



Case Nos: MB23C50620 & MB24C50122

IN THE FAMILY COURT AT MIDDLESBROUGH

Date: 16/04/2025

Before :

MR JUSTICE POOLE

Re CA and Ors (Children of Unregulated Sperm Donor)

Between :

**REDCAR AND CLEVELAND BOROUGH
COUNCIL**

Applicant

- and -

**(1) MA
(2) ROBERT ALBON
(3) CA (By her Guardian, DD)**

Respondents

And Between:

DURHAM COUNTY COUNCIL

Applicant

-and-

**(1) MB
(2) ROBERT ALBON
(3) CX AND CB (minors by their Guardian, EE)**

Respondents

In Redcar and Cleveland BC v LP and ors:

Justin Gray and Nicola Bowker (instructed by Cygnet Family Law) for the **Applicant**
June Venters KC and Felicity Herdman (instructed by BBNM Law) for the **First Respondent**

Barbara Connolly KC and Helen Robinson (instructed by Freers Askew Bunting) for the
Second Respondent
Jacqueline Thomas KC and Gill Kane (instructed by TBI Law) for the **Third Respondent**

In Durham CC v KS and ors:
Justin Gray and Rebecca Stokes-Herbst (instructed by Durham CC Legal Department) for the
Applicant
Shaun Spencer KC and James White (instructed by AHM Solicitors) for the **First**
Respondent
Barbara Connolly KC and Helen Robinson (instructed by Freers Askew Bunting) for the
Second Respondent
Penny Howe KC and Haris Simpson (instructed by Mortons Law Limited) for the **Third**
Respondent

Hearing dates: 4-7, 10-13, and 17-19 March 2025

Approved Judgment

This judgment was handed down remotely at 10.30am on 16 April 2025 and released to the National Archives for publication on 14 May 2025 following determination of submissions regarding anonymisation and reporting restrictions

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This judgment was delivered in private and reporting restrictions orders are in force. The judge has given leave for this version of the judgment to be published on condition that (irrespective of what is contained in the judgment) in any published version of the judgment the anonymity of the children, CA, CB, CX and CZ, and their mothers MA and MB must be strictly preserved. All persons, including representatives of the media and legal bloggers, must ensure that this condition is strictly complied with. Failure to do so may be a contempt of court.

Mr Justice Poole:

1. CA is a girl born in March 2023. Her mother is MA. She has a maternal half-brother, CZ, who is seventeen months older than she is.
2. CB is a girl born in May 2022. Her mother is MB. She has a maternal half-brother, CX, who is three and a half years older than she is.
3. CA and CB are both donor-conceived children with a common father, Robert Albon. He is an unregulated donor who claims to have fathered over 180 children around the world. He has been a sperm donor for around 12 years and uses the pseudonym Joe Donor. His activities have featured in numerous articles and broadcasts.
4. Care proceedings have been brought by their respective Local Authorities in relation to both CA and CB and their elder brothers. A final order has already been made in respect of CA's elder brother, CZ, who remains living with their mother. Redcar and Cleveland Borough Council ("Redcar") and CA's Guardian agree that a Child Arrangements Order ("CAO") should also be made in respect of CA, with a Family Assistance Order to provide support to MA and with very limited indirect contact with CA's father by way of written contributions to a memory box. MA supports that proposal.
5. Durham County Council ("Durham") and the Guardian for CB and CX agree that care orders and placement orders should be made in respect of both children with a view to their being separately adopted or, if adoption placements cannot be found, separately placed in long-term foster care. The proposal is for letter box parental contact after adoption or long-term fostering, and limited direct contact with the maternal grandmother and maternal half-siblings. Their mother, MB, does not oppose but does not agree to such orders being made. Whilst she is represented and has given intermittent instructions to her representatives, she has not actively engaged in the proceedings and, knowing that her children may be adopted and saying that it is for the best interests of the children, she has chosen not to see her children over the past few months. She now lives in another part of the country with her fiancé, GH.
6. CX's father cannot be traced.
7. Each Local Authority's proposals in the respective care proceedings are unchallenged except by Mr Albon. CA and CB were conceived through Mr Albon having sexual intercourse with their respective mothers after they contacted him as a potential sperm donor. He does not appear as CA's father on her birth certificate and does not have parental responsibility for her. He does appear as father on CB's birth certificate. He has parental responsibility for her. He does not oppose the proposal that CA should live with her mother but he seeks a declaration of his parentage of CA, an order giving him Parental Responsibility for CA, and a Time With Order as part of the CAO that includes face to face time, alternatively more extensive indirect contact than the Local Authority proposes.
8. Mr Albon opposes the making of a placement order in respect of CB and seeks an order that she be placed in his care. Alternatively, he seeks more extensive post-adoption contact with CB if a placement order is made in respect of her.

9. In both cases, no party disputes that the threshold for making a care order or supervision order under the Children Act 1989 (“CA 1989”), s31 is met. That is clearly the case. The issues for the Court to determine are:
 - a. In the Redcar case:
 - i. Whether to make a final CAO for CA to live with MA. CA will remain a Child in Need and the Local Authority propose a Family Assistance Order. These proposals are agreed by all parties to be in CA’s best interests.
 - ii. Whether to make a declaration of Mr Albon’s parentage of CA. At the start of the final hearing no party opposed this but MA does now oppose and CA’s Guardian is concerned that re-registration of CA’s birth following such a declaration could lead to misunderstandings and misuse.
 - iii. Whether to make an order giving Mr Albon parental responsibility for CA.
 - iv. What contact or time with Mr Albon, if any, should be included in the CAO.
 - v. Whether a s91(14) order should be made preventing Mr Albon from making further applications concerning CA without the Court’s permission.
 - b. In the Durham case:
 - i. Whether MB’s consent to the making of placement orders for CB and CX should be dispensed with.
 - ii. Whether Care Orders and Placement Orders should be made for CB and CX or whether CB should be placed with Mr Albon.
 - iii. The care plans for each of CB and CX.
10. Both Local Authorities have pleaded detailed schedules of “findings sought ... in relation to outcome.” Durham’s schedule included allegations that MB had “unmet and/or unresolved attachment needs as a result of her experiences in childhood.” On her behalf, it was contended that it was not relevant or proportionate to make determinations of fact in relation to such an allegation. As a preliminary matter at the outset of the hearing I determined that I need not conduct a discrete fact finding exercise in relation to such allegations but that I would not exclude the evidence, which included expert evidence from a psychologist, Dr Young, as to MB’s attachment needs. It is part of the broad canvas of evidence which the Court should consider when making welfare evaluations concerning CA and CX. It is helpful to the Court if pleadings distinguish between those allegations which may well require a fact finding exercise for decisions to be made about threshold, and for any meaningful welfare determinations to be made, and statements of evidence relied upon in relation to welfare which do not require the need for discrete findings of fact. As it is, I do not find it necessary or helpful to follow the schedules of findings sought: this judgment is long enough as it is and I shall set out those findings on the evidence that I consider necessary to reach the welfare determinations I have made.
11. Mr Albon has been involved in other family proceedings concerning a donor-conceived child of his. It was heard in the Family Court in Cardiff by HHJ Furness KC whose judgment is published on the National Archive, *A v B* [2023] EWFC 333,

in which, notwithstanding the anonymised title, the Judge decided to name Mr Albon. That was a private law case. I am conducting another private law case, transferred to me from the Family Court at Chelmsford, in which Mr Albon is the father of the donor-conceived subject child and seeks a declaration of parentage and a Time With Order. Whilst that case was transferred to me, for pragmatic reasons I decided not to hear it at the same time as the present case – I am due to conduct a final hearing of that case at the end of April 2025.

12. At this hearing I heard oral evidence from MA and Mr Albon, from Dr Young, from an Independent Social Worker (“ISW”), Ms Griffiths who had conducted a parenting assessment of Mr Albon, from Ms P, Team Manager at Redcar who spoke to the evidence of Ms Q, previously the allocated social worker who was unavailable to give oral evidence, Ms R, social worker at Redcar, and Ms S and Ms T, social workers at Durham, and Ms V, of the adoption team at Durham. I also received a number of medical reports including from Dr Ward, Consultant Paediatrician on CB and CX, and a sibling assessment report from another ISW, Ms Adams. As well as four main bundles of documentation, I have bundles of contact records and foster care records.

History of Events

13. The history of events is complex and it would burden this judgment unduly to set it out in full. A strictly chronological account involving all Mr Albon’s interactions with a number of different families would be confusing. The clearest exposition can be given by describing Mr Albon’s life before he came to England and Wales, and then to set out his known involvement with different families within this jurisdiction, family by family in order of first contact with Mr Albon.

Mr Albon’s history before arriving in England

14. Robert Albon is 54. He was born in the United States of America and was adopted with his twin brother at the age of three. His adoptive parents later conceived and gave birth to a boy themselves whom Mr Albon feels was favoured by them. The family lived around the world because of his adoptive father’s work. Mr Albon’s twin died in a motorcycle accident as a teenager. His adoptive father died a few years ago. Mr Albon has no contact with his surviving brother or his mother. He is fluent in Japanese and Chinese, speaks other languages, and has worked as a translator. He married a Japanese woman and they had two children who are now in their 20’s. During the marriage Mr Albon had an affair with a Chinese woman with whom he had two children. In or about 2013, he started acting as an unregulated sperm donor. He told the Court that he wanted to have more children whereas his wife did not. He enjoyed having brought further children into the world with the Chinese woman but not the complications that arose from having done that. Sperm donation allowed him to produce more children without complications.
15. In 2017, Mr Albon was living in the US with his wife. The children of his marriage were their daughter, then aged 21, who he says had become estranged from the rest of

the family by 2017, and their son, then aged 17. One day, when his wife was out of the house, Mr Albon drove to the airport and caught a flight to Argentina. He contacted his wife a few days later to tell her that he had left. He lived in Argentina for about three years. He told the Court that there were a number of reasons why he left, including that he and his then wife wanted different things in life. He said that he had chosen Argentina because he spoke Spanish, and there was a low cost of living there. He says that he sent about US\$1000 per month to his wife but also revealed that the family home was repossessed and that an order for alimony payments to his wife was made against him. He complained that the order was manifestly too high due to an error made by his ex-wife when she completed the application. However, the order remains in force. They divorced in 2019 but he says that he speaks to her a few times each year. He says that he is on good terms with his ex-wife but produced no evidence to corroborate that assertion. They both remain estranged from their daughter. He met his son when he returned to the US to deal with the car he had left at the airport but now has no contact with him. He has no contact with the Chinese woman or their two children which he puts down to having lost their contact details and difficulties finding and communicating with people in China.

16. Mr Albon had carried on sperm donor services in the US before he left in 2017. One mother, from Wisconsin, pursued him for child maintenance and secured a court order. He complains that she harassed his daughter and that he applied for a restraining order against the woman to protect his daughter. He accepts that the maintenance order remains in force and that a warrant was issued for his arrest for breach of the order. The warrant remains in force. He is confident that he would be able to set aside the order if he returned to the US but he accepted that, between that order and the alimony owing to his wife, he is in debt for tens of thousands of dollars.
17. Mr Albon continued to act as an unregulated sperm donor in Argentina. Whilst there he made a trip to Australia visiting fifteen or so women for the purpose of donating sperm to them. His visit was reported upon in a news documentary programme called “60 Minutes Australia” which I have viewed as well as reading a Media Watch report, critical of aspects of the programme. He also made trips to other South American countries. He claims to have fathered multiple children in the US, South America, and Australia. At some point Mr Albon also started a sperm donor Facebook page in Africa. It is wholly unclear how many children he may have fathered there. The co-administrator of the page has reportedly used the expression “bleach Africa” which Mr Albon told this Court was a joke.
18. Mr Albon says that he left Argentina because of a change in government there, the effects of the pandemic, and because he wanted to travel to The Netherlands and Germany. He came first to the UK but was prevented from leaving for Germany or The Netherlands as planned due to the second wave of restrictions due to the Covid 19 pandemic. He arrived in September 2020 and has remained here since then. On 5 October 2020, he appeared on television on This Morning, claiming to have fathered 150 children “by personal insemination” and was interviewed by Phillip Schofield and Holly Willoughby. He was granted a visitor visa to the UK from 29 September 2020 to 30 March 2021 and initially lived in a hotel in Essex. His visa was extended to 3 November 2021 due to the pandemic. He then applied for permanent leave to remain.

Mr Albon's Known Involvement with Families in England and Wales

B and C in Wales

19. On or before 6 November 2020, Mr Albon was contacted by a woman, B, about his becoming a sperm donor to assist her to conceive. The circumstances of the conception and birth of their child are set out in the published judgment of HHJ Furness KC sitting in the Family Court at Cardiff, *A v B and C* (above), in which the child is referred to as D. I have seen other papers from that case. HHJ Furness KC found that D was conceived by artificial insemination performed on 8 November 2020. At the time, B was in a same-sex relationship with C whom she later married. D was born in July 2021.
20. HHJ Furness KC found that Mr Albon promoted his sperm donor service, both online and during his interview on This Morning, as being provided with no expectation of any paternal involvement with the child. Specifically, he had said, "Moms I help can choose no contact and I respect that." The Judge found that B and C did not want Mr Albon to be involved in D's life and that when Mr Albon contacted B about a fortnight after the birth asking to see D, she replied that she and C had already said to him that they did not want any contact. On 11 August 2021, there was what B and C thought would be a one-off meeting at which Mr Albon met D and photographs were taken. On 16 August 2021, Mr Albon applied for a declaration of parentage, an order granting him parental responsibility, and a CAO giving him contact with D. Later he applied to the court to change D's name. On the day that B and C received the court papers there was a telephone conversation between them and Mr Albon which he recorded. Two years of litigation ensued before the Court dismissed Mr Albon's applications. The Judge found that "the motivation for [Mr Albon] commencing the proceedings was principally to support his immigration position." The Judge recorded that the mother, B, had a history of mental health problems made worse by the litigation. The Judge found that Mr Albon was dismissive of C's role in D's life, suggesting at one point that she could be called "aunty" by D. The Judge found that a CAO giving Mr Albon direct contact with D would lead to conflict and instability and be detrimental to D's welfare. As agreed by B and C, the Judge ordered that indirect contact should take place by way of an annual updating letter from B and C to Mr Albon and an annual card or letter from Mr Albon which would be retained for D "for when he was of an age to understand from whom the document derived".
21. HHJ Furness KC handed down a finding of fact judgment in July 2023 and a final welfare judgment in November 2023. He found that Mr Albon:

"... is a man who seeks to control, women and children appear to be almost a commodity to him as he sets about increasing the number of his children around the globe."
22. Mr Albon sought to appeal all the decisions of HHJ Furness KC. He was a litigant in person. He put forward 47 grounds of appeal. Peter Jackson LJ refused permission on all grounds on 30 January 2024. Mr Albon then sought to apply to the European Court of Human Rights but that application seems to have got nowhere.

CE in Essex

23. ME is the biological mother of a boy, CE, who was born in September 2021. She was in a relationship with JK, who has transitioned from female to male. They used Mr Albon's services as a sperm donor to conceive their child. Donation was by artificial insemination with attempts made in November and December 2020. JK's name was entered on the birth certificate as father but he was not the biological father, he was not in a marriage or civil partnership with ME, and they had not used a regulated fertility service. ME and JK separated acrimoniously in March 2023. Mr Albon applied for a declaration of parentage of CE on 11 December 2023. JK was then joined as a party and applied for a CAO to have contact with CE. Whilst ME had very little contact with Mr Albon at the time of conception and none after that until the proceedings were begun, she has recently entered into a written agreement with him for his name to be entered onto CE's birth certificate in place of JK's and for Mr Albon to have one contact with CE every year. The Court has not made any final determinations on the various applications and has not yet considered the legal consequences of the agreement between ME and Mr Albon.

MB in the North East of England

24. Mr Albon's first contact with MB was via Facebook messaging in December 2020. Their first exchange of messages ran as follows:

“[at 10.10 hours on 25 December 2020] MB: Hi Joe, are you in the UK at the moment? I'm looking for a donor x

[at 11.19 hours on 29 December 2020] RA: HI sure... can you tell me a little about you and your baby plans? Thanks

MB: Hi, I'm 36 yrs old, single, own house. I'm a [redacted] secretary or was before I became a mum. I already have 2 gorgeous children and would love to have another.

RA: Hi, great, and where are you?

MB: North East England near [redacted]... so probably a long way away from you.

RA: I think it is 250 miles or so? May I ask if you are looking for NI or AI? [Mr Albon send as picture of him holding a young child on his shoulders]

MB I'm looking for NI preferably

RA: Yeah that is great ... is it possible to see a picture?

MB: [sent a picture of herself]

RA: Great ... may I ask what date your last period started?

MB ... yes it was 14 December

RA: Wow ... I could even do today.”

25. In fact MB then had seven children but only two were still living with her. It appears that MB and Mr Albon did meet later on 29 December 2020 and they had sexual intercourse. So, on the very day that Mr Albon responded to MB’s initial enquiry, he travelled some 250 miles to have sex with her. In March 2021, MB messaged Mr Albon with a photograph of what appeared to be a positive pregnancy test result but which was probably a picture of an old test result. She and Mr Albon joked about MB keeping the midwife busy. MB asked Mr Albon to attend the first scan which he agreed to do. Later that month, after further exchanges which demonstrate that MB knew about Mr Albon having a pregnant girlfriend (MC in Norfolk, see below), MB messaged Mr Albon:

“Have done an awful lot of thinking about how you have treated me. I can’t eat. I actually came within minutes of ending my life this morning. It was my 17 yr old that stopped me. I cannot carry on any longer. You have truly broken me.”

Mr Albon replied with reassurance but a few days later MB messaged Mr Albon:

“Hey. I have come to a decision about what I’m doing. I’m so sorry. Good luck in the future ... Not that you even care, I just wanted to let you know. I’m at hospital next week.... You can tell [MC’s name] I’ve not had an abortion.”

26. In April and again in August 2021, the messages between MB and Mr Albon demonstrate that MB and MC had been messaging each other. Mr Albon was by then living with MC in Norfolk but he and MC had each accused the other of being physically violent within that relationship and MC was on police bail. Mr Albon asked MB to show him “what [MC] said.” MB refused but said

“I’ll give you a brief jist [sic.], dv, controlling behaviour, and that you are trying to use the baby to get housing and benefits.”

27. Mr Albon twice asked MB for a screenshot, saying “she’s defaming me.” Eventually MB did send a screenshot of messaging from MC. One of MC’s messages says, “Can’t talk about it because people send screenshots to him but police and SS involved.”

28. MB actually fell pregnant with CB in or around late August 2021. Mr Albon had continued to have sexual intercourse with her during the period of their exchanges set out above. At that time MD (see below) also became pregnant with Mr Albon’s child and he moved in to live with MD. In October 2021, having been ejected from MD’s home, Mr Albon moved in to MB’s home, taking a room on the top floor. At the time, MB had two children living with her: a daughter, CY, who was aged about seven, and CX who was born in October 2018 and is of mixed heritage. CX has additional needs. CX and CY have different fathers. MB has had five other children

who had all been removed from her care. Mr Albon lived at MB's home with CX and CY from October 2021 until 18 February 2022 on which date police were called to the address because Mr Albon had refused MB's demands for him to leave. Mr Albon was arrested. Mr Albon's account is that whilst living in the house he spent a lot of time with CX and CY. He says that MB wanted a romantic relationship with him but he had made clear to her that he did not. He said that he had not paid rent but he had bought MB a mobile phone.

29. On 24 March 2022, MB asked Mr Albon to attend CB's birth which he did. CB was born in May 2022 and Mr Albon was present. Mr Albon was named on her birth certificate as her father. He therefore has parental responsibility for her.
30. Mr Albon was not then living with MB and her three children but he did play a role in their lives. He would take CX to, and pick him up from, his nursery. He would babysit CB and he would visit the home at other times. In November 2022, he and MB had sex with a view to her conceiving another child (this would have been her ninth child but she did not become pregnant). He says that he "continued to spend time with [MB] and the children on a regular basis." He was with the family on CB's first birthday and a video shows the celebrations. In July 2023, he and MB had sex again on several occasions. By August 2023, Mr Albon became aware of social services' concerns about the care of MB's children when a social worker, SWC, visited the home. MB began a relationship with another man, GH, and Mr Albon fell out with MB when she asked him, as CB's father, to help obtain a passport for her so that she could travel abroad with MB and GH for a holiday, and Mr Albon refused. Proceedings were brought by Durham in relation to CX and CB on 4 March 2024 and interim care orders were made.

MC in Norfolk

31. I have access to social services and police records concerning Mr Albon's involvement with a woman, MC, from Norfolk. They met in January 2021 and agreed to undertake what Mr Albon likes to call "partial insemination" or PI. This is sexual intercourse without kissing, foreplay or affectionate touching. MC fell pregnant by February 2021 and Mr Albon and MC then started living together in Norfolk in March 2021. The following month they moved house within the county. Each of MC and Mr Albon alleges that the other was physically violent over the months from April to August 2021. Mr Albon made several complaints to the police about MC being violent towards him, stalking, causing criminal damage, and having assaulted her child. Nevertheless, on 1 July 2021 Mr Albon and MC appeared together on This Morning, announcing that they were now engaged to be married, under the story headline, "I slept with a Man for his Sperm." On 4 August 2021, whilst pregnant with their child, MC moved out of their home but Mr Albon remained living there. The police imposed bail conditions on MC. Later that month, MC complained to the police that Mr Albon had been domestically abusive toward her including using physical violence, isolating her from her support network, and perpetrating emotional, sexual and financial abuse. Social Services asked Mr Albon to move out of the family home and he did so on or about 24 August 2021.

32. In November 2021, Mr Albon told Norfolk police that MC “suffers a personality disorder that causes her to act this way. He was aware of this at an early stage in the relationship...” . MC gave birth to her and Mr Albon’s child, a boy, in October 2021. Although MC wanted the police to pursue a prosecution against Mr Albon for domestic abuse, she did not attend an appointment to make a statement and in December 2021 the Norfolk Police closed the file on her complaint for want of co-operation. In January 2022, Norfolk Police also closed the file on Mr Albon’s complaints against MC for lack of further evidence from him.
33. In October 2022, MC reported to Norfolk police that Mr Albon was seeking access to their child and asking for a photograph and had threatened court action.

MD in the North East of England

34. On 24 August 2021 Mr Albon moved to live with MD. It is not entirely clear from the evidence before me when they first made contact but it was probably in August 2021. Certainly, he had provided his sperm donor service to her and she had become pregnant in or about August 2021. By October 2021, MD was requesting the police for help to exclude Mr Albon from her property. In March 2022, a referral was made by the local midwifery service to the police with concerns around MD’s “long history of poor mental health, alcohol misuse, and involvement [with Social Services].” MD gave birth to a child whose father is Mr Albon but it is not clear when that child was born. It is recorded that MD was assisted by police to find a new home, the location of which would be unknown to Mr Albon.

MA in the North East of England

35. MA had a son, CZ born in October 2021. His father, currently in prison, is a known child sex offender. MA first made contact with Mr Albon on 14 February 2022. She had his contact details through a Facebook group and she knew that he claimed to have fathered over 150 children. Their messages went as follows (with original spellings uncorrected):

“MA: Hi are you donating in the [redacted] area

RA: Hi sure I can come to [redacted], may I ask when your last period started? I will see if available when you are most likely to next ovulate

[Two days later] MA: I don’t want to start till 2 month down line just looking in advance how much will ups it be please and how man my donations

RA: Hi [name] what are you looking for NI PI AI

[One day later] MA: No ... No.... NI

RA: Great, so NI in [redacted location] 2 months from now?

MA: Where are you based

RA: I can't meet you at mine ... it's an anonymous donation

MA: No I mean we're are you around. You can come to mine.

RA: I travel all over thee UK, [redacted location] is fine

MA: Are you local

RA: I don't live in [redacted location] no. So are you interested in NI in [redacted location]?

MA: Do you live near

RA: Um I already explained I do not live in [redacted location] however I can meet you there.

MA: Yeah I'm asking we're do you live like northeast or not

RA: The northeast

MA: Okie doke so how much cost for you to come here I don't have a clue about ovulation as I'm irregular and can take me a while to fall.

RA: HI may I ask what date your last period started? And you are doing NI? You said "no" several times so not sure what you meant. Oh you still don't want to tart for 2 months

MA: I meant ni sorry my phone wouldn't let me out ni at first. Auto correction.

RA: Great. Well I am not comfortable exchanging money for NI, so there is no cost. If you contact me on the date that your period starts in the cycle in which you want to get pregnant we can set dates to meet."

36. MA told the court that she had used a different sperm donor previously and that in February 2022 she was contacting other donors as well as Mr Albon. On 23 February 2022 she had the following exchange of messages with Mr Albon:

"MA: Thank you for you help I have found someone closer willing to help me

RA: Why I told you I'm able to meet you whenever you need

MA: I know but this person is looking local I messaged loads of people not just you and he's just got back in touch yesterday thank you tho I do apreshete it."

Then, about a month later, MA messaged RA again: “I’m curious how does shipping work and how much are donations. I have a donor ... but not sure if he’s gonna be here ...” She told me that Mr Albon told her that AI costs £100.

37. In June 2022, CA was conceived by natural insemination (through sexual intercourse) at MA’s home. CA was born in March 2023 and MA contacted Mr Albon to confirm the birth and sent him a photograph. She also video called him. In June 2023, MA messaged Mr Albon to mark Father’s Day, sending him further photographs of CA. In August 2023, MA messaged Mr Albon asking to add him on Facebook so that he could see updates about CA. She told him that her family “know now” meaning that they knew that CA was a donor-conceived child. Mr Albon responded by sending a photograph of himself with another child and said, “Sure.”
38. In September 2023, MA and Mr Albon exchanged messages in which she asked him to visit her. The messages continue:

“MA: if you wanna be involve in your little girls life that’s fine with me.”

RA: That’s very nice of you ... will noon be OK

MA: That’s fine of you well she is our daughter I’m not taking that away from her. You could of just walked away bit you didn’t that shows me your fit for the perpers.

RA: Thank you I appreciate

MA: OK”

That month, Mr Albon visited MA in her home. Photographs were taken of Mr Albon holding CA which he then sent to MA. Mr Albon continued to visit MA at her home on about ten occasions. On each visit after that initial visit in September 2023 they had sexual intercourse with a view to MA becoming pregnant. She did not become pregnant. At this stage she still did not know Mr Albon’s real name. She only knew him as Joe Donor.

39. On 12 November 2023, CZ presented at hospital with a bruised ear. Mr Albon had been in the house on 11 November. I make it clear that there is no suggestion that he caused the injury. Children’s Services had already been aware of CZ after MA had allowed his father to have contact with him. On 11 December 2023, Redcar issued public law proceedings in relation to CA and CZ. On 14 December 2023 a telephone call took place between MA and Mr Albon. He recorded the whole conversation including from the initial “Hello” as I refer to in more detail later in this judgment. It is also clear from this conversation that MA has only recently learned that his name was Robert not Joe.
40. Within the public law proceedings Mr Albon has applied for a declaration of parentage, parental responsibility, and contact with CA. He has had contact for the purpose of assessment during the prolonged proceedings. MA now wants nothing to do with him and opposes all his applications. She says that as she has learned more

about him through the proceedings, she has become more hostile to the idea of Mr Albon having any kind of role in CA's life.

41. In July 2022 police in Yorkshire received a complaint that Mr Albon had raped a woman after an agreement for her to undergo artificial insemination. Concerns were raised about the woman's capacity to consent. No further action was taken.
42. Mr Albon told the Court that during the currency of these proceedings he has helped a number of other mothers conceive who are currently pregnant, including to two women in the South of England who know each other. He also said that he has been supplying his sperm through the post for the purposes of women wanting to use it for artificial insemination. That practice has been going on for well over a year. As long ago as December 2023 he claimed to have fathered more than 180 children: he gave that figure to The Sun for an article online on 25 December 2023. The evidence in these proceedings is that since then he has posted syringes containing his sperm for the purposes of AI to many different women and has met with several more women who are now pregnant with his children. His claim to have fathered over 180 children is now out of date. However, the true number is unknown. He does not keep records and there is no corroboration for his figure of "over 180" or any other estimate. He has produced no evidence to back up his claims. The figure of 180 to 190 children could be roughly accurate, but it could also be a woeful underestimate or a gross exaggeration.

The Children and their Mothers

CA

43. CA and CZ's guardian reports that they present with a degree of developmental delay but they are now thriving and making progress in all areas of their development. For this to continue ... there is the need for [them] to be provided with stability and consistency of care ...". Since November 2023, when the Local Authority became directly involved in CA's life, she has had only limited time with her father, Mr Albon: only such time as has been allowed by the Local Authority or the Court for the purpose of assessment. Public law proceedings in relation to CZ have been concluded with an order that he shall remain under MA's care with a six month supervision order.

MA

44. I have evidence about MA's history and character from various sources including Dr Young's assessments. MA's early years were apparently blighted by domestic abuse and child neglect within the home and substance misuse by her parents. She and a half-sister were removed and placed with her half-sister's paternal family. A full sister was placed for adoption. MA experienced violence within her new home and she was sexually abused by a babysitter. MA grew up believing her birth parents were dead but in her teens, after a chance comment by someone at school, she discovered that her mother was alive. She found her mother, made contact, and moved in with her. This led to instability in her life and she was sexually abused by

her maternal grandfather. On reporting that abuse to her birth mother, she was rejected and she did not speak to her birth mother for several years, although they have since reconciled. MA has had involvement with mental health services and in 2019/20 she was reporting auditory and visual hallucinations. She has taken a number of overdoses of prescription medication over the years. She takes medication for depression and anxiety but suffers panic attacks and physical symptoms of anxiety. On assessment by Dr Young, MA had a full scale IQ of 74 which is at the 4th percentile and within the borderline range. She was borderline for verbal comprehension, working memory, and processing speed.

45. As an adult, MA has had romantic and intimate relationships with women and men. Two of her longer term partners have had mental health problems. She met CZ's father online and within two days of meeting him he had moved in to live with her. During her pregnancy with CZ, she discovered that his father was accused of sexually abusing a 14 year old girl, an offence for which he has subsequently been convicted.
46. MA made contact with Mr Albon online in February 2022 when CZ was aged less than four months. She told Dr Young that she investigated other potential donors but decided to choose an older man because "younger men often want more ... I didn't want to be attracted to them, it's less complicated ... I was fine with natural intercourse. This would get me closer to my goal." She told Dr Young that she did not want to promote contact between Mr Albon and any child that was born, but would send him a yearly update from the age of one. She said that Mr Albon had agreed and had said that this was the mother's choice: "it felt we were both on the same page at the time." She knew that Mr Albon had 150 or more children and she was "fine with that. I was focused on having a baby. I didn't think of the possible impact on [CA]." She kept Mr Albon's identity from her family.
47. MA told me that Mr Albon was supportive when she had contacted him during the pregnancy and so she sent him a photograph of CA after she was born. She sent another photograph of CA to him on Father's Day in June 2023. She then wanted to have another baby and so invited Mr Albon to come to her home in September 2023 when CA was about five months old. Over a two to three month period to mid November 2023, Mr Albon visited her about ten times. She recalls that each occasion was for the purpose of their having sex so that she could conceive again. However, his visits also allowed him to spend some time with CA and CZ.
48. After CZ was presented at hospital with an injury to his left ear, Social Services became involved. On 14 December 2023, MA messaged Mr Albon to ask if his name was Robert. To that point MA had known him as Joe Donor. She told the Court that although she had realised that "Donor" was not his real surname, she had assumed that Joe was his real first name.
49. At about that same time there was the telephone conversation between MA and Mr Albon to which I have already alluded and which he recorded in full. He produced the recording over a year later in these proceedings. A transcript of the conversation shows that MA began by asking Mr Albon not to tell Social Services that he had been visiting her home because, "I could lose my daughter if they think I am lying." She had been saying to Social Services that she had not been having contact with Mr

Albon. In the telephone conversation, he then presses MA to enter his name on CA's birth certificate and to agree to him having parental responsibility for CA "before they go to court. Once they go to court we can't change it because we have to get their permission." Later in the conversation there is the following exchange:

"MA: I get you're concerned about your daughter. I get that I just don't wanna lose her by them finding out that I've lied by saying that you've not been having contact because either way she'd go to care.

RA: Well yeah then if I get the PR I don't have to because if I don't have PR and I go to court I have to show that I've had contact with her but if I already have PR then I don't."

50. MA gave her oral evidence at Court behind a screen so that she did not have to see Mr Albon and he could not see her. She had a supporter standing by her throughout. When not giving evidence, she attended the hearing remotely. She gave her evidence fluently and answered questions directly but it soon became evident that she was suggestible. She has been influenced by her wider family including her maternal grandfather who is hostile to her having any further dealings with Mr Albon. Her position at the outset of the hearing had been to oppose any face to face contact between CA and Mr Albon but in cross-examination by Ms Connolly KC she readily agreed to supervised face to face contact taking place. Then, after she had completed her evidence and after hearing Mr Albon's oral evidence, she instructed those representing her to inform the Court that she did not agree to any contact taking place. I found her evidence to be unreliable on a number of issues. Firstly, I cannot rely on her giving the Court her settled position in relation to contact between CA and Mr Albon. Secondly, she said that she felt that Mr Albon had pressured her into agreeing to sexual intercourse by telling her that he would charge £100 for artificial insemination but to impose no charge for natural insemination. In fact, the records show MA sought natural insemination at the outset. It is true that later she asked Mr Albon how much he charged for artificial insemination but, as she told Dr Young, and as I find to be true, she was content to engage in sexual intercourse with Mr Albon with a view to becoming pregnant because she believed that it was more effective – she believed it would "get me closer to my goal". Thirdly, MA now says, and would perhaps like to persuade herself, that she invited Mr Albon to her home in the autumn of 2023 only for the purpose of having sex with a view to her conceiving again, but I am satisfied that she was happy for him also to spend time with CA. She did not usher him out of the house after intercourse but was happy for him to stay and play with the children. He seemed to her at the time to be a respectful man who, as she told the Court, did not shout at her. In contrast she has had very negative experiences of most other men in her life. She was isolated and she welcomed the fact that he would interact with her children. It is only with hindsight, having learned more about Mr Albon, that she now characterises his visits as being solely for the purpose of having sex in order to conceive another baby.

51. Notwithstanding the unreliability of some important parts of MA's evidence, I accept the truth of her evidence that the more she has learned about Mr Albon during the

course of the proceedings, the more she regrets having invited him into her children's lives. She has suffered a litany of abuse, broken relationships, emotional abandonment, and mental health struggles in her life. She is a vulnerable woman who was naïve in her dealings with Mr Albon. She did not think through the implications of using him as a sperm donor. No-one, including Mr Albon, gave her objective, useful advice at the time when she decided to use his service as a sperm donor. The ramifications of doing so and of later inviting Mr Albon into her home, have become clearer to her over the past twelve to fifteen months but at the time she did not think about them. She now feels that he manipulated her and she is fearful of him doing so again and of his manipulating CA if he has the opportunity.

52. In her final analysis, the Guardian for CA and CZ, says:

“[MA] is a vulnerable lady prone to engage in adult relationships that feature control and coercive behaviour.”

53. When proceedings concerning her children were begun, there was a significant possibility that they might be removed from MA's care. However, she has engaged well with the Local Authority, counselling, parenting assessments, and the Court. All parties now agree that CA and CZ should remain in MA's care. Nevertheless, she will require continuing support.

CB and CX

54. CB and CX are half-siblings sharing the same mother, MA, but with different fathers. They are currently placed in foster care with the same foster carers, subject to Interim Care Orders. A sibling assessment by Independent Social Worker, Joanne Adams, recommends that they should be placed separately with ongoing direct and indirect family time provided that the same continues to be in their best interests. CB is white but CX is mixed race. They have six older maternal half-siblings including one mixed race half-brother. He and another half-brother are adopted by separate adoptive families. Another half-brother lives in foster care, an elder sister who used to live with CB and CX and their mother until 2023 and who chose to leave, now lives with her father, and two other half siblings live with the maternal grandmother. CX has additional needs. In or around April 2022, it was thought that he may be autistic and there were concerns that MB was isolated and struggling to care for her children. In February 2023, CX was admitted to hospital with constipation and vomiting. He was seen to eat and drink in hospital but MB expressed the view that he needed PEG feeding. In May 2023, MB withdrew CX from nursery and she had stopped engaging with the health visiting service. A safeguarding referral was made in June 2023. By then, CB was 11 months old. A child and family assessment in September 2023 reported concerns that CB and CX were happy and more active when not in MB's presence. The children were made subjects of a Child Protection Plan under the category of neglect in November 2023.

55. On 27 February 2024, CX was admitted to hospital with seizures and low blood glucose. He was described by a doctor as being in “starvation mode”. He devoured a

sandwich in hospital. The Local Authority made an urgent application to court and Interim Care Orders were made on 4 March 2024.

56. Since being in foster care, CX's eating has improved. Initially, he would eat until he was sick and he still eats quickly, sometimes "frantically", but not to the extent he used to display. His toileting has required careful management because of constipation and "holding on". He will not bathe but will now tolerate a shower. On going into foster care he struggled to walk properly (aged five years, five months) but now walks without any problems. He now has a diagnosis of autism and may be "developing tics". He attends a mainstream primary school but with intensive 1:1 support. He works significantly below the expected levels for a child of his age. He is very settled at his foster placement
57. The sibling assessment refers to CB as a "petite little girl with a mischievous smile and a strong personality." On paediatric assessment on 1 March 2023 she was noted to have an in-turning right foot and delayed speech. She had a large milk intake within her diet. When she first arrived in foster care it was noted that she seemed to be unused to solid food but she now enjoys a wide range of food. Her legs are bowed but with physiotherapy she has improved muscle strength which has improved her mobility. When she began in foster care, she rejected affection and physical contact but now she is accepting. She did not know how to play but she now plays happily. She is "exceptionally strong-willed", possessive, and is prone to emotional outbursts but can regulate her emotions with support. She is now nearly three years old.
58. As noted, the sibling assessment recommends that CB and CX be adopted, or placed in long term foster care, separately. No party other than Mr Albion contended otherwise. I have had careful regard to that well thought-through and sensitive assessment. CA and CX are not at all close and have very different needs. Placement for adoption will be very difficult to achieve for CX but not for CA.

MB

59. MB has now had eight children none of whom remains in her care. She presently lives in the South of England with her fiancé GH whom she met online. She told Dr Young that she had "no positive childhood memories" other than spending time with her father and her paternal grandparent. She feels that her mother was distant and she is resentful that she spent no time with her even though she did not work. Her mother has since stepped in to care for some of MB's children when she has been unable to care for them herself. MB feels that her mother tries to control her life and has been instrumental in the breakdown of her relationships and the loss of her children. Her parents separated when she was about ten years old and her mother moved around the UK a great deal. MB had a long relationship from the age of 16 with a man 20 years older than her. He is father to four of her children. According to MB, the man had "lots of children" to other mothers. The father of another of her children has no contact with them and MB had only a short relationship with him. Another child's father's identity is unknown to her and the conception happened on a "one-night stand". CX's father has not been traced. MB reports that he had a diagnosis of paranoid schizophrenia.
60. MB told Dr Young that she chose to home educate CX because "I believe school is not the right place for children. I hate schools." She believes that Social Services

have not helped her at all and have “split my family up and medical services have also been unhelpful.”

61. Dr Young assessed MB’s full scale IQ as being 84 placing her in the “low average” range. Many professionals have recorded that MB becomes distressed very easily and to a high level. MB denied this to Dr Young. She has suffered what Dr Young calls, “relational trauma in childhood with the sudden loss of important caregiving figures... she has heightened emotional needs.” Dr Young’s opinion is that MB:

“presents with unmet/unresolved attachment needs ... this has left her with deep-seated feelings of rejection and abandonment. These unresolved attachments needs have, I think been preoccupying [MB] (not necessarily at a conscious level) and she has tried [to use] her intimate relationships, and her decision to have a large number of children as a means to try to meet those needs and give her the sense of belonging and acceptance she so needs and wants.”

Dr Young considered suggestions that MB may have Asperger’s Syndrome but was unable to confirm that diagnosis. Nevertheless, she has indicators of Asperger’s Syndrome and her attachment difficulties might arise from that condition. She has poor understanding of the many concerns about her parenting and her accounts differ from those of others including professionals. She “has a tendency to project blame onto others and views herself as the victim.” Dr Young concluded:

“It is my view that [MB]’s unmet attachments needs have a significant detrimental impact on her parenting ability, both in the past and currently. She is preoccupied with her own emotional needs and this drives her decision-making and focus ... Whilst [MB] loves her children they serve as a means to meet her own emotional and attachment needs. This significantly compromises her ability to prioritize their needs above her own and to make child-centred decisions... it is my view [that] there is reasonable concern [MB] may struggle to keep the children safe from harm in the future.”

Robert Albon

62. Mr Albon has made many statements in these proceedings and gave oral evidence over the course of three days. He has been the subject of a psychological assessment by Dr Helen Young and parenting assessment of Ms Griffiths as well as assessments by social workers for each Local Authority.
63. In September 2020, he came to England and has carried on his donor activities here. These have been the subject of a short Channel 4 documentary Life Uncovered,

“Facebook Sperm Donor has Sex with Clients” and appearances on This Morning on ITV as well as numerous articles in newspapers and online. He has given a great deal of evidence to the Court about his donor activities and they have given rise to considerable concern amongst social workers and experts about his ability to parent CA and CB. It is relevant therefore to consider Mr Albon’s donor activities.

64. Mr Albon advertises his services as an unregulated sperm donor under the pseudonym Joe Donor. He has written self-published books about sperm donation. His account of his donor service can be summarised as follows:
- a. He promotes himself as a sperm donor online using Facebook and Instagram including Facebook groups which he administers.
 - b. He makes no claims to a woman who contacts him about his health or the absence of hereditary conditions. In fact he has tests for HIV about once a year but not for sexually transmitted infections (“STI’s”). He has not been screened for any genetic conditions.
 - c. He does not enter into any oral or written agreements with the woman.
 - d. He offers natural insemination (NI), artificial insemination (AI), and what he calls partial insemination (PI) which is sexual intercourse without any intimacy (no kissing, foreplay or prolongation of intercourse for pleasure).
65. I have seen a number of examples of Mr Albon’s online postings and self-promotions. He has recently posted images and audio recordings of his offer to send out samples of his sperm by post for the purpose of artificial insemination. The images include him wearing latex gloves, holding syringes beside a centrifuge machine.
66. Mr Albon is frank about his sperm donor activities. He regards himself as performing a job which benefits women. He says that just over 50% of the women who use his service are inseminated through intercourse and the rest inject his sperm using a syringe. He says that he leaves it entirely up to the women who become pregnant whether they want him to have any contact with the child. He says that he maintains contact with upwards of 60 of the children he has fathered and that he is named on about ten birth certificates. When asked to name any of his donor-conceived children with whom he maintains contact he was unable to name more than ten and the Court is aware of six of those in England and Wales as set out above. It was difficult to believe that he maintains contact with 60 or so of his children and he produced no evidence to corroborate that claim. He told the Court that currently there are some six or seven women in the UK who are pregnant after having used his sperm.
67. The women who use Mr Albon as a sperm donor mostly fall into two camps: women in a lesbian relationship and women who are not in any relationship. The risks they take in using a prolific, unregulated sperm donor who operates as Mr Albon does, are obvious. They do not know anything about the health of his sperm, his genes, his physical or mental health, or his history. Like MA, many will not even know his real name. There is no record of his other children, their mothers, or where they live. There is nothing to prevent Mr Albon seeking declarations of parentage, parental responsibility, or child arrangements orders in respect of the children he fathers.

68. The three advantages of Mr Albon's service for women who use it are (i) it is cheap, (ii) it is available almost immediately, and (iii) no conditions are attached and no questions are asked: the evidence before the Court shows that Mr Albon will have sex with, or provide his sperm for artificial insemination, to just about anyone who asks. I received no evidence of any occasion when he has declined to offer his donor service to a woman who has asked. He is indiscriminate in that respect.
69. Mr Albon's motivations for acting as a prolific sperm donor have been questioned at this hearing. Is he motivated by the desire to have sex with many different women? Is he compelled to reproduce? Does he enjoy gratification from knowing that there are scores of his children on the earth? Is he simply attention-seeking? Does he want to secure his immigration status? It is difficult to look into the mind of Mr Albon because he is not self-reflective. He has a matter of fact attitude toward what he does. In the documentaries or interviews I have viewed, he appears to regard his "work" as a both a humanitarian service and a bit of fun. He uses cartoon type imagery to promote his service. He refers to his semen as "Joe's juice" and "baby batter", and joked with a reporter who had accompanied him at a hotel where he was due to provide a sample of his sperm for AI, that a mug he was holding was a "cup of Joe". He even put down his co-donor's sinister comment about "bleaching Africa" as a joke.
70. Mr Albon was given a warning about self-incrimination under CA 1989 s98 before he was asked well-targeted questions prepared by Ms Howe KC and Mr Simpson about the storage, processing and distribution of his sperm. In his statement of 15 March 2024 in the Durham proceedings, Mr Albon said,

"I survive month to month on the money left over from the reimbursement of the costs associated with private sperm donations that are provided to cover my expenses. This can vary, but I generally have £800 a month left over from the expenses.

I also get some payments from media for pictures and stories. This can vary but it generally works out at around £100 a month."

Mr Albon was asked about this statement. He confirmed that he charges £100 for the delivery of his sperm by post. He explained that he puts his sperm into a syringe, packages the product and packs frozen passata (tomato puree) around it which, he says, defrosts slowly and keeps the product at a suitable temperature. He then posts or couriers the package to the recipient. Although he has described his charge as being for expenses only, he told me that the costs associated with this service are about £50 (including the passata). He has not produced any evidence to verify this claim but, even on his own account, he still has £50 left over after the payment of expenses. He said that he has to pay his utilities and rent but these are living expenses and even if he was treated as running a business and could claim some of his rent and other outgoings as business expenses, the total costs to him of producing, treating, packaging and posting his sperm would not amount to £50 for each delivery he sends

out. He said that the balance of £50 after expenses was “opportunity cost”. That is an economist’s term for the profit foregone from alternative activities when a chosen activity is undertaken. It is not an expense or overhead of a business. If, in March 2024, he had £800 a month left over after the payment of expenses and was clearing £50 per package, he must have been sending out about 16 packages a month.

71. I conclude that Mr Albon produces sperm and distributes it as a sole trader for profit. He uses terms such as “expenses” and “opportunity cost” to obscure the fact that sperm donation is, for him, a business. He has not produced any business records or accounts but on his own account the costs to him of shipping his sperm are no higher than 50% of the £100 he charges for that service. He advertises his services online using cartoon-like imagery and light-hearted terms, whilst at the same time creating the impression that his sperm is tested and packaged in laboratory conditions. He has used images of plastic syringes, a microscope, and a centrifuge machine in promotional material. He refers in such material to “quality controlled sperm”. He told the court that he uses a substance known as an “extender” added to his semen. He is in business and he makes money out of the business. As such, having regard to the provisions of the Human Fertilisation and Embryology Act 1990 set out below, there must be a concern that he ought to have had a licence at least for distributing his sperm in the course of business to aid reproduction.
72. Mr Albon has been the subject of a number of assessments in these proceedings. There is a parenting assessment of him by Ms Q in relation to CA which was negative partly on the grounds that Mr Albon “targets vulnerable women” and preys on their urge to have a baby “to achieve his goal of having an ‘unlimited’ amount of children. He does not consider the impact of his sperm donor activity on the children he has conceived.” There is a parenting assessment of him in relation to CB which is also negative as is Ms Griffiths’ independent parenting assessment of Mr Albon. I also have the Guardians’ analyses in both sets of proceedings which are not supportive of Mr Albon’s applications for, respectively, face to face contact with CA, and an order placing CB in his care. I also have the very helpful expert evidence of Dr Young, Clinical Psychologist.
73. I found Dr Young’s reports and her oral evidence to be thoughtful and balanced. She wrote separate reports for each set of proceedings but her common opinions about Mr Albon were as follows:

“It is my view that Robert’s attachment experiences have impacted on his emotional capacities, and relational behaviour. There is a strong theme of superficiality in his close relationships which is replicated, and reinforced, in his role as an unregulated sperm donor.

I think there is a compulsive element to what he is doing that Robert himself does not understand, and this makes it difficult for him to step away from being an unregulated sperm donor. Despite the difficulties he has encountered in the UK this does not seem to have evoked any real doubt in his mind about whether he should continue. Although he said he would stop donating sperm in this manner were he to have CB in his full-time care, I was not convinced that he was convinced of this...

Robert has very little insight into the potential impact of his actions on [CA and CB] and his other children arising from his actions as a sperm donor. He chooses to focus on the positives as he perceives them, and this positive narrative enables him to justify a continuation of his actions.”

Dr Young commented on Mr Albon’s superficial relationships further by observing that:

“... he parachutes in and out of these relationships and family lives and cannot possibly form or sustain emotionally meaningful relationships.”

She commented on his sperm donor activities as follows:

“He tells himself it is about helping women to have children, but he does not understand where the drive is coming from. Yes, he wanted to procreate and have more children than he was able to have with his wife, but this does not sufficiently explain the need to have 180+ children, and counting. I think this compulsion is reinforced by the repeated experience of helping people in need, to be in some way their ‘saviour’ and the positive feelings this induces in him, further reinforced by Robert feeling part of a ‘family’ of sperm donors.

Robert states one of the attractions to unregulated sperm donation is the chance to have a relationship with the child, but given the number of children he has fathered, this is not about being a parent. These relationships could never be anything more than superficial, otherwise the demands on him would be overwhelming. Indeed, Robert himself is of the view that even having 5% or 10% contact with a child is good enough. The lack of depth of thought about the impact on both the women and children, was marked.”

74. In relation to Mr Albon’s proposal that he should have contact with AC, Dr Young advised:

“It is my view CA does need to know who her father is as she will need support to learn her life story over the course of her development. Not having contact with him would offer some greater degree of protection from the coal face of her father’s lifestyle and may provide more ‘psychological space’ to explore the issues without simultaneously having to manage her father’s views.

It is difficult to anticipate the impact on CA of knowing she may have up to 179 half-siblings. I am not entirely dismissing

Robert's suggestion this could be a positive response but this could equally evoke a range of more difficult thoughts and feelings."

75. Dr Young was opposed to Mr Albon's proposal that CB should be placed in his care (and his earlier proposal that both CA and CX should be placed with him):

"I would question whether contact between Robert and the children should continue into the long-term. Clearly the permanency plan will drive this to some extent, but reservations centre on Robert's ability to be a committed parent who can manage the role of a consistent and meaningful parental figure that goes beyond the superficial relationships he has currently.

The reason he has a more involved relationship with CB currently is one of circumstance. It was convenient for him to live for a time in the family home and MB offered him open-ended contact post-CB's birth. Had this not been the case it is likely his relationship with her would be similar to the superficial relationships he has with his other children born from sperm donation."

76. Mr Albon was the subject of a parenting assessment by Norfolk County Council which found that he lacked insight into his children's needs and that much of what was known about him was from self-reporting without verification.
77. Ms Griffiths' parenting assessment of Mr Albon was negative. I can take that assessment and the views of the social workers employed by each Local Authority, together. As with the Guardians in each case, they share a negative view of Mr Albon's parenting capacity both in relation to caring for CB and spending face to face time with CA. They are troubled by the impact on each child of his activities as a prolific, unregulated sperm donor: the impact of his prioritising such activities, the negative publicity and attention that will bring on him and his daughter(s), the litigation that appears to go with it, his involvement with the police on repeated occasions, his itinerant lifestyle, the fact that he has no security of tenure or of immigration status, the superficiality of his relationships and his failure to have acted to safeguard children when he has had the opportunity and obligation to do so.
78. As Mr Gray rightly accepted in closing submissions, there were errors made when a social worker from Redcar contacted a social worker from Durham about police checks on Mr Albon. Durham did not have the hard copy of police checks and mistakenly referred in their own documentation to matters for which he had not been investigated. It is right to record that before they became aware of the police checks, Durham had regarded Mr Albon as a protective factor for CB and CX. It is a fair criticism of Durham that social workers did not take greater care to ascertain facts about the police checks before making judgments about Mr Albon's past history and his risk to the children with whom they were concerned. Nevertheless, they may have

reached the very same conclusions had they had the copy of the police checks which every party in the case and the Court has now seen.

Legal Framework

The Upbringing of a Child

79. When a court determines any question with respect to the upbringing of a child, the child's welfare shall be the court's paramount consideration – Children Act 1989 (CA 1989) s1(1). The court shall have particular regard to the matters set out in the so-called welfare checklist at CA 1989 s1(3) and shall have regard to the principles set out elsewhere in CA 1989 s1, including the “no order” principle, that delay is likely to prejudice the welfare of the child, and that it should be presumed, unless the contrary is shown, that the involvement of each parent in the life of the child will further the child's welfare.

Adoption

80. Whenever a court is coming to a decision relating to the adoption of a child the paramount consideration of the court must be the child's welfare throughout his life and the court must have regard to the matters set out in the so-called extended welfare checklist in the Adoption and Children Act 2002 (ACA 2002) s1(4). By ACA 2002 s52(1)(b), the Court may not dispense with the consent of a parent with capacity unless satisfied that the welfare of the child requires the consent to be dispensed with. Caselaw on the application of the statutory tests is found in *Re B* [2013] EWSC 33 and *Re B-S (Children)* [2013] EWCA Civ 1146. The Court must conduct a global, holistic evaluation of all the circumstances and all the options, including an intense focus on the nature and extent of risks and of means of mitigating risks. In *Re D-S (A Child: Adoption or Fostering)* [2024] EWCA Civ 948, the Court of Appeal noted the precariousness of long term fostering compared with adoption.

Declaration of Parentage

81. By the Family Law Act 1986 s55A,

“55A Declarations of parentage.

- (1) Subject to the following provisions of this section, any person may apply to the High Court or the family court for a declaration as to whether or not a person named in the application is or was the parent of another person so named.
- (2) A court shall have jurisdiction to entertain an application under subsection (1) above if, and only if, either of the persons named in it for the purposes of that subsection—
 - (a) is domiciled in England and Wales on the date of the application, or

- (b) has been habitually resident in England and Wales throughout the period of one year ending with that date, or
- (c) died before that date and either—
 - (i) was at death domiciled in England and Wales, or
 - (ii) had been habitually resident in England and Wales throughout the period of one year ending with the date of death.
- (3) Except in a case falling within subsection (4) below, the court shall refuse to hear an application under subsection (1) above unless it considers that the applicant has a sufficient personal interest in the determination of the application (but this is subject to section 27 of the Child Support Act 1991).
- (4) The excepted cases are where the declaration sought is as to whether or not—
 - (a) the applicant is the parent of a named person;
 - (b) a named person is the parent of the applicant; or
 - (c) a named person is the other parent of a named child of the applicant.
- (5) Where an application under subsection (1) above is made and one of the persons named in it for the purposes of that subsection is a child, the court may refuse to hear the application if it considers that the determination of the application would not be in the best interests of the child.
- (6) Where a court refuses to hear an application under subsection (1) above it may order that the applicant may not apply again for the same declaration without leave of the court.
- (7) Where a declaration is made by a court on an application under subsection (1) above, the prescribed officer of the court shall notify the Registrar General, in such a manner and within such period as may be prescribed, of the making of that declaration.

82. Mr Albon has made an application for a declaration of parentage in respect of CA. All are agreed that the criteria for making a declaration are met and that Mr Albon is the biological father of CA. However, MA invites the court to consider whether it should refuse to hear the application on the grounds that its determination would not be in the best interests of the child – s55A(5).

83. Under FLA 1986 s58(1):

“Where on an application to a court for a declaration under this Part the truth of the proposition to be declared is proved to the satisfaction of the court, the court shall make that declaration unless to do so would manifestly be contrary to public policy.”

The Attorney General was informed of the application but declined the opportunity to intervene or to make submissions on the issue of public policy.

84. If a declaration is granted then the birth may be re-registered under the Births and Deaths Registration Act 1953, s14A which provides:

“Re-registration after declaration of parentage.

(1) Where, in the case of a person whose birth has been registered in England and Wales—

(a) the Registrar General receives, by virtue of section 55A(7) or 56(4) of the Family Law Act 1986, a notification of the making of a declaration of parentage in respect of that person; and

(b) it appears to him that the birth of that person should be re-registered,

he shall authorise the re-registration of that person’s birth, and the re-registration shall be effected in such manner and at such place as may be prescribed.”

85. Although s14A appears to allow for the possibility of the Registrar General not re-registering the person’s birth, Counsel’s enquiries did not reveal any circumstances under which the Registrar General would refuse to re-register a birth following a relevant declaration by the Court save for in very limited circumstances relating to deficiencies in DNA evidence. Nor does it appear that there are any circumstances under which the Registrar General would enter a note or caveat on a re-registered birth certificate, for example to the effect that the person named as father on the re-registration does not have parental responsibility. This is relevant because whereas registration of a man as father gives him parental responsibility (CA 1989 s4) re-registration does not.

Parental Responsibility

86. By CA 1989 s4:

“4. Acquisition of parental responsibility by father.

(1) Where a child's father and mother were not married to or civil partners of each other at the time of his birth, the father shall acquire parental responsibility for the child if—

(a) he becomes registered as the child's father under any of the enactments specified in subsection (1A);

(b) he and the child's mother make an agreement (a "parental responsibility agreement") providing for him to have parental responsibility for the child; or

(c) the court, on his application, orders that he shall have parental responsibility for the child."

87. In the CA 1989, parental responsibility ("PR") means "all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property." – CA 1989 s3(1). By CA 1989 s8, Prohibited Steps Orders or Specific Issue Orders may be made which respectively prevent a step that could be taken in the exercise of PR, or determine a specific question which arises in connection with any aspect of PR for a child.

Sperm Donation

88. There is no dispute that both CA and CB were conceived through natural insemination, i.e. sexual intercourse between Mr Albon and their respective mothers. He is therefore the biological and legal father of each child – see *M v F and H (Legal Paternity)* [2014] 1 FLR 352 FD. The Human Fertilisation and Embryology Act 2008 ss34 to 38 operate so that certain men, for example a man who consents to the woman to whom he is married undergoing artificial insemination to create an embryo, may be treated as the legal father of the child subsequently born even though they are not the child's biological father. But by s41(1) of that Act, the biological father of a child born after artificial insemination does not become its legal father:

"Where the sperm of a man who had given such consent as is required by paragraph 5 of Schedule 3 to the Human Fertilisation and Embryology Act 1990 (consent to use of gametes for purposes of treatment services or non-medical fertility services) was used for a purpose for which such consent was required, he is not to be treated as the father of the child."

89. The Human Fertilisation and Embryology Act 1990 s2(1) defines some important terms used within the Act:

"'distribution', in relation to gametes or embryos intended for human application, means transportation or delivery to any person in or outside the United Kingdom, for human application..."

'human application' means use in a human recipient.

‘non-medical fertility services’ means any services that are provided, in the course of business, for the purpose of assisting women to carry children, but are not medical, surgical or obstetric services.

‘processing’, in relation to gametes or embryos intended for human application means any operation involved in their preparation, manipulation or packaging...

‘procurement’, in relation to gametes or embryos intended for human application, means any process by which they are made available...”

By s2(2A):

“For the purposes of this Act, a person who, from any premises, controls the provision of services for transporting gametes or embryos to any person in or outside the United Kingdom for human application is to be taken to distribute gametes or embryos on those premises.”

90. A licence may be issued under Schedule 2(1A) of the 1990 Act authorising the procuring and distributing of sperm in the course of providing non-medical fertility services.

By s4(1A) of the 1990 Act:

“No person shall procure, test, process or distribute any gametes intended for human application except in pursuance of a licence...”

91. Hence a person who, in the course of business, for the purpose of assisting women to carry children, distributes gametes (which includes sperm) intended for use in a human recipient requires a licence to do so. By s41 of the 1990 Act it is an offence to contravene s4(1A).

92. The Human Fertilisation and Embryology Agency (“HFEA”) publishes this advice on its website about IVF clinics:

“Clinics in the UK are regulated by us.

At regulated clinics, the donor is screened for infectious diseases, such as chlamydia and HIV, and is offered counselling and information about their rights and obligations.

The donor’s sperm can only be used to create up to 10 families and they will be compensated up to £35 [now £45] for each clinic visit in line with the requirements set by the HFEA.

If you have fertility treatment using a donor at a UK clinic the donor will not:

- be the legal parent of the child born
- have any legal obligation to the child

- be named on the birth certificate
- have any rights over how the child will be brought up, or
- be required to support the child financially.

You will have parental responsibility and, if you are married or in a civil partnership, your spouse will automatically be the child's second legal parent. If you are in a relationship, your partner will be the second legal parent if you both sign the relevant legal parenthood consent form."

The HFEA advises that:

"Clinicians need to decide whether a patient's health will allow them to go through treatment and a possible pregnancy, and weigh any potential health risks against their chance of conceiving through IVF.

We also require clinics to carry out a 'Welfare of the child' assessment before starting any treatment. This looks at factors which are likely to cause serious physical, psychological or medical harm, either to the child to be born or to any existing child of the family."

The HFEA gives this warning about unregulated sperm donation:

"If you undergo a private arrangement, you will not have the same safety and legal protections: you can't be sure that the donor has undergone rigorous screening and quality checks. If the donor has not had these checks, you may be putting you and potentially your child at risk of many diseases, including hepatitis B and C.

There is also no limit on the number of families the donor can create or on how much compensation he can receive. If you have donor treatment at a UK clinic, the donor can only donate to up to 10 families. This limit is to maintain a relatively small number of children and donor-conceived genetic siblings from one donor. The limit also minimises the possibility of two children from the same sperm donor having a relationship with each other without knowing. Some unregulated donors have reported conceiving several hundred children and it is therefore important to think about the possible implications of this for your child.

There are also safety issues to think about. If you decide to meet a man who you do not know, you should be careful not to put yourself at risk. Some donors may be genuine in their intentions,

but some may not be, and rather than offering artificial insemination they may insist on ‘natural’ insemination. They may try to convince you that ‘natural’ insemination offers a better chance of getting pregnant over IUI, but this is not necessarily the case.”

Family Assistance Order

93. By CA 1989, s16:

“Where, in any family proceedings, the court has power to make an order under this Part [Part II] with respect to any child it may ... make an order requiring ... (b) a local authority to make an officer of the authority available to advise, assist and (where appropriate) befriend any person named in the order.”

94. Such an order is known as a family assistance order and it may be made in respect of a named parent, amongst others. The parent’s consent is required to make such an order and the local authority must agree to it. By CA 1989, s16(5), unless it specifies a shorter period, a family assistance order shall have effect for a period of twelve months beginning with the day on which it is made. Here, Redcar & Cleveland propose a three month family assistance order to provide assistance to MA.

S91(14) Order

95. By CA 1989, s91(14):

“On disposing of any application for an order under this Act, the court may ... order that no application for an order under this Act of any specified kind may be made with respect to the child concerned by any person named in the order without leave of the court.”

By CA 1989, s91A(2):

“The circumstances in which the court may make a section 91(14) order include, among others, where the court is satisfied that the making of an application for an order under this Act of a specified kind by any person who is to be named in the section 91(14) order would put (a) the child concerned, or (b) another individual, at risk of harm.”

96. In *Re A (Supervised Contact) (s91(14))* [2021] EWCA Civ 1749, the Court of Appeal endorsed the earlier decision in *Re P (Section 91(14) Guidelines) (Residence and Religious Heritage)* [1999] 2FLR 573 but observed that the landscape had changed significantly since that decision. The jurisdiction to make a s91(14) order is not restricted to cases where a party has made excessive applications, nor should they only be made in exceptional circumstances.

Analysis – Mr Albon and his Role in the Children’s Lives

97. The Local Authorities’ applications would most likely have been resolved some time ago, without further delay for the subject children, were it not for Mr Albon’s applications to care for CB and to have parental responsibility for, and face to face contact with, CA. His opposition to the consensus reached by other parties in the two sets of proceedings inevitably led to the focus during the hearing being on him. I shall begin my analysis with Mr Albon and that involves consideration of his activity as a sperm donor because that activity is central to his life, but I remind myself that the Court is not conducting a general enquiry into the ethics of unregulated sperm donation. First and foremost these proceedings concern the subject children. In relation to those issues where a child’s best interests are the Court’s paramount consideration, Mr Albon’s conduct as a sperm donor is relevant only insofar as it affects the assessment of those best interests.
98. Regulated artificial insemination at a licensed clinic involves a number of protections for the recipient woman and the potential donor-conceived child. These include screening of the donor for genetic disorders and sexually transmitted and other infections, screening of the donor sperm, limits to the number of families created by one donor, and a welfare of the child assessment. The option of counselling must be made available to the recipient. Records are kept so that donor-conceived children can later be given details of their biological father and siblings. The regulated processes offer protections but they are intrusive for the recipient and can be expensive.
99. In contrast, Mr Albon’s private sperm donor service is quick, cheap, and non-intrusive. It is unencumbered by regulations. There is no paperwork to sign, no screening, and no assessment. This service may attract recipients who cannot afford to use a licensed private clinic but it also attracts those who do not want to be asked questions, would prefer that records are not kept, and do not want there to be a child welfare assessment. From the evidence before the Court it seems that a high proportion of women using Mr Albon’s services in this country are vulnerable in one way or another. Certainly MA and MB were both highly vulnerable women when they contacted Mr Albon. MA had suffered abuse at the hands of different men, she has a borderline IQ and has suffered mental health struggles throughout adulthood. MB had five children who had either been removed from her care or had chosen to leave her care. She has unresolved attachment needs which have a significant detrimental impact on her parenting ability (Dr Young, above). Mr Albon does not trouble to question the history, character, and health of the women who use his service. He does not give any consideration to their ability to bring up his child. He was quite frank that he does not believe it to be his concern.
100. Mr Albon seemingly offers a cheap, “no strings attached” service to allow women to conceive. However, his service brings with it some significant risks and potential complications:
- a. The risk that he is carrying a sexually transmitted or other infection;

- b. The risk that he could pass on a genetic disorder to the child;
- c. The risk that the child may unknowingly form a relationship with a half-sibling.
- d. Misunderstandings about the role he will have in the child's life;
- e. The risk that he would seek unwanted involvement in the life of the child including declarations of parentage and/or a grant of parental responsibility;
- f. Legal disputes and litigation involving the child.
- g. The risk that the mother would not provide safe parenting for the child;
- h. Problematic issues in the child's upbringing concerning their identity, the circumstances of their conception, and the number and unknown identities and whereabouts of their half-siblings.

101. There is no evidence that Mr Albon has a genetic disorder or has, or has ever had, an STI, but some of the other risks and complications I have listed have indeed arisen and have caused serious problems for the mothers and thereby the children in the families within England and Wales referred to above. These are the cases of which the Court has knowledge. The Court has no evidence about any issues affecting other families around the world with whom Mr Albon has been involved as a sperm donor or otherwise.

- a. For the Welsh family which were the subject of the judgment of HHJ Furness KC, Mr Albon's involvement ended in acrimony and prolonged litigation. He has no contact with the mother, her partner, or the child.
- b. MC, the woman in Norfolk, appeared on This Morning with Mr Albon to announce their engagement. A month later the police were investigating domestic abuse allegations and Mr Albon was later asked by social services to leave the home. MC gave birth to Mr Albon's child. He has no contact with the mother or child.
- c. MD was a woman with a history of mental health issues from the northeast of England who conceived a child using Mr Albon's service. The Police were called to eject Mr Albon from her home. He has no contact with her or the child.
- d. MC conceived CE through Mr Albon's service whilst in a partnership with a person who had transitioned from male to female. Although MC has now agreed to Mr Albon having annual contact with the donor-conceived child, there is ongoing litigation concerning the child in which all three adults are parties.
- e. MA and her second child, CA. CA has been the subject of care proceedings. Disputes have arisen which this Court has to resolve. MA does not want Mr Albon to have any involvement in CA's life.
- f. MB and her eighth child, CB. CB has been the subject of care proceedings. Mr Albon seeks an order placing CB with him. MB does not want Mr Albon to have any involvement in CB's life.

102. There are common themes in relation to these six families who have had involvement with Mr Albon in the UK since his arrival here in September 2020. Five of the six women are known to have mental health issues or histories that make them vulnerable. Most of them are known to have believed that it was understood that Mr Albon would not play any parental role in the lives of the children he and they hoped to produce. All six relationships with these women ended in police involvement

and/or litigation. All but one of the mothers do not want him to have anything to do with their children and the one that does, has agreed contact limited to one meeting a year, an arrangement not yet approved by the court as being in that child's best interests. This is Mr Albon's track record in relation to the six donor-conceived children in the UK of which the Court has evidence.

103. The Court has very little information about other mothers to whom Mr Albon has provided his sperm donor service, or their donor-conceived children. He could only name about nine or ten of his donor-conceived children during his oral evidence even though he had several nights to reflect and recall more names during the course of his own oral evidence. Six of those children have been listed in the previous paragraph. In addition to the difficulties he has contributed to in those six families:

- a. On his own evidence he separated from his wife in the United States suddenly and without notice to her, driving to the airport and flying to Argentina to live. He did not say farewell or explain himself to her or their children before he left. His family home in the United States was later repossessed and he owes his ex-wife over US\$60,000 in alimony. His daughter of the marriage has given recently an interview to a British newspaper decrying her father's conduct.
- b. Again, on his own evidence, during his marriage he fathered two children with a Chinese woman but now has no contact with her or the children.
- c. He has a court order for child support outstanding against him in respect of a child of his born to a woman in Wisconsin. There is a warrant out for his arrest for non-payment of that order.

104. Mr Albon sought to put a positive gloss on the results of his activities as a sperm donor and the lives of those it has affected. He mentioned three or four children with whom he says he has some contact and whose mothers remain positive about him and his service to them. I only have his word for that but, even if what he says about those mothers and children is true, they appear to be outnumbered by the other families for whom Mr Albon's involvement has caused disarray.

105. Mr Albon does not keep records of the women he has tried to help to conceive. On his own evidence there have been hundreds. He estimates that he has fathered over 180 children but, as already noted, there is no way of knowing the accuracy of that estimate. If he has fathered about 180 donor-conceived children then, in these proceedings, he was unable to name about 170 of them. If any child of his were to ask how many brothers and sisters they had, he could not answer and he could certainly not tell them where they were living, what their names were, or how they could be traced. In answer to my questions he indicated that he could try to look at some receipts or social media messages to try to piece together information about where scores of his children might be. That speaks to the lack of care he has exercised about being their father. Mr Albon says that he enjoys being a father. What he actually enjoys is having produced children. The more children he produces the better he feels. But fatherhood involves more than creating a child. For all but a handful of the children he has helped to create through donating his sperm, he has had no involvement in their lives. He does not parent them. He does not care about them beyond the fact that they exist and that they add to his claimed number of progeny.

106. Much of Mr Albon's account of his life is uncorroborated. He says that he is still in contact with his ex-wife but the Court has no evidence to support that assertion. He claims to have fathered over 180 children but he has provided no proof to substantiate that number. There is an almost complete absence of evidence before the Court about his donor activities in the US and in Argentina.
107. Mr Albon is not a man troubled by self-doubt. He invariably describes his own conduct positively and seems not to recognise the personal turmoil he has left in his wake. None of it seems to have made an impression on Mr Albon. He has moved from country to country and at times from family to family. More recently he has found that shipping his sperm is more profitable than travelling to have intercourse with women, but otherwise the disputes and difficulties in which he has been embroiled have not caused him to change the way in which he operates. The turmoil created has not had an impact on his behaviour.
108. The evidence shows that, typically, women who use his service do not expect him to become involved in their future children's lives. For the most part Mr Albon does not seek to become involved. But in certain cases – as exemplified by the six cases known about in this jurisdiction – he does. And in the cases of CA and CB he is seeking extensive involvement. Hence, the questions asked repeatedly during the hearing were, "Why CA?" and "Why CB?" If he has 180 or so other children who mean so little to him, why has Mr Albon gone through this litigation in respect of these two daughters? Mr Albon says that it is because he loves these two children. In the case of CB it can be said that her mother allowed Mr Albon into the family's life. He has developed a relationship with CB and with her brother CX. He lived in the same household as them for a number of weeks and then had contact with them over a period of some months before Durham County Council stopped that contact after they became aware of police involvement in previous cases. Since then he has had supervised contact with CB and I have a bundle of contact records which show that his time with CB has been positive. In relation to CA, Mr Albon had limited contact with her during the period when MA wanted to get pregnant for a third time. Mr Albon has since had limited, supervised contact with CA for the purpose of assessment.
109. Mr Albon's observed contact sessions with both CA and CB have been positive. He is able to play and interact positively with them and to show them affection. Mr Albon has missed some contact sessions but for the most part he has been reliable. There is no doubt that Mr Albon would be capable of providing practical day to day parenting care to a child in his care or who was spending time with him.
110. When considering the nature of the relationship between Mr Albon and CA and CB it is useful to have regard to the well-known speech of Baroness Hale in *In re G (Children)* [2006] UK 43:
- "33. There are at least three ways in which a person may be or become a natural parent of a child, each of which may be a very significant factor in the child's welfare, depending upon the circumstances of the particular case. The first is genetic parenthood: the provision of the gametes which produce the

child. This can be of deep significance on many levels. For the parent, perhaps particularly for a father, the knowledge that this is “his” child can bring a very special sense of love for and commitment to that child which will be of great benefit to the child (see, for example, the psychiatric evidence in *Re C (MA) (An Infant)* [1966] 1 WLR 646). For the child, he reaps the benefit not only of that love and commitment, but also of knowing his own origins and lineage, which is an important component in finding an individual sense of self as one grows up. The knowledge of that genetic link may also be an important (although certainly not an essential) component in the love and commitment felt by the wider family, perhaps especially grandparents, from which the child has so much to gain.

34. The second is gestational parenthood: the conceiving and bearing of the child. The mother who bears the child is legally the child’s mother, whereas the mother who provided the egg is not: 1990 Act, s 27. While this may be partly for reasons of certainty and convenience, it also recognises a deeper truth: that the process of carrying a child and giving him birth (which may well be followed by breast-feeding for some months) brings with it, in the vast majority of cases, a very special relationship between mother and child, a relationship which is different from any other.

35. The third is social and psychological parenthood: the relationship which develops through the child demanding and the parent providing for the child’s needs, initially at the most basic level of feeding, nurturing, comforting and loving, and later at the more sophisticated level of guiding, socialising, educating and protecting.”

111. Not all sperm donors operate as does Mr Albion, but each of *his* genetic children is one of a large number of others. A deeply significant bond between a donor-conceived child and their donor father might exist in other cases, but it is much less likely to exist when the father is a prolific, unregulated donor who does not even know the names of the great majority of the children he has helped to produce. Far from having a record of showing love and commitment to his donor-conceived children, Mr Albion has no bond at all with most of them and has only superficial relations with those few whom he can name. In the cases of B and C in Wales, MC in Norfolk, MD in the North East of England, and ME in Essex cases, he has not maintained any meaningful relationship with the children. The supervised contact sessions with CA and CB give an opportunity for play and the development of a relationship but not a father/daughter relationship as such. Whilst the restrictions on his time with CA and CB are imposed upon him and not of his choice, Mr Albion is not in fact involved in the parenting of CA and CB. Indeed, at no time since he and his ex-wife brought up their two children has Mr Albion provided consistent social and psychological parenting for any of his children.

112. HHJ Furness KC noted that Mr Albon used the existence of the child in the Welsh proceedings as the “main plank of his application to remain in the UK ... I find that that was his principal motivation at the time he made the application in respect of H [within the family proceedings]... The truth is that he wanted to remain in the UK and H was a convenient means of doing so.” Mr Albon’s visa is shortly due to expire. He awaits an arrest warrant and debts in the US. It would assist to secure his immigration status in the UK were he to have a subsisting family life. Mr Albon persuaded CB’s health visitor and MB to support his immigration application in 2022 when his application relied on his relationship with CB. He has been eager to try to persuade MA, as he was with the mother in the Welsh case, to put his name on her child’s birth certificate which he could use as evidence to support his case of a subsisting family life. So, one answer to the questions “Why CA?” and “Why CB?” might be that he wants to establish a subsisting family life for the purposes of his immigration status. If CB were adopted, Mr Albon would lose that particular parental connection and so a parental connection with CA would become all the more important to him for the purposes of securing his immigration status in the UK.
113. I have given careful consideration to all the evidence before making any findings of specific motives for Mr Albon’s applications in relation to CA and CB. I have been greatly assisted by the expert evidence of Dr Young and by having the opportunity to see and hear Mr Albon give evidence over many hours at the hearing. There is no evidence before me of any diagnoses of a personality disorder or a mental health condition but there are traits to his personality which emerge clearly from all the evidence. First, he has very strong personal defences such that he appears to have rock solid confidence in his own judgment and decision-making. Second, he lacks empathy and only has superficial relationships with others. Third, he is dismissive of those who do not agree with him or who question his behaviour and beliefs. Fourth, he has a strong will and a determination to get his own way. Fifth, he needs to feel validated and recognised. Sixth, he seeks to control others to prove that he is right, to secure recognition, to get his own way, and to serve his own ends.
114. This sixth trait - controlling behaviour - is demonstrated in many different ways. He uses language to control narratives: he sought to do so in cross-examination and in his description of his business. He uses ambiguity to manipulate. Thus, he is ambiguous about his future involvement in the lives of his future children when he first has contact with their mothers. This allows him later to decide whether and, if so when, to seek to become involved. In many cases he chooses not to do so, but in others he does, as it suits him. When he needs a roof over his head he has crept into the lives of women to his advantage: he moved in to live with MB, with MC in Norfolk, and with MD in the North East of England. He uses others’ vulnerability and naivety to suit his own ends – for example persuading MB to send him messages she had received from MC, and seeking to exploit MA’s fear of losing her children to try to persuade her to register him as CA’s father. The evidence suggests that his practice as a sperm donor attracts a high number of vulnerable women. MA and MB have mental health issues, and MA has a borderline IQ. MC apparently had borderline personality disorder, MD and B had histories of mental health issues, and a referral was made to the police in Yorkshire after concerns that Mr Albon had had sexual intercourse with a woman not capable of giving consent (albeit that was not pursued further by the police). These are women whom he can seek to control. He has covertly recorded conversations, guided those conversations, and then sought to

rely on the recordings for his own advantage. That is a means of exercising control over others.

115. I find that Mr Albion has sought to control five of the six women in England and Wales who have carried his children whose identities are known to the Court and whom I have identified earlier in this judgment. I exclude MC in the Chelmsford case because I am yet to conduct a final hearing in that case and I do not have evidence before me in these proceedings on which I could find that Mr Albion has been controlling of ME. Nor do I have any evidence that she is vulnerable to manipulation by him. It might well be the case that ME has made a fully autonomous decision to enter into a written agreement with Mr Albion, uninfluenced by him or anyone else. The arrangements they have reached may be in the child's best interests. However, in the five other cases, including the two before me, there is evidence of Mr Albion exercising controlling behaviour. He has also used litigation as a means of control, as he tried to do in the Welsh proceedings and, I find, in both of the present proceedings. Pertinently, he told the Court that he is now making money by writing pre-action letters for others, in particular people who claim to have been defamed.

116. I am sure that part of Mr Albion's motivation in applying to have parental responsibility for and contact with CA, and care of CB, is to secure his immigration status: he has used his donor-conceived children as the basis of applications to remain in the UK. To show a subsisting family life it is insufficient for him merely to have sired children living here. He needs to establish a parental or familial relationship with them. I am also sure that he enjoys having sexual intercourse with lots of different women. He has not denied that it is something he enjoys. But he also has a more profound, psychological need to be validated, recognised, and to assert himself over others and he seizes opportunities to do this when it suits him. That is why he can effectively ignore the great majority of his other children whilst seeking to become involved in the lives of CA and CB. The vulnerability of their mothers allowed him the opportunity to impose himself and then to become involved in litigation. He derives some form of gratification from exercising control over certain women who have come to him in need and from being involved in this litigation, seeking to assert himself, and being listened to. As a sperm donor perhaps it is not surprising that Mr Albion has no interest in the lives of the great majority of his donor-conceived children. The conundrum is why he takes a particular interest in a handful of his children, including CA and CB. The answer is that he will seize opportunities from his sperm donor activities to gain a reward for himself – whether it is having sex with women, helping his immigration status, providing a roof over his head, or allowing him to exercise control and gain recognition. As Dr Young put it, Mr Albion “parachutes” in and out of other people's lives. He does so as and when it suits him, not for the benefit of others.

117. It is troubling that Mr Albion has so often turned a blind eye to the vulnerabilities and inadequacies of others. This may be due to a lack of empathy, to the superficiality of his relationships with others, or because it has suited his purpose to ignore their fallibilities. MA is a vulnerable mother who requires support. CA has a degree of developmental delay and she requires stability and consistency. CB is particularly vulnerable. She has lost the care of her mother and, whatever the decision of this Court, she is going to be separated from her brother. She has some eating issues, is strong-willed, and requires skilled parenting. Mr Albion has emphasised the

amount of time he spent with CB and CX even after he was forced to move out of the family home. He will have had ample opportunity to see how MB was parenting the two children, how they were developing, their mobility, and behaviour. He did not report any concerns about the children but there must have been ample grounds of concern as demonstrated by CX's state when he was admitted to hospital in "starvation mode" and the condition and behaviour of both CB and CX upon entering foster care. Furthermore, on his own account Mr Albon witnessed abuse by MC of a child in her care, including when she pressed hot pizza into their face, but he did not report it to the authorities at the time. He told police later that he knew early on that MC had a personality disorder. He knew about her vulnerabilities and he witnessed her abusing her child, but he did not act promptly. He has not demonstrated an ability effectively to safeguard children. I would add that he has readily engaged in unprotected intercourse with a view to MA and MB becoming pregnant again when he knew or ought to have known of their vulnerabilities. The evidence is that Mr Albon has priorities other than the welfare of others, including the welfare of existing and future children.

118. Dr Young advised the court that Mr Albon's relationships are all superficial. He does not form deep or meaningful relationships with others, including his children. All the evidence, including the evidence given by Mr Albon at the hearing, supports that conclusion. Of note, Mr Albon has no friendship or support network beyond a small group of other sperm donors.
119. MA is strongly opposed to Mr Albon having a role in CA's life. MA is vulnerable and has mental health struggles. She will be CA's carer for the foreseeable future and, most likely, throughout her childhood. Having regard to all the evidence and having watched and heard MA give evidence, I am sure that she would struggle to cope with Mr Albon having regular contact with her daughter. She feels that he has manipulated and taken advantage of her and is fearful of allowing him to do so again. The impact on her and her ability to provide CA with good, consistent parenting, of Mr Albon having face to face contact, or regular indirect contact with CA is an important matter for the court to take into account.
120. Similarly, if Mr Albon became CB's full time carer, then the involvement of MB, who is strongly opposed to that outcome, has to be taken into consideration. MB would know that Mr Albon had care of her daughter and it would be impossible in my judgement to avoid serious conflict between Mr Albon and MB over the course of CB's childhood.
121. Mr Albon assured the Court that he will stop his sperm donor activity if he is given care of CB. I do not accept that assurance. He told the Court that he had stopped promoting his service since the adjourned hearing in November 2024. That was shown not to be true. I have received evidence of what amounts to an advertisement that he put together and which remains available to view. If anything it seems to me that he is gearing up his postal service. In the face of strong evidence to the contrary, Mr Albon maintained that he does not make any money from being a sperm donor. He clearly does and his evidence on that issue was not credible. Dr Young has advised the Court that Mr Albon has a compulsion to create more children. That would be consistent with the way he has conducted himself over the past eight to ten years and would make it highly unlikely that he will stop now. It

feels good to him to produce more children and he believes that what he is doing is of great benefit. That again makes it unlikely that he will voluntarily stop doing it. He is of course entitled to believe that the service he provides is beneficial to women who want to conceive, but the manner in which he talks in interviews and sometimes in his evidence at court, about his donor activity, is jokey, almost frivolous, and belies the seriousness of what he is doing. He does not appear to recognise his responsibilities. He is not at all troubled by the complications that his donor activities create. Why would he stop?

122. Mr Albon is an intelligent man and clearly recognises that continuation of his sperm donor activities is not regarded by social workers and other professionals as being consistent with his being CB's full time carer. Hence, he has accepted as much. But he made it plain that, in his eyes, the incompatibility is purely practical – he could not respond promptly to a woman who was ovulating and who needed his sperm for conception, if he had child caring responsibilities for CB. During extensive questioning he did not once suggest that there would be any other reasons not to continue sperm donation, such as the emotional impact it might have on the child he was caring for. The emotional impact on the daughter from his former marriage is plain to see from her recent interview with a national newspaper, but Mr Albon brushed that aside saying that she had separated from him and his wife before she knew of his sperm donor activities. He could not acknowledge that his activities had caused her any difficulties at all. Mr Albon loves being a sperm donor and, so far, he has continued that activity whatever distress it has caused others. I cannot accept that he would give it up if he had care of CB or family time with CA.

123. With these considerations in mind, I turn to the specific issues for me to determine.

Analysis and Conclusions – The Issues for Determination

Declaration of Parentage

124. Mr Albon is the biological father of CA. At the outset of the hearing it was agreed by all parties, including MA, and I recorded, that FLA 1986, s55A(5) did not apply and that I should not refuse to hear the application for a declaration of parentage on the basis that it would be contrary to CA's best interests to determine the application. Later, Ms Venters KC for MA said that her client's position had changed and she submitted that the court should not hear the application, applying FLA 1986, s55A(5) as MacDonald J did in *MS v RS and others* [2020] EWFC 30. I note that the circumstances in that case were far removed from those in CA's case but MacDonald J's judgment is of considerable assistance. At paragraph 71 of that judgment, MacDonald J said:

“whilst I accept that the ascertainment of the truth regarding paternity is almost always in a child's best interests, given the gravity and lifelong consequences of the decision it is plainly in a child's best interests for the question of paternity to be answered based on evidence that is sufficiently cogent. It cannot

serve a child's best interests to provide that child with purported resolution of the question of paternity now on the basis of evidence that may result in that resolution being undermined or further disputed later. In this case, I am satisfied that there are manifest problems with each of the strands of evidence on which the father seeks to rely to advance his application for a declaration that he is not the father of the children such that, in the absence of further and forensic DNA testing at this time not being possible for the reasons I will come to, it is not in the children's best interests to determine the father's application at this time on the basis of the current evidence ..."

In *M v F v H* [2013] EWHC 1901 (Fam) Peter Jackson J had to consider whether the child was conceived by AI or NI (sexual intercourse). F was a donor who advertised his services online and admitted to having fathered some 30 children. The court found that the child had been conceived through sexual intercourse. Peter Jackson J noted that the HFEA 1990 only applied to "situations that fall within its footprint" which did not extend to insemination by sexual intercourse. He made the declaration of parentage naming F as the child's father.

125. I note that HHJ Furness KC refused to hear the application on the basis that it would be contrary to that child's best interests to determine it. He held that there would be "no concrete benefits" for the child and that his mother and partner would in any event inform him about his parentage in due course. There was no positive benefit to having Mr Albon's name on the certificate whereas it was likely that Mr Albon would misuse having his name on the birth certificate: "the subtlety of the consequences of registration being under s14A of the Births and Deaths Registration Act 1953 will be lost on almost every lawyer never mind doctors, school teachers or other persons for him the grant of parental responsibility would be significant." The Court of Appeal refused Mr Albon permission to appeal that and the other decisions made by HHJ Furness KC. CA's Guardian is troubled by the prospect of misunderstandings that Mr Albon has parental responsibility by reason of re-registration. She raised the question of whether steps might be taken to prevent or reduce the chances of misuse or misunderstanding about the re-registered certificate.

126. With respect to HHJ Furness KC, the decision about whether to make the declaration is not itself a best interests decision. FLA 1986 s55A(5) allows the court to refuse to determine an application for a declaration of parentage if to do so would not be in the best interests of the child. So, it is the determination itself that must be found not to be in the best interests of the child. And the test is a negative one – would the determination "not be in the best interests" of the child. The question is not whether it would be in the best interests of the child for Mr Albon to be declared to be their parent.

127. There are strong factors in favour of making the determination as were articulated by MacDonald J in *MS v RS* (above) and in other caselaw. It is of great importance for a child to know where they are from, who their parents are, and to be able to understand their identity. Here, it is known who CA's father is. CA was born after consensual sexual intercourse. It would be odd for the court to record in its judgment

that Mr Albon is CA's father but to refuse to conduct a hearing to determine that he is. I shall not set aside the decision I made at the outset of the hearing to hear and determine the application. The s55A(5) exception is not made out.

128. By FLA 1986, s58(1) the Court must make the declaration, the truth of the proposition having been proved, as all agree, unless "to do so would manifestly be contrary to public policy." MacDonald J found that exception to be met in very different circumstances in *H v R and An Adoption Agency* [2021] EWFHC 1943 (Fam). I can imagine an argument that it might be contrary to public policy to make a declaration in a case of unregulated artificial insemination when no such declaration could have been made had the AI been through a regulated clinic, but this is a case of conception after sexual intercourse. In the circumstances of the present case I cannot see any argument that making the declaration would be contrary to public policy, let alone manifestly so. No party seriously pursued that argument.

129. I shall therefore declare that Mr Albon is CA's father. I understand the reservations about Mr Albon's name appearing on CA's re-registered birth certificate as will almost inevitably follow a declaration of parentage. As HHJ Furness KC observed, many people upon being shown the re-registered birth certificate may assume that Mr Albon has parental responsibility whereas re-registration does not confer that on the father. There being no apparent means of entering a caveat or notice on the certificate itself, I shall make an order that accurate information by way of a short statement which I shall append to my order, shall be provided to healthcare providers, schools and other bodies or authorities with whom CA is registered, and whenever her birth certificate is relied upon by MA or Mr Albon.

Mr Albon's Application for Parental Responsibility for CA

130. Mr Albon is CA's father and, had MA chosen to agree, he could have been registered as her father and would have thereby acquired parental responsibility for CA by operation of CA 1989, s4(1)(a). However, a re-registration following a declaration of parentage does not confer parental responsibility on him and, in the absence of agreement with MA, Mr Albon can only acquire parental responsibility for CA by court order on his application – CA 1989, s4(1)(c).
131. At the hearing Mr Albon's position on parental responsibility was very narrow. He suggested that his primary concern was that in the event of future litigation such as care proceedings involving CA, he should not be shut out. If he had parental responsibility then he would automatically become a party to any future proceedings. He was content not to be involved in decision-making about CA's health or schooling. It was submitted on his behalf that by making prohibited steps and specific issue orders, the Court could narrow the scope of the exercise by him of parental responsibility whilst ensuring that he would be made a party to any future proceedings involving CA. Whilst this approach might address some of the concerns of the Local Authority, MA and CA's Guardian that Mr Albon could misuse parental responsibility if granted to him, circumscribing parental responsibility in the way suggested would render it almost empty of substance. Mr Albon's position tends to undermine any assertion that he is committed to the parenting of CA. As it happens, notification of any care proceedings has to be given to a biological father who does

not have parental responsibility (although notice to him of a CA 1989, s8 order is not required – FPR PD12C paragraph 3.1). Hence, he would not need to acquire parental responsibility in order to be made aware of any future care proceedings.

132. In *Re H (Parental Responsibility)* [1998] 1FLR 855, the Court of Appeal set out the matters which the Court was required to consider on an application for parental responsibility. They are (i) the degree of commitment which the father had shown to the child, (ii) the degree of attachment between father and child, and (iii) the father's reasons for applying for the order. These requirements are a starting point and are not exhaustive. All the circumstances have to be taken into account and the Court's paramount consideration is the welfare of the child. There are a number of previous court decisions concerning applications for parental responsibility by sperm donors, including *A v B and C (Lesbian Co-Parents: Role of Father)* [2012] 2FLR 607 (CA) in which Black LJ made these observations:

“44. The adults' pre-conception intentions were relevant factors in this case but they neither could nor should be determinative. What happened here shows graphically how plans change over time. Plainly it is sensible for people who are intending to enter into an arrangement such as this one to consider and spell out in as much detail as they can what they contemplate will be the arrangements for the care and upbringing of their child. But no matter how detailed their agreement, no matter what formalities they adopt, this is not a dry legal contract. Biology, human nature and the hand of fate are liable to undermine it and to confound their expectations. Circumstances change and adjustments must be made. And above all, what must dictate is the welfare of the child and not the interests of the adults.

45. It is likely to be important, in deciding what is in the child's best interests to identify, as the judge did, the source of the child's nurture, stability and security. In some cases it will be derived predominantly from the family in the position of B and C but in other cases the child may be used to being cared for by an amalgam of that family and the other parent – the "three parents and two homes" regime to which the judge referred in his §41. Disruptions to that security and stability, even if arising indirectly because one of the adults is distressed, will be relevant as potentially harmful to the child. Sometimes potential disruption will come from one of the parties to the proceedings, sometimes anxiety will be generated from outside, as where there is apprehension about society's response to the child's family arrangements (as there was here in the very early days in relation to M's school) or pressures from other family members (as in the case of B's family).

46. Particular consideration will also have to be given to the part that each adult can play in the child's life. M's emotional need for B was probably self evident on the facts of this case but the judge

also recognised C's importance in the equation and the part that A had to play.

47. Consideration also needs to be given to whether there are orders available that may assist in addressing particular difficulties. Both in this case and in *T v T (Joint Residence)* [2010] EWCA Civ 1366; [2011] 1 FCR 267 a shared residence order was made in order to try to alleviate anxiety about arrangements should the biological mother die. By addressing such anxieties, and making the adults feel more secure, it may be possible to create a climate which in time will accommodate more generous contact than might otherwise be feasible.

48. There is one final thought that I would like to air. The practice has grown up of referring to the father in circumstances such as this as a "donor". That is entirely understandable where he has made an anonymous donation of sperm. However, it seems to me that the label might merit reconsideration in other cases as it is capable of conveying the impression that the father is giving his child away and that is misleading. As I hope I have explained, the role of the father in the child's life will depend on what is in the child's best interests at each stage of the child's childhood and adolescence. As with any other child, the father/child relationship may turn out to be close and fulfilling for both sides, it may be no more than nominal, or it may be something in between."

133. In that case, Black LJ was considering an arrangement whereby a male friend of a lesbian couple had donated his sperm to help them conceive the child. In the present case there is no sensitivity about referring to Mr Albon as a donor: he is proud to be one. The nature and extent of his activity as a sperm donor is relevant to the determination of his application for parental responsibility. The circumstances most relevant to his application appear to me to be as follows:

- a. Mr Albon has, on his own account, 180 or so other children.
- b. Mr Albon has had only limited time with CA. He met her for the first time when she was about five to six months old. He saw her when visiting MA for sex and has had some supervised contact with her since then for the purpose of assessment.
- c. CA's mother, MA, is adamantly opposed to Mr Albon having parental responsibility for CA.
- d. MA is a vulnerable person who would find it very difficult and stressful to have to work with Mr Albon as a co-parent in the interests of CA.
- e. Circumscribing the exercise of parental responsibility by the use of prohibited steps and specific issues would do little to reassure MA, and would risk rendering the granting of parental responsibility pointless. It would give rise to complexity and the opportunity for further disputes and litigation.
- f. MA complains of having been controlled and coerced by Mr Albon and fears that granting him parental responsibility would allow him to continue such behaviour to her detriment, and therefore CA's detriment. She is certainly

vulnerable to control and coercion and there is evidence, for example the recorded telephone conversation in December 2023, of Mr Albon seeking to use MA's fears and vulnerability to persuade her to do something he perceived to be to his advantage – in that case to put his name on CA's birth certificate.

- g. Any arrangements that required MA and Mr Albon to work together would be bound to cause considerable difficulties for her and, in turn, for CA. MA is ashamed of having used Mr Albon as a sperm donor and her family are hostile to him.
- h. Mr Albon has a history of superficial relationships and a lack of commitment to his children.
- i. When seeking to conceive CA, MA understood that Mr Albon would not seek parental responsibility. I also find that Mr Albon had no pre-conception intentions of exercising parental responsibility.
- j. MA will be the source of CA's nurturing and stability.
- k. I am satisfied that CA has no significant emotional connection to Mr Albon. She may recognise him and enjoy play with him during supervised contact, but their bond goes no deeper than that.
- l. I am satisfied that Mr Albon does not seek parental responsibility in order to take an active part in CA's upbringing. He wishes to be able to participate in any future litigation involving CA and, I find, a parental responsibility order will, he believes, bolster his immigration status in this jurisdiction.

134. My paramount consideration is CA's welfare. The Local Authority and the Guardian oppose the granting of parental responsibility to Mr Albon. I do not regard it as appropriate to grant parental responsibility solely for the purpose of ensuring Mr Albon becomes engaged in any future proceedings. His parentage will be known and on record and so he will be given notice of any future care proceedings in any event. He does not truly seek to commit to CA in a way that would be consistent with the acquisition of parental responsibility. Taking into account all the circumstances, I have concluded that it would be detrimental to CA's welfare to confer parental responsibility on Mr Albon and I refuse his application accordingly.

CA: Child Arrangements – Time with Mr Albon

135. The factors set out in paragraph 133 above are relevant also to the determination of whether an order should be made that CA spends time with Mr Albon, and if so, to what extent. MA, the Local Authority, and CA's Guardian are opposed to any face to face contact between CA and Mr Albon. The primary concerns are the impact on MA and her ability to provide stable and effective parenting to CA, Mr Albon's inability to stay within committed relationships, including with his children, the incompatibility of his continuing as a sperm donor and building a father-daughter relationship with CA through face to face or frequent indirect contact, and the harm likely to be caused to CA were she to form an attachment to a man who has shown himself incapable of forming anything more than superficial relationships.

136. The Local Authority and Guardian agree that CA ought to learn about her father as she grows up. MA's position on that has varied but I am confident that she will

follow the Court's orders in relation to contact that allows CA to know about her father and her identity. Mr Albon believes that donor-conceived children are happy with their status. He told the Court about such children forming "pods" with those to whom they find they are related. He has a Panglossian view of the emotional and psychological consequences for children conceived using the sperm of a prolific donor such as him. Relying on the evidence of Dr Young, Ms Griffiths, the Independent Social Worker, and social workers in the two cases before me, I conclude that there is a significant risk that both CA and CB will have emotional and psychological difficulties in coming to terms with the identity of her father. Mr Albon is not only a prolific donor but he is in the public eye. He has given many interviews and featured in many broadcasts and articles. He is often frank and sometimes light-hearted about his work. He is unfailingly positive about his activities as a donor but many others are critical. His children will find it easy to see and read material about their father, some of which will be deeply uncomfortable for them.

137. In both sets of proceedings before me, Mr Albon suggests that the answer to the problems CA and CB might encounter by reason of being born to a prolific and high-profile sperm donor, is for him to be more involved in their lives. He is best placed, he claims, to counter the negative publicity and any stigma around being his child. He objected to the notion that distancing him from the children was the better course to take. I am not persuaded that Mr Albon is best placed to help CA (or CB) come to terms with the difficult issues surrounding their birth and their membership of a very wide and disparate family. He has shown no understanding of the complex issues which his donor-conceived children might face as they develop more understanding of their origins. Some children might have no difficulties, others might have considerable emotional and psychological challenges. Those born to mothers who, whilst delighting in having their child, otherwise regret their involvement with Mr Albon – which include MA and MB – are more likely to have complicated feelings about their origins and identity. In my judgement, Mr Albon's direct involvement in CA's life would be likely to aggravate rather than mitigate those difficulties.
138. CA and CB are in fact half-sisters who both live in the North East of England but no-one in the proceedings before me, including Mr Albon, suggested that they should have contact with each other. For the Local Authorities, MA, and the Guardians, this is one of a number of issues which will require careful handling as CA and CB grow up. For Mr Albon it is not a matter for any concern. He effectively shrugged his shoulders at the hearing when issues were raised about how to bring up donor-conceived children with multiple half-siblings, some living close to each other. His superficial approach demonstrates that his direct involvement in CA's life will be a continuing source of additional difficulty for her when she tries to come to terms with her identity and origins.
139. Mr Albon has scores of children about whose upbringing he has shown no care at all. He has not ever revealed his real name to many mothers of his children. He does not even know the names of the great majority of his children. In the cases of those few children in whose lives he has become involved, he has moved on, leaving behind police involvement, litigation, debts, or other difficulties. There is a considerable risk that after a period of spending time with CA he would yet again move on.

140. In my judgment, face to face contact would be detrimental to CA's primary carer, MA, and therefore to CA herself. Mr Albon's superficial approach to relationships and to the issues his donor-conceived children are likely to face as they grow up is likely to be a source of emotional difficulty for them if they form a relationship with him. I have no confidence that Mr Albon would commit to contact and find it likely that he would move on to another family when it suited him, as he has done previously. It would be emotionally and psychologically harmful to CA to form an attachment to Mr Albon only for him then to fail to commit to her, as I find is likely to happen.
141. The Local Authority proposes indirect contact only and limited to Mr Albon writing to CA once or possibly twice a year. That correspondence can be kept in a Treasure Box for CA to access as and when appropriate as she grows up. Ms Connolly KC and Ms Robinson, for Mr Albon, submit that such contact would be meaningless. Mr Albon would not know anything about CA's interests or activities. He would be writing in a vacuum. To that extent they could pray in aid the oral evidence of Dr Young who conceded that point. However, in her written report Dr Young had suggested that there should be no contact at all. I accept that the knowledge that she had to write to Mr Albon to give him information about CA would cause MA considerable anxiety. She has mental health fragility and she needs to maintain her mental health in order to provide good enough care for CA. I appreciate that MA would have to keep Mr Albon informed of her postal address so that he could write to CA – either that or a dedicated email address could be set up, for example during the period of any family assistance order. I also appreciate that MA will be relied upon to pass on any communications from Mr Albon to CA when the timing was right. Her wider family cannot be relied upon to do so due to their hostility to Mr Albon.
142. I am confident that MA will keep any correspondence and will make it available to CA. The Guardian is concerned about the impact on MA, and therefore on CA, of the extra obligation to write to Mr Albon. It would place MA under unnecessary strain and for an advantage to Mr Albon that he does not truly need. The purpose of the very limited communication would be to ensure that CA knows that she has a father who is interested in her and cares for her. I do fear that Mr Albon will not commit even to this limited contact – perhaps precisely because it is so much less than he has argued for – but if he does then it will give CA reassurance that her father cares about her. With some imagination Mr Albon can write age appropriate letters to CA as she grows up. Any communication from MA to him would probably not provide him with more than a glimpse of CA's interests and activities.
143. Mr Albon is able to provide CA with an enjoyable time when she has supervised contact with him. This is not a case in which there is any physical risk to CA from spending time with her father. He is her biological father and the Court is to presume "unless the contrary is shown, that his involvement in CA's life will further her welfare. Having given careful thought to this matter I have concluded that it has been shown that Mr Albon's involvement in CA's life beyond a very restricted level, will not further her welfare. I have concluded that it is in CA's best interests that:
- a. There be no direct, face to face time between CA and Mr Albon.

- b. There be no indirect telephone or video contact between CA and Mr Albon.
- c. Contact with Mr Albon should be restricted to one way, annual communication by letter or card from Mr Albon to MA to hold those communications for CA to have access to as and when MA considers appropriate. For the avoidance of doubt these communications should be limited to a card or letter sent once per year at about the time of CA's birthday, but with an additional card or letter now, within a month of the conclusion of these proceedings. Mr Albon can include pictures of himself with the communications if he wishes. Advice can be given to MA about maintaining a Treasure Box of these communications, how and when to share them and Mr Albon's photograph(s) with CA, and about how to address CA's origins and identity with her. This can be done during the period of the family assistance order that I shall also make.

Family Assistance Order

144. Life story work for CA has not yet begun in earnest. There are some difficult issues for MA to address with CA as she grows up. The expert advice at the hearing was that CA should be told at a young age that she is donor-conceived. Then, as she grows older, more information can be given to her to aid her understanding. The letters and cards from Mr Albon will aid that process. MA needs support and advice as to how to manage the communications from Mr Albon, about how to inform CA about her origins and how to support her understanding, and about the creation of life story work for CA. A period of three months has been proposed but, given MA's vulnerabilities and the tasks required, I am of the view that a 6 month family assistance order is required. MA and the Local Authority agree to the making of a family assistance order. It will be beneficial to MA and, directly and indirectly, to CA.

Section 91(14) Order in respect of the Proceedings concerning CA

145. Mr Albon has not made repeat applications in relation to CA, but he has a record of making applications in relation to other donor-conceived children and his approach to the current proceedings involving CA has been a source of distress and stress to MA who is CA's sole carer.

146. I have found that Ms Albon's motives for litigating in relation to certain of his donor-conceived children are related to his immigration status and control, not to the best interests of the children. Similar findings have previously been made by HHJ Furness KC.

147. MA is a vulnerable person for whom future litigation involving CA would be a source of considerable distress and strain which would be likely to have an adverse impact on her ability to provide CA with effective parenting and stability. She has cause to feel that Mr Albon has tried to control her and further applications by him would be perceived by her as a means of exercising further control. I have found that Mr Albon uses litigation to try to control others. Further litigation would be destabilising for MA and therefore to CA. MA's mental health is fragile and she has

struggled during the current proceedings. I am satisfied that the making of further applications by Mr Albion under the Children Act 1989 for parental responsibility, child arrangements, or a change of name would put CA and MA at risk of harm.

148. Mr Albion will now have a child arrangements order allowing him very limited indirect contact. There is a real risk that, as it suits him, he will apply for more extensive time with or contact with CA or seek to revisit the issue of parental responsibility. He has shown himself to be a tenacious litigant.

149. HHJ Furness KC made a s91(14) order in the Welsh case to remain in force until that child's 16th birthday. That is a long period. The facts of each case differ. In my judgment a s91(14) order is necessary in respect of applications under CA 1989, ss 4, 8, and 13, for a period of five years from the date of the order herein. That is proportionate to the risk of harm the order seeks to address.

Adoption Orders in respect of CB and CX

150. MB does not feel able to care for CB and CX. Although she loves them, she recognises that it is not realistic for them to be returned to her care. There are no other family members who can or are willing to look after either or both children. Their maternal grandmother has already stepped in to care for their half-siblings. She is not willing and cannot be expected to do so again for CB and CX. The only options for them are adoption, long-term fostering, or, in CB's case, placement with Mr Albion.

151. Initially, Mr Albion put himself forward to care for CB and CX together but ultimately he has decided that he could only care for CB. His position has been that he should care for CB if MB were considered unsuitable. Perhaps he should have recognised that CB's best interests could not lie in being returned to MB's care. MB herself has acknowledged that.

152. The advantages to CB of being cared for by Mr Albion would be that she would remain within her biological family. She could potentially maintain contact with her mother and siblings. Mr Albion would be able to meet her practical day to day needs. She has developed a relationship with Mr Albion having had repeated contact with him in her short life so far. She appears to be happy in his company albeit at short, supervised contact sessions. Mr Albion is an educated and intelligent man and he would be likely to ensure that CB was given a good education and to support her with that.

153. The disadvantages would be that relations between Mr Albion and MB have broken down and liaison between them about contact with CB and her upbringing would be fraught. Mr Albion has no relations with the wider maternal family. One female half sibling who lived for a period with Mr Albion, her mother, CB and CX, chose to leave the home and to live with her father apparently citing Mr Albion's conduct as one reason for leaving. Alongside the complete lack of contact with most of his children, Mr Albion has a history of abandoning children and of fractured relationships with those with whom he has had some sort of relationship – he has no contact with the children of his marriage or of the Chinese woman. He has no contact

with the children of MC and MD, and no face to face contact with the children of B and C in Wales. Mr Albon's lack of empathy, his inability to sustain relationships and to have anything more than superficial relationships and his inability to commit to his children give rise to significant concerns that he could not provide CB with stability or the emotional warmth that a parent should provide.

154. I find that Mr Albon would continue with his sperm donor activities to the fullest extent he could even if CB were in his care. Being a sperm donor provides him with income, with recognition, and the satisfaction he gains from producing lots of children. It is of great significance to him and he does not believe that it is harmful in any way – he believes that as a sperm donor he only benefits the mothers involved and the children created. I was not at all persuaded by his assurances that he would give it up. He has not given it up during the course of the proceedings when he has had an opportunity to demonstrate that he could do so. He was not fully honest about continuing to promote his activities. His only friends appear to be fellow unregulated sperm donors. That is his world.
155. In the relatively short time Mr Albon has been in the UK he has had involvement in at least six families, as earlier discussed. He has been involved with the police and/or in litigation in relation to each of those six families. His continued activity as a sperm donor will be likely to involve him in further disputes and difficulties. Furthermore, he has moved home very frequently. He has no anchored home life. He has no support network in the UK. He is distrustful of social workers. He is dismissive of those who question his conduct and beliefs. Mr Albon has a history of many broken relationships with women. He has a history of controlling behaviour in relation to women. The only evidence received was that his friends are all male and are all prolific, unregulated sperm donors. CB would be brought up in that environment. All of these factors would be likely to have a detrimental effect on CB were she to be placed in his care.
156. Long term fostering would provide CB with a home environment and meet her practical day to day needs but it would have an inherent precariousness because foster carers may change over the course of CB's childhood. It would allow her to maintain contact with other family members but she would not have the benefit of identifying herself with her own, new, permanent family.
157. Adoption would provide CB with a permanent family. The evidence I have received is that there are good prospects for finding a match for CB. The loss of her own family could be mitigated by life story work and post-adoption contact with her maternal grandmother and maternal half-siblings. Acknowledging the risk of the breakdown of an adoption, it would nevertheless be likely to bring CB the benefit of stability and of a secure, loving family.
158. The sibling assessment recommends separate placement for CB and CX. They are half-siblings but sadly the bonds between them are not strong and their needs do not coincide and are such that there are very poor prospects of finding a family that could adopt both children. Anxious consideration has been given to this issue but no party has opposed the recommendation of the sibling assessment. Importantly the children's Guardian supports it.

159. CX has additional needs as set out above. He will require skilled, stable and structured parenting throughout his childhood and his needs will likely be lifelong. Adoption would potentially bring him stability and a loving family. With a suitable match his particular needs could be met. Life story work and post-adoption contact could mitigate the impact of division from his natural family including CB. Long-term fostering would also potentially provide him with skilled parenting but it would lack the stability that adoption could bring him. There are no family placements available for either CX or CB.
160. Having regard to the extended welfare checklist within ACA 2002 and having considered all options as part of a global, holistic evaluation, I am satisfied that I should make care and placement orders for both CB and CX. Placement of CB with Mr Albon would not be in her lifelong best interests. In my judgement she would not be his priority and he could not give her the stability and emotional commitment she requires. His track record of maintaining parental relationships is very poor. His controlling behaviour, relations with women and involvement with the police and the Courts form an established pattern. He would not give up his donor activity and I believe that Mr Albon's continuing involvement in CB's life would give rise to difficult complications for her as she began to address her origins and identity. I regret that I cannot accept his assertion that he is motivated by love for CB to put himself forward as her carer. His motivations lie elsewhere as I have earlier described. There would be a substantial risk that CB would be cast aside as have many others. Adoption is very clearly the option that meets CA's lifelong best interests. If an adoptive family cannot be found for CA after a reasonable time, then long-term fostering would be in her best interests.
161. CX will be very difficult to place for adoption because of his diagnosis of autism. One of his half-brothers, like CX, is mixed race, and the possibility of that half-brother's adoptive family adopting CX also is to be explored. However, the probability is that adoption will not be an available option for CX. Dual planning will therefore be required for him to ensure that he does not miss out on the opportunity of a suitable long term foster placement.
162. I approve the Local Authority's care plans for both CB and CX. MB does not seek pre- or post-adoption contact with either child save for letter box contact twice a year but she will be offered appropriate support. In the event of long-term foster care then face to face contact will be offered to MB and the care plans provide for post adoption and post-long term fostering face to face contact with the maternal grandmother and maternal siblings. The plan does not include any ongoing face to face contact between CB and Mr Albon after adoption or long-term fostering but letterbox contact twice a year only.
163. MB does not consent to adoption for CB and CX and Mr Albon, as CB's father does not consent to her adoption. CX's father cannot be traced. In all the circumstances I am satisfied that in the children's best interests I should dispense with parental consent.
164. I shall direct that a copy of my judgment and order shall be sent to both the Home Office and the Human Fertilisation and Embryology Authority.