

IN THE HIGH COURT OF JUSTICE IN NORTHERN IRELAND

FAMILY DIVISION

OFFICE OF CARE AND PROTECTION

BETWEEN:

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Applicant;

-and-

RT and BF

Respondents.

WEIR J

Anonymity

[1] This judgment has been anonymised and nothing may be published concerning it or the proceedings to which it relates that would identify either directly or indirectly the respondents or the child concerned.

The nature of the proceedings

[2] In this case the child G is accepted to have sustained a series of non accidental injuries during the period from 11 September 2008 to 7 November 2008 while in the joint care of his parents, the respondents. The purpose of the hearing to which this judgment relates was to seek to establish which of the parents (or both of them) was responsible for the injuries caused to G.

The background

[3] RT, the mother of G, was born in 1986. She was brought up in Scotland in a home in which alcohol appears to have played a considerable and

unhelpful part. Her father died when she was about 10 to be succeeded by a stepfather who also appears to have a distinct fondness for alcohol which was shared by RT's mother. The latter couple appear to have had a stormy though enduring relationship punctuated by many calls to the local police for assistance when matters got out of hand in the home due to alcohol. RT however appears to have had a fairly normal upbringing and to have applied herself at school until the age of about 15 when she left and shortly afterwards obtained employment in a call centre. Thereafter she had a number of different jobs both in a part of Scotland which I shall refer to as "X" and in her own community as a result of which, commendably, she was able to earn enough to buy her own flat. At the age of about 21, in 2007, she met BF.

[4] BF, the father of G and also from the same Scottish community, was born in 1987. His parents separated when he was quite young and he first became known to the care system at the age of 4 when he was placed, firstly in a residential home and thereafter with a succession of foster carers before returning home to his mother at the age of 7. This reunification was unsuccessful and within a few months he was again accommodated by the local authority. In July 1996 he moved to live with the couple who have been the most stable influence in his life, Mr & Mrs MacL, and he continued there for a number of years until April 2000 when, as a result of his increasingly difficult and verbally abusive behaviour, the police had to be called and BF was thereafter accommodated in a series of residential homes. Attempts at respite with foster carers during the summers proved largely unsuccessful. Mr and Mrs MacL continued to interest themselves in BF and provided some respite care at weekends and during holidays but were unable to manage him sufficiently to be able to offer him permanent accommodation. Ultimately he left school and became a fisherman on local boats where he appears to have worked hard but when ashore also got into a good deal of trouble with the police for rowdy behaviour associated with consumption of alcohol.

[5] In May 2004 he began a relationship with a girl in his community, T, who had a child, SL, then aged 2 ½. Within a month T's mother was in touch with the local social work department expressing concerns about BF's care of SL and among a number of detailed concerns she referred to having noticed SL to have a black eye. Social workers also spoke to Mrs MacL to whose home BF had brought SL on a few visits. She too had noticed the bruising to the child's face and was given the explanation by BF that the child had hit her head off a table leg or something. Tellingly, for the MacL's are acknowledged by BF to be well disposed to him and probably the only constant feature of value in his life, Mrs MacL described him at that time in a note recorded by the social worker of a telephone conversation with her on 28 June 2004 as follows:-

"[BF] is a control freak and can be very cruel. She [SL] was made to sit on a chair and sit nice and not

get off the chair. She hardly speaks. [Mrs MacL] ensured that she was around when SL visited and she felt unhappy that [BF] was looking after the child."

[6] During the course of the investigation into these concerns a social worker who called at the home was threatened by BF that he would break her legs. The child was placed on the child protection register but shortly thereafter the relationship between T and BF came to an end apparently following threats of violence by BF against T in which the police became involved. Following the termination of that relationship social services later reviewed the case and SL's name was removed from the child protection register in April 2005.

[7] In June 2007 RT and BF got together. At that time she was living in her flat near the shore front and he was coming and going from the shore in connection with his work as a fisherman. RT knew who he was by reputation since theirs is a small community and also because BF featured from time to time in the local press as a result of his recurring involvement with the police. They got on well together and Mrs MacL, whom BF described as his "mother", was pleased that he seemed settled in this new relationship. After a time BF lost his work as a fisherman as a result of some altercation and the couple decided to move to X at about the same time as they discovered that RT was pregnant. The pregnancy was a planned one, RT having had a contraceptive implant removed with that intention. RT accordingly sold her flat and derived about £40,000 in equity from the sale. They moved to a rented flat in X where RT did not feel able to take up employment because of sickness associated with her pregnancy and BF appears to have made only desultory attempts to obtain employment. The couple lived off RT's dwindling capital and so matters continued until G was born.

[8] Immediately after returning home with the baby RT had to go back into hospital because of a wound that had opened in her abdomen at which time G was only a week old. RT was detained in hospital for two or three days. Meanwhile G remained in the care of BF. Following her discharge from hospital there was some contact between RT and the health visitor who noticed nothing untoward. On 15 September the health visitor made a routine visit and in the course of it learned that RT and BF had decided to move to Northern Ireland where BF intended to take up employment on a fishing boat. On 17 September RT contacted the health visitor early in the morning to say that G had been crying all night, wouldn't feed, that her face was now puffy and that she had tried giving colic relief without effect. An appointment was made with the GP. On 24 September 2008 following a routine visit by the health visitor during which no concerns were noted, G was brought to a hospital in X with a claim that she had fallen while at home in the care of BF while RT was out at the hairdresser - the fall being said to be due to a blackout suffered by BF. Nothing was found at that hospital but the child did not settle overnight and

on the following day G was brought by RT to a different hospital in X where she was found to have a fracture of the distal right femur. RT said she had been concerned that the leg seemed sore and G was not moving it normally. The child was kept in hospital until 2 October where the fracture was treated in traction.

[9] On 1 October BF had moved to Northern Ireland and the following day RT joined him with G upon the latter's release from hospital that day. They initially lived in a hotel while waiting for their furniture to arrive from X and then moved into a rented property. It appears that the hospital had provided RT with a discharge letter to be given to their new GP when they arrived in Northern Ireland but that letter was never provided, RT claiming that she lost it and BF claiming that RT gave it to him when he was looking for scrap paper to light a fire in their new home. G was not registered with a new GP practice until 10 October, 8 days after G's discharge from hospital. Nothing was said to the GP at the initial registration visit about G's recent fracture and hospitalisation. On 21 October the Northern Ireland health visitor made her first home visit and found G to be fractious. Again, no mention was made of G's fracture and hospitalisation and the only matter of concern mentioned was a "sticky eye" which had been mentioned on and off since the child was born. On 28 October the couple brought G to an immunisation clinic at the GP surgery where RT was noted to have facial bruising. Her explanation for this was that she had "fallen in the shower".

[10] On 5 November 2008 BF mentioned in the course of a consultation with the GP his "black out" and the injury to G. Clearly this belated intelligence must have alerted the GP because on 6 November he referred G to hospital and on 7 November when RT brought her there it was found that she had:-

"Multiple fractures with no reasonable explanation for this presentation. She has two healing fractures which possibly could have occurred in September when the alleged fall occurred. However she also has more recent fractures which are in areas known to be associated with non accidental injury. She has bilaterally spontaneous sub conjunctival haemorrhages for which there is no apparent medical explanation excluding a bleeding disorder (which was subsequently ruled out)."

[11] The consultant paediatrician concluded "it is very likely that this child's injuries are consistent with non accidental injury." On the following day, 7 November, the Trust obtained an emergency protection order and G was discharged from hospital directly into foster care on 12 November 2008 and remains there.

What happened to G?

[12] There is no dispute in this case between any of the parties as to what happened to G. Threshold criteria were agreed on 3 February 2010 and scheduled to an order of the court made on that day. I set them out in their entirety:-

“ (1) On 7 November 2008 G (aged 2 months) was admitted to hospital where it was noted that she had multiple fractures of differing ages. G presented with the following injuries:

- An old fracture of the left collar bone (clavicle) 6 to 8 weeks before admission date.
- A corner fracture of the left distal humerus (upper arm bone) 7 to 10 days before 7 November and having occurred before the injury to the right arm.
- A metaphyseal fracture of the right distal humerus of similar age to the left, 7-14 days old before 7 November.
- A buckle fracture of the first metatarsal of the left foot less than 10 days before 7 November.
- An old well healing metaphyseal fracture of the distal right femur (occurred between 7 and 14 days prior to 25 September 2008 when taken to hospital in X). Also a distal right femoral metaphyseal fracture which may have occurred at the same time.
- A distal left tibial metaphyseal fracture adjacent to the ankle joint less than 14 days prior to 7 November 2008.
- Periosteal reaction along the proximal and lateral aspect of the right tibia extending to the metaphyseal region - caused by trauma (severe gripping) and the development of sub periosteal bleeding.
- Bilateral sub conjunctival haemorrhages (bleeding in the whites of her eyes) and a pinpoint abrasion below the left eye.

(2) The injuries were inflicted non accidental injuries.

(3) The respondent mother and father state that they never left their child in the care of anyone else.

- (4) The injuries were caused by the respondent mother and/or the respondent father.
- (5) The respondent mother accepts that she failed to act with appropriate vigilance to ensure the protection of the child.
- (6) The respondent father accepts that he failed to act with appropriate vigilance to ensure the protection of the child.
- (7) The respondent father has a history of alcohol and drug misuse. The respondent mother obtained an ex-parte non-molestation order on 26 January 2009 which was renewed until the making of a full order on 7 August 2009. The respondent father has been imprisoned for breaches of the orders. In an incident of domestic violence in October 2008 RT asserts that she was pushed by BF whilst holding the baby in her arms. RT sustained bruising to her face. “

[13] The guardian ad litem (“GAL”) has appended to her report dated 12 March 2010 a most helpful time line in respect of the fractures derived from the agreed threshold criteria set out above. From that it is clear that before the family left X and after it arrived in Northern Ireland this child was subjected to repeated separate assaults, perhaps as many as five or six in number, that led to the fractures described above. It is plain that G was systematically ill-treated. Neither RT nor BF has put forward any explanation for any of the fractures other than the claimed “black out” of 27 September in X. It is clear from the medical evidence that metaphyseal fractures are caused by limbs being wrenched and twisted. Such fractures are not caused by playing with a child but by wholly inappropriate handling and a person causing such injuries would know that their actions were inappropriate. Significantly, according to Dr Blumenthal, the distinguished consultant paediatrician, “a carer, who has not inflicted the injuries would have no reason to suspect that the child has fractures.” This is plainly of importance in deciding what a carer who had not caused the injuries might be expected to know of them in the period prior to their discovery at hospital on 27 November 2008.

[14] Both parents have made statements and each gave evidence on the trial of this issue although BF only decided to do so after I had indicated to his senior counsel that if he declined to do so, as she had indicated was his intention, I might draw inferences adverse to him from that failure. The statements and the evidence of both respondents contain a great deal of material but not much enlightenment on the crucial issue as to who deliberately inflicted these injuries. It is agreed that G was not in the care of

anyone other than her parents so that these inflicted non accidental injuries must have been caused by one or other or both of them. It was also agreed that RT was almost always in the house with G even when BF was also there and on occasions when he was not. RT said that the only time when she was away from G was when she was having a shower or attending to some work in another part of the house for perhaps half an hour or so at which time G would have been in the care of BF. I am, accordingly, driven to decide the matter according to my impressions of the evidence and demeanour of the respective parents in the witness box, their known antecedents and such confirmatory material as is available. I deal with each parent in turn.

RT

[15] RT comes from a home with a history of prolonged alcohol abuse on the part of her mother, her late father and her stepfather which not infrequently resulted in rows and disturbance. Despite that unhelpful beginning she appears to have done well at school, had a good working record and managed at a young age to invest wisely in a home for herself. She has a tendency to minimise the problems in her life in her dealings with others and, as Dr McCartan, consultant clinical psychologist, states in her report:-

“...makes an effort to present a socially acceptable front and resists admitting personal shortcoming. Responses indicate that she considers psychological problems as a sign of emotional or moral weakness and she is likely to deny symptoms. This likely relates to concerns about being appraised unfavourably by others . . . she tries her best to meet the expectations of others and fears criticism or derogation. Although she has strong feelings she fears expressing them or losing emotional control.”

[16] These conclusions, which flow from standardised personality testing administered by Dr McCartan, correspond closely with my own impressions of RT in the witness box. Interestingly, in letters written by her to the court a much warmer and less defensive image emerges and I conclude that RT has been conditioned by her upbringing to conceal family problems from the outside world and to seek to give the impression that everything is going well even when it is not.

[17] I have no doubt, as my later conclusions will make clear, that involving herself with BF was a serious error on RT's part. I am not certain when she finally came to realise that fact and admit it to herself but I am satisfied that, after all that has happened, she is well aware of it now. She was attracted to BF despite knowing very well what his past reputation and behaviour had been

and very shortly after they commenced their relationship she decided to become pregnant by him and took steps accordingly. She gave up her employment, sold the home that she had worked hard to acquire and moved to X with an ill-formed plan that they would make a new life there, apparently for the rather insubstantial reason that her best friend had previously moved to settle there. Within a short period of time tensions began to arise between G and BF because of his indolence and the fact that they were living off the proceeds of the sale of her home which were rapidly being consumed. Apart from some kind neighbours in the flats where they were living, the couple were otherwise without social or family support and after the baby was born RT suffered the health problems mentioned earlier and the child appears to have exhibited symptoms which were put down as "colic". Before they left X there was the incident of 17 September when the child cried all night and that of the alleged black out on 24 September which resulted in the fracture then discovered. RT claims that she had no reason at that point to suspect any ill-treatment of G and explains the seeming delay in registering with a GP practice in Northern Ireland as being due to the fact that it took some days for them to become settled in their new home. However, though that be so, it is extremely difficult to understand why the discharge letter from the hospital was not then brought to the GP or handed subsequently to the health visitor and why no mention was made to either of them of the fact that the child had sustained a fracture and had been treated in hospital for a week immediately before they came to Northern Ireland. Is the explanation for this a sinister one or is it consistent with RT's desire to keep up appearances? I am prepared to accept that it is more likely to have been the latter but that in turn begs the question "What did RT think she was concealing?" If when she arrived in Northern Ireland RT believed that the fracture had been occasioned by a "black out" on the part of BF why not immediately give an account of it to the new GP and health visitor if only to satisfy herself that the fracture had healed satisfactorily and there was no continuing cause for concern? Later in October, why lie to the GP and health visitor with the tale about falling in the shower? I conclude that during the month of October and into November RT knew very well that relations with BF were not good and that his contribution to family life was perfunctory. In my estimation she may well have harboured a suspicion as to the accuracy of BF's "blackout" explanation for G's fracture but hoped that everything would be alright for the future. In Northern Ireland, of course, the couple were even more socially isolated than they had been in X.

[18] However I do not conclude that RT was aware of injuries being deliberately caused to G. I bear closely in mind the opinion of Dr Blumenthal that the parent not responsible for the injuries might well, by reason of the nature of those injuries, have been unaware of their existence. I accept RT's evidence that quite often she would return to the room to find BF holding the baby and that the baby was crying having been settled and in its Moses basket before she had left the room for her shower or some other purpose. She said, and I accept, "When I look back I think it strange that I would leave G sleeping

and nearly always she would be awake and sometimes crying when I came back". It may well be that, despite the fact that the couple were arguing about BF's failure to begin work, about the fact that her money was being depleted and the fact that BF was unwilling to help her with the baby, that RT's strong interest in believing and representing to herself and outsiders that everything was alright blinkered her to the reality of the situation. However, having listened to and watched her closely as she gave her evidence, read the letters which she has written to the court and seen the photographs taken at contact of RT and G together which show a close bond of affection between them, I do not consider that she either caused or was aware that BF had caused the injuries suffered by G on repeated occasions over the course of the approximately 6 week period. Why did she not see or acknowledge to herself or to others that things were going wrong? Well, she was on her own in X and even more so in Northern Ireland without the support of family or friends, she had "burnt her boats" for the sake of her relationship with BF which, certainly after G was born, was of indifferent quality but she had a strong vested interest in persuading herself and others that things were alright. Even after the injuries were discovered on 7 November it took RT some considerable time to acknowledge to herself and to others that her relationship with BF could not continue and to separate from him. This, in my view, indicates the extent of her dogged commitment to the relationship with BF and her extreme reluctance to acknowledge to herself, never mind others, that it had been a failure.

BF

[19] When BF did give evidence his approach was to deny any knowledge of any injury to G other possibly than that caused at the time of the "blackout" and to say that any injuries sustained by her must therefore have been caused by RT. He said that RT only knew a certain amount about him when they met. For the first 3 months of their relationship he was on a weekend tag intended to try to stop him from drinking. They had got engaged about six to seven months into their relationship and at that time he felt that he had had enough of fishing as "you get bored working for so little." It was therefore agreed that they would move to X and when they did so BF felt that their relationship there was very good and that they went out and about a lot. However, according to BF, the relationship deteriorated quickly after G was born. RT was very possessive of BF and of G and was of the opinion that everything that BF did with G was wrong. He said that when RT had to go back to hospital a week after the birth he had looked after G and said, "I managed but I found it very hard." He described that on the day of the "black out" he had stood up to turn off a tap and collapsed. His next recollection was of coming to and finding G lying to his left side, she was comfortable and didn't seem to have sustained any injury. When they went to the hospital nothing was found to be wrong but on returning home one of G's legs was seen to be hanging and not being moved. The following day RT went to the other hospital in X while BF stayed at home as they were waiting for furniture to be delivered. Interestingly, when

RT took G to the hospital in Northern Ireland on 7 November BF also stayed at home, on that occasion because he was apparently waiting for a steriliser to be delivered. BF had not spoken to any of the medical staff at the other hospital in X while G was a patient there and indeed he only visited RT and G there on two or three occasions because he was at home doing the packing for the planned move to Northern Ireland.

[20] Following the move to Northern Ireland BF said, "I did absolutely nothing in attending to G. I might have made up a bottle. RT bathed, washed and dressed G because I was told not to handle her by the social workers (in view of his blackout)". He denied that the baby was left in his care while RT was in the bathroom saying, "If she was going to the bathroom she would leave G in her basket or swing". He recounted as earlier noted the claimed incident when he asked RT for paper to light a fire and she gave him documents from a file including an envelope from the other hospital in X containing a discharge letter. He appears on his account to have burnt the letter without comment. I have not found it possible to resolve the question of the fate of the discharge letter but it is clear on the account of either parent that it was not handed over to the new GP or health visitor as plainly it ought to have been. Why BF would not have wanted to ensure that the letter was provided remains unexplained.

[21] BF described the occasion upon which RT received the facial injuries which she later incorrectly told the GP and health visitor had been sustained as the result of a fall in the shower. The son of the skipper of the fishing boat which he intended to join and he had got out the vodka which he drinks neat. While he could remember arguing with RT before the visitors arrived he had no recollection of any argument later on nor indeed did he remember the visitors leaving. He said that the next morning RT told him that he had pushed her in retaliation for a slap that she had given him and that she had lost her step and fallen forward onto G. Following the check up at the hospital in Northern Ireland on 7 November RT and he had discussed the possible cause of the injuries and RT had blamed him for the two incidents namely the "black out" in X and the "push" in Northern Ireland. They had then agreed to tell the police about the incident of the push. He said that he could not explain G's injuries, he never had G on his own and that he didn't play a part nor was he allowed to pick up G. He denied that he had inflicted any injuries and said that he was out of the house quite a lot for several hours at a time cycling both in X and after they arrived in Northern Ireland.

[22] BF was closely and effectively cross examined by Mrs Dinsmore QC on behalf of RT and in the course of that became truculent. He agreed that as a child and adolescent he had rebelled against everything and that he could be aggressive. He said, implausibly, that he had objected to a psychiatric or psychological examination "on legal advice" for the purpose of these proceedings and when asked what his biggest strength was replied, "I don't have one". He was questioned about the social services involvement in 2004

with his then partner T and her child SL and claimed, unconvincingly, that Mr & Mrs MacL were not on good terms with him at that time as his relationship with them had broken down at the age of 16 in 2003 and he added, "I was never a happy child in the placement". Other evidence establishes that Mr & Mrs MacL were, on the contrary, the only people in BF's life to provide him with consistent care and affection over the years despite the problems that he created for them. As Mrs Dinsmore pressed BF about the events surrounding the injury noted to SL at that time his manner became extremely combative.

[23] Mrs Dinsmore also questioned BF about an incident which had occurred in 2009 after G had been taken into care when, while travelling on a bus in Northern Ireland following a contact visit, he threatened the occupants of the bus and claimed to be a terrorist. He did not deny that this incident had occurred but said that it happened because he had been drinking. When questioned about his relationship with RT and how it changed after the birth of the baby he said, "I adored RT and I still do to this day. I was happier than I had ever been with RT". However, inconsistently, he said that it was neither here nor there that after the baby was born he ceased to be the centre of her life and while he said that RT wouldn't allow him to have anything to do with caring for the baby "it wasn't an upset to me".

[24] BF was asked about an observation made by the GAL and recorded at para 12.6 of her report of 12 March 2010 in which she observed:-

"At the ending of contact on 13.11.09 I was quite concerned by the change in BF's presentation. Without notice the tone of voice used by BF changed from quite light hearted to a more sinister tone. I noted G's face became anxious and she looked as if she was going to cry before the incident was defused."

He really had no comment to offer on this event nor upon another incident recorded in the GAL's report of 24.06.09 at para 2.11 where, in describing a contact visit that was arranged for BF at the prison where he was at the time on remand, G vomited on the table in the visiting room whereupon, instead of following the advice of the supervising social worker to use G's bib to clean the table, BF while holding G in his arms began to kick the door to gain the attention of a prison officer so that the social worker had to tell BF to be careful of G.

[25] BF was further cross examined by Miss Sholdis on behalf of the Trust. He claimed that he had had about 10 black outs that had been observed by RF but that they were all related to drink or drugs. That which, according to him, had resulted in the injury to G at the end of October 2008 was, by contrast and according to him, not related to drink or drugs and was witnessed by no-one.

[26] BF was a most unimpressive witness and I did not believe his evidence. I consider that he is a disturbed person who has had a most unfortunate upbringing, initially with parents who cared little for him and thereafter in a succession of placements both in foster care and residential settings. The foster placements did not succeed because of the inability of the foster carers to cope with his disturbed and violent behaviours. The closest approximation to family life that he achieved was with Mr & Mrs MacL who have done their best both as foster carers and subsequently to help and befriend BF. I do not accept his dismissive explanation for Mrs MacL's critical comments to social services of his behaviour during his visits to her with SL. On the contrary, I consider that she is an honest and realistic person who has done her best to convey the truth about BF and I further accept the accuracy of Mrs MacL's more recent statement to a different social worker in the course of these proceedings as recorded in the latter's statement of 16.3.10 that BF is a "cruel and sadistic boy". After RF's separation from RT she was obliged to obtain a non molestation order against him which he breached on numerous occasions with the result that he was ultimately remanded in custody by the District Judge.

[27] Having observed BF closely during the course of his evidence and watched his mood switch instantaneously between one of careful control and that of aggression, having taken careful account of his evidence including the unconvincing denial that the change in the closeness of his relationship with RT following the birth of the baby was of no consequence to him, his relevant criminal record, the previous social work history involving T and her daughter SL, his violent behaviour on the bus in Northern Ireland and his contempt for court orders, his refusal to undergo psychological or psychiatric examination for the purposes of this case together with the absence of any physiological explanation that can be found for the alleged "black out" at the end of October 2008 despite several medical investigations, combine to convince me that the author of the succession of injuries suffered by G was BF and BF alone. I consider that he has sought to place the blame upon RT in order to escape the criminal consequences of his disgraceful actions against a helpless child. In that he has been successful because after the hearing on this issue before me the police indicated that a decision has been made not to prosecute either parent.

What now?

[28] RT and BF have now separated and I understand that BF has moved on to another partner living elsewhere in Northern Ireland. I consider that this judgment should be brought to the attention of the relevant social services Trust as in my opinion BF constitutes a serious on-going danger to the children of any woman with whom he may either now or in the future be in a relationship. I consider that any contact which he may in the future have with G should be very closely supervised. As to RT, my view is not so bleak. I have derived considerable assistance from the report of Dr McCartan and I have no

reason to believe that, with the appropriate help, RT cannot successfully parent G to a good standard. As I have earlier said, she and G plainly love each other and the professional observations at contact have been favourable. At the same time, Dr McCartan has pointed out the need for RT to overcome her tendency to secrecy which I am satisfied she has learned from her childhood and to work openly with professionals, even if that sometimes means conceding that matters are not always going as well as an "ideal" parent might like. Dr McCartan suggested in her evidence that a course of motivational interviewing would be advantageous and that this work could be undertaken in parallel with other work. It also seems to me that a residential assessment which would enable RT to be closely monitored while at the same time learning to seek and accept the help of well-meaning professionals in times of need would provide reassurance for the future.

[29] RT has no family or other connections in Northern Ireland. She came here on the whim of BF and is now marooned. I consider that it would be much preferable if, following the successful completion of necessary work, she were to be enabled to return to her own small community in Scotland where I have no doubt she and G would be closely monitored by professionals and the community and obtain help from Mrs MacL who, whatever her other commitments, appears to me from all I have read to be an excellent and capable person with a firm practical grasp of the requirements of child care and no reluctance in making any shortcomings known to the authorities. RT is a hard working, intelligent and resourceful person and I am quite sure that with the appropriate help and encouragement she will be able to care successfully for G and to make up for the injuries which I find G suffered at the hands of BF.

[30] I consider that to further punish RT and G by continuing to deprive each of the other cannot be justified on the evidence available to me. I hope that a process leading to the planned rehabilitation of G to the care of RT will now be speedily put in hand.