

HIS HONOUR JUDGE PATES

(sitting as a Judge of High Court level pursuant to section 9(1) Senior Courts Act 1981)

LOCAL AUTHORITY

Applicant

- and -

S

1st Respondent

- and -

T

2nd Respondent

- and -

C

(A Child by her Children's Guardian, HANNAH CONNOR)

3rd Respondent

Hearing Dates: 30, 31 January 2023, 1 – 3, 7 - 10, 13 - 16 February 2023,

JUDGMENT

DATED: 8 March 2023

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

His Honour Judge Pates:

THE CHILDREN

1. The details of the child are as follows: -

<u>NAME</u>	<u>GENDER</u>	<u>DOB</u>	<u>CURRENT AGE</u>
C	FEMALE	[2013]	[9]

2. C is represented by her counsel, Nadia Koucheksarai and Stephen Mallinson, taking their instructions from their Children’s Guardian, Hannah Connor of CAFCASS.

THE PARTIES TO THE PROCEEDINGS

3. The Local Authority are represented by their counsel, Shaun Spencer and Helen Crowell. The allocated social worker is Amanda Baker.
4. The Mother, S, born YY YYYY (“the Mother”), is represented by her counsel, Susan Grocott KC and Amanda Howard.
5. The Father, T, born YY YYYY (“the Father”), is represented by his counsel, Matthew Carey and Kerry Holt.

THE APPLICATION

6. The application for a Care Order in Form C110A was issued on 18 October 2021 [B8].
7. For the purposes of this judgment, I shall refer to documents from the court bundle by letter and number. The bundle runs to over 9,000 pages.

THE ISSUES FOR DETERMINATION

8. The Issues
9. The following summary of issues for determination by the court was agreed at the IRH and encapsulates the relevance of them to the issues of threshold, placement and contact in respect of C.
 - A. C was sexually abused by Father, which relates to threshold and the safety of any ongoing contact with Father.
 - B. The Father applied cream to C’s bottom when it was inappropriate to do so.
 - C. Mother has actively sought to undermine the relationship between C and her Father, which relates to threshold and the issue as to whether C should be placed in Foster Care in order to engage in therapy and re-build her relationship with Father. The following behaviours are relied upon in support and are abusive in themselves: -
 1. C was coached, coerced or influenced by Mother to make the allegations of sexual abuse against Father.
 2. Mother actively promoted an ‘abuse’ narrative.
 3. Mother has exaggerated or falsified events or descriptions of C’s presentation to professionals.
 4. Mother has repeatedly made unfounded or false allegations about alleged abusive behaviour of Father.

- D. The Father's actions have caused C to suffer emotional harm, which cumulatively may be relevant to explain her resistance to spend time with him: -
1. Father sowed confusion about the use of C's name.
 2. Father discussed changes to child arrangements in the presence of C.
 3. Father made derogatory comments about Mother in the presence of C.
 4. Father's methods of chastisement caused anxiety in C.
 5. Father's behaviour (shouting and arguments) around C with family members.
 6. Causing or permitting C to get up alone and make her own breakfast.
- E. Mother has denied C opportunities to socialise and develop relationships with peers by preventing her from attending school regularly, relevant to threshold.
- F. Mother has created an enmeshed relationship with C, resulting in a detrimental impact to C's development together with C holding a skewed and psychologically harmful view of Father, relevant to threshold and Mother's ability to promote C's healthy development.
10. All parties agreed that the primary issues relevant to outcome were issues A and C.

SUMMARY

11. I do not intend to burden this judgment with copious references within the many thousands of pages which have formed the bundle for the final hearing. At heart, the issues before the court can be clearly stated and answered.

THRESHOLD

12. The first issue is that of threshold (see the composite schedule of allegations [A83]). I am satisfied that C was suffering and was likely to suffer significant emotional harm as at the date of issue of this application attributable to the unreasonable parenting of her Mother. I find that the Mother provided psychological and practical encouragement for the development of a wholly false narrative by which C came to believe that she has suffered forms of physical abuse whilst in the care of her Father. It is evident that the Mother failed to take reasonable steps to address any concerns which C may have had on 10 August 2020. I find that the Mother engaged in a process by which C's fears were consolidated, magnified beyond reality and the Mother through her action or inaction permitted, allowed or encouraged that distorted narrative to be recycled amongst professionals. The Mother's willingness to do so contributed to a growing range of professional concern and intervention. In my judgment, the Mother's perspective had become so distorted that she misrepresented the facts to professionals, she did not provide full accounts to professionals thereby encouraging further referrals to be made and her actions resulted in C coming to believe that which is palpably false.
13. The depth of harm to which C has been exposed by virtue of that false belief in abuse at the hands of her Father cannot be exaggerated. Her knowledge may fester as she matures and gains a greater understanding of herself. Such knowledge will include the sexual abuse examination she was required to undergo. Such an examination was unnecessary.
14. During her oral evidence, the Mother accepted significant failures in her parenting. She said that she has come to accept that C had been lying about the range of abuse she had alleged save for something which had originally troubled her on her return to her Mother's home on 10 August 2020. She accepted

treating things said by C as if they were facts and failing, at times, to exercise any appropriate parental responsibility to manage them or control them. The finding I make establishes that her role went beyond simply failing to act but embodied active misrepresentation and promotion of an abuse narrative. I do not find that she has been plotting to demonise the Father but she did not merely receive the information but became a proponent of it. She has a complex psychological presentation and will need time and therapy to develop insight into her role in these tragic events.

15. I accept the psychological formulation of Dr Ravenscroft as illuminating the psychological process at play.
16. I reject the allegations of sexual abuse made by C against her Father within her ABE interviews. I find that the Father may be exonerated of any such claim. This part of the case was least contentious within the hearing. My reasons for rejecting the Local Authority case (as originally put given that within their closing submissions they submitted that there was no sound basis to make such a finding) are as follows: -
 - 16.1. Neither the Mother nor her partner, N said in their oral evidence that they believed what C had said;
 - 16.2. The ABE interviews demonstrated a lack of detail and emotional congruence having a performative element to them; where details were given there were inherent improbabilities regarding the allegations;
 - 16.3. C would look for reassurance from her Mother at key points and would go to her before rejoining her “agenda” of items in breach of the ABE guidelines;
 - 16.4. The inordinate delay between allegations emerging in August 2020 and the interviews taking place in June 2021, a period of about 10 months;
 - 16.5. The Social Care and Police failure to arrange a prompt ABE and the serious error in seeking to evidence further “disclosures” by C (a term which continues to be misused by professionals seemingly oblivious to the lessons learned following the Cleveland Inquiry) within therapy with K, allied to the failure of the therapist to keep detailed notes of such allegations. The cycle of the production of notes for therapy (often at home, sometimes late at night, with the Mother or N involved in their production and editing), the therapy session and the feedback served only to support and drive a false narrative (see also the ‘gloop’ video as a further example). This process did not comply with statutory guidance and demonstrated an egregious failure to support a proper investigation into the case.
 - 16.6. My assessment of the Father leaves me in no doubt that C is beloved by him and I do not believe he acted in any of the ways alleged to amount to sexual abuse.
17. The Mother sought to prove that the Father had applied cream inappropriately to C in such a way that she presented as unhappy upon her return to the Mother on 10 August 2020. Although there is some force to the suggestion that C may well have been unhappy about some element of that, whether it be touching in a private place or otherwise, I do not find that the Father’s conduct was in any way inappropriate. I accept that it is likely that the issue of the rash and the use of cream arose in discussions between C and her Mother. However, I find that the degree of reaction to it is likely to be explained

by the way in which the Mother reacted to it as opposed to the objective facts of what the Father did. I find it unlikely that he acted in an inappropriate way and in so far as there was a concern, it was magnified by the Mother.

18. I accept that C was a child with an aptitude to invent and embellish stories frequently writing notes and letters to convey herself. This characteristic played into the dynamic with her Mother.
19. Nonetheless, I find that the Father has also demonstrated symptoms of the parental dysfunction which has been evident from before the birth of C. Having battled to achieve by 2016 a regular pattern of direct contact, he allowed his perspective to become skewed so that issues such as C's apparent distress or sensitivity to her body was seen through the prism of parental rights and responsibilities rather than child welfare. In this way, he had the propensity to devalue the information given to him by the Mother.
20. Accordingly, in accordance with the analysis set out herein, my key findings are as follows: -
 - 20.1. C was not sexually abused by the Father.
 - 20.2. The Father did not apply cream to C's bottom when it was inappropriate to do so (asserted by the Mother).
 - 20.3. Mother has actively sought to undermine the relationship between C and her Father:
 - 20.3.1. C was influenced by the Mother (through a process of misrepresenting events, exaggerating them, failing to reassure or respond appropriately to C and express or implied suggestion or manipulation of C) to make the allegations of sexual abuse against Father.
 - 20.3.2. Mother actively promoted an 'abuse' narrative.
 - 20.3.3. Mother has misrepresented events or descriptions of C's presentation to professionals.
 - 20.4. The Father's actions have not caused C to suffer emotional harm to a degree which justifies or explains her resistance to spend time with him (asserted by the Mother). However, he played a part in the parental dysfunction which engendered a situation to develop whereby C felt compelled to align herself with one parent and to reject the other. Without this dynamic having arisen, the issue over the application of cream may not have developed as it did. The Father's failure to see the issue otherwise than through the prism of parental rights and to address it sensitively with C contributed to the dynamic.
 - 20.5. Mother has created an enmeshed relationship with C, resulting in a detrimental impact to C's development together with C holding a skewed, false and psychologically harmful view of Father.

TYPE OF ORDER

21. All parties agree that a care order is proportionate to the risks in this case. It was common ground that either placement proposal would need to be underpinned by the sharing of parental responsibility with the local authority. The key objective of the care plan is to address the false belief that C has about the

abuse which she believes, in an age-appropriate sense, to have occurred. It is pivotal for C's future that this issue is addressed successfully. Whether she is removed to foster care to enable the process to begin (allied to appropriate therapeutic intervention), which is the local authority plan, or whether they are invited to revise their care plan on the basis of the court's evaluation of risk and placement suggesting that she should remain in the care of her Mother and N, in my judgment, it is vital to her future that there is intense oversight as the plans are developed within the Local Authority. In my judgment, there is one opportunity to begin and to succeed in this delicate task which will challenge C's understanding of her life and her trust in those around her. Such an important and delicate task requires the local authority to be in a position to manage and where necessary dictate the process working, hopefully, in partnership with the parents.

PLACEMENT

22. The extent to which the Mother has played an active part in promoting the abuse narrative and consequently, the analysis of the psychologist Dr Ravenscroft, have been subject to careful argument by the parties. The reason is that the key issue in the case, in my judgment, is whether, given the Mother's willingness to recognise deficits in her parenting, her completion of the Solihull programme and the successful reintegration of C into school by June 2022, it is necessary to sanction removal of C into a foster placement? The Mother's case is that she has made mistakes and following the completion of an introductory six sessions of CBT in January 2023, she understands that she has struggled in treating opinions given to her, including by C, as anything other than facts, which she has accepted unquestioningly. There is no written evidence of the outcome of the sessions nor of what came to be described by her as the "fact and fiction" problem she has recognised through the therapy. Her case is that she is due to commence further sessions of therapy in March 2023. She produced, at my request, her analysis of the pros and cons of removal in the following terms (a summary adopted by Ms Grocott KC and Miss Howard on her behalf)¹ [L515]: -

"On balance there are more positives than negatives. I believe the negatives can be mitigated in so much as I can identify triggers in my own anxiety and accept them, the risk is that the anxiety remains. I have the support of a partner who is aware this exists and is happy to say step back. I will be continuing to work on myself alongside this, so I am not static in this, and I accept that that work will be at times challenging but I am not the only person at home who will be reinforcing this message – to hear this off the other people who she trusts and who support her will only serve to reinforce the message needed and therefore the times I may need to step away will be covered. It will also be crucial in helping her to rebuild her sense of family.

"My anxiety about the situation will be helped by having a clear plan to follow – I will not be alone and I will have both professional and personal support...

"I know my daughter well, I have been the one constant for her and therefore I am best positioned to deliver this. I do not try to hide my inadequacies I am holding them up and I am not diminishing them. They are a risk, but they are not proportionate to the risks that further trauma and destabilisation may cause to C's behaviour in the short term, the success of this

¹ Ms Grocott KC and Miss Howard also filed a position statement on 2 March 2023 during the preparation of this judgment addressing the placement and transition plan. I have read it but the points made do not cause me any material concern. The issue of timescales will be determined by progress and reviewed by the Local Authority. The balance of extra-curricular activities at school is not an issue requiring judicial determination. I accept that the foster carers are experienced and such training and support as is required will be delivered.

work in the short and long term and her long-term thinking also. I have insight into myself and I can identify my problems but I also have insight as C's mum into when her behaviour is dysregulating, I can pick up on the subtle signs now thanks to the Solihull course, that mean I will notice dysregulation starting earlier to prevent escalation.

“Crucially, more loss is not the answer to this situation – moving her is not from my understanding a long term solution, therefore when she returns to her parents she will experience further loss. C's family needs to repair and that is what I want and believe needs to happen – the more love and support she is surrounded with the better her life will be. More loss brings the potential for her to regress and for the work to not be able to happen. I worry at the larger messages we give her and that she will take from this as an adult, that her family fell apart from one side and that in order to gain that back she must [lose] the part she has left too. The message needs to be healing and reparation for us all as a family and that is what I am determined to deliver – she is not alone in this, because the message given to her is going to be beyond hard to process...”

23. The local authority prepared a contract of expectations, which would be implemented in the event that the court declined to authorise removal of C from her Mother's care [L548]. The expectations they would propose of the Mother are as follows: -

“You are to ensure that you do not in any way discuss the findings with C.

You are not to leave paperwork in respect of the proceedings/findings where C may see it.

You are not to share any information pertaining to the evidence heard in court or the findings with C.

You are not to share any information from the judgment with C.

You are not to discuss your views of, MGM [maternal grandmother], T [father], K [previous therapist], or any other professional including the social worker or Guardian with C.

You are not to have any discussions with any other person, relating to Court proceedings or findings whilst C is present or whilst in the home.

You are to engage with the social worker and any identified therapist to be supported to manage any discussions that you may be guided to have with C in respect of the narrative to be provided to her and later the findings.

You are to make C available to the social worker during visits and allow the social worker to speak to C alone.

You are to ensure that C attends any identified therapeutic sessions.

You are to report any discussions C has with you to the social worker immediately in writing.

Should C attempt to discuss any of the above with you, you are to respond to C stating that you are aware she may have questions or views but these need to be discussed with the identified professionals.

You are to engage with any other identified professional that is deemed appropriate by the Local Authority.”

24. The plan of the local authority in the event that removal is not sanctioned is set out on L542 at paragraphs 5.1 to 5.3 (statement of Amanda Baker, dated 17 February 2023).
25. In my judgment, the list of requirements are comprehensible given the need to address C’s false belief but it is unrealistic to think that the Mother would be capable or that there could be confidence in her capability to comply given the issues in this case and her own parenting deficits. Much of her work and engagement with C would be in private without any opportunity to verify the accuracy or completeness of the exchanges which had taken place. It would require an high degree of confidence in the ability of the Mother to manage the situation, seek support and portray matters accurately to professionals. In my judgment, the Mother does not currently possess that combination of attributes.
26. The Local Authority case, supported by the Father and the Children’s Guardian (given my findings that the Mother cannot be excluded or exonerated from any role in the promotion of the allegations of sexual abuse) is that the removal of C to foster care is necessary to enable the necessary reparative and therapeutic work to be completed. The local authority proposal involves a match to identified foster carers, which will enable C to remain at school and enjoy family time (otherwise known as contact) with the Mother and it is hoped in future, with the Father. Whilst the placement is not a solo placement with no other child placed there as recommended by Dr Ravenscroft, the local authority have analysed that issue and intend to engage further with Dr Ravenscroft around therapeutic support for C (statement of Jessica Bridson, dated 2 February 2023 [L511] at paragraphs 5 to 11).
27. So far as therapy is concerned, the Local Authority propose that Dr Ravenscroft provide therapy to C with effect from 20 March 2023. The local authority are yet to identify a suitable therapist for the Mother but such consideration will be given after the judgment has been handed down at a meeting scheduled for 13 March 2023 (paragraph 6 of the statement of Amanda Baker, dated 17 February 2023 [L543]).
28. The essential analysis in support of this placement proposal is as follows: -
 - 28.1. it is vital for C’s long-term emotional development that C’s false belief in the abuse she has suffered by her Father is challenged effectively;
 - 28.2. this is likely to be a challenging exercise but one which needs to be successful the first time if at all possible;
 - 28.3. the distress of separation from her Mother is inevitable but contact must be sufficient to seek to address some of that impact; such acute distress will, with careful handling, be likely to resolve over a few weeks;
 - 28.4. the work will challenge truths which C believes about herself;

- 28.5. the Mother requires long term psychotherapy and such insight as she has developed is of recent origin, undocumented so far as the CBT sessions arranged via her GP are concerned and untested against the likely challenge of C to the work undertaken;
- 28.6. consequently, the imperative to promote the prospects of success allied to the capacity to manage the deleterious effects of separation through sufficient contact justify and require separation to be sanctioned.
29. In my judgment, the Mother continues, by her own admission, to need the time to develop insight into the past behaviours which have brought C to the current position. She underestimates her lack of insight and her ability to withstand the challenge of unpicking the false narrative which she has conspired to inculcate in her daughter. The advantages of a neutral placement to enable the necessary reparative work to be done with intensive social work oversight outweigh the short-term distress of separation likely, according to Dr Ravenscroft, to last 1-2 weeks. However, the local authority should be in no doubt that the Head of Service will need to resource this placement appropriately. It will require intensive social work visits (likely daily) during the first few weeks to ensure that the arrangements for C including the time she will spend with her Mother are properly calibrated to minimise the distress of separation. The advice of Dr Ravenscroft will be necessary to support the therapeutic journey of C and must be closely coordinated by the allocated social worker, Ms Baker. Thirdly, the allocated social worker will need to be closely involved in developing arrangements and working relationships with the parents to build on the work with C in the hope and expectation that she can be rehabilitated to the care of a parent as soon as it can be assured that the relationship with both of her parents will be maintained and promoted. The local authority should consider supporting therapeutic work, as appropriate, with both parents to address the issues which have been highlighted within these proceedings.
30. Consequently, I intend to make a care order and to sanction removal of C from the care of her Mother into foster care based upon the plan of the local authority. In doing so, I have kept firmly in mind the contents of the welfare checklist in section 1(3) CA 1989. In this case, the factors of status quo, effect of change and risk of harm have been central to my analysis. The harm of C's false belief is so grave and the uncertainty regarding the Mother's ability to promote effective change given her own deficits and therapeutic journey so uncertain that the effect of uprooting a known status quo which has held for the entirety of her life is justified in order to allow her to develop a balanced relationship with both of her parents and undo the risk of enduring damage through a developing false belief that she was sexually abused by her Father.

THE LAW

31. A party asserting a fact has the burden of proving it on the balance of probability. In this case both the local authority and the Mother have made allegations against the Father. I have adopted the conventional approach to fact-finding set out in numerous authorities such as Re BR (Proof of Facts) [2015] EWFC 41 (per Peter Jackson, J (as he then was)): -
- “Proof of facts
4. The court acts on evidence, not speculation or assumption. It acts on facts, not worries or concerns.
 5. Evidence comes in many forms. It can be live, written, direct, hearsay, electronic, photographic, circumstantial, factual, or by way of expert opinion. It can concern major topics and small details, things that are important and things that are trivial.

6. The burden of proving a fact rests on the person who asserts it.
7. The standard of proof is the balance of probabilities: Is it more likely than not that the event occurred? Neither the seriousness of the allegation, nor the seriousness of the consequences, nor the inherent probabilities alters this.
 - (1) Where an allegation is a serious one, there is no requirement that the evidence must be of a special quality. The court will consider grave allegations with proper care, but evidence is evidence and the approach to analysing it remains the same in every case. In my view, statements of principle (some relied on in this case) that suggest that an enhanced level of evidential cogency or clarity is required in order to prove a very serious allegation do not assist and may lead a fact-finder into error. Despite all disclaimers, reference to qualitative concepts such as cogency and clarity may wrongly be taken to imply that some elevated standard of proof is called for.
 - (2) Nor does the seriousness of the consequences of a finding of fact affect the standard to which it must be proved. Whether a man was in a London street at a particular time might be of no great consequence if the issue is whether he was rightly issued with a parking ticket, but it might be of huge consequence if he has been charged with a murder that occurred that day in Paris. The evidential standard to which his presence in the street must be proved is nonetheless the same.
 - (3) The court takes account of any inherent probability or improbability of an event having occurred as part of a natural process of reasoning. But the fact that an event is a very common one does not lower the standard of probability to which it must be proved. Nor does the fact that an event is very uncommon raise the standard of proof that must be satisfied before it can be said to have occurred.
 - (4) Similarly, the frequency or infrequency with which an event generally occurs cannot divert attention from the question of whether it actually occurred. As Mr Rowley QC and Ms Bannon felicitously observe:

"Improbable events occur all the time. Probability itself is a weak prognosticator of occurrence in any given case. Unlikely, even highly unlikely things, do happen. Somebody wins the lottery most weeks; children are struck by lightning. The individual probability of any given person enjoying or suffering either fate is extremely low."

I agree. It is exceptionally unusual for a baby to sustain so many fractures, but this baby did. The inherent improbability of a devoted parent inflicting such widespread, serious injuries is high, but then so is the inherent improbability of this being the first example of an as yet undiscovered medical condition. Clearly, in this and every case, the answer is not to be found in the inherent probabilities but in the evidence, and it is when analysing the evidence that the court takes account of the probabilities.

8. Each piece of evidence must be considered in the context of the whole. The medical evidence is important, and the court must assess it carefully, but it is not the only evidence. The evidence of the parents is of the utmost importance and the court must form a clear view of their reliability and credibility.
9. When assessing alternative possible explanations for a medical finding, the court will consider each possibility on its merits. There is no hierarchy of possibilities to be taken in sequence as part of a process of elimination. If there are three possibilities, possibility C is not proved merely because possibilities A and B are unlikely, nor because C is less unlikely than A and/or B. Possibility C is only proved if, on consideration of all the evidence, it is more likely than

not to be the true explanation for the medical findings. So, in a case of this kind, the court will not conclude that an injury has been inflicted merely because known or unknown medical conditions are improbable: that conclusion will only be reached if the entire evidence shows that inflicted injury is more likely than not to be the explanation for the medical findings.

10. Lastly, where there is a genuine dispute about the origin of a medical finding, the court should not assume that it is always possible to know the answer. It should give due consideration to the possibility that the cause is unknown or that the doctors have missed something or that the medical finding is the result of a condition that has not yet been discovered. These possibilities must be held in mind to whatever extent is appropriate in the individual case.”
32. When evaluating the witnesses, I have looked beyond demeanour in the witness box, which may be an unreliable feature in determining veracity or credibility. I have sought to take account of the contemporary documentation, the written evidence and the quality of the evidence given orally.
33. Hearsay evidence is admissible in civil proceedings but the Court must be astute to consider the weight to be attached to it. In Westminster City Council v M, F and H [2017] EWHC 518 (Fam), Hayden, J put the matter in this way²: -
 - “23. Perhaps most importantly, sight must not be lost of the fact that these are public law care proceedings, where the guiding philosophy of the Court is investigative, non adversarial, *sui generis*. Driven by its obligation to regard the welfare of the subject child as the paramount consideration, the Family Court will instinctively permit a board range of evidence in order ultimately to weigh and assess its quality and worth in the context of the evidence as a whole.
 24. A Local Authority faced with allegations of this kind is simply not going to be in a position to call as a witness every nurse, doctor or teacher who makes a note (usually recorded contemporaneously) in order to provide what Ms Bazley identifies as ‘the best quality of evidence on each individual point’. The maternal being considered here, spans a number of years and is qualitatively of a different complexion to witness statements taken on key issues. These are largely clinical and nursing notes which provide contextual material by which the central evidential conflicts may be resolved.
 25. The Local Authority must, ultimately, assess the manner in which it considers it can most efficiently, fairly and proportionately establish its case. The weight to be given to records, which may be disputed by the parents, will depend, along with other factors, on the Court’s assessment of their credibility generally. Here, the reliability of the hearsay material may be tested in many ways e.g. do similar issues arise in the records of a variety of unconnected individuals? If so, that will plainly enhance their reliability. Is it likely that a particular professional e.g. nurse or doctor would not merely have inaccurately recorded what a parent said but noted the exact opposite of what it is contended was said? The reaction of witnesses (not just the parents), during the course of oral evidence, to recorded material which conflicts with their own account will also form a crucial aspect of this multifaceted evaluative exercise. At the conclusion of this forensic process, evidence can emerge and frequently does, which readily complies with the qualitative criterion emphasised in Re A [(A Child) (Fact finding hearing: speculation) [2011] EWCA Civ 12].”

² The statutory context is section 4, Civil Evidence Act 1995

34. In being critical of the approach of professionals in this case towards the use of the term “disclosure” and the statutory guidance with regard to the proper exploration of allegations made by children, I gratefully adopt the summary of Macdonald, J in AS v TH (False Allegations of Abuse) [2016] EWHC 532 (Fam).
35. I have been invited to give myself a Lucas direction as applied in Re H-C [2016] EWCA Civ 136. In doing so, I am bound to observe that no specific submissions have been made about the application of this.

THE FOCUS OF THE JUDGMENT

36. The written opening prepared by Mr Spencer and Miss Crowell runs to some 97 pages containing 319 paragraphs with an Annex. It is not my intention to rehearse the considerable background in this case where it is not necessary to explain my path of reasoning. Suffice it to say that I have had regard to it and its content should be taken as providing the essential background to the reasoning which I shall explore in this judgment. In doing so, I have considered the written and oral submissions made by all parties. Whilst I do not descend to the level of detail set out in each and every aspect of the submissions that does not imply that I have not read or considered their import in the context of the issues as a whole. It is however in the nature of a judgment that I should highlight those matters which have driven me to the conclusions I adopt and address the arguments and criticisms which have been made. Consequently, in the remainder of this judgment I shall deal with the following matters which lie at the core of my decision: -
- 36.1. The Expert Evidence;
 - 36.2. My assessment of the Mother and Father;
 - 36.3. Evidence of significance in evaluating the issues;
 - 36.4. The ABE Interviews: the accounts given and the weaknesses identified;
 - 36.5. The Placement Issue.
37. Although the written opening contains a detailed summary of the chronology since C’s birth, it is necessary for the purposes of exposition to set out the broad picture of the chronology. I have set it out in the table below.

DATE	EVENT	NOTE
April 2010	Parties began a relationship	
December 2012	Final end of parents’ relationship	
January 2014	First set of Private Law proceedings	H11
February 2014	DJ Smart noted Mother had provided information to Father to confirm name, gender and date of birth of child	H43
New Year 2016	Overnight contact began	
March 2020	Direct contact interrupted given the pandemic	

10 July 2020	Direct contact resumed	
21 July 2020	C and Father went on holiday to City W for 10 days returning 31 July 20	
7 August 2020	C had staying contact until 10 August 2020	
11 August 2020	The parties communicated about the Father's use of cream	D304
12 August 2020	Mother contacted the GP	F594
16 August 2020	This is the last time that Father had any direct contact with C.	
1 September 2020	C spoke to LM at school [TAF]	F1033
7 September 2020	Maternal grandmother moved out and shortly thereafter N moved in with Mother and C	
28 September 2020	At hospital, C's presentation resulted in a nurse making a safeguarding referral	K632
29 September 2020	Social worker, Ella McBryde saw C at home.	F1274
4 December 2020	Mother sought therapy for C with K ("K"). Sessions began and ended on 28 October 2021	
18 January 2021	K made a safeguarding referral to Local Authority	F212
26 February 2021	K used questionnaire to raise potential diagnosis of PTSD for C	
25 April 2021	N filmed Mother and C performing the "Gloop" experiment, which was emailed to K.	
27 April 2021	Strategy Meeting. Decision that further allegations likely and therapy should continue to evidence them before ABE.	F6, F10
4 June 2021	First ABE video	D1
21 June 2021	Second ABE video (Part 1)	D36
22 June 2021	Second ABE video (Part 2)	D67
27 June 2021	Second ABE video (Part 3)	
6 August 2021	C underwent a SARC medical	

12 October 2021	Meeting between Mother and LA (Laura Houghton) identify issues of parental alienation from chronology alongside issue of sexual abuse.	L204
28 October 2021	Last therapy session with K	
17 December 2021	Mother sent photographs of C (tissue incident) to social worker	
16 April 2022	Report of Dr Ravenscroft	
June 2022	C transitioned to school after a long period of absence.	
July 2022	C attended school full-time before the end of the summer term	

THE EXPERT EVIDENCE

38. Dr Rasha Ravenscroft is a registered practitioner psychologist with the HCPC. She has prepared psychological assessments on the family members, dated 16 April 2022 [E16] and replies to questions, dated 16 June 2022 [E125]. She gave oral evidence within the final hearing.
39. I do not propose to identify each element of her report and replies but to highlight key findings relevant to the issues before the court: -
- 39.1. I note the following from her summary beginning at E17:
- 39.1.1. C is a likeable eight-year-old child who engaged in cognitive and psychological assessments which indicated that she is a bright, intelligent girl;
- 39.1.2. There are concerning features of C's presentation in the domains of social, emotional and behavioural functioning. Despite the allegations she has made, C does not present as a child who has experienced sexual trauma. Rather, the assessment of her suggests that her emotional and behavioural manifestations are those typically seen in parentally alienated children;
- 39.1.3. The psychological assessment of T was entirely normal and indicated that he is a well-adjusted adult with no problematic personality traits or mental health issues. This was supported by his medical history. The assessment indicated T is a warm and highly reflective individual who demonstrated a good ability to be able to mentalise about C's needs;
- 39.1.4. S's psychometric measures revealed a significant issue with somatisation/conversion, an unconscious psychological process in which anxiety generated by psychological conflicts is transformed into physical symptoms. Her profile was entirely muted with respect to mood disorders such as anxiety and depression, which would fit with the profile seen if anxiety is converted into physical issues;
- 39.1.5. S's reports regarding C's presentation are often at odds with what other professionals observe. In addition, on a psychological measure of trauma in children, S invalidated this because of an atypical response style, typically reflecting a generalised overreporting style and a desire to have a child appear especially distressed or dysfunctional;

- 39.1.6. S's tendency to somatise appears to have been projected onto C. The mechanism of this is through an enmeshed relationship between Mother and daughter in which C is seeking to align herself with her Mother in order to achieve psychological safety. The result of this is a very confused child whose reality is distorted. C has the belief that she has been sexually abused, yet she does not present as a typical child who has experienced sexual trauma;
- 39.1.7. The parental alienation observed is a product of S's distress and is formulated as being S not coping because she has anxiety about T having a relationship with his daughter. In a sense, C is the victim of her Mother's distress which is projected onto C and manifests in an externalised way;
- 39.1.8. C is at such a tender age and has the belief that she has been sexually abused. The enormity of professionals saying to her that this might not have happened will be a very difficult therapeutic journey to navigate. If C has been coached, this issue will be easier to address. If the mechanism of alienation has been more insidious, C will interpret this as people saying that she is a liar, which could cause further distress. She will require sensitive, trauma-informed therapeutic support and the task will be for her to be assisted in developing an alternative narrative regarding her relationship with her Father where he is not viewed as dangerous;
- 39.1.9. The behaviour of S appears to be consistent with Fabricated or Induced Illness (FII), whereby she has sought healthcare for C, through the exaggeration and/or invention of symptoms. This includes mental health intervention and with respect to the present systemic formulation, S's behaviour indicates that she has deliberately induced the psychological responses seen in C that are typical of anxiety, depression and posttraumatic stress disorder. As a result of S's own psychological functioning, C believes that her Father has sexually abused her.
- 39.2. At paragraph 5.71 [E97] she addresses the incident of 17 December 2020 when the Mother photographed C with tissue stuffed in the latter's mouth [D342 – D343]: -
“S's response during the incident where she reported finding C's mouth stuffed with tissue is highly concerning as she did not react normally with a sense of urgency. She took a photograph, rather than act to instantly remove the tissue. S reported that C was distressed and she had to reassure her before going downstairs to make a cup of tea. If C was in an agitated state, which would have been held in her body, it would have taken a while for her nervous system to have relaxed to allow her to fall asleep, especially if she was worried about her Mother going downstairs and about her Father turning up at the house. C looked to be fast asleep in the photograph. With respect to S's action of taking the photograph, at best this suggests an inability to prioritise her daughter's needs above her own or, at worst, suggests that she deliberately sought to deceive professionals, with the intention of portraying that her daughter was incredibly distressed. I have grave concerns about this incident as children can choke on tissues in circumstances where they breathe deeper.”
- 39.3. Within her replies to questions, further clarity was provided by Dr Ravenscroft: -
39.3.1. A solo therapeutic foster placement would mean that C could benefit from being cared for therapeutically and consistently by a single carer (or possibly two carers). This should be a solo placement that would allow her to develop her sense of self. The foster carers would need to have a high level of integrity and be authentic when caring for C [E129];

- 39.3.2. She did not agree with the opinion of K (the therapist engaged by the Mother to help C) that C met the criteria for a diagnosis of PTSD; C does not present as a child who has been sexually abused or a child with PTSD³. Even if the sexual abuse did occur, to evoke a response such as being afraid of all males would be highly unusual. Also, children who have been sexually abused by a parent generally would still yearn for that parent, therefore her outright rejection of her Father is atypical [E129];
- 39.3.3. The results of the psychometrics support the hypothesis that C was not abused. As well as the atypical response style of S, C's own trauma rating also did not fit with the notion that she had been sexually abused [E130];
- 39.3.4. In order for Mother to care for C successfully in future she would need to develop insight regarding her own behaviour and emotional state and the way that this can impact C. She would require long-term attachment focused psychotherapy that would allow her to think about the meaning of the allegations about T, the meaning of her relationship with C, and healthy boundaries between herself and C [E130];
- 39.3.5. Progress would be marked through C's adaptive functioning and her ability to attend school (hopefully on a full-time basis⁴). S would need to demonstrate an authentic acknowledgement of her own role in C's difficulties and her fractured relationship with her Father. Ultimately, S would need to be able to say to herself 'I can understand how my perspective on what happened to my child has affected her'. She would need to demonstrate mind-mindedness and acknowledge that C's inner world is different from her own.
40. I pause to observe that following receipt of the replies to questions there was an eventual return to school in June 2022. As I shall explain, it is noteworthy that the turnaround happened as quickly as it did given the gravity of C's refusal prior to that point.
41. In my judgment, Dr Ravenscroft did not diagnose FII. She did not describe parental alienation as an adequate formulation for the complex mechanisms at play. She did not arrive at an analysis by simple acceptance of everything that had been said to her by the Father but through a process of interview, interrogation of the background and psychometric evaluation.
42. The court sanctioned expert evidence by Professor Fleming, consultant paediatrician. His report, dated 28 July 2022 [E166] dealt with the issues of suspected FII (Perplexing Presentation).
43. In his executive summary [E167] his opinion, which I accept, is as follows: -
- “Whilst C was presented for medical attention much more frequently than most children of her age at that time, I could find no evidence to suggest her Mother was fabricating or inducing illness in C. The histories, signs and symptoms described by C's Mother were almost always

³ See also E89, paragraph 5.37: “Based on my assessment of C and my clinical experience, her presentation is not consistent with a child who has been sexually abused. Of course, the Court will make findings in this regard and if it is found that she has not been abused, the task of therapy will be to carefully address this with C.” Dr Ravenscroft is not usurping the role of the Court as this paragraph makes clear.

⁴ I deal below with the successful return of C to education in June 2022.

compatible with the observations of the medical staff who examined C, though she was commonly less ill than the initial history might have suggested...

In my opinion the pattern of presentations observed in C is more likely to represent the concerns of an inexperienced and anxious Mother with limited support rather than deliberate exaggeration or falsification of the history, signs, or symptoms.

I note that on several occasions C's Mother reported that the onset of apparent illness or injury had occurred whilst C was in the care of her Father, but I could identify no evidence to suggest inappropriate or abusive care by her Father as a contributory or causal factor in her illnesses prior to the allegations of possible sexual abuse in August 2020.

In summary I can find no evidence to support the suggestion of illness fabricated or induced by a carer."

44. Professor Fleming replied to questions by the local authority with regard to the photographs of C with a tissue in her mouth (reply, dated 12 October 2022 [E486]). He opined that merely "placing a tissue in the mouth of a conscious person in this way, whether done by the person themselves (as C's Mother maintains) or by another person should not place that person any risk of choking or aspiration." Given the appearance of C in the photographs he would "find it surprising if her Mother genuinely thought she had stopped breathing, but if she did believe this, then stopping to take a photograph before removing the tissue would be a surprising and somewhat bizarre response."
45. Dr Fear, consultant psychiatrist, was instructed to provide a psychiatric analysis of the Mother which he did by report, dated 19 August 2022 [E384].
46. In his summary of opinion [E385], which I accept, he states that: -

"a. The formulation/diagnosis (within the meaning of the ICD-10 Classification) is:

1. Health anxiety
 2. Somatisation disorder (on the borderline of formal diagnosis).
 3. Adjustment disorder
- b. There is no evidence to suggest that S suffers from a serious psychiatric/psychological disorder or disorder of personality, within current classification systems.
 - c. None of the conditions described are associated with risk to others. If her somatisation of illness became more frequent, this may be unsettling to her daughter.
 - d. There is no evidence to suggest fabricated or induced illness, either in S or C, on the basis of my examination and the expert report of Prof Fleming.
 - e. I am aware of the significant allegations that have been made against the Father, and Dr Ravenscroft's reservations about the origin of these. In the event that the court judges

that the (*sic*) these allegations are false, and that S has been complicit, in their fabrication, I would wish the court to be aware that there is nothing in her mental health that would explain or affect her responsibility for this behaviour.

- f. S has good insight into professional concerns surrounding her daughter's allegations against the Father. I do not propose to comment further on this prior to a judgment by the court.
- g. I formed the impression that her insight into her own childhood experiences and medical history has developed during the course of these proceedings.
- h. It is difficult to ascertain her understanding of her own childhood circumstances and how these may have affected her, and my impression is that she is still resistant to consideration of her Father and her enmeshed relationship with her Mother for fear of how this may be interpreted in relation to her own parenting of C.
- i. It would be helpful to gain corroborated information about S's childhood and relationship with her Mother and to understand the true circumstances concerning her Father. If there are any psychological records relating to her bulimia, these may offer some insights.
- j. It may be helpful to undertake an updating examination once the judgment of the court is known.
- k. There is no impairment of interpersonal relationships that is likely to arise directly from the psychological issues identified.
- l. In the event that the court finds that she has unreasonably excluded the Father from her daughter's life, this may represent an attempt to replicate her own childhood circumstances and therefore reproduce a home environment with which she is comfortable. S strongly denies this, and information concerning her own Father and early environment is available only from her.
- m. On the basis of my examination, and taking into consideration Prof. Flemings conclusions, there is nothing that would affect her capacity to care for a child.
- n. She would benefit from a cognitive therapy approach to help to manage her mild anxiety and depression. She would also benefit from an exploration of her health anxiety and psychological approach to help her to manage this. This therapy is a widely available and core intervention offered by specialist mental health services. I have no doubt that it is available through the local mental health care provider and could be accessed through referral from a GP.
- o. If she approaches therapy with an open mind, and is sincere in her understanding of her own health anxiety, I see no reason why she should not derive significant benefit. I would not, in any sense, consider this therapy essential to her future care of C. As stated

previously, there is nothing in my assessment or that of Prof. Fleming that raises concerns about her ability to provide safe care to her daughter.”

47. At paragraphs 100 – 101, Dr Fear addressed the parallel in the Mother’s parenting with that experienced by C [E408]: -

“100. I, too, have noted the parallels between S’s early home environment and that of C (5.51). When I asked her whether she thought she had engineered any aspect of this, she strenuous[ly] denied the suggestion. Nevertheless, her own experiences of an absent Father and being brought up by Mother and maternal grandmother, unhindered by male interference, are strikingly similar to C’s early childhood environment. It is for the court to decide whether this has been brought about by S’s active exclusion of Father. It is here that more, and corroborated, information about S’s Father would be helpful – how long had he and her Mother been in a relationship, was she planned, why was he unable to attend a birth (which had been 9 months in anticipation), why is his name not on the birth certificate, why does she not have a relationship with paternal grandparents and other members of [t]he Father’s family...?”

101. Interestingly, Dr Ravenscroft describes C’s relationship with her Mother as “enmeshed” (5.53). This is precisely the term that sprang immediately to my mind when considering S’s relationship with her own Mother.”

48. The circumstances of the Mother’s paternity, as identified in the expert reports, appears to have caused a deterioration in the relationship between her and the maternal grandmother. The Mother and maternal grandmother were living together until the maternal grandmother moved out on or around 7 September 2020. N moved into the property in about October 2020. Nonetheless, the maternal grandmother remained intensively involved with C during the period of therapy running from 4 December 2020 to 28 October 2021. During the pendency of the final hearing, the Mother gave evidence to the effect that she had questioned her Mother about paternity and she had revealed further information which had caused the Mother shock and upset. It was in the context of these discussions that the Mother said that the maternal grandmother had made comments to her, which suggested to the Mother that C may have been questioned about them by the maternal grandmother. It is a further possible feature of the dynamic at play.

49. An experts’ meeting was arranged to take place on 6 September 2022 [E436 and corrections at L442 – L443]. The following matters of clarification and discussions may be noted at this stage: -

49.1. FII

49.2. Dr Ravenscroft did not seek to disturb Professor Fleming’s conclusions given that his analysis had specifically excluded the issue of the allegations of sexual abuse.

49.3. Tissue in the mouth

49.4. Professor Fleming described the Mother’s response of photographing the child before responding as very strange unless she could see that the child was not in any immediate harm at all; if she genuinely felt there was a problem then it was a “very bizarre bit of behaviour”.

49.5. Enmeshed Relationships

- 49.6. Dr Fear and Dr Ravenscroft discuss and agree what they mean by an enmeshed relationship (the aims of two parties combine in a way beyond what would usually be expected (per Fear) or an unhealthy parent/child dynamic where boundaries are blurred and might not exist (per Ravenscroft) and draw parallels between the experience of the Mother both as a child and as a parent to C. They also noted the suggestion that the Mother might have engineered an environment that mirrored her own as a child, which Dr Ravenscroft said made sense to her within a psychological framework of attachment.
- 49.7. Differences in C's Reported Presentation
- 49.8. Dr Ravenscroft offered a psychological explanation by way of her original formulation around an history of illness based behaviour which has created a platform which has enabled both parental alienation and enmeshment to form a complex interplay. She is clear that her approach is formulation driven. Central, in her view, to the psychological explanation, is that caregiving and eliciting behaviours are known to be influenced by attachment in the child/parent relationship so that ultimately the explanation reverts to the dynamic between parent and child. It would be psychologically safe for C to align herself with her Mother in these circumstances in contrast to the Father.
- 49.9. Rejection of Father: 'It'
- 49.10. Dr Fear noted the use by C of the term, "It" to refer to the Father. He opined that there was a form of dehumanisation and suggested an abrogation of responsibility by the Mother in its use. Dr Ravenscroft agreed that it is a feature that appears in the parental alienation literature and in her own clinical work. She noted that C was able to refer to the Father as 'Daddy' when boundaries were set within interview by Dr Ravenscroft. Dr Ravenscroft described a circular relationship between parental alienation and enmeshment, with secondary gains for the Mother in terms of achieving distance between C and the Father and intrinsic satisfaction at increasing her own control and having that closeness of bond with C allied to a sense of importance as someone who sits as a conduit between health professionals and her daughter; a person with the role of keeping her daughter safe.
- 49.11. Therapeutic Intervention for C
- 49.12. Dr Ravenscroft confirms that C requires therapeutic work in the form of therapeutic life story work and around 12 to 15 sessions of play therapy. Dr Ravenscroft regards a bridging placement as necessary for C (given my finding that the allegations of sexual abuse are untrue).
50. Within her oral evidence, Dr Ravenscroft described the assessment of Dr Fear as helpful and having augmented her own assessment.
51. She reiterated her psychological formulation by which the Mother had in effect been projecting the identification of her own thoughts and feelings towards the Father into the family system causing a complex dynamic whereby C was aware on a subtle level of the dynamics between her parents and became responsive to it. C sought psychological safety by seeking to align herself with the Mother as her psychological caregiver.
52. Her observations on contact were that one would need to be responsive to C's needs. It will be important to ensure contact is adjusted as the placement progressed. Whilst it would require careful oversight she suggested a frequency of 2 to 3 times per week as it will be important for C to know she

will see her Mother. Reviews of contact would need to be weekly for the first 2 to 3 weeks and then reduced accordingly.

53. In such a circumstance, she said that contact with the Mother should be supervised.
54. C would need key support from her allocated social worker and ideally somebody from school with whom she is able to talk. There is a need to provide therapeutic support to facilitate work in relation to her current narrative in addition to life story work to understand what has happened and the plan for her.
55. Regarding the therapy undertaken with K, Dr Ravenscroft described a progression or escalation of what C was bringing to the therapy sessions in this period. She accepted that this interplay can create an expectation that there is more to be said or to be heard and that such an expectation can be conveyed to a child particularly if the child feels that they are pleasing the therapist by providing information that at some level they want to hear. In addition, if C witnessed the Mother speaking to the therapist in a manner which might be assumed to convey a close relationship then C's alignment with her Mother may result in unwitting collusion with the therapist.
56. Dr Ravenscroft said that she was aware of criticisms in the literature regarding parental alienation as a syndrome (Gardner). She said that she had coined the phrases but that she had gone beyond the use of labels which was too simplistic to capture the dynamics, hence the requirement for a systemic formulation of process involving an enmeshed relationship and projected identification. She described her approach as holistic, drawn from multiple sources and in doing so she had considered all of the information, the discrepancies and sought to triangulate that information in a way which would assist the court.
57. Dr Ravenscroft was puzzled that the CBT had been provided given that CBT works more in 'the here and now'. It tends to work for people who have an overt understanding of the interplay of thoughts and feelings but the more subtle dynamics in this case led her to recommend mentalisation-based therapy.
58. Dr Ravenscroft stated that her measures did not reveal a profile of anxiety (compare Mother at C209, paragraph 10) and she maintained that there were factors external to C causing her to reject her Father. She noted the Mother's evidence of change in working with the family support worker, Louise Abbott with whom she completed the Solihull programme (C214, paragraphs 17, 19 and 21) but the priority, in her view, was to establish the facts as to where C's statements had been derived from and if appropriate for her to resume a relationship with her Father from a neutral setting. In her view, barriers have been put in place and C has developed a tainted view of her Father. When pressed on whether removal was justified given the way that Mother has worked with professionals, completed CBT and achieved a return to school (in which C is as settled as she has ever been), she reiterated that depending on the findings of the Court, ultimately C needs a neutral setting where she has an emotional and psychological permission to establish a relationship with her Father. She accepted that the position was complicated and not clear-cut but she was struck at the sudden by the sudden amelioration of symptoms upon C's return to school.
59. Return to School (June 2022)
60. C has historically had poor attendance levels: -

YEAR	ATTENDANCE %	NOTE
2018 - 2019	87.6	F1336
2019 - 2020	77.0	F1339
2020 - 2021 ⁵	62.4%	F1342

61. C was effectively educated off-site [F1346] until the return to school in the week commencing 20 June 2022⁶. There is no doubt that attempts prior to that point to facilitate her return to school failed due to C's extreme school refusal. There was, in my judgment, a marked change in her willingness to attend. On 25 May 2022 [L368], C visited school and it is noted that she was "talking lots to [her] friends" and she "sang and danced to the car." The week of 27 June 2022, she attended school for 2 full days and 2 half days. On 28 June 2022 [F938], she was described as having made "positive progress... over the past 10 days." The week of 4 July 2022, she attended 4 full days and one half day and she attended every day until the end of the summer term on 20 July 2022. CT was her class teacher. On 28 September 2022, DH wrote to Louise Abbott, family support worker, to report that C has "settled back into class as if she was never away."
62. C had not been engaged in any trauma-related work since 28 October 2021. Louise Abbott had been working with C, the Mother and the school. The transition occurs without incidents of self-harm, extreme distress and her intense fear of men, including the teacher, CT. What was the agent of such significant change?
63. Within the experts' meeting, Dr Fear could not offer any firm conclusions but suggested, whether Mother is controlling consciously or there is something in her attitude and behaviour that is giving clues to C to make her feel more relaxed, "it looks odd" [E477]. Dr Ravenscroft did not think the change could be attributed to the support that has been offered to the family. There appears to be a theme, in her view, and this is part of that theme. She opines that the change is to do with the relationship between Mother and daughter and the influence, whether overt or covert, the Mother has; it supports the notion that C does not have post-traumatic stress disorder.
64. Dr Ravenscroft provided her report on 16 April 2022 and her answers to questions on or about 16 June 2022 [E125]. Did that provide the motivation for the Mother to engineer a change in tack? The Mother's case is that she had gained insight into her lack of control and worked hard at making the transition work over a period of time. It was not a "quick" turnaround in that sense.
65. Dr Ravenscroft noted in her oral evidence that C had returned to school within a period of 2 to 3 weeks without any direct therapeutic intervention in the context of her expressing a fear of all men and an amplified fear of a particular teacher. For her presentation to ameliorate so quickly without therapy suggests it was not a clinical presentation. Dr Ravenscroft accepted that if the work the Mother did in completing the Solihull programme with the family support worker resulted in a tangible improvement for C than that was positive but she said that she would still not have expected something of that nature to improve in the way that it did.

⁵ A Child In Need Meeting on 18 January 2021 noted that [F1199]: "C was offered a place in school, however S was happy to have her at home as she is working from home."

⁶ F1346: week of 7 February 2022, she is marked as attending school for 4 days, 2.5 of which are marked as educational trip.

66. Dr Ravenscroft accepted that if C had been fed a narrative with an expectation of how to behave to get the sought after “piece of paper” so that she did not need to see her Father but then following receipt of her report, the Mother had realised the need to change tack and had given C a different expectation that would explain the change in her attendance and presentation at school.
67. Dr Ravenscroft remained very concerned about the origination of the allegations and was clear in recommending a neutral placement for C free from the influence of both parents. That environment will enable, in her opinion, C’s relationships to flourish.
68. DH, deputy head at C’s primary school gave oral evidence. I found her to be a balanced and straightforward witness. When asked about C’s return to school she said this:
- “C appeared happy to be back in school and integrated very well over a short period of time. It was heartening to see her appearing to be happy and content. It was better than I thought it would be. Organically, it moved very quickly.”
69. She said that C made a positive start in September 2022. C was participating fully and enjoying being back in class. She did not need a TA as expected but was able to get additional support if needed.
70. She said that the school tried to coax C into school and to create a safe space for her within the school. However, she described C’s refusal as extreme: “In all my years of teaching, I’ve never known a child to refuse in this way.”
71. As to the pace of change, she said there was: -
- “...quite a quick turnaround from not wanting to come into school and being happy in school. Considering not want to for such a long period of time, to short breaks and 4-5 weeks full time in school. To me that was a quite quick turnaround.”
72. She agreed that Louise Abbott had been working very effectively with the Mother and C to get the latter back into school⁷.
73. In re-examination she said that she has not seen the extent of change evident in C before in her experience.
74. In my judgment, it is remarkable how quickly C transitioned into effective and full participation in school, which has continued into her next academic year. I have no doubt but that the work of Louise Abbott and the change in the Mother were instrumental in giving her the necessary support and permission to attend. In my judgment, this evidence supports the notion that it is the dynamic in the relationship with her Mother rather than the trauma of any alleged abuse, which has been the driver for her failure to attend school regularly until June 2022. I accept that the work of Louise Abbott may well have shifted the Mother’s thinking but ultimately, the issues at school derive from the Mother’s parenting failures from and after the genesis of the allegation in August 2020.
75. Impact of Removal

⁷ Louise Abbott worked through the Solihull programme with the Mother:
<https://www.nice.org.uk/sharedlearning/solihull-approach-parenting-group>

76. In the event of removal, Dr Ravenscroft opined that C would adjust within 1 to 2 weeks given appropriate support. She would expect daily social visits.
77. Dr Ravenscroft said that if C were to remain with her Mother there would be no psychological advantages and too many factors affecting her perception of the permission she has which is incongruent. She was strongly of the view that for rapid progress to be made C should be in a neutral setting. The key difference is that the Mother is in an enmeshed relationship with C, consequently her ability to respond in a manner which is contained and secure is quite different to a neutral setting. If the court found that the narrative has been actively encouraged by the Mother and C was then told, whilst remaining in placement, that it was not true then that would be very confusing and unsettling; it could make everything worse in terms of her trust and a sense of reality and internal distress. If the Mother and N were required to present an alternative narrative, C would be primed to pick up on cues and behaviour and may well detect incongruence making it difficult to trust others and her own judgment so her sense of self becomes more fragile. Her narrative has already been clouded by the additional layer of her belief that she has been sexually abused.

ASSESSMENT OF THE MOTHER AND THE FATHER

78. Mother

79. My overall assessment of the Mother is that, as an historian, she is prone to inaccuracy or exaggeration. At times, she appears analytical and combative in challenging professional accounts. At other times, she appears subdued, reflective and willing to accept failures in her parenting, which have caused damage. It was in her oral evidence that she accepted that C has lied about the abuse. At times, when describing how she sought to support contact and made C aware of that, she appeared naïve as to what C might have deduced from her behaviour. I accept that she loves C. I accept that at a superficial level she is keen to see the relationship between C and the Father re-develop. However, I have a profound unease at her lack of insight and understanding of the true measure of the impact of her behaviour (principally since August 2020) upon C and the Father. I agree with her comment that she is still trying to work through the history to gain insight, including her relationship with the maternal grandmother and her confused paternity.

80. Father

81. The Father was a more straightforward witness than the Mother. There was a certain rigidity to his evidence. I gained the distinct impression that the impact of the history of his attempts to achieve a relationship with C was a rigid approach whereby actions were seen through the lens of his parental responsibility. He lacked the ability to interpret events from the perspective of C. When I raised that with him, he appeared reflective and willing to accept that this may have impacted her. I found him to be committed and desperately sad at the impact of events upon his daughter. The photographs and videos he produced provide a consistent snapshot of a warm and loving relationship with C. Overall, I accepted his evidence.

EVIDENCE OF SIGNIFICANCE IN EVALUATING THE ISSUES

82. The Period Prior to 2016

83. A number of allegations were raised by the Mother in the first set of proceedings:

- 83.1. C2 application, dated 7 October 2014 [H28]: Father hit C on her knee twice when she failed to say 'dada' on 12 July 2014;
 - 83.2. The Father had been coercive and controlling during the relationship and on 8 March 2014 had attempted to grab C from the Mother's arms and indicated that he intended to kill C and the maternal grandmother: statement, dated 7 November 2014 [I45];
 - 83.3. the Mother sought medical advice in respect of C on 21, 16 and 28 February 2015 but nothing came of that and the Local Authority referral was closed [G159];
 - 83.4. on 10 May 2015, the Mother reported to Police that on 9 May 2015, the Father had grabbed hold of her scarf which was wrapped around her neck, which was witnessed by C, who appeared shocked. She did not wish to make a complaint of assault [D211-213].
84. On 11 May 2015, the Mother agreed to extensive contact arrangements including overnight stays [H58].
85. Her complaints about C having night terrors and getting very upset when she believes she is going to stay with her Father, as reported to the health visitor [F1112], did not impact the conclusion of the private law proceedings, by consent, in December 2015.
86. The reality is that the parties muddled along using the communication book. Contact occurred and the issues (as described by the Mother in June 2021 [D235]) of C crying and not wanting to spend time with her Father did not result in the Mother curtailing contact. The communication book, which covers the period 2018 to August 2020 does not contain entries of that kind.
87. It is about 2 ½ years since the Father last had physical contact with C.
88. In that period, she has formed the belief that she has in some way been abused by her Father. It is within the household where she has lived with her Mother, for a time with the maternal grandmother and after that N, where she has developed that belief. In assessing the chronology, it is not the case that the Mother denies acting inappropriately. She has, within her final evidence and within her oral evidence, made important concessions about her functioning and how that has played a part in the significant deleterious impact upon C. Her case is that it is anxiety and inability to recognise the need to assert control which has imperilled C. She says that she has learned through her work with Louise Abbott, family support worker and in completing the Solihull programme, the changes necessary and such changes are evident in her attitude towards professionals and in the promotion of the return to education which took place over a period of time in summer 2022. In terms which I have already quoted, she says that the change which is already evident places her in the best position to seek to help C by undoing the damage of the false narrative before it causes further lasting damage. In order to seek to explain why, at times, she has failed to intervene appropriately as the cycle of allegations spiralled she points to her recognition, following 6 sessions of CBT, that in her mind she has treated matters of opinion, including those of C, as if they were facts. Where there is evidence of C referring to matters of a sexual nature, which it is difficult to conceive of her inventing or even elaborating upon, she has referred to a conversation with her own Mother during the course of the final hearing which gave her pause to think that her Mother may well have questioned C and formed a view as to the Father's role in the alleged abuse.
89. It is thus said on her behalf, shorn of deliberation or dishonesty, that the evidence of recent change has been either ignored or given inadequate weight and that the benefits of maintaining C in the care of

the Mother with whom she has a strong bond is far better than the impact of placing her with foster carers, who are not the ideal as proposed by Dr Ravenscroft.

90. It is said that C is an intelligent child and capable of inventing or elaborating stories which has contributed towards the development of the allegations and makes it difficult for the court to ascertain the extent to which the Mother has been responsible. I disagree. C is an intelligent child and I accept that she is capable of producing notes about a range of matters particularly maths and ancient history (F687;22 January 2022). I have taken account of the fact that she has formed part of the history of the development of the allegations. What is also clear, in my judgment, is the pivotal role played by the Mother. I find the psychological explanation of alignment with the Mother consistent with my survey of events. I find the parallels between the Mother's enmeshed relationship with maternal grandmother and her relationship with C illuminating.
91. The early chronology reveals an extraordinary level of obstruction to the development of the relationship between C and her Father. The seeds of that dysfunction may well be relevant but it is, in my judgment, dangerous to exaggerate the significance of that initial period. Clearly from late 2015 until August 2020, contact did occur regularly. When contact was missed, generally arrangements were made for it to be compensated for. The position, however, was not straightforward. The complaints which the Mother reports C to have made may well be attributable to the psychological functioning which played an ever more important role in the development of the allegations after August 2020.
92. There are nonetheless facets of the evidence I have heard from the Mother, N set in the context of the chronology, which give me significant pause for concern. I remain unconvinced that the Mother has a rounded insight into her functioning and how it has impacted upon what C has said to her as compared to her presentation to others. I suspect that the "Fact/ Fiction" notion that she described in her oral evidence is the attempt to try to make sense of her behaviour, which actively played a part in the development of the allegations. It is the lacunae around her understanding of her contribution and the impact upon C, which may have its roots in her own relationship with her Mother and the continuing pain around the question of paternity, which troubles me in terms of her ability to undertake a task for which she is particularly unsuited. She will have to navigate the task of challenging C's reality, a reality which she has been instrumental in forming. She will require accurately and faithfully to provide information as a key conduit to the work that would be necessary to unpick the false narrative. What a survey of multiple sources of information have revealed is that there are significant doubts about the accuracy or completeness of information which she has provided at key times. Thus, in my judgment, the Mother has barely begun to develop a genuine and full understanding of the impact of her parenting and the reasons for it allied to my grave reservations as to her ability to manage the process of change.
93. In forming this view, it is too simplistic to talk in terms of the Mother deliberately taking steps to eliminate the Father from C's life. I am not convinced that she has embarked upon a campaign to exclude him or has, for example, staged photographs to seek to evidence that which she says. The picture which develops of her functioning is that of a Mother in the role of protector who has psychologically and unreasonably sought to prosecute the allegations. Her role, in my judgment, is inextricably bound up with the development of the allegations and her behaviour has undoubtedly contributed significantly to the appalling history over the last two and half years.

94. The Mother has at times declined to provide or provided misleading information to professionals which would have given them a very different context for the information they were being presented with at the time. She has facilitated C in repeating and elaborating on the allegations. She has unwittingly been joined in that endeavour by therapist, K. K gave evidence that she kept an open mind but it is clear that from an early stage she had made a referral to the local authority in relation to alleged sexual abuse. She appeared to ignore some evidence and to suggest that allegations would emerge eventually arriving at a questionnaire which suggested that C was suffering with the signs of PTSD. She began initial stages of EMDR, a talking therapy, which seems particularly inapt for a child of this age given they would be required to relive elements of that so-called trauma. The entire dynamic of C preparing the notes with the active support of the Mother and N, attending the sessions and observing the close relationship developing between K and her Mother would only have served to compound the pressure to make, elaborate or repeat allegations.
95. The truth is, in my judgment, laid bare when one examines how easy it was for Dr Ravenscroft to ask C to refer to her Father as ‘Daddy’. The Mother has seemingly failed to achieve that task. I find it extraordinary that C, a child who had been wildly resistant to attending school, demonstrating a fear of men and of a particular male teacher, having allegedly suffered sexual abuse would so readily have returned to school and to have settled so well. I accept the evidence of Dr Ravenscroft that such a turnaround is much more explicable by a child psychologically aligned whose expectations had shifted to those of her psychological carer. I find it probable that the Mother developed a keen sense, alongside the development of understanding following completion the Solihull programme, following receipt of Dr Ravenscroft’s report in April 2022 that she was under pressure to demonstrate the ability to deal with the issue of education. She was aware that interim removal had already been floated by application before the court and it is in that context that we see the picture of a child capable of making an enormous and successful adjustment.
96. The Father also bears a responsibility for the dysfunction in the parenting C received. For much of his oral evidence he struck me as a parent struggling to demonstrate any emotional insight into the perspective of his daughter living in the midst of parents who struggled to communicate well. It was only in answer to some of my own questions did he begin to countenance the notion that his daughter may feel more comfortable saying different things to different parents. He appeared to show some insight into the fact that he paid little regard to what the Mother had to say where he interpreted it as an attempt to undermine the parental role he had sought to secure. Nonetheless, the underlying difficulties, which did not stop contact from continuing over a number of years, appears to have laid the foundations for the development of the problem in August 2020.

JOURNEY TO ABE

97. What was the genesis of the allegation and did the Father apply cream in a way which caused upset to C?
98. The Father and C went on a 10-night camping holiday in City W on 21 July 2020. It is clear that C was reported to have sustained a rash on her legs during the holiday and cream was applied by the Father.
99. It is clear from the communication book [D401] that the Father refers to applying cream to the rash on 7 August 2020. On 10 August 2020 there is reference to “E45” being applied to “bottom & legs last night. Legs okay but bottom slightly worse. Very hot though. Much better this morning.”

100. By 11 August 2020, the Mother had informed the Father that C had come home very upset and said that he had applied cream inside her bottom when she was not sore. Mother adds that C did not have a rash on her bottom on Friday morning and she hasn't seen one since she came home. She suggested that she would consider speaking to the GP [D304].
101. It is Mother's case that it was C's emotional presentation which caused her concern. N said [D220] that the Mother was concerned about the "use of cream and that it seemed quite excessive to the amount found in C's underwear." There appears to be, on the face of it, a confusion between the alleged causes of concern: the use of cream when there was no apparent evidence of rash; the use of excessive cream; and C's emotional presentation upon return to the Mother's home.
102. The Mother contacted the GP surgery on 12 August 2020 and spoke to Dr Leitch [F594].
103. By this stage, there has been the use of cream whilst on holiday in City W to which no exception has been taken. There had been a further use of cream which had been noted in the communication book together with the improvement in the rash by 10 August 2020.
104. What follows is perhaps of signal importance. Rather than reassure, cajole or manage the situation, the Mother appears to overreact and the Father treats any of her suggestions as an express or implied attempt to denude him of parental responsibility [D299 – D303]. The health issue becomes the platform for C to be in the midst of the psychological battleground whereupon her presentation as described by her Mother becomes the source of concern not the underlying relationships around her.
105. On 14 August 2020, the issue is described to Dr Kelly, GP [K250] as an issue of C becoming more aware of personal boundaries but not an acute safeguarding concern.
106. By 15 August 2020, the Mother seeks to place a limit on the duration of contact. She asserts that it is unacceptable for the Father to apply cream to the intimate area of a 7-year-old and that such conduct is heightened by his decision to ignore her request to stop. Contact is not successful that day but does take place on Sunday, 16 August 2020. The Mother suggests that the Father provides C "the reassurances she needs and help her resolve her distress" [D294].
107. The Father's perspective is that the contact on 16 August 2020 was positive [G110] and he exhibits photographs from the day [G136]. C did not raise the issue of cream with him and he saw no reason to raise the issue with her.
108. The issue appears to re-emerge at the point of handover at the petrol station. The Mother had clearly anticipated a conversation with C but the Father had seen no reason to have such a conversation and C was left in the midst of the parental dysfunction. The Father's diary entry [F28] reads as follows: -
"Mum [paternal grandmother] and I stayed for a little while, chatting in my car and C beckoned me over with a smile on her face – when I got there, she changed and said 'why didn't you talk to me about not checking my bum? – I said it wasn't the right time but I'm your dad and it's ok for me to put cream on, S and her mum shouted 'noooo...' from inside the car, I asked who says it's not ok? C said, 'my mum and Mrs Robinson and Kidsafe'. I said I'll have to speak to them then. This was the last time I saw or spoke with C."

109. In her police statement, dated 3 June 2021 [D237], the Mother's account is as follows: -
"At that time I thought C was just misunderstanding what T had done and I tried to rationalise with her so I could get her to go as I was so scared of breaching the court order. Eventually C went to visit T for about five hours and I thought T was going to speak to C about what had happened. When I went to collect C she told me T had not talked to her about this. I asked T about this in the carpark. During this conversation C said that what her dad had done was wrong and that she knew this because of the Child Safe course she had done at school."
110. In my judgment, the Mother treated the application of cream to the rash as an issue requiring investigation. C may have had some concern about the application of cream⁸. C is likely to have reacted to her Mother's discomfort, which prompted the Mother to query the source of the discomfort given the absence of evidence of rash. She magnified the concern. That is evident by her seeking advice from the GP in circumstances where there was no good reason to do so. In my judgment, this was playing into an established psychological dynamic. By the point of handover at contact, C had been put in the position of expecting an explanation from her Father for something which was now perceived to have been "wrong". Rather than mitigate the issue, in my judgment, it is probable that the Mother held the view that what he had done was wrong and it is this conduct, which then became distorted, magnified and eventually divorced from reality. C sought, in due course, the elusive "bit of paper" (therapy session, 19 March 2021 [F151]), which would justify not seeing her Father are not getting her Mother into trouble. The cessation of contact, in these circumstances, would only have served to confirm that the Father had done something wrong, which meant that C was not safe to see him. The repetition, expansion and questioning of C involving the Mother, N and possibly the maternal grandmother (although the evidence as to that is extremely limited), together with K provided fertile ground for C's own imagination to provide the stories to feed the investigation and justify Mother's feelings towards the Father.
111. That is not to say, however, that the Father's own conduct was beyond reproach. On the contrary, he might have handled the situation differently and more effectively but that did not justify or lead to the egregious expansion of the allegations.
112. It is clear that by 1 September 2020, C was voicing the concern to LM at school that she didn't believe her Father's account but also that seeing her Father equated to her Mother missing her and crying [F1033-F1036]: -
"He looked at my bum and I didn't like it. He told me I had a rash so he had to put cream on, but I don't believe him."

"I don't want to go to my dad's but I do want to see PGM. When dad put the cream on my bum PGM was downstairs cleaning up. I really like her, sometimes we do baking together, but I didn't tell her about the cream.

When I am at my daddy's my mum misses me. Everyone misses me; mum cries, Bertie the bird cries and the hamster hibernates, my mum told me."
113. In my judgment, the Mother was in the optimal position as C's primary carer to manage this sensitively. In my judgment, she did not do so. She facilitated C in giving an account to a member of

⁸ Mother had not told Father about her attendance at session 4 of the 'Kidsafe' programme (private places)

staff at school in circumstances when she ought to have reassured C. C's words suggest a degree of psychological manipulation, which no doubt form part of the processes within the home and was reiterated to professionals as emblematic of C's distress or trauma. At this stage, the only reasonable thing to have done was to reassure C that the Father would not have applied cream unless he had been worried about the rash and thought it better to put some cream on in case it got worse. It might have been suggested that if she was sore or worried then she could speak to the paternal grandmother, "PGM," as well as the Father.

114. Whilst the Mother reports a child dramatically set against seeing her Father [F959, L2 and K250], LM recorded C's views under 'What I think might help?' as follows [F1035]: -
"Perhaps reduce the time I see my dad. I could go Saturday night till Sunday night. If I get to spend more time with PGM. I wish she looked after me. I want you to help me."
115. The Mother goes further by contacting the Local Authority and speaking to Sharon Black of the I-Art Team on 1 September 2023 [L3]. The allegation is recorded as the Father putting "cream 'in her bottom' and that it made her feel 'yucky and horrid'." It was plainly interpreted by the local authority as an allegation of sexual abuse. What the Mother is recorded as saying is set out on L2. In my judgment, this is a development of the original complaint. There is a focus of the cream potentially being placed internally. The Mother distances herself from the rash by stating that she was not aware C had a rash but that she had had "a few spots between her legs". She did not give an account of the appropriate use of cream by the Father during the holiday to City W. She did not give an account that the rash he had observed and explained in the communication book may have subsided by the time C returned home on 10 August 2023. It is not clear why there is reference to the cream being placed "in her bottom" when this is not suggested at any prior point. In my judgment, this is active embellishment or misrepresentation of the factual position.
116. When Sharon Black spoke to LM on 1 September 2020 at 1.27pm [F542], LM reported this: -
"S had told me that C has a recurring rash which she has treated with E45, Sudocrem and Savlon but as it won't go away she has an appointment with the GP this afternoon at 3pm.

I also told S that C had told me that she didn't want to go to her dad's and that she had asked me to help her. I explained to C that I cannot make that decision and that it was a decision that her mum would have to make as it is her responsibility. Sharon agreed and said that she would say the same. S had told us both that she was worried because she had broken the court order."
117. I heard oral evidence from LM. She confirmed that the reference to recurring rash was an accurate record. I accept her evidence as straightforward and reliable.
118. In my judgment, the Mother was troubled by being in breach of a court order. The account which she appears to have given to the local authority does not tally with the account that she gave to LM. A fair representation of the position was that C had been suffering with a recurring rash over a number of weeks and both parents had used cream from time to time to manage it. The Mother's misrepresentation is likely explained by her desire to seek justification for breach of the court order.
119. The notes of the consultation with Dr W of 1 September 2020 are unremarkable [K249]: "**Mum, rash between legs past 4w. Tried sudocrem/ savlon/ moisturiser**" (emphasis supplied).

120. The reality was by that stage obvious. When the Mother spoke to Sharon Black after the GP consultation, the record of that conversation is as follows [L4]: -
- “Has had the rash in between legs for two weeks and has been applying cream. GP advised not to apply cream any longer. Feels it could be a heat rash or sweat glands getting blocked, not concerned - no cream. C went on a camper holiday with dad for 10 days. He said he developed the rash on holiday, which she accepted as very hot and been on the beach and camping. S saw no rash, but is there now. S does not believe there has been any inappropriate touch, she was concerned as daughter very upset and distressed. Whilst on holiday, was not allowed to speak to daughter, had two conversations, she feels this also caused distress. C said that dad is shouting at her and not using her name keeps calling her Elly and does not like it. I checked in regards to application of the cream – exterior of the body, in the buttocks, but she did not like it.”
121. In my judgment, the rash was at all times little more than a platform upon which underlying fragility within the parenting relationship was exposed. The Mother was plainly under threat of enforcement proceedings, as she had already faced enforcement proceedings, and her concerns about C’s relationship with her Father were sublimated to the issue of the application of cream. I find that she failed reasonably to manage and reassure C but otherwise sought to encourage and expand the scope of the enquiry in the hope of justifying her breach of court order on account of the alleged presentation of C to her, which presentation was likely to have been a function of the Mother’s approach to the Father’s relationship with C.
122. In my judgment, that should have been an end to the allegation. What results is an attempt to search for an explanation for the apparent distress of C at the prospect of seeing her Father. Within the care of the Mother, allegations begin to emerge so that the issue is located in C and not the Mother. For example, on 4 September 2020 there is evidence of the Mother contacting a Mental Health Crisis Line alleging that [K708]: -
- “...when she picked daughter up from school, she was hysterical and said that she didn't want to visit dad. She then told mum then she wanted mum to promise not to send her to her dad's house. Mum then sat in a car of a friend with her in an attempt to calm her down. Mum then spoke to school and requested to speak to them and they agreed. Mum then attempted to take her to school to speak to someone, when she got to the school she said *'I'm not going to my dad's and you can't make me, I will cut all around my mouth and cut it open so I don't have to'*. She then spoke to learning mentor at school who managed to calm her down (mum didn't sit in), she didn't mention this to school but was very upset about going to dad's. Mum reports that this has been going on for about 3 weeks, with being very emotional and not wanting to go to dad's.”
123. LM was taken to this reference and said that she did not recall the Mother bringing C to her. If there had been such a meeting then she suggested it would have been noted on their system, CPOMS. It was not. It was put to her that the Mother requested to speak to LM and brought C into school at which point C had threatened to gouge at her mouth on a piece of wire whilst waiting to go in. It was asserted that LM took C and having spoken to her brought her back to reception. It was further asserted that the Mother told her about the threat regarding the wire and LM had said words to the effect that C must not hurt herself. In her oral evidence, LM said that she did not recall any such exchange with the Mother and C. I find it inherently improbable that such a situation, if true, would not have been recorded and would not have been recalled by LM, who otherwise had some recollection of events. I

find it improbable that the Mother's account is accurate. What is evident, in my judgment, is the Mother's willingness to present C's behaviour as unmanageable. It seems obvious that C was receiving a clear message that such behaviour is (whether tacitly or expressly) what her Mother wished her to demonstrate.

124. The Mother is reported to have told the Mental Health Crisis Team (4 September 2020) that "school have offered some individual support and they would offer some ELSA work" [K709] whereas she is reported to have told LM (8 September 2020) [F1027] that CAMHS have suggested "that C should have ELSA intervention at school." In my judgment, this is a further example of misrepresentation on the part of the Mother.
125. In my judgment, by this point, the issue of the cream had become largely irrelevant. By email, dated 18 September 2020 [B42], the Mother informs the Father that C "does not want to visit any more [,] she is frightened you will hurt her, especially now she has been telling grown-ups that she has unhappy feels unsafe when she visits. C feels that she cannot express her emotions or discuss things with you without punishment and is afraid. She also feels that when she does say things you do not listen and ignore her. C has issues regarding eating; hygiene; sleeping; clothing; and her identity when with you." These complaints go far beyond the application of cream.
126. In my judgment, it is clear by this stage that the issue of a rash had moved from an issue of personal boundaries, to the Father having done something wrong, to C not believing him and to C saying that she is frightened of being hurt by him. From the Mother's perspective, it has been used as a precursor to launch a wide ranging complaint about the relationship between C and the Father. In my judgment, it is likely that much of this is adult led and the Mother is a willing and encouraging proponent of this narrative.
127. On 28 September 2020, the Mother had to carry C in to see the GP as C was complaining of abdominal pain [K248]. By the time she arrived at hospital, she was chatty, appeared pain free and was mobilising well [K632]. The notes, created at 1.24pm, read as follows [K632-K633]: -
"When I informed Mother and C that I would need to ring the Dr in the surgical team to review C. C jumped out of bed and sat on Mother (*sic*) her legs and arms shaking, looked very distressed, pale and started crying, it appears as though she was having a panic attack. I asked C what has happened and what was wrong and she said I don't like man doctors coming to see me after my dad put his finger up my bum with cream. My bum wasn't sore. I didn't like it at all. I had to scoop out the cream with my nightdress. I took Mother aside and asked her whether she knew about this incident. Mother states C hasn't been sleeping and having night terrors. C nervous going to school and has been affecting her. Mum mentioned she had tried to contact CAMHS to help her as C has been very distressed. Mother stated that she was aware of the incident which she states happened on the 7th August of C reporting that Father putting finger up C bottom with cream. She states that she had no concern about C bottom and doesn't know why Father would put the cream on her bottom. Mother states that she contacted children social care services herself about the incident and spoke to them. Mother reports that children social care gave advice to speak to GP. Mother spoke to GP and GP said there was not any concern. I asked Mother whether Mother had contact[ed] police at the time and she said that she rang children's social care to inform them."

128. I found the Mother’s explanation about this inexplicable. She elaborates by claiming the Father put his finger “up” C’s bottom. To suggest that she had no idea why Father would put “cream on her bottom” is absurd. This intervention is illustrative of the Mother’s tendency to mislead and to exaggerate. There is no reasonable explanation for her failure to tell the nurse that the context of the application for cream was a period of recurrent rash and the issue had been investigated and resolved by the local authority. It is hardly surprising in that context that the nurse makes a safeguarding referral. It also demonstrates the somewhat fluid changing description from the cream being put “on” or “in” the bottom. I find that this is a further unjustified ratcheting up of the allegations. This further illustrates the active engagement in the Mother in promoting the abuse narrative.
129. C was seen by a social worker, Ellen McBryde, on 29 September 2020 following a telephone call by the Mother suggesting that C had become “very distressed, threatening to self-harm” at the prospect of seeing her Father. The Mother refers, again, to being concerned about remaining in breach of the existing court order [F1274]. C is described as demonstrating to the social worker by getting onto her knees, putting her chest to the floor and reaching behind her with both hands to part her bottom. She is reported to have said that the Father had put cream on “‘may be 4 or 2 fingers’ and put it on her bottom and that he put a finger in and it stung her. C also demonstrated where she had been touched on one of her dolls...” The parting of the cheeks of her bottom had already been described to Sharon Black on 1 September 2020.
130. By this point, the stage had been set for an allegation of sexual abuse to be the justification for the decision to cease contact. The Mother told the GP that she was upset at not having taken C’s concerns “seriously enough in August” and “did not know the extent of the problem until this week and only after certain things have been drip fed to her by C over the last few weeks...” (Consultation, dated 2 October 2020 [K247]).
131. A strategy discussion on 5 October 2020 [F1] led to a section 47 investigation (“C has had an unpleasant experience with her Father, and she may have kept quiet about this initially due to embarrassment...”) and a joint visit to see C on 5 October 2020 by Laura Houghton, social worker and DC John Palmi. During that visit they encountered uncertainty from C as to whether the cream had been inside her bottom or internally in her anus [L21]. There is continued communication by the social worker with the Mother and the Police with regard to reopening the criminal investigation “should there be a more specific disclosure⁹ by C” [L167]. I observe the use of the term, “disclosure.” This encouragement to obtain a so-called “disclosure” only served, in my judgment, to increase the risk of further allegations surfacing to meet that expectation.
132. By December 2020, further Children Act proceedings had been issued. C had begun attending therapy sessions with K. By February 2021, C clearly had a notion, introduced by Laura Houghton, that only a judge could decide whether she would have to see her Father again [F1276].
133. Tissue in the Mouth
134. I have already summarised aspects of this incident. In my judgment, on any view, it paints a disturbing picture. The Mother’s account in her police statement is vivid [G461]: -
“On the 17th December 2020 I found C in her bed and she had stuffed tissue inside her mouth.
When I found C I thought she was dead, I could not believe what she had done and how

⁹ A further example of the inappropriate use of this term by a professional

desperate she was. C told me she did this because she did not want to see her dad. I have two photographs of this incident” [D342 – D343].

135. However, the following is recorded in the minutes of a child in need review [G596]: -
“18/12/2020 Telephone call to mum to offer support. Mum advised no changes. Advised to continue with routines etc we had discussed.
- Mum advised C had put tissue in her mouth to stop her lip bleeding and mum was worried about choking. Mum hadn't sought medical attention so advised next time to give 111 a call to gain advice as mum was unsure if she had swallowed any tissue.
- Advised mum to take all tissue away and encourage C to ask for help rather than try and stop the bleeding. Mum reported that C normally seeks support but didn't at this occasion. Advised mum to remove all items she could put in her mouth.”
136. The local authority records refer to an email received from the school nurse on 18 December 2020 [L176] which noted that the school nurse “had been out to see C.” The email continues: -
“...Mum reports C put tissue in her mouth to stop the bleeding but C swallowed some of this. Mum reports it was only a bit but she didn't seek medical advice. I advised mum if this is to happen again to ring 111 or take her to A&E. Mum has since removed any tissues etc from C's room.”
137. N gave a similar account of finding C with toilet paper in her mouth. He formed the view that she was trying to harm herself seriously [D221].
138. How did the photograph come to be taken? The obvious inference, if the Mother is to be believed, is that she decided to take a photograph prior to removing the tissue from her daughter's mouth and C had remained calm with her eyes closed after the Mother had screamed at the shocking discovery. A scream that had caused N to arrive in the room within seconds. Alternatively, that this was an exaggerated or fabricated response and the photograph was her response to the imperative to prove the alleged impact upon C.
139. Dr Ravenscroft's recorded her discussion with the Mother as follows: -
“4.50 I asked S what was her intention with regards to taking the photograph of C. What did she believe [was] happening in that picture and what did she want to convey to other professionals? S seemed to struggle with this question and said that she did not think people would believe her so she wanted the photo in order to explain what had happened. In her view, C had stopped breathing. I asked S why she did not immediately remove the tissue out if she perceived that her daughter was in danger. She said she screamed for N put her hand on C's chest and took a photo, before taking it out. She said she was terrified but then does not know why she responded in that way and cannot explain why the first port of call was to take a photo. S says that moments before she told C that she was going to go downstairs and make herself a drink and then would come back upstairs. S said 'I didn't know what she had done and why the tissue was in her mouth and it was very terrifying to see'. She said she took the photograph because she wanted to help. She said C woke up and saw the 'horror on my face'. S said that after this she cried.

4.51 She then said she recalled that after she removed the tissue C looked as if she was chewing the inside of her mouth. S said that perhaps C had a bit of tissue left inside her mouth. I commented that the insertion of tissue in C's mouth was a choking hazard as some tissue could have blocked her airway had C breathed in deeply, pulling the tissue in further and obstructing her airways. I asked S if she spoke to C about this and she said they discussed it in the morning.

4.52 The picture of C with tissue in her mouth shows her looking fast asleep with her nightdress/sheets pulled up to her chin. The second photo, with the tissue removed, shows a close-up picture of C who appears to be in the same position with the nightdress/sheets positioned the same way with the same creases as the first photograph.”

140. The local authority submit that this entire incident is staged. I do not make that finding although it is a matter I have pondered. I find that the Mother's account is probably exaggerated and whilst she may well have been shocked, it demonstrates that the focus of her concern was seeking to evidence issues and she had lost any sense of balance or proportion and that influence had been conveyed to C. Ultimately, this is a further example of manipulative and misleading communication.

141. Therapy with K

142. I confirmed with all parties prior to the final hearing that it was not intended to criticise the professional practice of K. I do not intend to do so. She was cross-examined and her notes of the therapy sessions were considered at considerable length. It is not necessary for me to go through the notes of every session which took place.

143. K gave oral evidence. I found her a defensive witness, reluctant to accept that the issue of sexual abuse had been at the forefront of her mind when engaging in therapy with C. Although she has trained as a social worker, she appeared to have limited understanding of the statutory guidance¹⁰ around eliciting information from children making allegations. By 18 January 2021, after 2 sessions, K emailed Laura Houghton to recommend EMDR “to support [C] in resolving the trauma she has experienced [L42]. In my judgment, K accepted from an early stage that C had suffered trauma from sexual abuse by her Father and required EMDR to help her to resolve it.

144. The real question is what impact the therapy sessions have had upon the quality of the subsequent evidence within the ABE interviews which took place in June 2021?

145. The key impacts may be summarised thus: -

145.1. C was encouraged by K with the direct input of her Mother or N to prepare notes before each session, which would often provide the template for the therapy session;

145.2. C had become accustomed to staying up late with her Mother and for a period with N talking about events in such a way that notes would be prepared;

145.3. there was an early acceptance, in my judgment, by K that sexual abuse was the key issue, which led her to expect further revelations and to downplay comments which might undermine that expectation;

¹⁰ She also used the term “disclosure” when describing allegations made by C [F350].

- 145.4. therapy continued on this basis even after the Court directed confirmation that it would not do so; it continued after the strategy meeting on 27 April 2021; and it continued after the Police had determined to arrange an ABE interview in May 2021.
- 145.5. the process of feeding back information to the Mother and occasionally N would have encouraged C to develop a close relationship with K and provide information to meet the implicit expectation;
- 145.6. this process was not about providing an opportunity for C to describe what she wished to describe in a forensic way but became warped by the dynamic at home;
- 145.7. the therapeutic relationship with C and the Mother is antithetical to a forensic exploration of the issues (email from K to C, dated 6 May 2021: “I am part of your support team now... You have been carrying things around for so long now, you are being so brave and telling your story” [F316]);
- 145.8. the array of written information was overwhelmingly negative with regard to the Father, who had become ‘It’ rather than ‘Daddy’;
- 145.9. the notes of the therapy sessions are not detailed, at times are inconsistent and do not provide relevant context to the emergence of the allegations;
- 145.10. the expectation led to the application of a questionnaire (26 February 2021 [F216]) which suggested a diagnosis of PTSD¹¹ (the Mother clearly took this as a diagnosis of PTSD: [J1186]; [F1079]); this suggestion appears to have been based upon the assumption of sexual abuse;
- 145.11. that led to the introduction of the early stages of EMDR trauma-based talking therapy for C;
- 145.12. the instruction of K was another element of the Mother’s misguided attempts to locate the problem within her daughter;
- 145.13. during therapy, allegations developed providing the precursor for the ABE interviews;
- 145.14. this process did not comply with the ABE Guidance (2022) in terms of early discussions being limited to eliciting a brief account, asking open questions and making comprehensive notes of anything said and the witness’s demeanour;
- 145.15. this process, allied to the incomprehensible decision to use it as the medium through which to obtain further “disclosures” from C before arranging an ABE interview, critically undermined the weight properly to be given to the accounts within ABE.

¹¹ The email from K, dated 26 February 2021 [F217] does not refer to traits of PTSD: “today, C scored 60 and with the presence of nightmares, intrusive thoughts and avoidance over a sustained period of time she would meet a diagnosis of PTSD.”

146. K appears to have been approached to seek help for C because the Mother “knew something was ‘wrong’ but did not know exactly what it was...” [C306]. In my judgment, it is abundantly clear that by January 2021, K was formulating the issue as one of sexual abuse (email, dated 18 January 2021 [L182]) and that was probably her working assumption from the start.
147. In her oral evidence, Dr Ravenscroft was sympathetic to the difficult position in which K was placed. However, the impact of the therapy was explained by her compellingly: telling a child they have been sexually abused by an important person comes with evident harm and risk. It is entirely possible for a child to believe that abuse happened. There is no doubt that through therapy people can come to believe they experienced abuse that never happened and this can provide an explanation for the nature of the problems they experience [E86 at 5.26]. At paragraph 5.53 on E93, Dr Ravenscroft says this: -
- “S has manipulated C to believe that she has been sexually abused by taking advantage of a benign situation and twisting this to produce a belief in C that her Father is bad and dangerous. In terms of S, this has occurred on both a conscious and unconscious level. This view has been reinforced by S commissioning a private therapist who has simply accepted the allegations as truth and has sought to treat C in a trauma informed way, giving C the message that she requires help to manage difficult feelings and emotions. This therapeutic work will have further strengthened C’s beliefs that she has been abused. Thus, C is a victim of her Mother’s difficulties in permitting C to have a positive relationship with her Father. S is allowing this to happen, even if it is to C’s detriment in terms of the loss an important relationship and not attending school, to meet her own psychological needs.”
148. It is also important to note that the therapeutic process tended to ignore or minimise evidence which did not fit the anticipated or expected development of allegations: email dated 4 May 2021 by K: -
- “Thank you for the update. I think it’s important that I/we talk to C about this in session. She advised me on Friday that her dad had not made her touch him in any way, however she may not have been ready to tell me of the flashback may have unearthed other memories...” [F288].
149. Dr Ravenscroft and Dr Fear agreed that such a comment could not simply be dismissed as a child not being ready to talk and suggests a level of belief that the child has been sexually abused, in other words, a form of collusion (Minutes of Experts’ Meeting [E479]).
150. There is substantial evidence of the indirect influences on C’s behaviour. One important illustration is the concern she expressed about getting her Mother “into trouble”. Louise Abbott, family support worker, engaged in a discussion with C on 22 February 2022. The relevant part of her note reads as follows: -
- “We put all the other cards away and looked at the once you have chosen, you looked me and said, ‘I feel guilty like it’s all my fault, I don’t want mum to say or think he’s my dad, I feel sad, angry and aggravated when they say he’s my dad’. You asked if I could help you tell mum this and I said I would. Within the one -to-one section with me you shared you didn’t feel well, this was after talking about your Dad...”
- “Your mum came down and you sat with her closely, you put her arm over you and squeezed her forearm, I shared what you had told me about how you feel when your mum corrects you when you call your dad [It], you said ‘**I don’t want mum to get into trouble**’ [and] we

reassured [you] that she was not in trouble. You then shared that you felt sick and started forking, you looked pale and ran into the kitchen..." (emphasis supplied).

151. The recurring nature of the notes is evident throughout the period of therapy. The notes required adult assistance and are often compiled late at night into the early hours of the morning [F144].
152. The 'Gloop' Experiment (25 March 2021)
153. There is no issue that N used his mobile phone to record C conducting a form of experiment to prepare a substance arising out of the therapy sessions. I have seen that video. The video is clearly addressed by C to K. She mixes water and PVA glue into a bowl. She feels it with her fingers. The Mother and N both make comments to her ("is it glue you want?"; "did you start with too much water?"). C starts a second bowl with glue before adding the mixture from the first bowl slowly. She is reassured not to worry about the time after C has checked for the second time. Nobody is asking *what* she is trying to make or *where it was that she saw, felt or touched it*. After 7 minutes, she is "nearly" happy with it and then the Mother puts a container of flour on the table, open, with a metal spoon which C proceeds to add to the mixture (7 min 37s). She touches it with her finger and thumb, rubbing them together and says "nearly". She appears to whisper to the Mother and there is a quiet comment by the Mother. C says it is "getting there" and passes the bowl to the Mother to test with her finger, who says, "is it the right sticky? Have you checked it because you said you knew." C mixed it again in the bowl and there is more mixing but after more whispering, she says, "it needs to be less drippy" (10 min 12s). C adds more flour but is still troubled as to whether it is "too drippy". She agrees that she is trying to make it "sticky but drier" when the Mother clarifies it with her (N says, "thicker?"). Mother offers to get the flour out but C adds a large tablespoon of flour and says she is "getting there". She adds a small amount of water and says, "that's it" (12 min 31s). She adds more glue and tests it between her finger and thumb, rubbing them together. She holds up a plastic mixing toy to the camera and says, "this is how sticky it was, it's like glue but I think I need to add a little bit more water" (14 min 30s). She adds more water and mixes again. Mother asks, if she is "nearly done". C again feels it on her finger and rubs it between her finger and thumb. C says the skin looked like that, "sticky and slippery so like a mixture with water, glue and the right amount of stickiness [she giggles] except for when it dries up" (17 min 15s). Mother then asks, "and what, what was this? What have you made?". C responds, "I've made something I'm going to call 'it's messy stick' because it's hard to make and it's sticky and it is how it sticks that 'It' had. It feels just the right amount of stickiness that 'It' felt" (17 min 56s). She confirms it is not too "sloshy". It ends with her using her arms like a clapper board and saying, with a smile on her face, "cut".
154. The Mother sent the video via a link to K on 25 March 2021 [F234]. K passed this onto Laura Houghton (email, 31 March 2021 [F231]) relating her conversation with the Mother that "C commented that the mixture didn't dry as quickly as the stickiness that stuck her to her Dad."
155. K wrote to Laura Houghton (email, dated 6 April 2021 [L186-L187]) stating that C had told her that 'It' had made her kiss him in bed and "she could not wriggle out of his grasp and it was like she was stuck to him with something but suggested that this was imaginary." However, she also notes that C had been talking to the Mother about this over the following week and in the "experiment" was trying to get the consistency of the substance "that was sticking her to her Dad." She goes on to say that this has "made S and I question whether there was an actual substance that C felt on her and dad that was sticky. Whilst I accept this is not conclusive information and it lacks some clarity, this could be indicative of sexual abuse..."

156. What did the Mother and N think she was trying to make? They spent 19 minutes recording the mixing bowl at the centre of the screen or the mixture on a plastic toy utensil or on C's finger and thumb. Mother's case [C204, paragraph 6] is that C had run out of time to do the third experiment with K (the texture of a substance that 'came out of Daddy') and K had suggested letting C complete the experiment in about 5 minutes at home. The Mother says that she "did not understand why she was doing it and didn't understand what she wanted to show, so I said very little and left her to it. I concluded it was lotion of some kind, nothing more, quite possibly suncream as her Father often recorded in the contact book that he had put on lots of sun cream and he often asked about eczema cream, he also had eczema himself. She didn't like the cream being applied. I have never said it was sperm and it was the professionals who came to this conclusion."
157. Where did the suggestion come that the substance 'came out of Daddy'? That is what is conveyed to Dr Ravenscroft by the Mother [E80 paragraph 4.54]. It is not described by K in her session notes from 25 March 2021 [F142], 9 April 2021 ("on her Dad" [F140]) and 20 April 2021 [F131].
158. When asked by Dr Ravenscroft [E17, paragraph 4.54] about whether "she believed that this substance was something that came out of T's penis... she said that had not crossed her mind. I informed S that as soon as I heard about the substance being made that was the first thing that crossed my mind. I asked her what else could it be and S said she had no idea."
159. The video went on for far longer than the 5 minutes suggested by K. Beyond C not being distressed, the Mother gave no other explanation for permitting this duration. She is reported to have told Dr Ravenscroft that "she said that she kept saying to C that she needed to stop" [E71, paragraph 4.55]. I do not accept that is a fair summary of the video recording. It is C who mentions the time on 2 occasions and the Mother asks if she is "nearly done" at around the 15-minute point.
160. Dr Ravenscroft's analysis of the video is as follows [E85, paragraph 5.25]: -
"C wanting to demonstrate how things 'felt' to her does warrant consideration. Research suggests that false memories lack sensory and other details. A study by Marche (2010) demonstrated that that when a person remembers something that actually happened, they have a richer memory experience. They recall the details more easily, more vividly and with greater confidence than when they remember something that did not occur. In considering the experiments that C wanted to do in terms of demonstrating the roughness of her Father's lips and recreating a substance that she asserts 'came out of dad', these are things that are very easy to describe verbally. Given C's cognitive profile I would not expect her to have any difficulty in explaining this, if it actually happened. When I watched this video, it felt very dramatic and theatrical and lacked authenticity. There was certainly no sense of this being traumatising for C. If a substance did really 'come out of dad' I would expect other details to emerge, such as how C felt, details about smell and sound, what he did afterwards."
161. A further attempt at the experiment took place with K on 9 April 2021 because "C couldn't find the right words so wanted to show me" [F140].
162. In my judgment, the experiment was performative, involving smiles, giggles and without any apparent sign of distress. The audience was the Mother. C clearly wanted to please her by completing the experiment that she did not have time to complete with K. Allowing the video to continue to 19 minutes

illustrates vividly that the Mother wished to encourage C to produce the right consistency of substance and it is, in my judgment, disingenuous of the Mother and N to suggest that they had no idea what substance she was seeking to make. They showed a remarkable lack of curiosity. In simple terms, I do not believe the Mother when she says that the parallel with semen did not cross her mind. I find that she wanted C to evidence such a substance and the prolonged experiment and video recording was the means to promote that.

163. By mid-April 2021, the Mother is conveying by email to K that C is telling her that C has things she wants to say, including a suggestion of “weird kissing” whilst pointing to her “pants area.” There is a further reference to behaviour at the flat in City X, which is where the “weird kissing” happened and ‘It’ slid his hand under her bum. (email, dated 18 April 2021 [F246]; [F1281-F1282]).
164. Allegations emerge at the therapy session on 20 April 2021[F131]: pushing her along by her bottom in the swimming pool in City W and being held tightly; ‘It’ put suncream between her legs and underneath her knickers leaving her scared and confused; weird kissing using his tongue and sometimes ‘white sticky stuff’ present when he did.
165. K sought to discuss these “disclosures” with Laura Houghton and appears to have done so on 21 April 2021. K’s note of the discussion includes the following [F130]: -

“Laura believes that she has been sexually abused by her Father and building up to a disclosure. Laura has explained to S, mum, that she believes that C has been sexually abused by dad. S reportedly almost vomited but Laura felt that she needed to share this with S.

...

‘Revised a script’ – Advised Laura that C was concerned that Dad would say that S had made her do this and would be taken away from her. Agreed unusual turn of phrase but not typical adult language either. C aware of the word revise and script but wasn’t clear where from. Laura advised that she does not think there is any evidence that C has been coached re things she says about Dad.”
166. Although Laura Houghton regarded this as a strange comment [F8] for C to make given her age, it was dismissed on the basis that C had ASD traits and is “beyond her years when it comes to her language and articulation.” That contrasts with the comment made by K within the same strategy meeting that C can “struggle to verbalise what she is trying to say, she doesn’t have the language for what she wants to tell” but “will always be prepared for the visits with notes and an agenda of things you would like to discuss, but it has been noticed that she could close down easily and will not talk.” In my judgment, the comment was largely dismissed because professionals had uncritically accepted that the Mother had no part in the development of allegations and was herself in a state of shock.
167. In my judgment, that is an odd phrase to use but in context it is apt. C was being fed ‘lines’ and encouraged to deploy and develop them. Is that why at some level C was worried about her Mother being accused of making her say these things or of ‘getting into trouble’, a phrase which occurs in work with the family support worker, Louise Abbott? This notion of an agenda or list lacking detail and emotional congruence is consistent with my assessment of the ABE interviews, which follow in June 2021.

168. The therapy sessions did not stop at that stage. In my judgment, they should have done so. It is an irony that within the private law proceedings, following an Advocates' Meeting on 22 April 2021, a consent order was submitted to the court including the following direction ([G81], paragraph 14): -
 "The therapist shall be notified that to date there have been no findings nor admissions that the child has suffered abuse and any therapy delivered should not be delivered on the basis she has."
169. By that stage, in my judgment, the therapy and the professional oversight around it had assumed that there would be a developing picture of allegations of sexual abuse. In my judgment, that was the narrative that C was exposed to. In my judgment, it was far too late to think that the therapy could proceed any further without prejudice to her right to be given the opportunity to provide a forensic account of the alleged abuse.
170. The therapy session on 23 April 2021 appears to have been structured around Christmas-tree shaped post it notes [F128] and included a "disclosure of anal and vaginal penetration by her dad with his fingers. This allegedly happened on 2 occasions. I think there is further information that she will share in the next session so I will update you prior to the strategy meeting" (K, email, 26 April 2021 [L191]). The notes on F128 go wider than that dealing with different contexts in which sexual touching occurred.
171. Strategy Meeting on 27 April 2021 [F6]
172. The development of allegations since Easter is summarised at F8. The school referred to 'Kidsafe' sessions and noted that C had attended the 4th session which was around, "keeping their bodies safe." That is relied upon as the basis upon which C may have been upset by the application of cream by her Father over the weekend of 7 August 2020.
173. The position at the meeting was that C had much more to say and was desperate to say it. The Police acknowledged [F9] that they would normally try to obtain an ABE interview with C "but this would not be suitable at this stage as we don't want C to shut down and not discuss her worries." The Police suggested that "there is more disclosure needed from C."
174. The plan was for the therapy to continue with C.K would update the social worker after each session of any relevant information, which would then be passed to the Police. A female police officer would be allocated to begin to work with C and build a relationship in the hope that she may eventually be prepared to complete an interview.
175. In my judgment, that was a serious error. C should have been given the opportunity to have an ABE interview and the professionals and Police should have given clear thought to the impact of her continuing to have therapy sessions in which she was encouraged to raise allegations which were, at best, poorly documented. Rather than establishing any boundaries around work to assuage C's worries, K was clearly identified as the conduit through which the allegations would be passed given that the Mother had described struggling with information provided by C at home¹². Strikingly, by 11 May 2021, a plan was made to conduct an ABE interview following an initial visit on 19 May 2021 but the therapy continued [D356-D357].

¹² That, however, is not apparent from the subsequent police statement she prepared [D239-D240].

176. A further therapy session took place on 28 April 2021 [F121] raising further allegations. The email summary of that session (email, 28 April 2021 [L191]) includes allegations of penetration of the vagina, digitally and with a bar of soap; digital anal penetration; holding of her ‘front bum’; making her dry her hands on his bottom; making her kiss him or hug him.
177. In readiness for a further therapy session on 30 April 2021, it appears that C had brought a letter entitled ‘To The World’ [F113] to K together with other materials [F116 – F120]. That letter appears to be the template for the session [F111]. It is likely that much of this material was pre-prepared in readiness for the session. The notes contain reference to allegations in relation to C being made to put a hand in ‘It’s’ bottom and being made to touch his penis (“hard and wet...sometimes had sticky stuff on and on rest of body”) with her hand. K described C as “evidently disgusted talking about this (facial expression, avoidance)” although she does not describe any other signs of distress. C is described as having said that [F112] “she felt relieved that she had been able to share her whole story of what had happened to her with me.”
178. There is a note of K telephoning Laura Houghton on 30 April 2021 [L192]. There is an additional reference to an incident in the shower during the holiday in Cornwall when the Father “put shampoo on her and it got into her eyes and he put soap on his hands and put his hands inside her anus.” It is also odd that C’s apparent relief at telling her whole story within the session note is followed in the telephone note by the suggestion that what C said “isn’t the whole story and there is more,” although that may be simply the expectation of K rather than C.
179. I have already noted the email sent by K on 4 May 2021 [F288], which adds a further layer of inconsistency, which stands in stark contrast to the note of the telephone call from K to Laura Houghton of 4 May 2021 [L193] (“C has said to Mum at the weekend dad made her do things to him that she didn’t want to”).
180. Laura Houghton visited C on 12 May 2021 [L193 – L194]. It is clear that the social worker proceeded on the assumption that the allegations were true: -

“I spent time talking to C and shared that I was aware from K what had happened to her. I shared with C I was very sorry about what had happened and explained I would do all I could to ensure she was safe and no one else was ever hurt. I reminded C of my visit last year with John (police) and advised her I would like to bring his colleague Jane. I explained Jayne is a police officer and it is her job to speak to children and parents when a child has shared information like she has. C shared ‘I have been waiting for so long for this’.”

THE ABE INTERVIEWS: THE ACCOUNTS GIVEN AND THE WEAKNESSES IDENTIFIED

181. The Key Allegations

- 181.1. When C was aged 4 or 5 years’ old, the Father took her to his flat in City X and digitally penetrated her anus on two occasions, over the course of one day [D42 and D56].
- 181.2. In or around August / September 2020, the Father unnecessarily applied cream to C’s bottom whilst in the bathroom at the paternal grandmother’s home. During the course of the cream application, the Father digitally penetrated C’s anus [D69 - 70 and D75].

- 181.3. The Father has anally penetrated C with his finger on multiple occasions whilst she was in the bath at his home [D77].
- 181.4. The Father anally penetrated C with his finger whilst she was in the shower on a holiday to City W [D77].
- 181.5. Whilst the Father and C were at the beach in City W during the first week of summer holidays, the Father vaginally and anally penetrated C with his finger multiple times over the course of a day [D99, D102 and D106]. This happened over the course of a number of years [D113].
- 181.6. Whilst in the bedroom at the paternal grandmother's home, the Father forced C to kiss him in bed [D81] and forced her to penetrate his anus with a finger whilst he penetrated her anus with a finger [D90].
- 181.7. On one occasion when swimming, the Father put his hand under C's swimming costume [D115].
182. This summary is a description of the key accounts given by C in the second phase of ABE interviews. She has not been cross-examined and thus the weight to be attached to it must accordingly be assessed with that in mind, alongside other factors which bear upon the reliability of it. That is why I have traced the development of the allegations, the professional intervention and her forensic journey to the interviews themselves.
183. I have also assessed the Father, the nature of his relationship with C (including photographs and videos of their time together) and his denial of all the allegations of sexual abuse made against him.
184. The first interview was carried out on 4 June 2021. The absence of any meaningful account of the allegations within the first interview is explored in subsequent days. At a child in need meeting on 7 June 2021, the following is noted [L196]: -
- “I could hear Laura talking to a man. IT was there he was in the police station. I really want to talk to Jayne but I can't.”
185. The Mother told K by email (7 June 2021 [F379]) that C is “still very frightened, it is almost like she is on ‘high alert’. She has told me that she will not be going to school tomorrow as it is not safe and that her Dad is at the police station impersonating an officer...”
186. C told Laura Houghton on 8 June 2021 that, having been reassured about the Father not being present at or being made aware of her interview, “she really wanted to tell Jayne about what happened in the bedroom and bathroom...she would like to try again” [L198].

187. It appears that C asked to speak to Laura Houghton at home on 10 June 2021 [L198]. C is recorded as referring specifically, once again, to obtaining a ‘piece of paper’¹³, which would mean that she would not have to see her Father again (“... as I was leaving she asked if she tells the police will it get the piece of paper from the judge that would mean she wouldn’t have to see her dad again...”). In my judgment, for C, this is likely to have been seen as an inducement¹⁴ for engaging in a further interview contrary to the ABE guidance¹⁵. That this is an important feature for C is apparent from her enquiry of Laura Houghton on 2 August 2021 [L200 – L201]: -

“C asked me if I had the piece of paper yet (referring to a court order). I explained I would soon be updating the judge about some of the things C has shared with me and her wishes around contact with her Dad. C appeared pleased and reassured by this.”

188. C’s purported concern is not apparent from the first ABE interview. She was able to talk about a range of factual matters but struggled, describing feeling unwell, around the topic of specific allegations. She is not reported as distressed during the home visit on 8 June 2021 as compared to the email sent by the Mother to K the previous day. The giving of an account to the Police is raised by C herself as being linked to getting something in writing which would mean she would not have to see her Father. In my judgment, this lends weight to the notion of ‘the man’ being suggested to C as the reason why she did not give her ‘topics’ to Police, that being exaggerated by the Mother and C linking giving an account to an outcome psychologically aligned to her Mother’s wishes.

189. The second interview was carried out over 3 days (21, 22 and 27 June 2021).

190. As noted previously, the interviews took place about 10 months after allegations emerged. A delay of that kind risks memory contamination¹⁶: “some witnesses will want to be interviewed relatively quickly, while others might wish to be interviewed at a later date. It should always be borne in mind that the potential for the memory contamination taking place increases with the delay.”

191. In my judgment, the period of 10 months has not been neutral but an exercise in the promotion of an abuse narrative in which the allegations expanded to meet the assumption or expectation of fact upon which professionals were operating. The Mother was instrumental in fomenting the development of this narrative until it became a self-fulfilling outcome in which professionals became complicit. The therapeutic process was substituted for the need for an opportunity at ABE to give an account. It has critically undermined the value in the ABE process and the weight to be attached to what C said.

¹³ This issue is noted in a number of documents: toK (March 2021 [F225]); toK (19 March 21 [F151]); thought diary (March 2021 [F145]: “... I am not going to go to school until I'm sure I feel better and I get my piece of paper to say it can't come and take me and Mrs Morris won't be able to give me to him then...”)

¹⁴ The ‘My Motivations’ document [F115] also raises the question of what encouragement or inducements may have been offered to C.

¹⁵ Paragraph 2.248 of the ABE Guidance states that: “Where appropriate, the witness’s carer(s) should also be provided with suitable information at this stage. In particular, they should be discouraged from discussing the details of the alleged offence(s) with the witness or any other individual who may be involved in the investigation but must be able to reassure the witness if they want to talk or express anxieties. They should be asked to document carefully any discussions they have with the witness or other persons regarding the allegation or investigation (e.g., who was present, date/time and setting, what exactly was said). The witness should never be offered inducements for complying with the investigative process.”

¹⁶ Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing Victims and Witnesses, and Guidance on Using Special Measures (January 2022) at paragraph 2.231.

192. C, at times, refers to ‘topics’ to discuss as if providing the contents of a list. I find that relevant in considering the overall nature of her accounts.
193. The language has an adult quality at times [D16]: “he could have hurt me, like, physically or emotionally.”
194. There is a close connection between material prepared before the therapy sessions and what is said in interview [D21, D42 and F139]. There is a similar turn of phrase (“a little in the air” [F139]; “in the air a little bit” [D42]).
195. She refers to the feeling at D50 “like he was searching for a treasure chest. You know like when you do this, when they do this in a treasure chest? That, but with his fingers.” She said it was like “he was searching a treasure chest for something, like, a sword, a legendary sword, for instance.”
196. Dr Ravenscroft commented specifically on the use of this phrase (paragraph 2.50 – 2.52 [E40]): -
“ABE Interviews
- 2.50 Having watched the ABE interviews twice which were conducted with C on 4th, 21st, 22nd and 27th June 2021, I gained a sense that C was not presenting typically as an abused child. There were unusual phrases that I would not expect a child to say. The sentence ‘searching around a treasure chest looking for a magic sword’ seemed scripted. Also, the way in which she asked the police ‘What do you think?’ and checking their understanding, seemed very unusual.
- 2.51 When the police emphasised the importance of not lying, C commented ‘perhaps he was scared’ when responding to a scenario given by the police. This has parallels with my assessment where she was worried about her Mother getting into trouble.
- 2.52 I also noted that when starting to say something C said she struggled to say it and could she write it down. This was possibly a technique to then enable her to rely on what she had written for the remainder of the interview.”
197. I agree. There is a scripted or performative quality to C’s account.
198. On a number of occasions, there are breaks in the ABE interview during which C is permitted to speak to the Mother unsupervised [D27]. C struggles at times to provide detail with regard to particular allegations and is offered a break and thereby an opportunity to speak to the Mother [D34, D59, D65, D80]. She describes feeling unwell and is permitted to have a break.
199. There are inherent improbabilities relating to the allegations: -

- 199.1. The Father's evidence is that he only took C to his flat in City X on 2 occasions¹⁷ for brief visits¹⁸ and only once on her account, yet there are at least 2 incidents of abuse [D276 and D123].
- 199.2. The account regarding the application of cream included the suggestion [D70] that the Father had made C get down on her hands and knees even though she shouted, "'No, no, no, I don't want to do this,' he made me do" it despite the fact that "PGM" was "downstairs somewhere". It is inherently unlikely that she would not have responded if she had heard C shouting or noticed the distress consequent upon the abuse and said something.
- 199.3. A similar point arises in relation to allegations of abuse within the bathroom at "PGM's" home [D77], which occurred "every weekend, every night I had a bath there...Or a shower because I had showers in City W and he deliberately let soap run all the way down from my hair into my eyes... And he had his hand in my bottom while that happened." This would suggest that an unrelenting period of abuse did not come to the attention the paternal grandmother.
- 199.4. The Father's description and photograph of the camp shower [D292 and D297] do not suggest that the modalities¹⁹ of perpetrating the alleged abuse would have been easy.
- 199.5. Contrary to the Mother's lack of recognition of a rash ("C had had a rash at the top of her legs, but not in any genital areas and I had been applying E45 cream... I would stress that there were no signs of the rash on her genital area or on or in her bottom" [G102]), C said that "at the time I had a rash on my bum cheeks and I was completely fine with putting cream there because my mum had been doing it" [D71].
- 199.6. The interview refers to forced kissing [D81] within the bedroom at the paternal grandmother's home when there was "this white stuff, like sticky stuff that used to be on him... All over him... Really sticky like gloop." There is no suggestion that the substance 'came out of daddy'. The Father suggests that she may be referring to suncream or aftershave balm ([C169] paragraph 33). I find it more likely that in so far that she is referring to something she experienced then it is suncream or similar. In my judgment, as noted within my discussion of the 'gloop' video, I find that this is a further illustration of the influence of the Mother upon the development of allegations.
- 199.7. The interview also features a comment by C [D71 – D72], which fits into a pattern of similar comments, of not wanting to get the Mother into trouble:
- "She said, 'You can put some cream there if you'd like'... [t]o stop my rash because it itched quite a lot and my mum has nothing to do with what happened. She's, she's done nothing wrong."

¹⁷ 7 September 2019 and 26 December 2019

¹⁸ On one occasion to use the toilet in the flat. On the other at Christmas, C made badges or drew for about 1 – 1.5 hours.

¹⁹ D279: "...not only was it an awkward thing to use, I had to use it whilst on my knees in pain, trying to get C sufficiently coated in water so she could clean herself whilst she complained about being cold – plus things like soap in the eyes from her shampoo and needing to grab her a towel – a very trying situation that needed to be completed as fast as possible!"

199.8. It is relevant to ask why C has been concerned on a number of occasions that relating the information might get the Mother into trouble? Has she been told or become aware the Mother is fearful of being in breach of court order? Does she know, at some level, that what she is saying is untrue?

199.9. In relation to the holiday in City W, the allegation of the vaginal and anal digital penetration [D101] includes an account that the Father would put his hand in C's "hole" for "[n]ot long. 60 seconds. I think he put it in my ... For, like, a minute". She said that there were people on the beach but not around [D105]. She said he would repeat the abuse ("front and back bottom") "no less than half an hour each time and no more than an hour" [D106]. The Father has provided a photograph of C on the beach purported to be taken on 24 July 2020 [C312] and 30 July 2020 [D326 – D327]. It is a busy beach populated with families and children. In my judgment, it is an inherently improbable location to engage in such abuse particularly with the frequency and intensity alleged. Within the snapshots, C appears happy. She prepared a postcard to the Mother [D333], stating, "I am having the best time, love from C." I find it improbable that such a pattern of abuse would have occurred in such circumstances.

199.10. I take a similar view with regard to the allegations made regarding the swimming pool by which the Father is suggested to have pulled her along by her bottom with his hand in her "front and back hole...but over my swimming costume" [D114 – D115]. This is, in my judgment, emblematic of a distortion of a sensation or experience, which has been whipped up into something fantastical.

200. Having considered the evidence in the round, I am satisfied that the Father did not sexually abuse C. I have charted my assessment of the distortions, misrepresentations and encouragement which caused this situation to occur.

201. SARC Medical

202. C was subject to a SARC medical at Hospital Z on 6 August 2021 conducted by Dr G, forensic physician [K226]. The examination findings were "normal. She had a very small anal skin tag at the 12 o'clock position which may be a normal variant or related to a small fissure. It could also be an healed injury, but it is difficult to determine which is the most likely cause. Her genital examination was normal." Dr G explained to the Mother that the likely cause of C's abdominal pain, anal pain and bleeding was constipation.

203. In my judgment, but for the unreasonable development of the allegations, C would not have required to undergo a SARC medical. The SARC medical does not lend support to the allegation that C has been sexually abused.

204. Threshold: The Parties' Arguments

205. I have set out my analysis as to the relevant threshold findings. I have dealt with the issue of the application of cream. I do not regard it as necessary or proportionate to seek to determine other matters upon which the Mother sought findings.

206. The local authority submits that there is no sound basis upon which the court could find that the Father sexually abused C.

207. The Mother said that she did not believe the allegations of sexual abuse made by C but she maintained that C was affected by the Father's use of cream during the index weekend. The Mother accepts that she failed to parent reasonably. For example, she accepts that C's articulation of extreme thoughts, for example, fear of men, 'shape shifting' teachers and the like were absurd and that she ought to have managed those actively rather than passively reporting them as evidence of psychological distress.
208. The Father denies the allegations.
209. The Children's Guardian submits that there is insufficient evidence for such a finding to be made.
210. The Mother gave evidence regarding her attempt, during the course of the final hearing, to find out if family members had spoken to C which could have prompted any of the sexual elements of her allegations. The Mother's relationship with the maternal grandmother had become strained since April 2022 and the nature of their relationship has already been documented within the expert evidence. The Mother sought to suggest during her oral evidence that the maternal grandmother had given her cause to think that the maternal grandmother might have asked questions of C. She recalled the phrase given by the maternal grandmother (6 February 2023), "add it up" in the context of the implication that the facts suggested that there was substance to the complaint against the Father. I did not hear oral evidence from the maternal grandmother and am in no position to explore this issue beyond commenting upon what the Mother said as a possible source for the allegations made by C. I have taken that into account. However, there is sufficient evidence already before me about the process by which the Mother's parenting has impacted the development of the allegations irrespective of any additional contribution which may have been made by the maternal grandmother, about which, it is impossible to do more than speculate.
211. I agree that the allegations as developed may well have been founded, in the main, by distortions and exaggerations of commonplace experiences. I have not regarded the Mother's role as one of intentional fabrication including the staging of evidence such as the photograph. The process is more subtle than that but it includes active encouragement to the dynamic at play. In my judgment, the Mother had a distorted focus, which led to her failure reasonably to reassure or manage C's concerns and which tended to lead her to misrepresent or exaggerate the position.
212. The question arises as to where C may have got the descriptions of masturbation or sexual contact (F111: therapy session, item 2, 30 April 2021; F113: 'To The World' letter, "it made me touch his bum from the back...I think It thought it felt nice"; F127: therapy session, 23 April 2021: "In bed – pulled pants down...touched willy (Dad did)...penetrated front bum from behind"). That would be suggestive of either a physical experience or indirect exposure to such information. That is where it is suggested that the Mother may have 'coached' C; or possibly, the maternal grandmother²⁰. In my judgment, it is likely to have arisen during one of the numerous, often late night, discussions with the Mother in the interplay of asking or exploring what C has said and in preparing notes for the therapy session; in other words, adult-led suggestion, which is the likely explanation in my judgment. It is consistent with the overall picture of misdirection, misrepresentation and encouragement of the

²⁰ The written evidence does not suggest that the maternal grandmother had any significant knowledge of the allegations: F10 (M does not share information with maternal grandmother); C50 (viability assessment suggesting limited knowledge of the maternal grandmother).

allegations allied to the ability of C to weave accounts together. It is clearly not an “accident” but part of a process of unreasonable parenting with the Mother at the centre of it.

213. The Mother challenged the weight to be attached to the expert opinion evidence of Dr Ravenscroft. It was submitted that: -
- 213.1. Dr Ravenscroft wrongly allowed her factual interpretation to be seen through the Father’s one-sided narrative and thus her analysis of him must be flawed;
 - 213.2. the distorted narrative must impact the analysis of C (the TSCC clinical scales and revised child anxiety scales were wrongly dismissed given that C did have nightmares with both parents; she had been biting her mouth and lip since February 2015; and her anxiety and school refusal was observed by Amanda Baker (not apparently reported to Dr Ravenscroft));
 - 213.3. the distorted narrative must similarly impact the assessment of the Mother;
 - 213.4. she cited references to the discredited views of Dr Richard Gardner and labelled C’s problems as due to parental alienation; thereby describing the Mother and C as enmeshed despite evidence to the contrary;
 - 213.5. she wrongly offered an FII diagnosis, an area outside her expertise;
 - 213.6. she gave little attention to the early history including the fact that the parents had never lived together, never knew each other as potential parents (including the Father’s view initially that he had been tricked) and gave no consideration to the positive promotion of contact from 2016;
 - 213.7. the facts better support the impact upon C of harmful “silo parenting” which jointly led to the breakdown of the parental relationship in August 2020.
214. I found Dr Ravenscroft to be appropriately analytical and questioning with regard to her assessment. She was at pains to make clear that the interplay of issues were subtle and complex and provided a formulation driven account rather than simply attaching a label. I do not regard the criticisms as to her psychometric testing or evaluation to be borne out. Overall, she focused on important elements of the history, clinical interview and her own testing to formulate a psychological model to explain the underlying functioning of the Mother, C and the Father. Her analysis, when set alongside the factual and expert evidence I have considered, is, in fact, properly grounded and helpful. I accept the broad thrust of her conclusions and weigh them accordingly.
215. It is vital that there is complete clarity as to the finding that the Father has not sexually abused C. The local authority asked the court to consider whether to exonerate the Father, in the sense that if the evidence permits, the court can move beyond finding that the allegations are not proved to indicating that the person did not act in that way. The legal consequence is identical. Sir Mark Hedley discussed this issue in Re AA [2019] EWFC 64 at paragraphs 263 – 273. The evidence satisfies me that the Father told the truth in denying any involvement in the sexual abuse of C.
216. The allegations all derive from C’s experience within the household of the Mother. The undoubted influence resides there. Her key relationship is with her Mother. From my review of the evidence, it is the Mother who occupies centre stage. My assessment of her was of a witness, at one level, capable of recognising limited responsibility through the impact of her anxiety, lack of control and the “fact/fiction” excuse but also combative and detailed in rejecting other accounts. I am satisfied that she has been instrumental in the encouragement of the allegations in a myriad of ways centred around the psychological functioning of her relationship with C. Her misgivings about the Father took sway and C fell into line over time, acting and reacting to the need to justify not seeing her Father and making sure that her Mother would not get into trouble for doing so. The Mother had been compelled to

support contact and at some level sought to do that but there were deep-seated issues, which remained²¹.

217. THE PLACEMENT ISSUE

218. The final evidence of the allocated social worker, Amanda Baker may be found at C134, supported by a contact plan at C308. At C155, she says this: -

“Placement with S under any order

The local authority has serious concerns about C’s care and social emotional presentation during her childhood and believe that this is due to her experiences of parenting. The expert professionals have recommended childhood therapy for C which would need to be in a neutral setting and not in the care of her Mother (answered by Dr Ravenscroft within the additional questions). Even it is found that C has been sexually abused and her Mother has not alienated her then the Local Authority would still have concerns surrounding the enmeshed relationship which appears to be a key concern. The Local Authority have had concerns regarding S’s handling of the situation therefore the separation would be in C’s best interest so she can have a safe space to heal from her experiences.

The Local Authority have spent time with C, building up a relationship and understanding fully her daily lived experience, all whilst considering her Mother’s parenting of her and any impact this has. It is in my professional opinion, as C’s social worker and from my experience of working with children from varied age ranges that C, in the care of her Mother, owing to the significant emotional harm is not experiencing the norms for a child of her age, sex and understanding. She is a child who will continually be exposed to harmful parenting as outlined within expert reports filed to Court. Whilst we cannot determine what “normal” is to each individual, we can refer to the welfare checklist and in considering this, and C’s experiences, there is evidence she is at risk of suffering and likely to continue to suffer ongoing emotional harm in the care of her Mother.

S to date does not accept the concerns of the local authority in relation to her.

S has demonstrated years of difficulty promoting a relationship between C and her Father.”

219. The final analysis prepared by the children’s guardian, Hannah Connor, may be found at E513. She opines that “if adverse findings are made against S, I would not support C remaining in S’s care. C’s therapeutic journey could be undermined whilst in S’s care and this could place C risk of emotional and physical harm in the future” [E529].

220. At paragraph 46 - 47, when addressing her assessment of C, she said this: -

“46. Throughout these proceedings I have met with C in a variety of different settings such as school, home and in the community. I have completed direct work with C on three separate occasions and at each point C has at times appeared guarded when asked questions around her paternal family and school. During my last visit with C, she told me that her house of worries

²¹ It is noteworthy how trivial issues remained problematic in this period: the suggestion that a reading book for each parent caused a meltdown in 2018 [F546]; the refusal to change the handover location from the petrol station [G46]; the refusal to permit Father to collect C from school [G117]

would be “IT (dad)” and house of dreams “mum, N and her pets”. When trying to talk about C’s paternal grandmother she told me “I don’t want to talk about it” and looked at the floor as if appearing sad, but when I offered to do more drawing she quickly sat up and started smiling and engaging with the session. The presentation of C does not appear genuine and appears false as she can quickly go from showing one emotion to another without any comfort or reassurance being offered other than changing the subject.

47. The risks associated with C if found to be true, all evidence that she has experienced significant emotional harm and psychological harm at the hand of one parent or potentially both. C at a very young age has had significant professional involvement which could be considered intrusive and completely unnecessary. Dr Ravenscroft states that C has a belief she has been sexually abused and this is psychologically harmful and will impact upon her psychological adjustments and relationships in the future. C will require significant therapeutic input to help her process the trauma she has experienced.”

221. I have given careful consideration to the evidence of the parents, written and oral. I have considered the written and oral submissions made on their behalf.

222. Welfare: Arguments of the Parties

223. Given my finding that the allegations of sexual abuse are not true, it is common ground that it is necessary to start work to unpick this narrative with C and to give her an opportunity to re-establish her relationship with her Father and paternal family. To do otherwise will pose a risk of significant emotional harm to her welfare in the longer term.

224. It is common ground that the care order is necessary to enable the local authority to share parental responsibility and deliver the support, therapy and management of contact necessary whichever placement option is in her best interests. I agree.

225. The Local Authority and Children’s Guardian agree, given the findings I have made do not exonerate the Mother from responsibility, that removal from the care of the Mother is necessary. It is noted by the Children’s Guardian that the Mother has completed 6 sessions of CBT, started to accept some of the deficits in her own parenting and the need for change. It is clear that C is a very different child now in comparison to the earlier stages within the proceedings.

226. The Mother’s position has been eloquently summarised in her own evaluation, which I have quoted in full.

227. I have considered the welfare checklist (s 1(3) CA 1989) and make the following analysis of it: -

227.1. C is a 9 year-old girl, who is intelligent and articulate. She wishes to remain living with her Mother. She does not wish to have a relationship with her Father in terms of her expressed wishes and feelings. However, as suggested by Dr Ravenscroft, she has an underlying historical positive relationship with her Father, which has been undermined by the false abuse narrative and her experiences over the last 2 ½ years;

227.2. Her physical needs could be met both with the Mother and in foster care alongside her educational needs given that there has been a consistent period since June 2022 when she has

attended school and settled well into her class whilst in the care of her Mother. Her proposed foster placement would allow her to continue to attend the same primary school.

- 227.3. There is a priority need for C's false belief as to her experience of abuse to be appropriately challenged; that is the most significant risk of harm facing her if prompt and effective steps are not taken to address that issue successfully;
- 227.4. C has been influenced and encouraged to believe that which is not true; she has been introduced to the notion of sexual conduct and, over time, those seeds may develop impacting her development significantly; she has been deprived of the relationship with her Father, which has been replaced with a negative spectre of him;
- 227.5. The impact upon her of that not being corrected is a significant risk to her psychological development of an enduring nature;
- 227.6. The process is likely to be difficult and challenging for her;
- 227.7. The Mother was intrinsically involved in the process by which the false narrative was derived;
- 227.8. The Mother requires time and psychotherapy to gain a proper insight into the impact of her behaviour and to equip her with the necessary tools to manage the care of C in the future;
- 227.9. The court has a positive duty to seek to rehabilitate the relationship between C and the Father; it is in her best interests for that relationship to be promoted positively and effectively;
- 227.10. C believes that she was abused by her Father;
- 227.11. The process cannot realistically be achieved by placement with the Mother; the Mother has not proved to be a reliable historian; the Mother lacks insight into her conduct despite voicing and demonstrating some acceptance of responsibility and there is a risk that she has underestimated the challenge of managing the care of C in the context of her role in the development of the false narrative. She will be forced to face managing the promotion of the relationship with the Father with the emotional fallout which may impact the quality of her own relationship with C;
- 227.12. The evidence suggests that the Mother has underlying misgivings about the welfare of C in the care of the Father and that her support for the arrangements may be superficial in the context of the challenge faced by her and C;
- 227.13. The Mother is the primary carer for C and they have a close bond; that bond may change but is likely to be preserved in the event of removal with the opportunity to have contact;
- 227.14. Removing C from the Mother's care will cause her distress and a measure of harm although the duration of that will depend upon the quality of the foster placement, the degree of support received from the Mother, the level and quality of contact with the Mother and the adequacy of the explanation given to C (alongside life story work);

- 227.15. Comparing the 2 options, the disadvantages of foster care are recoverable to a significant degree. The disadvantages of placement with the Mother are profound such that the risk of consolidating the harm resulting in long term damage is disproportionate to the advantages of maintaining the status quo. The process of helping C to develop healthy relationship with both of her parents will be difficult and challenging but it is paramount that the prospects of success are maximised. That will require the opportunity to experience care within a foster care placement where her needs can be carefully and accurately observed or reported, her progress properly assessed and the therapeutic journey rendered most effective.
228. I am clear that the expert evidence from the social care experts and forensic psychologist direct the court to one conclusion. An effective foster placement, properly supported, with carers trained in therapeutic parenting and capable of providing ample contact and a secure base for the therapeutic and life story work is clearly in C's best interests. The proposed placement is not ideal but with appropriate support I do not believe it to pose any material risk to the success of the plan to counterbalance the merits of removal. I echo my previous comments about the need for the local authority properly to resource and ensure that there is, particularly in the early weeks, an high level of social work intervention and an higher level than is currently proposed. It is vital that the IRO keeps a careful eye on the development of the plan so that progress can be made for both the Mother, the Father and C. The Mother occupies a central role in C's life and, over time, it is vital that she builds her insight into the impact of her patterns of behaviour upon the events which have unfolded and demonstrates responsibility for them. The Father must also understand that he will need to become and remain acutely aware of the sensitivities from C's perspective of what she regards as her lived experience.
229. I have considered the welfare checklist and the magnetic factors that I have already identified in its application in this case. C needs her family, supported by the local authority, to help her recover from the trauma of the last 2 ½ years. I am clear that it is necessary and proportionate for a care order to be made so that the local authority are able to share parental responsibility and take decisions required to promote her welfare. In doing so, I acknowledge that the plan is removal from the care of the Mother and placement with foster carers. I approve that plan.
230. I approve the arrangements proposed for contact subject to an understanding that the arrangements must adapt to meet C's needs. C must be reassured about the place of the Mother in her life. It requires a flexible and dynamic process and will require considerable efforts from the allocated social worker, Amanda Baker and the Mother.
231. In summary, I make a Care Order based upon the plan of the Local Authority. I approve contact arrangements subject to my comments, which I ask to be considered by the Local Authority.
232. I thank counsel and solicitors for their considerable assistance in bringing the hearing in on time and in their constructive and effective submissions.
233. I wish C and both of her parents well. This litigation will have been a difficult experience and they have conducted themselves with dignity. I hope, as a family, they are willing to focus on the future with the support of the Local Authority and help to support C as she faces particular challenges over the next few months. She is a bright and delightful girl and I remain convinced that both parents have much to offer her.