

and care. On the same date, Andrew and Karen both stipulated that L.A.C. was neglected. Specifically, Andrew stipulated that he had not provided appropriate supervision for his son. The court granted the Department of Children and Family Services (DCFS) temporary custody of the child.

¶ 5 In the first family service plan, DCFS child welfare specialist Eugenia Abell (the caseworker) noted that, on May 31, 2008, L.A.C. "was found nearly eight or nine blocks from his paternal grandmother's home, wandering without supervision at the park." Because Andrew was "not able to converse coherently," L.A.C. was placed with his maternal grandparents. However, on June 16, 2008, the maternal grandparents chose to no longer provide relative foster parent care. DCFS then placed L.A.C. in the home of the Smith family, where he has remained in foster care throughout this case.

¶ 6 On November 19, 2008, the court entered an order of adjudication upon the stipulated admission of Andrew and Karen that L.A.C. was neglected due to an injurious environment pursuant to section 2-3(1)(b) of the Juvenile Court Act of 1987 (Juvenile Court Act) (705 ILCS 405/2-3(1)(b) (West 2008)). As part of that order and all ensuing permanency orders in this case, both parents were informed that they were required to cooperate with DCFS, to comply with the terms of the service plans, and to correct the conditions that required the child to be in care, or risk termination of their parental rights.

¶ 7 On December 29, 2008, the court adjudged L.A.C. a ward of the court, finding that Andrew was "unable for some reason other than financial circumstances alone to care for, protect, train, or discipline" the child. L.A.C. was placed in DCFS guardianship and continued to reside with the Smith family. In the order of disposition, Andrew was ordered to cooperate with DCFS by submitting to random drug screens and to refrain from the use of "all mood or mind-altering substances, including alcohol, cannabis, and controlled substances except those prescribed by a licensed physician." Andrew was also ordered to

"establish and maintain an appropriate, clean, healthy, and stable residence."

¶ 8 The case proceeded through the juvenile court system with periodic permanency hearings, and on June 9, 2010, the State filed a motion for termination of parental rights and for appointment of guardian with power to consent to adoption. In the motion, the State listed six grounds under which the court should find Andrew unfit as a parent. In this appeal, we are concerned only with the three grounds the court found the State had proved in the unfitness hearing: failure to make reasonable progress toward the return of the child within nine months after the adjudication (750 ILCS 50/1(D)(m)(ii) (West 2010)); failure to make reasonable progress toward the return of the child in any nine-month period after the end of the initial nine-month period following the adjudication (750 ILCS 50/1(D)(m)(iii) (West 2010)); and inability to discharge parental responsibilities supported by competent evidence of a mental impairment or mental illness that shall extend beyond a reasonable time period (750 ILCS 50/1(D)(p) (West 2010)).

¶ 9 The following evidence was presented at the unfitness hearing. The court admitted four of Andrew's service plans, which are dated July 28, 2008; November 4, 2008; December 2, 2009; and June 7, 2010. The caseworker testified that Andrew's initial drug and alcohol evaluation indicated that he would not benefit from substance abuse counseling unless his mental health issues were addressed first. As part of the initial service plan, Andrew was required to continue with individual counseling, in which he was already participating, to have a psychiatric evaluation, and to follow all of the recommendations from the counselor and the evaluation.

¶ 10 Dr. Linda Hungerford testified that she interviewed Andrew twice, once in May 2008 and again in January 2009. Andrew's attorney stipulated that Dr. Hungerford "is a psychiatrist and is qualified to testify and give opinions with respect to matters pertaining to psychiatric medicine." All of the other attorneys involved in the proceeding joined in that

stipulation. Dr. Hungerford diagnosed Andrew with bipolar I, manic severe with psychosis and polysubstance abuse disorder, based on her interviews with Andrew. She explained that his thought process was disorganized and disjointed, he talked to excess, he was unable to sleep, and he had racing thoughts. She testified that Andrew used various home remedies, such as jimson weed, which can sometimes make a person psychotic, and drank catnip tea.

¶ 11 Dr. Hungerford testified that Andrew abused dextromethorphan, a weak opiate found in over-the-counter cough suppressants. Andrew's caseworker testified that Andrew told her he typically drank an entire bottle of cough syrup a couple of times a week in order to feel "normal" and to "get things accomplished." The caseworker said that Andrew told her he tried to cut down on the cough medicine by switching to tablets instead of cough syrup. Dr. Hungerford testified that she believed Andrew had taken five tablets at once even though the therapeutic dosage is one tablet every six hours. Dr. Hungerford explained that, in large doses, dextromethorphan can produce euphoria and confusion.

¶ 12 Dr. Hungerford also noted that Andrew described using marijuana, taking excessive doses of Ritalin, and engaging in risk-taking behaviors such as possession of hypodermic needles, domestic battery, and shoplifting, all of which contributed to her diagnoses. She initially recommended that Andrew take lithium carbonate, but he stopped taking it, saying that he did not see any benefit from it. After he stopped taking lithium carbonate, she suggested he take Depakote, focus on psychotherapy, and abstain from using over-the-counter and street drugs.

¶ 13 Dr. Hungerford testified that if Andrew would abstain from abusing over-the-counter and street drugs, his participation in psychotherapy would help him to have more insight into why he needed the prescribed medication. She said that Andrew told her he was trying to reduce his consumption but was still taking the over-the-counter and street drugs, but he refused to take the medication she had prescribed. She concluded that, since he continued

to take the drugs he should not take, but refused to take the drugs he should take, his "paranoia and risk taking behavior would potentially limit his successes in the future." She testified that, for the brief period of time that Andrew agreed to take the prescribed medication, she felt he was presenting more normally, was thinking more clearly, and was better organized in trying to express himself.

¶ 14 In late 2009, Dr. Hungerford felt that Andrew was doing much better, but Andrew did not believe he was receiving any benefit from taking Depakote as she prescribed, so he stopped taking it. In January 2010, she gave him the option of scheduling a three-month follow-up appointment "if he decided to take the Depakote and stop using Dextromethorphan." He was discharged from the clinic in early 2010.

¶ 15 When asked how her diagnosis of Andrew would interfere with his parenting skills, she responded as follows:

"A. It could. I think most troublesome to me is the use of illicit substances, Dextromethorphan, to achieve a euphoria. Jimson weed can make people psychotic. He had abused Ritalin that was prescribed to him, taking it in excess. That can cause psychosis, um, any mind altering medication would affect one's judgment."

She also testified that, although Andrew told her he was trying to reduce his consumption of those drugs, he was still taking them when she last saw him in January 2010. She said that his paranoia and risk-taking behavior would potentially limit his success in the future.

¶ 16 Dr. Richard Kenneth Kujoth, a licensed clinical psychologist, testified that he met with and evaluated Andrew in 2008. His first impression was that Andrew was of average ability but somewhat impulsive. He testified that Andrew was easily influenced by others "into behavior that was not in his best interest." He administered a battery of tests to Andrew. The test results indicated that Andrew was in the average range for intelligence and had bipolar characteristics, including the tendency to become very depressed by certain

situations. Andrew rated as borderline schizophrenic. Dr. Kujoth also noted that Andrew had a history of sniffing gasoline quite often for a number of years. Andrew told him that he had been inhaling gasoline fumes since he was a teenager. Dr. Kujoth described inhaling gasoline as a cheap high for which a user would not go to jail but which usually caused permanent brain damage with a drastic drop in abilities.

¶ 17 When asked how these findings would impact Andrew's relationship with his child, Dr. Kujoth stated that Andrew "could be considered a poor role model." He testified that Andrew was "rigid in his expectations" and somewhat "punitive on some things and overlooking normal parental demands" in other areas. He did not believe that Andrew was capable of parenting L.A.C. on his own at the time of the fitness hearing. He explained that, if Andrew participated in a "lengthy" course of psychotherapy with "several years of effort—he could probably change that." However, if Andrew "skipped the psychotherapy," he "probably wouldn't change much."

¶ 18 Karen Darlene Clark testified that she is a family service specialist for DCFS. Her job involves transporting children to and from visits with their parents, supervising the visits, and parenting during those visits if necessary. She had supervised Andrew's visits with L.A.C. since the beginning of the case. She stated that Andrew always provided something for L.A.C. to eat during their visits, but he allowed L.A.C. to do whatever he wanted, and they jumped "from activity to activity a lot." She had not observed Andrew use any "very structured" parenting skills to discipline L.A.C. when he misbehaved. She did not believe that Andrew could take care of L.A.C. by himself. She explained that Andrew had trouble "staying on task" and moved from one thing to another, lacking focus. She also noted that Andrew did not respond well to her suggestions of how he could better parent L.A.C. She described Andrew and L.A.C.'s relationship as more like brothers than parent and child, but she acknowledged that they are very close and love each other.

¶ 19 The caseworker testified that Andrew complied with parts of his service plans; specifically, he completed drug and alcohol assessments, participated in psychological evaluations, and consistently and regularly visited with L.A.C. However, he failed to follow the psychiatrist's recommendation to take the medications she prescribed, which in turn caused him to fail to undergo inpatient treatment for both substance abuse and mental health issues. She explained that he was not able to enter the appropriate treatment facility because it required that he be stable on his medication for at least three months before being admitted, which he did not do. She also explained that each service plan required Andrew to obtain suitable housing for L.A.C. but that, throughout the pendency of the case, Andrew had lived in an apartment for disabled adults in which children were not allowed to live, so he had failed to provide a stable home for L.A.C.

¶ 20 In its ruling from the bench, the trial court noted that the State's burden was to show by clear and convincing evidence that it had proved one of the statutory grounds for unfitness alleged in its motion for termination of parental rights. The court found that Andrew had shown a consistent interest in L.A.C. but also found:

"The problem is that he [Andrew] does not have an appropriate grasp on reality. He doesn't understand that, in order to go forward and make progress so that he could be the parent for this child, and so he could have unsupervised visitation, and so on, he has to—he has to cooperate with the plan. He has to follow through with psychotherapy. And as the overwhelming testimony shows, he has not done that."

¶ 21 The court found that the counseling Andrew had received in the months preceding the hearing did not constitute the kind of "psychotherapy as defined by the expert witnesses here today." The court also made findings about Andrew's substance abuse problem:

"It isn't merely that there has been some abuse of substances. It is that his psychological condition is such that the mental conditions brought about by abuse of

these substances really interferes with his ability to function and specifically to function as a parent. That it may not be illegal to sniff gasoline, or if you have a prescription it's certainly not illegal to take Ritalin, [but] the problem is, and the opinion of the experts is, this interferes with his ability to function as a parent and to function as a responsible individual."

¶ 22 The court relied on the testimony of Dr. Hungerford and Dr. Kujoth in arriving at its conclusion that the State proved by clear and convincing evidence that Andrew was an unfit parent pursuant to sections 1(D)(m)(ii), 1(D)(m)(iii), and 1(D)(p) of the Adoption Act (750 ILCS 50/1(D)(m)(ii), (D)(m)(iii), (D)(p) (West 2010)). The court set the case for a best-interest hearing two days later.

¶ 23 At the best-interests hearing, the caseworker testified that L.A.C. had been living with the Smith family for almost three years. L.A.C. was bonded with the Smith family, including the parents, their two teenage children, and another 18-month-old foster child. The Smith family made the decision to adopt L.A.C. as a "family decision." She testified that the children were included in making that decision, "and they all said yes, [L.A.C.] needs to stay here and he needs to be adopted." She said that L.A.C. listened to both Leslie and Felicia and calls them mom and dad. She described Andrew's interaction with L.A.C. as "more of a friendship interaction," "not a father/son interaction." She said that L.A.C. "pretty much runs the show and does whatever he wants." If L.A.C. needed to be corrected, the visitation supervisor typically had to correct him because Andrew would not. The caseworker recommended that Andrew's parental rights be terminated because he had not followed through with services and L.A.C. had bonded with the Smith family.

¶ 24 Leslie and Felicia Smith each testified about their relationship with L.A.C., the problems they faced when he first moved in with them, and how they had grown to love him just as they loved their own children. They testified that they understood that, if they were

allowed to adopt L.A.C., their decision would be final and there would be no chance to undo it later. Felicia testified that L.A.C. had behavioral problems at preschool when he first started living with them but that he no longer had an individual learning plan and had graduated out of his speech therapy class. Leslie works as an attorney and makes more than adequate income with which to support L.A.C. and the other members of the family. Felicia does not work outside the home.

¶ 25 Andrew testified that L.A.C. was his only child. He acknowledged that L.A.C. went back and forth between him and his mother until placed in foster care. He said that L.A.C. had lived with him "several times in several different places for periods as long as four or five months." When asked what he had done to prepare himself to be a better parent, he responded that he "tried a parenting class but it wasn't a parenting class." He did not think the instructor did anything but "chat." He acknowledged that he had participated in "lots" of counseling, which he described as him talking about things that irritated him. He said that they did not really have anything to say to him: "I would put everything out on the table, and they would—there was nothing coming back."

¶ 26 When asked if he had seen Dr. Hungerford, he answered that he "came there once a month for three or four months." He explained why he stopped seeing her:

"I tried two different, um, medicines and had problems with them. And she wanted blood draws all the time, and they were sticking me all over my arm and bruising it for weeks at a time. And the medicine wasn't working, so she wanted me to take more of it, to get more effect. I wasn't—I just couldn't take that anymore. She wouldn't listen. Neither would I, I mean, once she couldn't listen to me."

¶ 27 Andrew described his visits with L.A.C. as trying "to catch up, play. It's about all I have been able to do." He testified that, in January 2011, he moved into a different apartment, that his rent was based on his income, and that many children lived in that

apartment building. However, he testified that there was "no way" he could be L.A.C.'s primary guardian because, financially, he has not been "able to figure it out." He had not been "able to get into work," so he would run out of money by the end of the month. Andrew testified that he was last employed in 2004 or 2005 for one day. He thought that he had not worked since then because he was honest with prospective employers about receiving disability payments. He receives about \$670 to \$690 per month.

¶ 28 He acknowledged that Dr. Hungerford had prescribed lithium and Depakote for him but that he stopped taking both of them, so she discharged him from her clinic. He said that he was not taking any medication at the time of the hearing but that he had "kind of run a gauntlet *** of different medications, looking for something to curb [his] stress and panic attacks." He acknowledged that he had been prescribed a medication for the panic attacks but he started forgetting everything and just stopped taking it. He explained that he started sleeping all the time and missing appointments. He claimed to feel better without taking medication and just wanted to "see where it goes." He said that he liked going to counseling because it gave him someone "to rant to." When he was asked to explain why he disagreed that he had not completed the requirements of his service plan, he stated:

"I went to the state hospital for five days and was released in good health. No recommendations or anything from a doctor, Dr. Kay. And my mom was worried about me. And I had started drinking every night, like a half pint of gin. And I just got out there. Weird."

He could not say when he started drinking gin, but he "did it for so long, a very long time, every night." He remembered drinking a whole glass of gin on the "26th of the month before last," when he "got arrested."

¶ 29 When Andrew was asked how he wanted to participate in L.A.C.'s life, he said that he did not know but that he thought the Smiths could "manage the whole thing." He said that

he could not do as much as them and that he did not have as much to offer L.A.C. except for his "full-time attention." He thought it would be best for L.A.C. if they continued to see each other because he was the only person who had remained constant in L.A.C.'s life.

¶ 30 The trial court noted that the issue at this stage was whether termination of Andrew's parental rights was in L.A.C.'s best interest. The court acknowledged the strong policy of the Juvenile Court Act favoring permanency for children and against leaving children's futures undecided because children need a stable family situation. The court found as follows:

"This is a difficult case, not because it's a close question but because the father loves the child. *** But the focus here is what is the best interest of the child, not protecting the rights of the parent, or foster parents, or anybody else. And unfortunately, the father is not in a position, and doesn't appear that there is any likelihood that he will be in a position, to take responsibility for this child. ***

*** The question is where do we put him for the best stable environment long term. And under the evidence that we have today, it appears to be with the foster parents, who are willing to adopt the child. And therefore, the Court will find that termination is in the best interest of the child."

¶ 31

ANALYSIS

¶ 32 Andrew first argues that the testimony from Dr. Hungerford and Dr. Kujoth was inadequate for the court to conclude that he suffered from a mental illness sufficient to prevent him from discharging normal responsibilities as required to prove unfitness pursuant to section 1(D)(p) of the Adoption Act (750 ILCS 50/1(D)(p) (West 2010)). That section provides that a parent may be found unfit on the ground of an "[i]nability to discharge parental responsibilities supported by competent evidence from a psychiatrist, licensed clinical social worker, or clinical psychologist of mental impairment, mental illness or mental

retardation *** [together with] sufficient justification to believe that the inability to discharge parental responsibilities shall extend beyond a reasonable time period." 750 ILCS 50/1(D)(p) (West 2010).

"Parental unfitness in the context of a petition to terminate parental rights must be proved by clear and convincing evidence. [Citation.] A finding of unfitness will not be set aside on appeal unless it is against the manifest weight of the evidence. [Citation.] A two-part analysis is necessary to determine whether a parent is unfit due to a form of mental disability. First, competent evidence from the designated category of experts must show the parent suffers from a mental disability which prevents him or her from discharging parental responsibilities. Second, sufficient justification must be established to believe the inability to discharge parental responsibilities will extend beyond a reasonable time period." *In re M.F.*, 326 Ill. App. 3d 1110, 1113-14 (2002).

¶ 33 Andrew does not dispute that Dr. Hungerford and Dr. Kujoth were qualified to render opinions about his fitness. Dr. Hungerford, a psychiatrist, and Dr. Kujoth, a licensed clinical psychologist, clearly meet the statutory requirement that evidence of mental illness or impairment come "from a psychiatrist, licensed clinical social worker, or clinical psychologist." 750 ILCS 50/1(D)(p) (West 2010). Andrew argues that the opinions they expressed are not sufficient to show that he is unable to discharge his parental responsibilities. We disagree.

¶ 34 Dr. Hungerford expressed the opinion that Andrew's mental illness, which she labeled as bipolar I, manic severe with psychosis and polysubstance abuse disorder, could interfere with his parenting skills. She was most concerned that his abuse of illicit substances was adding to his psychosis and affecting his judgment. Dr. Kujoth did not believe that Andrew was capable of parenting L.A.C. on his own at the time of the fitness hearing. Both expert witnesses testified at length about their observations and testing of Andrew and their

conclusions about his behavior. Their opinions were sufficient to show that Andrew suffers from a mental illness that prevents him from discharging his parental responsibilities, and Andrew did not present any evidence to contradict their opinions.

¶ 35 Andrew also argues that the evidence was insufficient for a finding that he suffers from a mental illness. He contends that the Juvenile Court Act does not define mental illness, and he points us instead to a provision of the Interstate Compact on Mental Health Act (45 ILCS 40/0.01 *et seq.* (West 2010)). It is unnecessary for us to attempt to find a definition of mental illness in either of the above Acts because the statutory provision at issue here, section 1(D)(p) of the Adoption Act, guides us to the Mental Health and Developmental Disabilities Code, which includes a definition of mental illness. " 'Mental illness' means a mental, or emotional disorder that substantially impairs a person's thought, perception of reality, emotional process, judgment, behavior, or ability to cope with the ordinary demands of life, but does not include a developmental disability, dementia or Alzheimer's disease absent psychosis, a substance abuse disorder, or an abnormality manifested only by repeated criminal or otherwise antisocial conduct." 405 ILCS 5/1-129 (West 2010). Although section 1(D)(p) of the Adoption Act does not expressly adopt the above definition, it is instructive to our analysis. See *In re Michael M.*, 364 Ill. App. 3d 598, 610 (2006) (the court found the mother unfit pursuant to section 1(D)(p) of Adoption Act on the basis of a mental illness as defined in section 1-129 of the Mental Health and Developmental Disabilities Code).

¶ 36 Under the definition of mental illness set forth above, the State presented ample evidence that Andrew suffers from a mental illness that has impaired his behavior and judgment to an extent that it prevents him from discharging his parental responsibilities. Dr. Hungerford diagnosed Andrew as bipolar with psychosis and polysubstance abuse. She described him as paranoid and suspicious. She testified that his long-term abuse of substances such as dextromethorphan, jimson weed, marijuana, and Ritalin would certainly

affect his judgment. She stated that he was reluctant to stop using those substances because he was most likely trying to medicate himself. Dr. Kujoth testified that Andrew probably had permanent brain damage from his years of inhaling gasoline fumes. He concurred with Dr. Hungerford's diagnosis of bipolar disorder, and he also found Andrew to be paranoid and borderline schizophrenic. Dr. Kujoth unequivocally stated that Andrew was not capable of parenting a child on his own.

¶ 37 In addition to the psychiatrist and psychologist, the caseworker and the family service specialist both testified about Andrew's inability to parent L.A.C., that he allowed L.A.C. to do whatever he wanted to do without correcting him as necessary, that he was more of a brother or friend to L.A.C. than a parent, that he did not have a residence where L.A.C. could live with him during the pendency of most of this case, and that he regularly drank alcohol and took illicit drugs but refused to take the medication prescribed by the psychiatrist. Because he refused to take the prescribed medication, he did not qualify for inpatient treatment that would address his dual mental illness/substance abuse problem, and he was not able to obtain any benefit from the short period of psychotherapy he received before he was discharged from Dr. Hungerford's clinic. The trial court's finding that Andrew suffered from a mental illness that prevents him from discharging his parental responsibilities is not against the manifest weight of the evidence.

¶ 38 We next consider whether the State presented sufficient evidence to show that Andrew's inability to discharge his parental responsibilities will extend beyond a reasonable time period. Andrew argues that the State did not prove this element of the statute, noting that Dr. Hungerford did not testify that his mental illness would extend beyond a reasonable time period. He argues that Dr. Kujoth testified that Andrew's mental illness would require lengthy psychotherapy, but points out that he interviewed Andrew in 2008 and had not met with him in the meantime, making his opinion unreliable because it was "distant in time and

did not include any follow-up." We disagree.

"A determination of parental unfitness involves factual findings and credibility assessments that the trial court is in the best position to make. [Citation.] We defer to the trial court's factual findings and will not reverse the court's decision unless the findings are against the manifest weight of the evidence. [Citation.] A factual finding is against the manifest weight of the evidence only if the opposite conclusion is clearly evident or if the determination is unreasonable, arbitrary, and not based on the evidence." *In re Tiffany M.*, 353 Ill. App. 3d 883, 889-90 (2004).

¶ 39 L.A.C. was initially removed from his parents' care due, in part, to Andrew's mental illness. Three-and-a-half-year-old L.A.C. was found wandering alone several blocks from Andrew's mother's house. Andrew was supposed to be caring for his son, but when the authorities located him, he was incoherent and incapable of caring for his son. Although Andrew was informed throughout this case that he risked termination of his parental rights if he did not comply with the service plans, he refused to comply with the psychiatrist's recommendation to take certain medication, opting instead to self-medicate with substances that added to his confusion, paranoia, and psychosis. After interviewing and testing Andrew, Dr. Kujoth found that he was incapable of parenting his son. He was not sure that Andrew would ever be capable of parenting him on his own, even with several years of psychotherapy. The trial court had ample evidence from which to conclude that Andrew's mental illness would prevent him from discharging his parental responsibilities beyond a reasonable time period. Andrew's mental illness was evident when L.A.C. was 3½ years old, and there was no evidence to show that it was any less disabling on the date of the unfitness hearing, when L.A.C. was 6½ years old. Unfortunately, there was no evidence to show that there was any realistic hope that Andrew's mental illness would improve anytime in the future.

¶ 40 Andrew also argues that the trial court's findings of unfitness on the two additional statutory grounds are against the manifest weight of the evidence. However, we need not address those arguments because the court's finding of unfitness on this statutory ground is supported by clear and convincing evidence. "When parental rights are terminated based upon clear and convincing evidence of a single ground of unfitness, the reviewing court need not consider additional grounds for unfitness cited by the trial court." *In re Tiffany M.*, 353 Ill. App. 3d at 891.

¶ 41 Andrew's final argument is that the court's decision terminating his parental rights is against the manifest weight of the evidence because termination is not in L.A.C.'s best interest. Andrew argues that there was evidence to show that he had visited regularly and consistently with L.A.C., that they loved each other, and that Andrew has been the only constant presence in L.A.C.'s life. It was the State's burden to show, by a preponderance of the evidence, that terminating Andrew's parental rights was in L.A.C.'s best interest. *In re D.T.*, 212 Ill. 2d 347, 366 (2004). After the trial court determined that Andrew was unfit, Andrew's rights as a parent yielded to L.A.C.'s best interest. *In re Brandon A.*, 395 Ill. App. 3d 224, 239 (2009). In order to determine whether termination of Andrew's parental rights was in L.A.C.'s best interest, the court was required to consider the factors set forth in section 1-3(4.05) of the Juvenile Court Act of 1987. 705 ILCS 405/1-3(4.05) (West 2009) ("Whenever a 'best interest' determination is required," the court is to consider the factors in this section "in the context of the child's age and developmental needs."). Under section 1-3(4.05), in relevant part, the court was to consider L.A.C.'s physical safety and welfare; the development of his identity; his background and familial, cultural, and religious ties; his sense of attachments; his need for permanence, stability, and continuity of relationships; the "uniqueness of every family and child"; the risks associated with a continuation of substitute care; and the preferences of the people available to care for him. 705 ILCS 405/1-3(4.05)(a)

through (j) (West 2010). An important consideration underlying several of these statutory factors involves the nature and length of the child's relationship with his present caretakers and the effect that a change of placement would have on him. See *In re Brandon A.*, 395 Ill. App. 3d at 240.

¶ 42 When we consider these factors in light of the evidence presented in the case at bar, it is clear that the trial court's decision terminating Andrew's parental rights is not against the manifest weight of the evidence. Andrew admitted that he could not take care of L.A.C. on his own but that the Smith family could "manage the whole thing." When Andrew had caretaking responsibility for 3½-year-old L.A.C., Andrew allowed him to wander away unsupervised. By all accounts, Andrew remained incapable of parenting L.A.C. throughout the pendency of the case, and, at best, Andrew was able to have supervised visits with L.A.C., during which they shared a friendship or brotherly relationship. Andrew realized that he was barely able to take care of himself financially and otherwise, and everyone else who testified realized that Andrew could not provide a safe home for L.A.C. but that the Smith family had consistently provided him with a safe, loving, and nurturing home. L.A.C. had bonded with the entire Smith family as the only real family he had ever known. Leslie and Felicia Smith understood the risks and commitment involved with adopting L.A.C. but had made the choice as a family to adopt him and love him as their own child. Under the unique circumstances of this case, L.A.C.'s best interest was served by terminating Andrew's parental rights.

¶ 43 CONCLUSION

¶ 44 For all of the foregoing reasons, we affirm the trial court's orders finding Andrew unfit and terminating his parental rights.

¶ 45 Affirmed.