong attachment to her as suggested above by SS, CC during the PAMS. The foster care logs describe how G is a happy child who responds to playing with older children because they pay her attention. The logs show that the children have a strong bond and routine with the FC who takes them out, gives them attuned care as demonstrated by examples like F sleeping through the night and putting on weight and the fact that they have reached developmental milestones for Dr OO to discharge them from his care.

410. Of course, I note the parents only have 9 hours a week and would not be able to develop those routines and leaving the foster carer is bound to cause upset and

instability to the twins as they are with her 24/7. The twins have a strong bond with the FC, and she is an important person in their lives. This upset would be lessened IF moving to their parents at the end of proceedings was possibility. I consider that a welfare benefit of reunification.

411. As mentioned earlier when I considered the contact notes in the detail, the children have an attachment to their parents and call them 'mama, dada'. The attachment to Y is likely to be stronger than their attachment to X given his interaction with them at contact set out above. There is an attachment, but I do not accept that the attachment to X is stronger than the attachment to the foster carer for the children. Thus, they will be upset to leave FC more than not seeing X. The attachment with Y is strong and they will no doubt be hurt by not seeing Y.

412. The care in contact overall is consistent for feeding but inconsistent for supervision and boundaries and the children are primarily kept safe by the two supervisors. Inconsistent parenting is harmful and presents a risk to the children. The parents have not demonstrated a likelihood of future consistent parenting as set out above because they refuse to take on board advice from the professionals or apply what they learnt in the parenting assessments above.

413. The children have never been observed or lived at the parent's home. The twins face a risk of harm (as per checklist) at home alone with the parents demonstrated in threshold, the contact centre set out above and in the PAMS assessments.

414. I am satisfied that there was nothing else the professionals could have suggested or facilitated to support moving safe contact to the parent's home overnight. A play pen, reigns at their home (as suggested by Y), or the space being bigger with two supervisors in tow at their flat was not realistic nor likely to have led to an improvement in supervision where the children would have been safe overnight because the parents could not engage meaningfully with professionals to put the children first and have not developed any independent skills to improve parenting capacity and keep the children safe.

415. The reason the twins have not suffered harm while in the care of the parents is because they have never been alone with the parents, and always been safeguarded by the LA.

416. The benefits/ advantages of the twins being parented by Y and X alone is that they would grow with their loving parents, they would remain together as siblings and a family, and it would uphold their article 8 rights. Their wishes and feelings would be to be with their parents but safe from harm. The parents love them. During contact Y kisses them, sings to them, prays for them and loves them. X follows what Y does in contact which suggest that he also can be warm when prompted. The parents from contact have demonstrated they can meet the basic needs of feeding, cleaning, and stimulation.

417. I considered the contact notes in detail as set out above and the analysis as part of my analysis on reunification. As already noted in contact, Y provided some home cooked meals which were healthy and balanced. Y followed the advice of the FSW about food which was a positive. Y was aware of what the children liked.
She was very loving and of course the children would be immensely enriched by that love and care during contact. The parents can afford good basic care in a supervised situation, but compared to adoption an adoptive parent who would also offer good basic care but in an unsupervised setting. Being constantly supervised may cause a child to be anxious and insecure about their own ability to be independent and that is a negative and a potential lifelong impact.

418. CC points out Y has developed the ability to offer the children positive interactions at the start and end of contact as she has been encouraged to greet them and engage with them. However, when the children require physical comfort, she is not able to recognise their need to have affection and attention, and so requires someone to tell her to respond. She can then be oppositional to the staff or accept the direction. There is a difference between her learnt behaviour and her intrinsic ability to recognise and respond to her children in moments which she cannot foresee and plan for.

419. Additionally, CC points out that the children display a somewhat ambivalent attachment to their parents. This is displayed through conflicting responses. They present as flat in mood when they arrive, which show the children have become so accustomed to attending contact three times a week with their mother over the course of the last eighteen months that they have developed coping strategies. They do smile at her however there is a lack of eye contact and lack of excitement.

Given the ages of the children and the very high frequency and duration of contact one would expect to see a stronger reaction and response to their parents.

420. I agree with CC that contact is currently providing a snapshot of how both parents meet the emotional needs of their children. Over the long period of contact it is obvious that the changing needs and demands of the children have proved challenging for Y and that she still requires support and intervention at times to keep the children protected and safe. The lack of supervision leads to injury which could have been avoided by greater parental vigilance and awareness.

421. The Guardian in his September report highlighted the green shoots and hope of change and that led to the parents having a further opportunity but there have been no new green shoots of change between September 2023 and March 2024 (six months). I accepted his evidence and analysis.

422. I could not highlight any improvement or development in parenting capability sadly during this period as evidenced in March 2024 contact notes. The parents have not done anything in the past six months to allay the professional's concerns about their parenting capabilities. They have not built on any of the positive work that the Guardian observed prior to his September report to suggest any hope of change.

423. I am concerned that the parents will prioritise their own views on education and exercising their rights over the twins right to education. Dr OO stated they are ready for nursery, that they are physically and emotionally ready for nursery. The foster carer says the same, the SW echoes this and the Guardian says this too, but the parents refused because they wanted the twins to reach their gestational May birthday and now, they have, the parents have no objection because it is almost May.

424. To me this another example of poor judgment, not recognising the LA's concerns and not prioritising the children and not working with the professionals, causing delay to the children's educational needs. This would not happen if the children were in foster care or adoption. It is another example that the parents have not done anything in the past six months to allay the professional's concerns about their parenting capabilities or judgment.

425. Y says that she is an executor of her father's will. She stated that his estate was worth £900,000 but Y also stated that she was personally contacted by the High Court who she reports told her that her mother removed her unlawfully from the will. Y further stated *that the allocated Social Worker has issued these proceedings 'in attempt to stop me getting my inheritance, they know I can't claim for that money until the supervision order is in place'.*

426. I have not seen corroborative or independent evidence about the truth of the inheritance, but I can assume the children would benefit from it they are her children and IF it were true about the estate.

427. Religiously the parents want to bring the twins up as Christians and have them baptised. Y recites the Lord's Prayer to them at every contact. It is possible that through long term foster care or adoption the children may not be matched with an appropriate religious parent but that could be mitigated through religious education classes at school if I decide that the balance does not favour the children living with their parents.

428. Culturally there would be a benefit and a match. Y is British Asian and is the only one able to tell them about their heritage on both sides of their family because she has not shared information about the IVF process with the professionals. Y stated that the children have a mixed Asian and Caucasian background and X as their father with parental responsibility can provide access to other aspects of their background because Y probably shared that with him.

429. The mother has the same ethnicity as her children. Y is best placed to promote their unique culture. X expressed racist views to the mother when she was pregnant stating that he would only date white women as mentioned in an early Child and Family Assessment, reported by Y. That kind of view will make the twins feel insecure about their background and culture.

430. It is not guaranteed that the adopters will be a cultural match which means there may be an inherent lack of recognition or understanding of the twin's culture. Long term that could be a loss to the children if adopted but that loss could be lessened or mitigated if Y were to disclose to them about their true parentage from IVF.

431. However, Y states that "*Mother and father strongly believe that F's and G's birth story is a matter for the children alone and that, that story must only be revealed by*

Y and X, their mother and father, at the time of the twins' choosing and that it is nobody else's business." I do not think Y will share details of their parentage until she wants to which would be another example of failing to prioritise the children over her own needs. The cultural aspect could be further mitigated if the children eventually go to schools or nurseries where there are children with a similar background which is strongly possible in London.

432. Contact as set out above demonstrated that X does not assist mother in keeping the children safe or in enforcing boundaries or with stimulating the children all the time. The FSW pointed out that X does not engage in the learning , nor take part in the activities that she observed. CC detailed the chaotic contact and the SW noted that all contact was supervised by the two workers which meant the twins were safe and without their supervision the children may have suffered physical and emotional harm through tripping, falling and lack of boundaries. The Guardian outlined similar observations and so did the contact supervisors.

433. X is clear that he cannot be left alone at home with the children because he cannot look after them as he stated in oral evidence.

434. In contact set out above, mother has demonstrated warmth, care but has had problems with boundaries and keeping them safe. She herself states that she finds it hard to 'say no to them'. However, the contact demonstrates that over two years Y overall fed the children appropriately, stimulated them properly through play, singing, kisses and cuddles. It is a busy two/three hours in the contact centre which suggests less harm in the areas of emotion but a risk of physical harm.

435. Y stated that she would have the support of her friends and cousin as set out in their letters of support if she was at home to mitigate the risk. They would provide emergency help and regular play dates but not support 24/7 and the twins need that. In the contact centre the children were supervised by the two contact supervisor adults and that is why they were safe from harm.

436. Y cannot rely on anything other than basic support from X to parent the twins at home. He was clear that he would call the neighbour if there was an emergency when he needs to be able to assess and react to risk when looking after the twins. His suggestion was unrealistic and puts the twins in harm's way if there was an emergency at home.

437. I heard evidence from a cousin (AS and FF) and a friend. I can accept they would help and support. The bundle sets out many letters of support from friends set out earlier who will offer play dates and basic support. The children will lose out on the opportunity to meet these family friends (they have never met them) and however that might enrich their life but that support from friends and family must insure the children are always safe in the parent's care and they cannot. But Ms AS and Mr FF both work and can only provide emergency care or play dates which is insufficient to maintain 24/7 safety of the children.

438. It is the Local Authority's view that any family or friends identified by the parents as part of their support network, would not be considered as protective factors in this situation. It is highly likely relationships would break down, if they had any concerns about their parenting and if they attempted to challenge them in this respect. This has been evident throughout these proceedings. I accept that this correct because the parents have challenged professionals where they feel their parental rights have been usurped or where they do not agree with the decision (vaccines, nursery, boundaries).

439. Of course, diverse parenting must be acknowledged and tolerated so the fact that Y might (as an example) not always supervise efficiently in contact is understandable, the concern is about the risk of harm and the impact on children as mentioned by the Guardian (anxiety, issues with authority). It is potentially harm caused by the parents to the twins and the support network from friends and family doesn't mitigate this potential harm. The parenting assessments would have taught them about or advised them about things like boundaries, and other parenting matters, but they did not engage in it. They did not maintain what the FSW taught them either.

440. The parent's attitude towards health risks like cerebral palsy, nursery education as mentioned goes beyond tolerating diverse parenting and may place the children at risk of harm. Every parent has the right to choose what is best for their children, but it must be in the child's welfare and not expose them to the risk of harm. During the trial Y got very angry when the risk of ADHD / cerebral palsy was even

mentioned and in evidence she stated that those things could only be diagnosed by medics.

441. The parent are alive to the risk of harm, and they must be. When the twins were very small the mother would not consent to fortnightly eye checks despite the risk of blindness. The parents made an application to injunct giving Palivizumab vaccinations. They prioritise their right to decide causing potential delay over managing the potential health risks to the children which suggests poor judgment and parenting capability which would not arise with long term foster care or adoption. SS during her parenting assessment made similar comments about recognising risks above.

442. By failing to acknowledge the risk of health conditions associated with premature birth (the parents deny there are any risks and wish to rely on Dr OO), they are more likely than not to identify signs of ADHD, cerebral palsy which means there is a risk of long-term physical harm to the twins. Dr OO categorically stated that the children do not have conditions but may develop conditions and he stated that the children required carers who were alive to the risks which Y and X are not. They cannot provide attuned care as set out by the Guardian and SS above. This problem is not a risk associated with long-term foster care or adoption.

443. The parents deny their own mental health questions, X cognitive issues, and the possible health risks for the twins. There is a pattern of denial, it is entrenched, and they cannot work on it and move away from denial and that is a risk for the children at home particularly if it leads to removal by the LA again. It would be catastrophic if the children are returned to the parents and removed again from the parents. The future harmful impact cannot be underestimated.

444. The very early care given by the parents could have harmed the twins as I have described above when setting out the contact in the neo-natal unit. While I understand how scared, unwell and stressed the parents were when the children were at local hospital but the mother could not feed the twins consistently, putting G in the wrong feeding position so that she could have choked, attempting to mix breast milk and prescribed formula milk for premature babies, and threatening to remove them from hospital.

445. While I understand as a new mother, she might not know that it is unsafe to mix breast milk and prescription formula or not let a baby lick chocolate, Y could not control her emotions sufficiently to work with the hospital and the professionals and take on board their advice to eliminate the risk.

446. Threatening the nursing staff because they did not agree, as set out above and trying to feed a premature new-born baby chocolate is potentially harmful to the children.

447. Obviously if they had taken the children home against the advice of the hospital and Dr OO, that could have caused the twins significant harm as the hospital did not deem them to be competent or confident carers, given G might have needed oxygen at home, and both had prescription formula milk and the concerns around that.

448. When the children were under one years in foster care and the contact centre, a bond developed and there was an improvement in care as I set out above, but the parents still threatened to call the police when they disagreed with the staff and did not take on advice on supervision. These are examples of poor decision making which may harm / impact the children if they continue in the future.

449. As stated already, above the contact in the centre once the children were over one year's old the contact was chaotic. The two parenting assessments were negative (see above) which demonstrate that their parenting capability is not robust, developing or in the welfare of the children and there is no mitigation or safeguarding against this going forward in a family placement.

450. Both the LA, SS and Guardian are worried about the likelihood of significant harm to the children due to Y's enduring personality difficulties and the examples demonstrating this are the threat to remove from hospital, the fact that Y focuses on the twins not having ADHD, cerebral palsy rather than acknowledging the risk, meaning that they might miss the signs of onset placing the twins at risk of harm. When F was improving and could be moved out of neo-natal the parents made threats to call the police and he pointed out that normally parents are joyful as child getting better. These reactions, the thought processing is harmful for the children if they witness it or suffer the consequences of the decision making. I agree with this.

451. They are likely to be exposed to X's poor mental health and physical/cognitive challenges that impact on his daily life as set out above, meaning the care they are afforded by X will not be good enough and could expose them to harm.

452. X does not acknowledge that he may have suffered PTSD, or that he has cognitive issues and Y denies that she initially had concerns about domestic abuse yet agreed that X attend a domestic violence course. Their failure to acknowledge or remedy these concerns places the children at future risk of harm should X suffer a bout of PTSD or become violent.

453. I accept that in the past two years since proceedings, X has not demonstrated signs of PTSD to the LA or court, but he has shown some anger in contact centre, and he cannot exercise any control over Y's flashes of anger towards people like CC. The denial means that no safeguarding action is available to the LA for risk mitigation as mentioned by the expert assessors above.

454. This may mean that the twins are subjected to a chaotic unpredictable lifestyle, where some of their needs are neglected, which is bound to have a negative impact on their health and behavioural development if they live with the parents.

455. Furthermore, as Y's mental health remains a grey area, and is likely to be characterised by her erratic behaviour the children may experience instability through being exposed to constant conflict with professionals and any other people in their life who challenge her views. This would be detrimental to their emotional and behavioural development. This is compelling.

456. I agree with Dr McEvedy who stated that he was struck by the degree of disconnect between Y's thinking about the circumstances in which her children were removed into foster care in June 2022, and the implications of her decision making at that time. This is another example of potential harm due to Y's reactions. All the mother's written evidence (some examples below) shows that. Y takes no responsibility and shows no insight and leads me to believe there is no prospect of change by the parents.

457. Y stated '*there are no valid concerns no more than if you catch any other parent, if they went to the maternity unit and took other people's babies, they could make a case around any of them…they want to have us trained to think and believe that we*

needed their help. We have had 18 months of conditioning that we are not good enough, but we know it's all lies'

458. Other examples include that Y was unhappy if she did not get her own way with the twins, and she did not like being told what to do with her children when the twins were in hospital as set out above. Despite the hospital interventions being focused on safety and health, Y did not see it that way.

459. Another example, the hospital asked the mum to wear a mask, she refused. She wanted to feed them chocolate from her hand, again not safe. [27th June 2022]. I note that in oral evidence Y stated that she wanted to wear the plastic shield instead of the mask but failing to follow professional advice in a hospital could have caused the children harm (through infection) and clearly put the children at risk of harm.

460. The loyalty Y displayed to X indicated that she could not work with professionals to allay concerns about X's care of the children. Y refuses to accept that X has cognitive difficulties and spent much time trying to show he did not.

461. Having considered the mental health assessments above and noted their conclusions, I agree that those issues (difficult personality traits/ X's cognition) could impact on the welfare of the children by placing them at risk of significant physical and emotional harm if left in the care of the parents and tips the balance away from reunification.

462. A further example of the impact of this trait is the response to ISW2 from Y which demonstrated that the parents were unable to prioritise addressing the risk of harm and welfare of their children through participating in the assessment but instead focused on personal attacks on CC. Their suggestions for preventing 'deep fake' and meta data to justify recording CC did not help them Yet in oral evidence Y was adamant that she was right to want to record the sessions.

463. But the concern here, whether the response is due to her personality traits or just as Y would describe her' defence or mardy behaviour' is immaterial. Y has minimised her behaviour and she was aggressive. It is an example of poor judgment, uncontrolled emotion, entrenched behaviour which if repeated in childcare activities may place the children at risk. Unfortunately, this has been demonstrated in childcare by the numerous examples above from threatening to call the police on

the hospital, to the contact staff, the social work team. Y says this behaviour is due to trauma of proceedings but there are examples in her pre-parenting history that suggest otherwise (her reaction to her medical school exams), and I do not accept her explanation.

464. However, balanced against that I note that Y mainly did engage with the FSW, took the HS drug test, and the FSW summaries were largely positive, although Y did offend the FSW too when wiping the FSW's nose. Indeed, the FSW accurately points out that Y will ask the same questions until she gets the answer she wants and ignore the advice of professionals including the FSW if Y does not agree with them.

465. Overall, I have concluded that on balance , Y cannot work with professionals meaningfully as demonstrated in the evidence outlined, and this presents a potential risk long term for the twins and tips the balance away from reunification.

466. I have concluded on balance ,that Y's difficult personality traits as referred to in the medical assessments cannot be managed because Y will not engage, and this poses a risk to the children if they are reunified at home with Y. This cannot be remedied by DBT in a timescale that suits the children's welfare. The same issues are not likely to arise if the children are in long term foster care or subject to placement, so that they are not at risk of significant physical and emotional harm.

467. During her evidence (written), Y lacked insight and judgment over X's parenting capability and that is potentially harmful for the twins if she was the main carer because there is no way to safeguard against this when she exercises judgment on behalf of the children. This is concerning.

468. While domestic abuse and PTSD are not part of threshold pursed, the evidence demonstrates that X has not resolved issues of PTSD and Y supports and protects his right to be seen as a person without PTSD. Commendable as she might think that is and noting there is no example of PTSD in the past two years, if X has a period of PTSD in the future, it may harm the children, and this presents a potential risk for the twins and tips the balance away from reunification.

469. At present Y does not recognise this as a risk which is a concern to the children's welfare. She further does not recognise X cognitive limitations which is also a risk

to the children's welfare as SS mentioned in PAMS, Y may overestimate what X can do for the children.

470. X provided assessments from Dr AD, Professor NY which were not sanctioned by court but support a diagnosis of cognitive difficulties. X has had court approved assessments that indicate he has cognitive difficulties, and while the conclusion of the psychiatric assessment is that he does not suffer PTSD or any other neurological disorder, X's care of the twins as set out above is not good enough and places them at risk of emotional and physical harm, that do not exist if the children are placed in adoption or long-term foster care.

471. X's care deficit is due to his cognition and his denial as I set out earlier means that he cannot promote the children's developments. As he is in denial about his own cognitive capabilities, I do not believe he would recognise any risk of developmental issues the twins might face.

472. X cannot assist in care other than doing jobs around the house like child proofing, cleaning, although Y states that he will provide close protection to the twins, but I do not think that is required as no one has threatened the twins.

473. Despite X's clear enduring cognitive issues, there were certificates in the bundle from the FE Academy indicating that he passed online first aid tests and mediation tests which I considered, but he has not demonstrated an ability to keep the twins safe, to the professionals who observed him, from harm (tripping/falling) during contact and the notes show that he spends the main time in the kitchen cleaning and running errands for lunch and not supervising the children. See above for the examples.

474. This also means that Y must be responsible for the main care of the twins as she does so already as set out in the contact notes which is exhausting and tough for her and the children and may lead to an unforeseen reaction to the children if she is overwhelmed or tired.

475. Y states that she will leave the father alone with the children which is unsafe for the children. It is clear as set out earlier X has cognitive issues, ability to communicate (his speech impairment) and a physical impairment that means he cannot carry or grab the children or communicate clearly. He does not actively supervise the children. Thus, even if he has passed first aid or has a military

background, he would need to be in close proximity with the children to keep them from tripping, choking or other injury and he has not been there when reading the contact notes.

476. Thus, the examples of potential harm set out by the LA and the Guardian which I accept have occurred as set out above, suggest that the children may suffer types of long term physical, emotional, educational harm if they lived with the parents which they would not suffer if they were in long term foster care or through adoption who are obliged to follow advice from professionals since their ability to exercise good judgment would have been tested prior to placing through the process of becoming a long term foster carer/ adopter.

477. The LA, the experts and Guardian stated that this harm in the parent's care cannot be mitigated through further parenting assessments as the parents would not address the concerns intrinsic to the parent's functioning as set out above which I accept. The parents will not engage meaningfully.

478. The parents have had two years of consistent and regular contact with the children, and it was supervised by two workers the whole time. The parents did not develop (overall) competent attuned parenting capability during that time. There is no more time for them to do this for the twin's welfare.

479. The parents sought a further assessment in the community or for them to be with the children in foster care. They had two parenting assessments which were both negative due to the parent's resistance to taking on board professional advice. They are describing one assessment as farcical. The parents deliberately chose not to engage in the second PAMS assessment after the mid-way report.
Their reasons for refusing to engage were not good reasons or justifications.

480. Taking all the evidence together , I do not believe that there is any realistic prospect that further parenting assessments will produce a positive parenting result leading to the parents being able to keep the children safe and provide parenting attuned to their children's long term needs because the parents are resistant (neither within the children's timescales or at all) and because of the past engagement and because there has been no improvement between September 2023 and March 2024 and informs the preliminary application above.

Y's difficult personality traits

481. If Dr Pragnell is correct in his assessment having reviewed all the medical disclosure provided by Y, that her difficulties in behavioural, and interpersonal functioning are an exacerbation of pre -existing personality traits, then those issues could impact on the welfare of the children because Y's lack of engagement and her refusal to remedy or mange her own issues may be harmful.

482. I do not believe that there is any realistic prospect of her remedying or managing this aspect of the issues. I accept the unanimous conclusions set out in the expert assessments about mitigation and safeguarding.

483. The twins face a risk of significant physical and emotional harm if left in the care of the Y even though the parents say that the children have NOT suffered in their care so far. The same risks are not likely to arise if the children are in long term foster care or adoption, so that they are not at risk of significant physical and emotional harm.

484. The DBT recommended for Y could take between one to two years to remedy the situation related to Y's personality traits. The Guardian believed that the therapy might not work for Y, and I agree. Y's inflexibility, maladaptive stances, is most likely to be linked to traits of abnormal personality, which include poor judgement, poor planning, inflexibility, difficulties in interpersonal relationships.

485. Initiating therapy would cause further delay for the children and harm their long-term stability, with no guarantee of success and the delay is not in the long-term welfare of the children and reduces the likelihood of success of the other options for successful placement and mean a longer period of instability with no guarantee of reunification with the parents, and a continued risk of breakdown if they are returned.

486. Having noted the expert evidence on mental health, considered that the parents cannot engage with professionals on balance I accept that there is no mitigation or remedying (within the children's timescales) of this, which could allow for safe reunification into the care of the parents independently.

487. Having analysed the evidence from the parents, the professionals, and the medics above I conclude that overall Y provides inconsistent care for the children, cannot exercise attuned case as set out above. Y is emotionally dysregulated, has personality trait difficulties, cannot engage meaningfully with the professionals, prioritises X's needs over the children and cannot rely on X to parent with her.

488. X also does not engage meaningfully with the professionals, cannot provide attuned care for the children on his own and has cognitive issues (which he denies) and physical issues (which are undiagnosed but visible) that prevent him parenting the children and keeping them safe.

489. Therefore, having considered all the evidence, on balance, If the twins were to be placed in the care of their parents, they are more likely to be at risk of long term emotional/physical harm and neglect due their mother's defensive / combative stance to professional help and X emotional and physical functioning, which will have significant impact on the children's physical, emotional, and educational welfare, and development.

490. There has been no change in the parent's presentations overall between 2022-2024, no willingness by mother to offer some level of formal cooperation particularly after the second PAMS. This means there is no starting point for identifying ground rules to underpin any potential safe return. There is no trust, no credible rehabilitation plan. The parents have not understood the professionals' concerns, not taken steps to allay those concerns.

491. I note that article 8, the right to family life will be interfered with if the children are not reunited with their parents and that this will also have a significant impact on the children but that must be balanced against the risk of harm in the parent's care. If the children are reunited with the parents and it fails, the consequences will be devastating for the twins, and if there is another removal by the LA, they might not be placed together again.

492. On balance, considering above, and taking a global holistic approach considering the elements of the welfare checklist if the children were reunified with the parents alone the children are likely to suffer the risk of significant harm, compared to long-term foster care or an adoption order where these aspects of harm are lessened or do not exist. The risks of harm outweigh the benefits of reunification.

Supervision Order

493. The parents suggested in closing that the twins are placed with them under a supervision order as an alternative to safe reunification. The same positives and negatives set out above for reunification apply in addition to other points below.

494. The parents suggest with camera monitoring, unannounced visits and that they consent to 24/7 supervision the children will be safe. This support is not on offer.

495. The support set out in the plan states that the LA would provide twice weekly a permanent support worker for an hour twice a week for a month, the allocated SW would visit once a week, they would register the family with Homestart for access to the FSW. They would expect the parents to work honestly with them and that X cannot be left unsupervised with the twins or to hold them while walking or standing. They conclude:

496. The parents would require 24-hour supervision to ensure the twins are safe, and that they are able to meet all their long term basic, health, developmental and emotional needs to a good enough standard. However, 24-hour supervision is unrealistic, and it is highly likely given the parents difficulties with working with professionals and inability to accept advice when it differs from their own opinion that relationships would quickly break down; therefore, compromising the children's safety.

497. Therefore, the Local Authority are of the view that there is no realistic support that would mitigate the concerns detailed within the Local Authority final evidence and ensure twins' safety. The LA and the Guardian in their evidence and closing stated that a supervision order would not provide adequate protection for the twins. They cannot provide the support suggested by the parents.

498. The same benefits as set out above when considering safe reunification apply here. The benefits of the supervision order are that the twins could grow up in the care of their parents compared to adoption or foster care and, it would be in line with their ultimate wishes and feelings, but the twins would want to be safe. It would allow for a promotion of their cultural and familial identity, and the twins would remain together, and it would promote their article 8 rights.

499. But the evidence demonstrates that the family will not work collaboratively with the LA to promote the children's welfare. The more significant harm examples have been highlighted already (denial of risks, threatening to remove the children from hospital, calling the police during contact, objecting to necessary vaccinations, accusing SW and ISW of racism and discrimination).

500. The parent's inability to work together meaningfully with the LA means that a supervision order cannot protect the children from long term physical and emotional harm, and potentially impair the twin's social development. There was a written agreement from September 2023 and the parents did not comply with it (as set out below) which demonstrated to me that a supervision order cannot work effectively to protect the children since that will require the parents to abide by 'rules' too.

501. X did not attend the LA's care assessment as per the written agreement but did his own. A video was sent by Y showing that X was holding a child in breach of the written agreement, although Y says that was before the agreement signed. They made unwarranted allegations against CC after September 2023 (a breach of the agreement). They were upset with CC because she would not allow them to make video recordings of the sessions even though the written agreement forbade recordings. They appear to have shared confidential information with Mr FF who in oral evidence stated he had read some of the trial bundle (another breach).

502 If the parents disagree with the LA, they may lodge personal attacks, accuse them of racism and discrimination, issue applications, call the police as they have done.

503. Dealing with these disagreements may delay important decisions for the twin's welfare and may cause harm to them. For example, the children are ready for nursery, but parents refused consent because they want the children to wait until they reach their gestational birthday, and this impacts the children's educational welfare.

504. The evidence above shows that the parents raised complaints or questioned or have not worked collaboratively with the hospital professionals, the social work team, Dr OO, LL/SW, the two PAMS assessors and the Guardian, the security guards at the contact centre. The evidence confirms that they will not or cannot work with professionals which poses a risk of harm to their children if a supervision order was granted.

505. There has been mediation between the SW team and the parents which has been unsuccessful and further mediation will not lead to a good working relationship due to the Y's belligerent stance, if the professionals do not agree with Y. Thus, no mitigation through mediation is possible and there is no other mitigation or safeguarding available as mentioned previously .

506. The children have always had contact overseen by two contact workers who protected them. If the children were safe in contact such a high level of supervision would have decreased over two years and it did not.

507. Assessing risk where the subject child has not been with a parent for all or most of their life, and during proceedings, can be difficult and I recognise that.

508. The parents argue that they have not been given the chance to prove that they can care for the children at home, but positive change has not been demonstrated so far in terms of safety to allow the children to be alone with them under a supervision order. The aim of the second PAMS was to get to a point where the twins could be placed at home, but they did not engage.

509. On balance considering the elements of the welfare checklist, the same concerns as set out above if the children were reunified with the parents alone which equally apply in supervision. As there cannot be 24/7 supervision because it is unrealistic and unavailable, the children are likely to suffer significant harm if I endorse a supervision order for the twins, versus long term foster care or an adoption order where these aspects of harm are lessened or do not exist.

510. On balance, considering above and taking a global holistic approach, I do not find parent's alternative proposals to be a realistic option as there would be an unacceptable level of risk to the safety and welfare of the twins, and no adequate risk management. Unfortunately, the real and significant risk of harm outweighs the positives of reunification or a supervision order because the risks cannot be managed safely. These are not risks with long term foster care or adoption.

<u>Long Term Foster Care</u>

511. Turning to long term foster care and comparing it to the other options. Placement in long-term foster care would carry with it the potential to retain family connections and the cultural ties associated with family, however the relationships would likely

be limited because of the need for the twins to gain a sense of identity in their placement. The children would wish to be with their parents, but they would want to be safe first and foremost. They need people who can keep them safe and reliant on the LA and their foster carer.

512. The benefits must be weighed against the evidence that suggests long term foster care is associated with poor outcomes for children who lived through that experience. There is a dearth of available foster places at present. Foster placements regularly end and can end at short notice causing insecurity. There are real concerns that repeated changes in foster care can result in a lack of permanence and can be significantly damaging to a child's identity and their ability to form attachments. The stigma of being a looked after child can weigh heavily on children and repeated exposure to parents who are inconsistent in behaviour, could severely harm a child's development and sense of identity.

513. While in long term foster care the children would have contact with their parents which is in their welfare and allows them to maintain a bond with their parents and their culture and background as set out above when considering reunification. The twins would not have to experience feelings of loss and further separation. The twins would remain together, the twins could be rehabilitated to the parent's care in the far future if the parents were able to address their concerns.

514. The LA would be involved, and the children would be 'Looked after children' but that would mean their childhood would have permanent LA involvement and that may be stigmatising. Any future breakdown in long term foster care could lead to the children being separated.

515. Contact would be artificial because it would continue to be supervised with no prospect of it stepping down to unsupervised in the foreseeable future and for the reasons above about the parent's lack of insight. I agree that the parents could disrupt the placement based on the evidence.

516. But the twins require as a priority a permanent and legally secure home [E457/pg23] and long-term FC does not offer this compared to adoption. The Guardian points out that the parents could make unmeritorious applications and give unrealistic hope to the children which could be destabilising and impact permanency. The evidence above by way of numerous applications by the parents

suggests that this is likely if I were to endorse long term foster care. The children would also feel divided loyalties which would prevent settling or could cause them to act out. This is less likely to occur if the placement is adoption.

517. On balance, considering the evidence above and the reasons above, and applying a global holistic approach, the lack of permanency, the stigma attached and the likely interference by parents tips the balance against long term foster but does not tip the balance towards reunification or supervision because of the associated risk of harm I have looked at.

Adoption

518. Turning to adoption, The Local Authority contend for a placement order with a view to adoption is in the long-term welfare. Placing the children for adoption would be likely to keep them safe from physical and emotional harm and meet all their basic physical needs as set out in the evidence and summarised in the care plans. The earlier that a child can be placed, the stronger the attachment they can form to their prospective parents. In this case the twins will remain together which is beneficial to their welfare, as they can provide support and love to each other. They have a chance of feeling permanently safe, and happy with prospective adopters.

519. Prospective adopters would be aware of their medical history and would be able to look out for the possible signs of neuro-developmental issues like ADHD and cerebral palsy. They would be expected to understand each child's unique needs. Prospective adopters would be expected to engage with professionals to promote the welfare and safeguard the twins.

520. This high level of engagement, collaboration is not available for the twins with reunification, supervision as set out above because the parents are not engaged or collaborative with the professionals. There were several examples above of the potential risk of harm related to the parents and these would not be potential risks if an adoption order is made.

521. Prospective adopters would be expected to regulate their own emotions, provide predictable and stable care which is what the children need while the parents cannot. Prospective adopters are vetted robustly and must engage with the professionals.

522. It would also be more likely to provide the twins with permanence and stability, giving them a family to belong to throughout their life, and secure a lifelong legal relationship. They would likely benefit financially if there were an inheritance as they would with their biological parents but not if they are in long term foster care.

523. They would likely not be subject to any subsequent placement moves and they would likely be free from Local Authority involvement. The final care plan confirms that the LA will not contemplate separating the twins so they will be together for life.

524. However, adoption would separate them forever from their birth family and could expose them to uncertainty in their emotional security throughout their lives and could result in a lack of understanding of their place in the community particularly given their cultural and ethnic background.

525. They may well harbour feelings of rejection by the birth family which could affect their long-term self-esteem. In this case separation from the birth family permanently may cause harm as they have a positive persisting relationship with their parents although the separation from their foster carer may be more painful for the twins which I weigh in the balance.

526. Other than the parents, there is no other immediate family who could be impacted by the making of the adoption order. The friends mentioned by Y in her evidence have not met the children.

527. There is a risk of placement breakdown following adoption however that risk is much lower than in cases involving long term foster care. It is undeniable that the delay in achieving a permanent placement is likely to be causing harm. The children have been in foster care for two years plus.

528. Practically, Family finders as of January 2024 did not have any specific families available but searched without specifying characteristics, found 109 potential matches on Links and two potential matches in April 2024. In August 2023 they had three matches. This suggests that the twins have a very good prospect of a permanent home soon, if proceedings are over, compared to long term foster care and a supervision order which are both open to legal challenge by the parents and the LA.

529. In response to this the parents stated *These 109 "potentially suitable adoptive families" come with no guarantees of any kind. Indeed, the whole process is fraught with uncertainty. They may even be farmed out to adopters in a foreign country, which often happens, with no regard to their "heritage" that social services appear to be obsessed with. • This human being has never been asked to use Link Maker at any time to find adoptive families for Y and X's son and daughter. This unlawful practice of forced adoption is illegal under the law of England and Wales in a proper jurisdiction. • At any time, mother and father have never approved for adoption planning by LA or CORAM and reject any adopters waiting for placement and require the panel to reject all presentations made to them for approval as the only suitable family is for to be returned to their mother and father, under supervision order if necessary. • Mother and father are not contracted to EY and have not asked her to adopt the children by way of any contract and she does not have parental responsibility or lawful right to place their children or give custody of them to anyone else as threshold for adoption has not been met. • Parents reject her work and refute all her findings.* So, the parents have highlighted similar concerns about the disadvantages of adoption while demonstrating again their love and wish to fight for their children.

530. For the placement to be successful so that the children become a permanent and stable family, contact would be reduced and that could impact the twins given they will have reduced contact with their current foster carer, it is a double sense of loss for the children but on balance that does not outweigh the positives of adoption for the twins set out above. That loss will be mitigated by a safe contact reduction plan with both the foster carer and the parents.

531. I have formed the view that, on balance, the option for the twins is adoption. If placed for adoption they will grow up in the knowledge that their adoptive family are a big part of their history and that their understanding of the remainder of their history is limited, although they might have life story work to help bridge the gaps. That work can help bridge any cultural absences that may result from the separation with their mixed heritage parents. They are still young, and at an age where they have an opportunity to form settled and secure emotional attachments

to the adoptive family. The clear harm caused by the likely loss of their parents is likely to be outweighed by the permanence to be provided to them by an adoption order, more so as they are still young.

532. Adoption is a permanent separation and interference with the family's article 8 rights, it is a last resort when everything else has been tried. In this case the parents had many assessments but did not improve or develop their parenting skills to warrant any further assessments. The evidence is complete and there are no gaps or questions that remain.

533. In this sad case, everything has been tried and the delay is harmful to the long-term welfare of the twins. Y clearly loves her children, but she has allowed her personality traits, anger, and opinion that no one has the right to interfere with her parenting to prevent her engaging with the process meaningfully.

534. This is a very sad case and I know the parent's love their children and will be devastated and heartbroken by this decision. There is no doubt that they fought for their children but unfortunately, they did not need to fight the professionals, they needed to work with the professionals meaningfully and they did not to put the children's welfare first.

<u>Nothing Else Will Do Principle</u>

535. There is nothing else that can be tried because the parents resist change and the LA's involvement. There have been mental health assessments, parenting assessments, two years of contact, support from the SW but it has not led to any meaningful change in the parenting.

536. Nothing else will do because everything has been tried.

537. Any further delay to explore options is against the welfare of the children who need to move to a permanent home after two and a half years (nearly). Thus, this interference of article 8 is prescribed by law and necessary in the welfare of the twins and is proportionate.

538. I have considered the elements of the welfare checklist and now I stand back and consider twin's best interests applying all the evidence before me. I ask myself whether it is necessary to remove the twins from their family care because nothing else will do.

539. The decision I am asked to make is not easy, but I have concluded that twin's long term best interests lie in them being placed for adoption and that it is necessary for them to be removed from the family care.

540. I conclude that the parents are not capable of meeting the twin's needs and that if this were to continue for any longer, the twin's development will be impaired, and they will be at significant risk of suffering serious harm.

541. Comparing the options as I did, set out above, in conclusion and on balance, noting article 8 and family life, I am satisfied that nothing else other than adoption will do for the twins because it is the only option that promotes their long-term welfare best.

Conclusion

542. Therefore, I grant the Placement order sought for both children. I am satisfied that it is in the welfare of the children to dispense with the consent of the parents for the reasons I set out above . The parent's consent is dispensed with as per section 52. I will make the following orders:

i) The twins are placed in the care of Local Authority.

ii) The Local Authority is authorised to place the twins for adoption. The consent of the parents to the making of placement orders is dispensed with on the ground that their welfare requires that their consent be dispensed with.