BARBADOS

IN THE SUPREME COURT OF JUDICATURE

HIGH COURT

Family Division

[Unreported]
Suit No: FL 529 of 2007

IN THE MATTER of "AS", (a minor)

AND IN THE MATTER of the Supreme Court of Judicature Act, Cap. 117A

BETWEEN

THE CHILD CARE BOARD - PLAINTIFF

AND

"I. S." - DEFENDANT

Before The Honourable Madam Justice Maureen Crane-Scott, Q.C., Judge of the High Court (In Chambers)

2008: September 17 and 29

Mrs. Beverley Walrond, Q.C. for the Plaintiff Board
The Solicitor General represented by Miss. Stephna Greenidge in association with Mrs. Marcia Thompson-Cumberbatch acting as *Guardian ad Litem* for the Defendant

DECISION

[1] **Crane-Scott J:** This application concerns the future of a two year child, "AS" who, was born to the Defendant "I.S" on January 1, 2006. Apart from an initial period of 5 ½ months, "AS" has lived all of his young life in the care of the Plaintiff Board ("the Board").

[2] His mother is to all intents and purposes homeless and has no fixed place of abode. She has been known to authorities at the Psychiatric Hospital since 1982. She also suffers with a major psychiatric illness for which she is receiving outpatient care.

[3] The Defendant first came to the Board's attention in the year 2003 when her elder son, "AB" (then 15 years old) left the home of his father where he was residing and was found wandering by the Police. A psychiatric report on "AB" was attached to the affidavit evidence adduced by the Board and forms a significant part of the Plaintiff's case in relation to the Defendant's second child, "AS", the subject of these proceedings. In the words of Counsel for the Board, Mrs. Walrond, Q.C., the plight of the Defendant's second child, is *"a recurring theme playing itself out again"* with "AS" as it did with her elder son, "AB".

[4] Shortly before "AS" 's birth, the Social Services Department of the Queen Elizabeth Hospital informed the Board that the Defendant was eight and a half months pregnant and had no fixed place of abode. The Board was also informed that the Defendant spent most of her time walking the streets.

[5] At a meeting with an officer of the Board held 2 days following "AS" 's birth, the Defendant advised the Board that she did not wish to have the baby put up for adoption. The Defendant's stated intention then was to allow him to remain in care for 1 year after which she would take him to an aunt of hers who according to her, had offered to assist with his care.

[6] Following subsequent investigations by the Board and the reluctance of the Defendant's aunt to care for the child, "AS" was on June 11, 2006 admitted to residential care where he remains to this day.

[7] Since his admission, the Board investigated the possibility of the child being cared for by at least two other relatives of the Defendant. On each occasion, the Board's arrangements with these persons broke down due to the Defendant changing her mind about wanting the child to be taken in by any of her relatives.

[8] At another meeting with the Board in July 2007, the Defendant is said to have walked out of the meeting after declaring her wish that the child remain in the care of the Board until she obtained a house.

[9] The identity of "AS" 's father is unknown. The Board encountered difficulty in positively identifying his father due to the Defendant on different occasions, having given the Board the names of two different men who she alleged to have fathered her child. The first man named by the Defendant was interviewed by the Board in January 2006. He denied paternity and has played no role in the child's life since then.

[10] In September 2007, some 21 months after "AS" 's birth and just as the Board was finalizing arrangements to have the child placed in the foster care of another of the Defendant's female relatives, the Defendant objected and named a second man as the child's father.

According to the Defendant, the child's father resided in Trinidad. She informed the Board that rather than place the child with her relative who was willing to take him in, she preferred instead to send the child to his father's relatives in Trinidad despite the fact that nothing was known about them and even though the putative father had not at that point come forward to take responsibility for the child.

[11] On October 1, 2007, the Board applied to the High Court by way of Originating Summons under a Certificate of Urgency seeking the following orders in relation to the child:

> *(a) "That the minor child "AS"…be made a* ***ward of this Honourable Court****;*
>
> *(b) That the Court do vest* ***the care and control*** *of the said child in the Plaintiff Board with liberty to the Board to place the said child for fostering or for adoption as may be found in the child's best interest;*
>
> *(c) That the Court do consider the appointment of a* ***guardian ad litem for the Defendant****;*
>
> *(d) That the Court do make proper provision for the* ***maintenance and welfare of the said child*** *as may be necessary;*
>
> *(e) That the Defendant be* ***restrained from removing*** *the said child from the care of any person with whom the said child is placed and/or from any school which the child may attend or howsoever;*
>
> *(f) That in the event that the Court do grant an order that the Board is at liberty to place the said child for adoption and*

*the Defendant should fail and/or refuse her consent**, the Court do dispense with the consent of the Defendant under section 15 of the Adoption Act, Cap. 212** on the ground that her consent is unreasonably withheld;*

(g) Such further or other relief as to the Court may seem necessary and/or just."

[12] On October 10, 2007 the Court made an interim order in which: i) the child was made a ward of the Court; ii) care and control of the child was vested in the Board; and iii) the Solicitor General was requested to act as the Guardian *ad litem* of the Defendant in connection with the proceedings.

[13] On November 23, 2007, the Solicitor General filed a formal consent to act as the Guardian *ad litem* of the Defendant. On January 28, 2008 in preparation for the substantive hearing of the application, the Court made a further order directing the Family Services Section of the Welfare Department to investigate and report to the Court on the Defendant's living circumstances and on her ability to undertake responsibility for the upbringing of the minor child. The Director of the Psychiatric Hospital or her nominee was also directed to attend the hearing to give evidence as to the Defendant's psychiatric status and as to her competence to undertake responsibility for the upbringing of the minor.

The Evidence:

[14] The substantive application was eventually heard on September 17 and 18, 2008. Counsel for the Board, Mrs. Walrond, Q.C. relied on the following evidence:

i) Affidavit of Ngina Dyal, Child Care Officer filed herein on October 1, 2007 in support of the Originating Summons together with exhibits annexed thereto;

ii) Oral testimony of Dr. Ermine Belle taken under oath on September 17, 2008; and

iii) Oral testimony of Sharon Yearwood, Welfare Officer attached to the Family Services Section of the Welfare Department taken under oath on September 17, 2008 together with a written report dated May 2, 2008 prepared by Miss. Yearwood at the request of the Court.

[15] The Defendant, gave sworn oral testimony in her own behalf and was cross-examined by Counsel for the Board, Mrs. Walrond, Q.C. Two letters produced to the Court by the Guardian *ad litem* in January, 2008 evidencing the Defendant's earning were also received in evidence without objection.

The legal submissions for and against the order:

[16] *The case for the Board:* Mrs. Walrond submitted that the Court was being asked, *inter alia,* to dispense with the Defendant's consent to the child being put up for adoption by the Board on the ground that her consent was being unreasonably withheld. She referred to section 15 of the ***Adoption Act, Cap. 212*** and submitted that it was important for the Court to pay attention to the facts which had been put in evidence and which were before the Court.

[17] She then reviewed the evidence and submitted that the child, "AS" had been in the residential care of the Board since his birth and that

the Board was faced with the possibility that the child was going to be permanently out of the care and control of his mother who was unable to adequately care for him.

[18] Mrs. Walrond then drew the Court's attention to the fact that the Defendant had an older child, "AB". She recounted the unfortunate circumstances which had attended his childhood. Referring to exhibit "CCB 1" and to the psychiatric report dated 2004-03-08 prepared by Dr. Brian MacLachlan, the Consultant Psychiatrist, Mrs. Walrond contended that what is happening now in relation to "AS" is a complete re-play of what was found in 2003 in relation to the older child, "AB".

[19] She referred to the distress which "AB" had reportedly suffered during his childhood as a result of the lack of financial and housing stability while in the care of his mother. It appears from Dr. MacLachlan's report that even then, the Defendant was repeatedly moving house and was having difficult relationships with her family. According to the report, these factors were stressors which had had a negative impact on "AB"s mental health.

[20] This had resulted in Dr. MacLachlan having recommended to the Board in 2004 that "AB" be placed in the care of an adult other than his mother until her housing, family and financial circumstances became more settled so as not to provide additional stressors on his mental health,

[21] Mrs. Walrond submitted that the evidence which had been adduced in relation to the unfortunate circumstances of the older child, "AB" was directly relevant to the question of what was best for the physical, emotional and financial welfare of "AS", her youngest child. The

stressors which had contributed to "AB" 's mental health at age 15 would, she contended, have negative implications for an even younger child.

[22] Counsel for the Board contended that while there was no doubt that the Defendant was well meaning and has the best intentions towards her children, she had absolutely no insight into what is best for her children's upbringing.

[23] Referring to the affidavit evidence of the Child Care Officer, Ngina Dyal, who recounted the many stumbling blocks which the Defendant had put in the way of the Board putting fostering arrangements in place with various relatives, Mrs. Walrond pointed out that her conduct was completely consistent with the Defendant's "mindset" which was evident from her oral testimony, that no-one should have care and control of her children but herself and her belief that she would at some future time find accommodation which would allow her to provide a home for both her children.

[24] Counsel for the Board urged the Court to find that the Defendant was being unreasonable. She insisted that the Defendant should not be permitted to "hijack" a young child's life while waiting for something that is never going to happen. According to Mrs. Walrond, the Defendant is most unlikely to get herself into a position where she will ever be able to have her child with her.

[25] She submitted further that the Defendant's difficulties were not short term and that even if she were to be given the housing accommodation which she seeks, her psychiatric condition would still not have been satisfactorily addressed. The undisputed facts were that the Defendant keeps relapsing because of her failure to take her medication and due

to the fact that she only has partial insight into her condition. Added to this, the Defendant's poor interpersonal relationships with everyone who has taken her in or who is willing to care for her children, does not bode well for the child being placed in a fostering relationship.

[26] Turning to the Defendant's financial circumstances, Counsel for the Board submitted that the earnings which the Defendant received from her two cleaning jobs together with the welfare assistance which she received from the Government Welfare Department were barely enough to enable the Defendant to care for herself let alone a child.

[27] Mrs. Walrond then made submissions with respect to the advantages of adoption *vis-a-vis* fostering as an option for the minor child, "AS". She pointed out that under the ***Child Care Board Act, Cap. 381*** the Board's responsibility to see to the welfare of children would come to an end upon a child attaining 18 years. She submitted that children who were not formally adopted prior to their becoming 18 years are by law no longer the Board's responsibility. She likened children who are in a fostering arrangement as being in a legal 'twilight zone' in which their foster parents have not assumed legal responsibility for their future custody, maintenance and education as they would have had they been formally adopted. This caused difficulties when such children attained the age of majority since there was no legal obligation for the foster parents to continue to see to their welfare.

[28] Mrs. Walrond also submitted that the older a child gets, the less likely it would be that willing parents would come forward to adopt him since it is the Board's experience that no-one comes forward to adopt older children.

[29] Counsel for the Board cited the case of ***Re W (an infant) [1971] 2 All ER 49*** which, she submitted, is authority for the test to be applied when a Court is considering whether a parent's refusal to give consent to a child being adopted was unreasonable. The case she said was authority for the proposition that the test whether the Defendant's refusal to give her consent was unreasonable was an objective one to be made in the light of all the circumstances of the case and while the welfare of the child "AS" is not the sole consideration, it was a factor of great importance.

[30] In closing, Mrs. Walrond asked the Court to have regard, *inter alia*, to the formative stages of the child's development, the mother's permanent chronic inability to offer parenting to the child, the difficulties and stressors which the fostering option as opposed to adoption would bring to the child's future given the mother's pre-disposition to threatening and abusing care-givers. She urged the Court to consider adoption as the preferred option, noting that it would provide the child with security given that keeping the child institutionalized would not be in the child's best interests.

[31] Mrs. Walrond sought to distinguish the case of ***Hitchcock v. W.B. and F.E.B. and others [1952] 2 Q.B. 561*** which Counsel for the Defendant had shared with her and intended to cite. She submitted that the case had been decided in 1952, some 56 years ago and that notions of how children are dealt with had changed over the years. According to her, the welfare of the child was always an important consideration for any Court which was considering an adoption order.

[32] *The case for the Defendant:* The Defendant's Guardian *ad litem*, Miss. Stephna Greenidge stated that while it had been difficult for the

Defendant to articulate her hopes and wishes for her son, what had been clearly demonstrated was that a mother and child bond had already been forged between the Defendant and "AS".

[33] Miss. Greenidge submitted that it was clear from the evidence that the Defendant would be devastated if the child were to be placed up for adoption. Additionally, Dr. Belle's evidence was that the Defendant would be extremely disturbed and it would be devastating to the Defendant if the child were placed in adoption.

[34] Miss. Greenidge urged the Court to contemplate the likely emotional impact which an adoption order could have on the Defendant's mental health.

[35] Referring to the evidence of Dr. Belle, Miss. Greenidge stated that Dr. Belle had expressed the view that an adjustment in the Defendant's current psychiatric treatment to include a regime of psycho-therapy might enable the Defendant to develop strengths and coping mechanisms to deal with her illness. She asked the Court to consider making an order which would enable the Defendant to be specifically assessed for psycho-therapy in order to give her an opportunity to benefit from treatment which might help her to cope with her illness.

[36] Turning to the case of ***Re W (an infant)*** cited by Mrs. Walrond, Miss. Greenidge argued that the considerable emphasis which the House of Lords had placed on the welfare of the child was directly attributable to certain amendments which had taken place in English adoption legislation since 1950 which had expressly mandated a Court to be satisfied before making an adoption order that the order will be for the benefit of the infant.

[37] Miss. Greenidge observed that similar provisions were not found in the Barbados Adoption Act of 1955 which had not kept pace with amendments to the English Act. She contended that though the welfare of the child was undoubtedly a factor to be considered by the Court when making an adoption order, in view of the fact that that factor had not been expressly legislated for in the Barbados Adoption Act, Courts in Barbados were not obliged to give the welfare of the child as much prominence when making the order as the House of Lords did in ***Re W (an infant)***.

[38] Counsel for the Defendant, Miss. Greenidge invited the Court to consider instead the case of ***Hitchcock v. W.B. and F.E.B. and others [1952] 2 Q.B. 561*** which had been decided under the United Kingdom Adoption Act of 1950 the wording of which, according to her, is closer to the wording of the Barbados Adoption Act of 1955 and therefore more directly applicable to the present proceedings than the ***Re W (an infant) case*** cited by Mrs. Walrond.

[39] Miss. Greenidge then attempted to draw several similarities between the circumstances of the father in the ***Hitchcock case*** and those of the Defendant in the current proceedings. In particular, she observed that the Defendant in the current proceedings like the father in the ***Hitchcock case*** does not at the time of the proceedings have available a home into which to put the child. Furthermore, she contended, the Defendant like the father in the ***Hitchcock case*** wants the child to remain hers and wants to carry out her parental duties.

[40] Miss. Greenidge invited the Court to take note of the distinction which Lord Goddard, C.J. had drawn between the tests or considerations to be applied by the Court in custody and guardianship applications and

those to be applied in cases where an adoption order is being sought. Citing dicta from Lord Goddard's judgment in the ***Hitchcock case,*** she submitted that the adoption order was an order of the most serious description. It removes the child once and for all from his natural parents and gives him to the adopted parents as though they were, and always had been, his natural parents. She contended that the mere fact that the adoption order will be for the benefit of the child does not answer the question whether the parent's consent it being unreasonably withheld.

[41] Counsel for the Defendant submitted that before making the adoption order, the Court was obligated to examine all the circumstances of the case, including whether the order would benefit the child. She submitted that given the Defendant's circumstances and because of her circumstances, it would not be unreasonable for her to withhold her consent to an adoption order being made.

[42] In closing, Miss. Greenidge urged the Court not to finalize the orders sought at paragraphs (b) and (f) of the Board's Originating Summons.

Discussion:

[43] The Child Care Board was established under and by virtue of the s. 3 of the ***Child Care Board Act, Cap. 381*** of the Laws of Barbados and under s. 4, has the following statutory mandate:

> *(a) to provide and maintain child care centres for children in need of care and protection;*
>
> *(b) to provide counseling and other services*
>
> *(i) for children in need of care and protection, and*
>
> *(ii) for the parents and guardians of those children;*

(c) to place children in foster homes;

(d) to supervise foster children and foster parents; and

(e) such other functions as the Minister directs."

[44] In addition to its statutory mandate under the ***Child Care Board Act***, the Board also plays a central role under the ***Adoption Act, Cap. 212*** in overseeing the process for the adoption of children in Barbados. Section 3 of the Act accordingly provides that *"every person who is desirous of adopting a minor shall make an application in respect thereof to the Child Care Board"*.

[45] At paragraph (b) of the Originating Summons, the Board seeks an order from this Court vesting the care and control of "AS" in the Plaintiff Board *with liberty to the Board to place the said child for fostering or for adoption as may be found in the child's best interests.*

[46] In the event that the Court finds that it is in "AS" 's best interest that he placed for adoption, the Board seeks a further order at paragraph (f) of the Originating Summons that should the Defendant fail and/or refuse her consent, the Court do dispense with the Defendant's consent under section 15 of the ***Adoption Act*** on the ground that her consent is unreasonably withheld.

[47] An interim order vesting "AS" in the care and control of the Board was already made by this Court on October 10, 2007. The two issues which this Court is now required to determine may be stated thus: (i) what is in the best interests of the minor child "AS"?; and (ii) does the Court have jurisdiction at this stage, to dispense with the Defendant's consent pursuant to s. 15 of the ***Adoption Act***?

Issue 1- What is in the best interests of the minor "AS"?

[48] Having considered the evidence adduced in these proceedings, together with the submissions for the respective parties and the applicable law, the Court finds that the Defendant is currently unable and will in the long term be unable to adequately be a parent to or provide for the physical, emotional and financial needs of the minor child "AS". The Court is satisfied also that it is in the best interests of this child that he remain in the care and control of the Plaintiff Board and be placed for adoption for the following reasons:

(a) The only known parent of the child, the Defendant, suffers from a mental disability, specifically, a schizoaffective disorder;

(b) According to the medical evidence which has been accepted by the Court, her condition renders her incapable of having long term care of the minor child, "AS";

(c) The Defendant has herself recognized her inability to adequately care for the child and within months of his birth, consented to his being cared for by the Board due to her inability to adequately provide for him;

(d) Her stated intention is for this state of affairs to continue until she is able to find a house or other accommodation where he can be brought to live with her. Initially her wish was for the placement with the Board to last no more than 1 year, but this objective has been consistently extended due to her inability to find accommodation. In

her evidence-in-chief, the Defendant appears to have further extended the period of his placement with the Board and now states: *"I was saying that I would get he out [of the Children's Home] before he was 4 years."*

(e) The Defendant also stated in her evidence-in-chief that if the child were to be fostered and the foster parents did not agree to her seeing him: *"I would feel bad. I would not consent to his being fostered."*

(f) The Defendant lives a nomadic existence and has no fixed place of abode. She sleeps at a friend's home in Christ Church but performs her ablutions at her sister's home in St. Michael. She spends an inordinate amount of time walking the streets and the persons who extend a temporary lodging to her do not permit her to remain in their homes in their absence. The Defendant is to all intents and purposes homeless.

(g) The fact of her homelessness and her nomadic existence was corroborated by the Defendant in her evidence-in-chief when she stated that she *"was up and down the road because she [her sister] doesn't leave me in the home"*. She also stated that she visits her son "AS" in the Child Care Board home *"when I am not looking around for a house"* and that she *"won't drag he out in the hot sun."*

(h) The Defendant also admitted to the Court in her evidence-in-chief that when her older child, "AB" was a

baby *"I had him on my shoulder going from house to house and I don't want "AS" to be like that."*

(i) The Defendant's psychiatric condition is not curable, but is treatable provided that she remains on the prescribed medication;

(j) The Defendant's medical records, however, amply demonstrate that although the Defendant remains relatively stable when she is compliant with her medication, she has had no less than eight episodes since 1986, the most recent being in April 2008;

(k) These episodes or relapses which necessitate her being admitted to the Psychiatric Hospital as an in-patient until she is stabilized, are precipitated by the Defendant's negligence and/or refusal to take her prescribed medication;

(l) During these episodes, the Defendant presents with a combination of schizophrenic features such as hearing voices, feelings of extreme fear and of being persecuted and by her expressing a variety of paranoid ideas. During these episodes, the Defendant also experiences mood swings which are mostly to the depressive side.

(m) The Defendant has poor relationships with her family members and the evidence shows that she has consistently resisted and placed stumbling blocks in the way of all efforts by the Board to have "AS" placed with anyone willing to care for the child;

(n) The Defendant has also displayed a pattern of negatively viewing anyone who has ever looked after or expressed a willingness to look after any of her children.

(o) While it cannot be disputed that the Defendant is family oriented and appears to love and to have the best of intentions towards her children, she apparently harbours a seemingly irrational mindset that she alone is capable of caring for her children.

(p) This dogged mindset, has in the past placed her older child, "AB" as well as the family in whose care he was placed, in a direct conflict zone with the Defendant who frequently threatened, cursed and generally complained about the treatment which she alleged was being meted out to him by the family in whose care he was placed;

(q) This confrontational attitude does not bode well for the placement of her younger child "AS" in the care of foster parents as there is every reason to believe that the Defendant will, as is her wont, harass and come into conflict with anyone having care of her child in a fostering arrangement;

(r) The medical evidence is that such conflicts can create, and in the case of the older child, "AB" have created negative stressors on a child's mental and emotional well-being;

(s) Added to her mental challenges, the Defendant's "homelessness", her lack of an adequate family support system, her very meagre finances and her confrontational

> attitude to anyone who steps forward to assist with the upbringing of her children, clearly demonstrate that she has minimal insight into what is in the best interests of her children and more importantly, is not capable in the short or long term of providing adequate care and parenting to the minor, "AS".

[49] The Defendant's mental heath and living circumstances are clearly unstable and are such that it is clearly not in the bests interests of "AS" that the mother be given his care and control. Accordingly, the Court is satisfied that the interim order vesting care and control of the child in the Plaintiff Board should be confirmed.

[50] Due to his tender age and since the Court is satisfied that fostering will not shelter him from the instability and other stressors which will inevitably result from continuing exposure to his dysfunctional mother, the Court has determined that a fostering arrangement is not in "AS" 's long term best interests. In the view of the Court, the long term welfare of this child lies in having him placed for adoption in a caring and loving family environment as soon as possible. That process needs to start immediately as the chances of successful adoption will recede the older he gets. In the circumstances, the Court has determined that the Board shall be at liberty to place "AS" up for adoption.

Issue 2- Can the mother's consent be dispensed with at this stage?

[51] As regards the second issue, the Court is satisfied that the current application cannot be said to be an application for "an adoption order" within the meaning of s 13 of the ***Adoption Act.*** Consequently, the Court is of the view that the Board's request at paragraph (f) of the

Originating Summons for the Defendant's consent to be dispensed with at this preliminary stage, is premature and cannot be entertained.

[52] Section 13(1) of the ***Adoption Act,*** defines an "adoption order" in the following terms:

> *"Subject to this Act, the Court may upon an application made in the prescribed manner by a citizen of Barbados or a person who is a citizen of a country with which Barbados has diplomatic or consular relations and who is domiciled in Barbados, make an order (in this Act referred to as "an adoption order") authorizing the applicant to adopt a minor."*

[53] As provided for in the ***Adoption Act,*** the Court's power to dispense with the consent of a parent is exercisable when a Court is considering the making of "an adoption order". Consent may be dispensed with if the Court is satisfied pursuant to section 15(1)(c) of the Act that the person whose consent is required for purposes of "an adoption order" is, *inter alia*, unreasonably withholding his or her consent. [See sections 13, 14 and 15]

[54] The two English authorities which were cited by Counsel for the parties in this application, discuss the tests to be applied by a Court which is considering whether to dispense with a parent's consent upon an application for "an adoption order". As discussed, this is not the situation here. Accordingly, the authorities while useful, are not relevant at the present time.

[55] In the result, as an application for "an adoption order" is not currently before this Court, the Court finds that it has no jurisdiction pursuant to

s. 15 of the ***Adoption Act*** to make an order dispensing with the Defendant's consent at this stage and declines to do so.

Disposal:

[56] In the light of the foregoing findings of fact, the legal submissions of Counsel and the limits of the Court's jurisdiction to dispense at this stage with the Defendant's consent under the Adoption Act, it is accordingly ordered and directed that:

(i) That the minor child, "AS" continue to remain a ward of this Court until further order;

(ii) That care and control of the said child be vested in the Plaintiff Board with liberty to the Board to place the said child for adoption;

(iii) That the Defendant be restrained from removing the said child from the care and control of the Plaintiff Board or from any person with whom the child may be placed and/or from any school which the child may attend or howsoever;

(iv) That in the event that the Defendant should at some future date fail to give and/or refuse her consent to the making of an adoption order in respect of "AS", it is directed that an application be made to the Court for such consent to be dispensed with pursuant to section 15(1)(c) of the Adoption Act;

(v) That in the event that the father of the child still cannot be identified or found when an adoption order is applied for, it is directed that an order similarly be sought from the Court for his consent to be dispensed with pursuant to section 15(1)(c) of the Act;

(vi) There shall be liberty to apply.

Addendum:

[57] During the course of Dr. Belle's testimony under cross-examination, Dr. Belle expressed the view that the Defendant's condition would be helped if she were to be enrolled in a programme of regular psycho-therapy which would assist her in recognizing any weaknesses in her personality, in her coping skills and in her ability to function normally in society. Regrettably, Dr. Belle was unable to say whether the Defendant had ever been evaluated or considered as a suitable candidate for psycho-therapy as there was no record or note of any such assessment in the Defendant's medical records held by the Psychiatric Hospital.

[58] In the light of Dr. Belle's evidence regarding the devastating impact which the above order and ultimately an adoption order is likely to have on the Defendant' already fragile mental health, it is this Court's fervent wish that the Guardian *ad litem,* along with Dr. Belle and the relevant officials at the Psychiatric Hospital take steps to ensure that the Defendant is closely monitored and assessed during this difficult period of her life and given wherever possible the treatment and therapy which will be necessary to enable her to cope.

Maureen Crane-Scott
Judge of the High Court