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Case No: OX20C00012

**IN THE FAMILY COURT AT OXFORD IN THE MATTER OF THE CHILDREN  
ACT 1989 AND IN THE MATTER OF M**

Date: 8 March 2021

**Before : HHJ Vincent**

**Between :**

**OXFORDSHIRE COUNTY COUNCIL**

**Applicant**

**and**

**A MOTHER**

**Respondent**

**and**

**A FATHER**

**Second Respondent**

**and**

**M**

**(through his children's guardian NATALIE ALLEN)**

**Third Respondent**

Chloé Wilkins instructed by Oxfordshire County Council  
Craig Jeakings instructed by Reeds solicitors for the Respondent mother  
Haylee O'Brien instructed by Trueman's solicitors for the Second Respondent father  
Stephen Crispin instructed by Oxford Law Group for the child

Hearing dates: 1, 2, 3, 4, 8 March 2021

**JUDGMENT**

## **Short judgment**

M has extra needs compared to other children of his age.

A parent looking after him needs to help him manage:

- His education;
- His worries and anxiety;
- Making sure he goes to bed and gets up on time;
- Keeping his weight down and helping him live a healthy life;
- Helping him make friends;
- Helping him find interests and activities to do outside the home.

M's mum loves him very much. She has tried her best to look after him.

When M was living with her she was not able to give him the care he needed to keep him healthy, happy and safe.

Even with lots of help from the local authority, M's mum was not able to make changes so that things got better for M.

The judge has decided that M should stay living with his dad and [his partner C].

Since he has been living with his dad there have been some positive changes for M. He has been attending education 80% of the time. He has a better sleep routine. He is more relaxed and less anxious.

His dad and C still need a lot of help to meet M's needs.

Oxfordshire County Council will work with [X] children's services to help them care for M and give him what he needs.

M will see his mum regularly. At the start he will see her once a month. If things go well he can see her more often and can stay overnight.

## Long judgment

### Introduction

1. I am concerned with M who is thirteen. The local authority applied on 24 January 2020 for public law orders.
2. M and his parents are members of the Irish Traveller community.
3. The local authority has been involved with the family on and off since 2015 when M and his mum settled in Oxfordshire. Before that the family are understood to have travelled with other family members for a period of four years. The family originally lived in Ireland where there was child protection involvement. Upon the parents' separation the father returned to Ireland and was living there at the start of proceedings.
4. Throughout the time Oxfordshire has been involved, it has been worried that M's mother may not be able to meet M's needs. The main concerns were about poor school attendance, his weight, setting boundaries, in particular around bedtimes and getting up in the morning, and about M spending too much time at home with his mum and not living an active life or having a social life with friends of his own age. There were concerns that he had witnessed arguments between his parents and between his mother and her partner B.
5. M's father left school aged thirteen. He has a hearing impairment. M's mother never had the opportunity to attend formal education. She does not read or write and in adult education was diagnosed with severe dyslexia. A cognitive assessment by Dr Nick Keene undertaken during pre-proceedings (and followed up in February 2020) concluded that the mother has a low IQ (53) but has capacity to instruct a solicitor. He reported that she has suffered from depression and behaviour that would suggest a diagnosis of an emotionally unstable personality disorder, and some physical pain for which she was prescribed painkillers to which she appeared to be addicted.
6. At the start of proceedings it was agreed that M should remain at home under a supervision order. I directed an assessment of M by Dr Richer, chartered consultant clinical psychologist, so that there could be a better understanding of his needs. The proceedings were due to conclude in summer but have been beset by a number of delays. Shortly after Dr Richer was instructed the first lockdown happened and at the time there was a complete cessation of face to face visits, considered vital in the circumstances of this case. Dr Richer did subsequently attend at M's home in PPE and filed his report in June. At around the same time and despite considerable efforts, the local authority was encountering difficulties in obtaining the necessary information to complete kinship assessments of relatives in Ireland. A parenting assessment of the father which was completed within the timetable had to be extended as at the last minute he told them that he would like his partner C to be included. The mother had been due to be assessed by Communicourt to see if she would require the services of an intermediary within the process. This assessment was also delayed as a result of the first pandemic.
7. At the end of May the mother told the local authority that she was pregnant. On [date redacted] she called the police to report that her sister had threatened to throw acid over her and to *'kick the newborn baby out of her'*. The mother reported to the police that she had previously been the victim of two serious assaults by her sister, arson to her property

and repeated threats against hers and her partner's life from both her sister and members of the extended family. She reported that the threats were due to her family's racist attitude towards her partner.

8. The mother called the police again on [date redacted] to report an argument between her and her partner. It appears that there was an argument where the mother was saying the relationship should end due to the risks posed to him by her family. The police attended at about midnight and M and his mother went to stay with maternal grandmother.
9. Dr Richer had reported on 1 June 2020. He concluded that previous diagnoses of autism and ADHD were 'inappropriate' and that M's presentation was '*driven by his low self confidence and insecurity*'.
10. He concluded, '*the conclusion I reached from just reading the bundle, was confirmed and amplified by my encounter with [M]*'. He described M as, '*sunk in a mire of sloth, inactivity, poor fitness and health, little useful learning, fear of taking initiative, frightened withdrawal from the world and social isolation. These factors exacerbate each other in a downward spiral, increasing the risk of a premature death*'. He described seeing, '*fleeting glimpses of a more curious boy able to concentrate and try and solve a problem*', but was not able to suggest how any interventions or further work could improve M's situation in the care of his mother, '*since so much appropriate work had gone into this family with so little impact*'.
11. Following the two incidents in which the mother had called the police to the property, concerns for M's welfare escalated. During a social work visit on 22 June 2020 M was seen to vomit, which his mother said was a reaction to '*the stress of what is happening*'. On the same visit the social worker suggested that the family could go and stay with members of B's family, and M said he would feel safer and more relaxed if this could happen, but his mother did not take up the suggestion. At the same time, there did not seem to have been any discernible improvement in his situation under the supervision order.
12. On 28 July 2020 I made an interim care order providing for M to move to live with his dad and his partner C. The father had moved from Ireland to [X, place name redacted] in order to provide a home for M. M was very upset to leave his mother's care, but was well supported by his social worker LM. M has since settled in well with his father and C.
13. The mother had a baby girl at the end of December 2020. She and her partner are caring for their daughter together. The baby is healthy and well and they are working well with support and regular visits from the health visitor, a nursery nurse who is providing practical support, and from LM.

#### **Parties' positions at final hearing**

14. The local authority invites the Court to make a child arrangements order to M's father and his partner, together with a twelve month supervision order to Oxfordshire County Council.
15. A written agreement has been entered into between the father, Oxfordshire County Council, and X County Council providing that if the Court approves the local authority's plan, X would work together with Oxfordshire to monitor and provide support. M would

keep the same social worker from Oxfordshire, and Oxfordshire would help with the arrangements for M to spend time with his mother.

16. The mother opposes the local authority's care plan and wishes M to return her care.
17. The care plan is supported by both the father (and his partner) and the Children's Guardian.

### **The law**

18. In deciding what if any orders should be made, I have had regard to all the circumstances of the case and in particular to the factors on the welfare checklist at section 1(3) of the Children Act 1989, with M's welfare my paramount consideration.
19. I also have regard to both M's and his family's article 8 rights to family life. I bear in mind that any order sanctioning the intervention of the state in M's life can only be made where necessary to safeguard his welfare and that any intervention must be proportionate; limited to what is required to achieve that aim and no more.

### **The evidence**

20. I heard evidence by video link from Dr Richer, from the family support worker JD, the PAMS assessor RS, M's social worker LM, from each of M's parents and from his guardian Natalie Allen.
21. All the professionals who had worked with the mother gave very similar evidence about their experiences. They said that it was not always easy to arrange appointments, but when they did meet with the mother she was easy to get on with, and she engaged well with them. However, all of them also said that her engagement was inconsistent, she missed a lot of appointments, and despite a huge amount of support over a long period of time, she had not been able to make any changes to her parenting so as to bring about any sort of positive change in M's situation.

### **Dr Richer, consultant psychologist**

22. Dr Richer's report was informed by meeting with M and his mother, reading all the statements, notes and reports of professionals and by his professional expertise and experience. Like all the professionals he describes M's mother's deep love and affection for her son, but also notes that since he was about two years old, she has been overwhelmed by the challenge of parenting him, and, in his opinion, does not possess the skills she has needed to meet his needs.
23. Dr Richer acknowledged that Dr R from CAMHS, who had spent more time with M had come to a different view about the diagnoses of autism and attention deficit hyperactivity disorder (ADHD). However, he noted that she was somewhat tentative in her report, noting that while she did not feel in '*active doubt*' personally, the depth and quality of the information contributing to the diagnosis was less than usual, because M's mother had not been able to give the level of detail of his developmental history that a parent might typically provide, reducing the level of certainty. Dr R noted that '*a small proportion of childhood autism diagnoses are not later felt to be the best fit explanation*'. Secondly,

while a number of professionals have identified communication difficulties in M, that was not always as a consequence of autism, and in fact, M's interaction with him was pretty good. M could look at other people's intentions, and did not obviously display characteristics such as a flat intonation that would usually be associated with autism.

24. Dr Richer agreed with the explanation for and description of M's presentation from LM:

*'M needs to be supported to establish habits and routines that will allow him to have a fulfilling life. To be encouraged to manage impulses, overcome challenges and develop positive routines and relationships. The parenting he received prior to living with his father and C had a negative impact on his physical, intellectual and social development and change will require consistent, persistent and skilled parenting to help him recover from the effects of his earlier childhood.'*

25. Dr Richer acknowledged that the mother kept a clean and tidy house, that she had the best intentions towards M, that she loved him dearly and has his best interests at heart, but concluded that she does not have the personal resources to manage his needs. He described the mother-son relationship as 'enmeshed', and in some ways reversed, with M acting in some ways as her carer, and his mother unable to take the lead to set boundaries. The result appears to be a situation where she is unable to encourage him to step away from her because her need for him to be home and safe with her dominates. If confronted with a parenting challenge, Dr Richer said she will do what is needed to survive in the moment – for example saying he doesn't have to go to school, or to bed – but she is not able to think past that and see that she needs to think longer term and about his needs more widely.

26. Dr Richer's evidence was given with authority and clear explanations. His observations of M were consistent with those of the other professionals in the case and with the weight of all the evidence.

### **JD, family support worker**

27. JD said she thought about 60% of appointments were missed, particularly those when she went to the house early in the morning to help get M ready for school. She said there would be no answer and the family would be asleep. She said later the mother would tell her they had a bad night. In her own evidence the mother told me that M did not like JD so she did not answer the door to her. JD did her best to support the mother to bring M to the GP by making the appointments for her, but the mother said M had refused to go and she could not get him to come. JD arranged for M to attend some activity groups, but again the mother was not able to support M to attend. JD set up a sleep study, but M was not comfortable to sleep with the monitoring equipment, so that did not progress.

28. JD said that M would sometimes hide behind a blanket when she was there and did not generally engage with her, but she would not have described this as them not having a good relationship - her work was particularly to support his mum around parenting strategies. She said that she recognised that some of the things she would say to M's mother may come across as a challenge, but she felt that the mother was able to voice her opinion and for them to have constructive discussions. JD had not had specific training relating to working with parents with learning disabilities, but told me that she has had previous professional experience of working with parents with a range of needs including

learning disabilities. She described to me the adjustments she made so as to support the mother; providing visual aids to the parenting work, reminding of appointments with phone calls, making additional home visits to talk over things directly, and communicating in a way that took into account difficulties with reading, writing, memory and organisation.

29. Based on the evidence that I have heard, during the period of her involvement JD worked extremely hard to provide appropriate support to the mother. I cannot identify anything that she could or should have done in addition. When the mother engaged JD was able to do positive work and put strategies in place, but unfortunately the mother's engagement was not consistent and she was not able to follow through with those strategies. I do not accept the mother's allegations that JD said that she would take M's dogs away if he did not go to school, or that he should 'get over' the loss of his grandparents. There is no note in the papers of any complaint about JD at the time or any record of difficulties between her and M or of her saying anything of that nature.

## **RS**

30. RS carried out the PAMS parenting assessment. The mother said she was lovely. The times that mother engaged with the assessment were positive. However, of eighteen appointments, the mother only attended eight, and as with JD, RS reported that on many occasions the mother did not give a reason for missing the appointment or simply didn't answer the phone.
31. RS made recommendations for teaching and support that might be given to mother to improve her parenting. Her report was then passed to LM. Although there was not a formal handover, I accept hers and his evidence that they had a number of conversations during the assessment process and that he was aware of the substance of her recommendations by the time he received them. It was put on behalf of the mother that they should have had a more formal meeting at this point, but I was not persuaded as to the necessity of this. I did not understand RS's role to be to advocate for her recommendations to be acted upon, nor to discuss with the social worker how they should be implemented.
32. I found RS's report to be thorough, balanced and fair. Her evidence confirmed the experiences of other professionals, that the mother did not recognise any significant problems with her parenting and tended to blame other factors for M's situation. She did not identify the need for much support although she did say she was willing to engage with whatever support was offered to her. However, RS's experience of this was of some engagement early on, but attendance at appointments soon becoming inconsistent with the result that the work that was started was not followed through.

## **LM**

33. I was very impressed by LM, both as a witness, and for the quality of the social work he has undertaken with M and his family. His witness evidence was thoughtful, frank and demonstrated that he has developed an extremely good knowledge and understanding of M's needs and the family dynamics. He has worked hard to do all he can to find the right support for M's mother and to put it in place, so that every possible chance of M remaining at home with her could be explored.

34. The descriptions of M within the papers are of a very sad young man, who is missing out on so much of what the world can offer him, has very low confidence and seems lonely and anxious. LM has spent time with him, got to know him, played football with him in the park, and found ways to ignite a spark of humour in him. He told me that he likes M and enjoys spending time with him. M told the guardian last week that he felt LM was someone he could talk to about his worries. LM did not have to go to notes to recall conversations, but gave evidence to me based on his direct recollections, founded on proper knowledge and understanding of M. When LM was talking about M and holding him in his mind, he smiled fondly to recall him. He told me that since living in [X], M's general disposition is calmer, less anxious, he is easier to engage with and that M was more playful and comfortable in his company, more relaxed and more alert. This is a credit to M's father and partner, but also to LM who over time has become a trusted adult and an important source of security to M.
35. Although he had not previously been aware of the guidance on working with parents with learning disabilities, LM told me that he had read it as soon as he heard mention of it during this case. I cannot identify anything that LM should have done differently in order to support M or his mother. Even though she was resistant to working with him at the start, he persevered, has built up a good relationship with her, identified her strengths and her particular needs, and garnered the trust and support of her partner. It is a testament to both LM and the mother, that they have been able to maintain a positive working relationship even after LM supported the removal of M from his mother's care. LM has provided a network of support around the new baby and was quick to compliment her and her partner on their level of engagement and how well they were doing.
36. LM came across as fair, diligent in his work, with a talent for seeing and bringing the best out in people, but not shying away from raising concerns where needed, with sensitivity. LM's written reports are of a high standard and reflect a detailed grasp of the evidence base, and his efforts over a longer period of time than is usual in these types of proceedings to try to support M's mother to effect and sustain change.
37. On behalf of the mother LM was criticised for not pursuing RS's recommendations of making a referral to a specialist autism service and a further referral of mother to adult social care and/or the complex needs service.
38. I note LM's evidence that between March and M's removal from his mother's care in July there was a lot going on for M, which required LM's attention and focus. Firstly, the issue of M's school attendance which had improved very slightly since the start of proceedings then stopped altogether once the pandemic struck, despite agreements as part of the supervision order. Secondly, from June concerns were mounting about M's physical and emotional safety at home. In that context, I do not consider LM should be criticised for not revisiting these referrals at this time.
39. Around the same time Dr Richer's report had come in which had raised a question over the diagnosis of autism. LM had taken this up with Dr R and her response had been to acknowledge that the diagnosis may not be 'the best fit'. But in any event, given mother's patchy engagement with basic parenting support I am not persuaded that a referral to a specialist service at that time would have made a positive difference in all the circumstances and within M's time scale.



40. It was said that LM should have discussed with the mother a referral to adult social care and/or the complex needs service. In fact the mother had previously been referred and had chosen not to engage, most recently in December 2019. Dr Keene's cognitive assessment of mother during the pre-proceedings had informed the way in which the local authority supported and further assessed the mother within these proceedings. I am not persuaded that a further referral to adult services during the lifetime of these proceedings was warranted.
41. LM considers that M's situation has improved since he has been living with his father although there are still challenges. LM identifies C as a strong protective factor for M, someone who is sensitive to his feelings, has an understanding of his needs and who has been the driving force behind the practical steps that have enabled M to settle. M has been enrolled with the GP, a dentist, an optician – and now wears glasses – and has been attending one-to-one tutoring sessions at an increased level than he was in Oxfordshire and with a significantly higher attendance rate. M's father and C are engaging with the school which he is due to start very shortly.

### **The mother**

42. The mother is to be commended for her engagement with the final hearing, while at home with a baby less than three months old. She was ably supported by her partner both with technical issues and with caring for their baby while she was occupied with the hearing. One benefit of a remote hearing was to enable her to participate while at home, so that she could be with her baby and in an environment in which she felt more relaxed and comfortable and better able to give her best evidence. We took breaks both when she needed to look after her baby and also to make sure that she could catch up with Mr Jeakings to confirm understanding.
43. When she gave her evidence I considered she was doing her best to tell the truth. There is no question of her love for M. However, the evidence she gave was consistent with the descriptions of the professionals, which was that her perspective was one in which she tended to describe a much more positive situation at home than the evidence suggests was the reality. To the extent she acknowledged that M did have any difficulties, she tended to divert blame away from herself to other factors. She suggested that the local authority had an agenda to effectively build a negative case against her as a parent. She said M's weight issues are genetic and he must have a thyroid issue. She said that M would not go to school because of bullying. She denied that she had missed appointments, and where she accepted they had been missed, she tended to blame M, or else said she was acting in his interests. For example, she suggested she did not open the door to JD, or work with her because M did not like her. Or she said he did not want to go to school or to activity for fear of being bullied or being made to feel uncomfortable, or just because it was in his nature to refuse.
44. It seemed apparent from mother's evidence that, as professionals have identified, the mother has found it difficult to shield M from her own fears and anxieties. He was clearly very stressed and anxious last summer about the threats she had received. She appears to have involved him in her concerns about the proceedings and said in his presence that she or he himself might kill themselves if they were separated. She was

extremely negative about the schools M had attended in the past, and expressed a lot of anxiety about him being bullied there or coming to some harm should he run away.

45. Whether consciously or not, she appears to have given M a message that the outside world is scary and that he would be better off staying at home. I understand this to feed into what Dr Richer identified as a pattern of avoidant behaviour. M sees his mother being worried and anxious. His response is to provide reassurance to her by staying in the home where she knows he is safe, but that means that his own needs are left unmet.
46. M's mother pointed out that many of the things for which she is being criticised did not appear to be better managed by M's father. In particular she noted that M had not lost any weight since being with his dad, and she has raised concerns about father's alcohol use.

### **The father**

47. The father attended every day of the hearing. Giving evidence was a challenge because he does not hear well and because of the slight time delay on the video link, he was not able to support his hearing through lip-reading. The quality of the link was not as good as it could have been at times which caused further difficulties.
48. The evidence that the father gave showed him to be doing his best to assist the Court. His frankness is to be commended but it did reinforce the concerns that the mother has raised, and which have led to M's social worker identifying a number of challenges still to be addressed in the father's parenting. For example, the father was asked what time M went to bed and answered around eleven, twelve or sometimes one in the morning. He said M would play on his Playstation, and a couple of times he said, *'the gaming does keep him up.'*
49. He was asked about how often he drank alcohol and said *'three, four or five'*. I was not sure whether he was saying he drank three, four or five times a week or every three, four or five weeks. When he did drink he told me he would have *'ten or twelve'*, which he said was bottles or cans. He confirmed he is willing to participate in testing which will give an indication of his alcohol use.
50. He did not say anything in his witness statements about an incident between him and C at their flat in October last year when the police were called. It is of particular concern because M's mother has consistently reported domestic abuse in the relationship she had with M's father, and raised concerns about his alcohol use. It is understood that alcohol was a feature of the incident in October. LM reports that he has discussed the incident with father and C and is *'somewhat reassured'* by their response. He says they have not sought to minimise what happened, were remorseful and willing to engage with support to manage future risk
51. M's father had not seen him for some years before these proceedings although they had not been completely out of touch. He was not able to speak about M in any way that suggested he had much of an understanding about his particular needs and what was needed to bring about change. He seemed quite passive - willing to go along with what he was asked to do, but he did not give me the impression he would be able to identify and respond to M's needs on his own. For example, he was happy to go along with the

mother's proposals as to contact and did not seem able to consider factors which might weigh in the balance for or against that contact being overnight or to go at a slower pace than the mother was proposing.

52. On the other hand it should be noted that the father has shown his commitment to M by moving from Ireland to X at very short notice to provide a home for him. His relationship with his partner is positive and stable, and her family network is close by and a source of considerable support to them. LM regards her as a great source of strength and stability for M. They have worked extremely well with the local authority and there has been a demonstrable improvement in M's situation since he has been living in X.

### **Natalie Allen**

53. M had initially been reluctant to speak with the guardian – she told me he has found the Court process intrusive and very difficult - but she did manage to speak with him the Friday before the hearing. She asked him what he thought of living in X and he told her 'decent', and when she asked him to say whether living with his dad was good, bad or OK, his response was that it was good.
54. The guardian's view, expressed in her written report and in her oral evidence to me, was that the local authority had identified the right support for the mother and through the efforts of JD, RS and LM, had worked extremely hard to help and support her, demonstrating good practice that was attuned to her particular learning needs.
55. Because of the parenting that he has received so far in his life, M now needs more support than another child of his age would do, and in particular he needs to receive consistently good care. While she does not doubt the mother's love and good intentions towards M, the guardian is clear in her conclusions that it would be detrimental to him to return to his mother's care.
56. The guardian's conclusions are based on a full appreciation of the evidence and a balanced and fair analysis. Her conclusions are consistent with the overwhelming weight of the evidence from other professionals and from his parents.

### **Analysis and conclusions**

#### **Threshold**

57. Having regard to all the evidence I have heard and read, I am satisfied that each of the elements of the threshold document have been proved to the standard of a balance of probabilities. To her credit, the mother has accepted a great deal of the matters raised, but, consistent with the evidence of professionals, has tended either to minimise, or to create a narrative that is more positive than the weight of the evidence suggests, or she has blamed the local authority or external factors rather than her own parenting.
58. The father accepted the allegations relating to him.
59. I have set out in the Annex to the judgment the findings that I have made on threshold.

## Welfare

60. There is no doubt that M's mum loves him very much and that their continued separation is painful and distressing to her. M loves her and has spent all his life in her care until last summer, and he also found it difficult to leave her and he misses her.
61. Nevertheless, the overwhelming evidence is that for many years M's mother has not been able to give him the parenting that he needs. Despite her love for him and her best intentions, that left him in a situation where he was very sad, lonely, uninspired and anxious, and his obesity posed a continuing and serious health risk. He now needs support to re-enter education, to reduce his weight and thereby improve his health, to develop interests, learn how to engage with children and adults outside the home, so as gradually over the years to become in a position where he may have a fulfilling, independent life.
62. Despite having had a great deal of support, his mother has not been able to show an understanding of the deficiencies in her parenting. If she cannot recognise a need for a different style of parenting, that makes it much harder for her to make the changes that would be needed. She has been given a huge amount of support over a period of several years. At times she has engaged well, showing her commitment to her son, but she has never been able to engage consistently.
63. If M were to return home to his mother, I find that he would be at risk of suffering from significant physical and emotional harm as a result of the parenting he would receive. The mother's partner is currently a source of support to her and theirs has been a stable relationship, but his presence over the past few years did not help M, and he and the mother are now focused together on their newborn. There is no other family or professional network of support that could realistically be put in place to bring about the changes that would be needed to safeguard M's welfare in the short term or longer term.
64. There remain significant concerns about the father's ability to provide M with the care he needs. He was involved in M's care as a young child when problems were already emerging. He then went back to Ireland after the parents separated and did not appear to be taking an active parenting role. There are ongoing questions about domestic abuse and his alcohol misuse. I did not consider the father showed any real insight and understanding of the issues that had led to the institution of care proceedings. His evidence about M's bedtime routine was worrying and he did not seem to have much to say about M's weight or what they were doing to help him, he said they ate food which was cooked in the oven or boiled.
65. Nevertheless, there are signs of positive improvement. M's engagement with his tutor has been at 80%. C is to be credited with her involvement and the huge amount of care and support she has given to M, showing understanding and sensitivity towards him. From a very low point in July, there has been a significant shift in attitude, engagement with school and M is more relaxed, better able to articulate his feelings, and is more alert during the day. LM told me this was a significant change from when he used to visit him in Oxfordshire, when he would be asleep or groggy from just having woken up.
66. Having had regard to all the evidence, and the welfare checklist, I am satisfied that M's welfare needs have the best prospect of being met if he were to continue living with his

father and C. I agree with the local authority that a supervision order should be made to ensure the local authority may continue to work with the family to support them to give M the parenting he needs.

## **Contact**

67. I agree that it would not be appropriate for the order to include provisions as to contact at this time, for the following reasons:
- (i) There should be a period of time to enable M to settle in X, focus on his education and to understand and accept that he is going to live with his father and C permanently. Returning back to his mother's house every fortnight at this stage could in my view destabilise that process;
  - (ii) M's father is wholly supportive of him spending time with his mum so there is no need for an order to provide for this;
  - (iii) It would be better if arrangements are made in response to the situation as it evolves over the next few months and with the input of the social workers supporting the family, rather than set arrangements in stone at this stage.
68. I agree with the guardian's assessment that a review following the first three supervised sessions of contact are a good idea, and that overnight contact should be introduced at M's pace.
69. I do also agree with the social worker that there is some urgency in arranging a meeting between M and his baby sister, but I am very confident that LM is doing all he can to make that happen.
70. For these reasons I will make the child arrangements order to the father and C, together with the supervision order as invited to by the local authority.

Her Honour Joanna Vincent  
Family Court, Oxford  
8 March 2021

**Annex to judgment: threshold document**

**THE FAMILY COURT SITTING AT OXFORD**

**CASE NO: OX20C00012**

**IN THE MATTER OF M  
AND**

**IN THE MATTER OF THE CHILDREN ACT 1989**

**B E T W E E N :-**

**OXFORDSHIRE COUNTY COUNCIL**

**Applicant**

**-and-**

**A MOTHER**

**Respondent**

**-and-**

**A FATHER**

**Second Respondent**

**-and-**

**M**

**(by his Children's Guardian NATALIE ALLEN)**

**Third Respondent**

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**THRESHOLD FINDINGS**

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The threshold criteria under Section 31 Children Act 1989 are satisfied on the basis that at the time protective measures were taken, 23 January 2020, M was suffering significant harm, such harm being attributable to the care given or likely to be given to him if the order was not made, not being what it would be reasonable to expect a parent to give him.

1. The mother has neglected the basic care needs of M:
  - a. M's education needs have been neglected. The mother has failed to maintain M's attendance. M's attendance for the academic year 2018-2019 varied between 26 and 10%. M only began to attend school when The mother was informed Care Proceedings were being commenced and his attendance for November to December 2019 remain below 50%.
  - b. M's need for a healthy and appropriate diet have been neglected. M is obese. M at 11 years of age weighed 94 kg. (14 Stone 8 lbs) This places his physical health at significant risk. It also affects his energy, motivation level and self-esteem leading to social and psychological difficulties.

- c. The mother has failed to engage with the advice given to reduce M's weight. She only engaged with Slimming World for a short period and does not make M do the physical activity necessary to achieve weight loss.
  - d. M's social needs have been neglected. The mother has failed to take M to group activities identified (KEEN and Parasol) to enable M to develop healthy peer relationships and develop his social skills and improve his cognitive development.
  - e. The mother has failed to implement and maintain adequate routines and boundaries. M has a chaotic sleep pattern which impacts on his schooling and eating patterns. M's attachment to his mother is insecure which has led to his poor school attendance, increased weight and poor social development.
2. The mother has failed to protect M from being exposed to domestic abuse which is known to be emotional harmful to a child:
    - a. B's (mother's partner) called the Police on [date redacted] stating the mother had used racially abusive language towards him and threatened to get him shot
    - b. M had to leave his home in the early hours of the morning of [date redacted] following an argument between the mother and B. The police attended the home as the mother alleged B was chasing her with a knife.
    - c. On [date redacted] the mother spoke about psychological and physical abuse by the father towards her; M was present as she discussed this. M would have been distressed to hear this about his parents.
3. The mother has failed to protect M from her own anxieties and poor mental health causing M to be scared and fearful and to say he will kill himself which is emotionally harmful to him and put him at risk of physical harm:
    - a. M was aware of threats to his mother's safety which were reported to the Police on [date redacted] causing him extreme anxiety
    - b. M has heard his Mother and Grandmother say that the mother or M will kill themselves if separated from each other
    - c. The mother voiced worries about M attending school which will have caused him to be additionally fearful about attending
4. The father has failed to protect M from the above risks due to his failure to report any concerns or take any protective action until care proceedings were issued.