

1 **THE FAMILY COURT SITTING AT OXFORD**

2 **BEFORE HER HONOUR JUDGE OWENS**

3 **CASE NO: OX18C00115**

4 **24TH JUNE 2019 TO 25TH JUNE 2019**

5 **OCC v W**

6 **Ms Wilkins, Counsel, for OCC**

7 **Ms Gibbons, Solicitor, for the First Respondent Mother, M**

8 **Ms Georges, Counsel, for the Second Respondent Father, F2**

9 **Ms Scarano, Counsel, for the Third Respondent, acting through their**

10 **Children's Guardian**

11 This judgment is being handed down [in private] on 25th June 2019. It consists of
12 19 pages and has been signed and dated by the judge. The Judge has given
13 permission for the judgment (and any of the facts and matters contained in it) to be
14 published on condition that in any report, no person other than the advocates or
15 the solicitors instructing them (and other persons identified by name in the
16 judgment itself) may be identified by name, current address or location [including
17 school or work place]. In particular the anonymity of the children and the adult
18 members of their family must be strictly preserved. All persons, including
19 representatives of the media, must ensure that these conditions are strictly
20 complied with. Failure to do so will be a contempt of court. For the avoidance of
21 doubt, the strict prohibition on publishing the names and current addresses of the
22 parties and the child will continue to apply where that information has been
23 obtained by using the contents of this judgment to discover information already in
24 the public domain.

25

26 **Introduction**

27

28 These care proceedings concern one child, A, who is aged 9 months old. M is his
29 mother and F2 is his father. Proceedings were issued on 29th September 2018 and an
30 interim care order was made at the first hearing on 8th October 2018. A has been in
31 the care of his mother throughout proceedings, and indeed throughout his life to date.
32 Initially this was in a mother and baby foster placement, and since 16th January 2019
33 he has been with his mother in the community.

34

35 **Background**

36

37 M was previously married to the father (F1) of her two older children, B and C (now
38 aged 8 and 4 years respectively). The family were known to social services from 2011
39 because of concerns around domestic violence, the mother's mental health and neglect
40 of the children's basic needs, including the provision of food, adequate supervision
41 and adequate stimulation for the girls. The family was monitored and supported by a
42 long-standing Team Around the Family which was managed by B's school.

43

44 On 27th May 2017 F1 sadly died following a night out drinking with friends; his body
45 was found by B and C in the living room of the family home. Following her
46 husband's death, M's mental health suffered and she struggled to meet the children's
47 needs, with concerns about their school attendance, their physical presentation, and
48 hygiene in the family home. On 17th January 2018 M failed to collect B and C from
49 school despite repeated telephone calls from professionals, who were unable to locate

50 her. B and C were collected that day by their maternal grandmother, and have
51 remained in her full-time care since.

52

53 Following B and C leaving their mother's care it came to light that she was pregnant
54 with a due date in September 2018. During her pregnancy there were concerns about
55 the mother's presentation, with concerns being raised about her mental health and
56 about her physical appearance in which she did not look healthy or well-kept. The
57 mother failed to attend two appointments with a psychologist, Dr Yusef, during her
58 pregnancy and was discharged as a result. Professionals queried the possibility of
59 substance misuse due to her presentation, which was denied by the mother at the time.

60

61 During M's pregnancy she began a new relationship with her current partner, D. M
62 has consistently reported this to be a positive relationship, with no features of
63 domestic abuse, however professionals had concerns that M is a vulnerable woman
64 and D may seek to take financial advantage of her (M has significant financial
65 resources resulting from a trust of her late husband's).

66

67 A was born on 16th September 2018 and was discharged to a mother and baby foster
68 placement on 18th September 2018 subject to a section 20 agreement.

69

70 There have been parallel proceedings in relation to A's half-sisters, B and C, under
71 case number OX18C00101. The proceedings were initially consolidated on
72 08.10.2018 and then separated on 14.05.2019. The proceedings in relation to B and C
73 concluded at the IRH on 27th May 2019 with both girls remaining in the care of their
74 paternal grandmother, under full Care Orders.

75

76 Hair strand testing of M dated 26th October 2018 revealed that the mother had
77 misused cannabis and cocaine during her pregnancy. As a result, M was referred to
78 Turning Point.

79

80 The mother and baby foster placement was extended from 12 weeks to 16 weeks due
81 to concerns about M's progress in maintaining A's (and indeed her own) basic care,
82 and concerns about rehabilitating them to the community over the Christmas period.
83 M and A subsequently returned to the family home on 16th January 2019 and M has
84 been caring for him in the community since that date.

85

86 As part of the proceedings relating to B and C, M was subject to a psychological
87 assessment by Dr Jo Clarke dated 18th December 2018. This assessment has not been
88 disclosed into these proceedings, save key paragraphs as set out at B55 in the Order of
89 13th May 2019. Essentially Dr Clarke concluded that M does not present with signs of
90 a clinical disorder, but there are features of her psychological profile which could
91 impact on her parenting of her children. Dr Clarke's most significant concern was M's
92 vulnerability in relationships. The conclusion of the assessment was that M would not
93 be able to meet the needs of B and would struggle to meet the needs of C and A
94 together, however she may be able to meet the needs of A in the community with
95 close supervision and support to maintain positive changes. Dr Clarke did not
96 consider that a psychiatric assessment was necessary.

97

98 B and C were also subject to their own psychological assessment by Dr Schnack. This
99 assessment has not been disclosed into these proceedings, although parts of it are
100 referred to in the social worker's final evidence.

101

102 Due to concerns regarding the smell of alcohol being observed on M and D in
103 February 2019, further hair strand testing was undertaken dated 4th March 2019. This
104 demonstrated that there was no evidence of M using cocaine or cannabis in the testing
105 period (middle September 2018 to middle February 2019), but M's results were
106 positive for chronic excessive alcohol use in that period. M states that she has not
107 consumed alcohol since the date of that testing and there has been no evidence to
108 contradict this. M has now produced the results of further hair strand testing dated 28th
109 May 2019, which is clean for both drug and chronic excessive alcohol use in the
110 period beginning March 2019 to beginning May 2019 (E9).

111

112 M, jointly with her partner D, has been subject to a parenting assessment (C98 –
113 C141) by the social worker. The assessment concludes that M has made and sustained
114 improvements in her parenting capacity over the duration of these care proceedings,
115 has engaged well with all professionals, and is no longer using Class A drugs. D's
116 role, however, is complex and he presents with a mixture of risks (collusion with the
117 mother to conceal matters from professionals and a history of violent offending and
118 Class A drug use) and protective factors (better day to day living skills which
119 motivate better routines in the mother). There remain concerns about M's ability to
120 maintain the good care she had provided A to date, but the overall conclusion of the
121 assessment is that the risks can be managed and supported under a twelve-month
122 Supervision Order to the Local Authority.

123

124 A's father is F2. Paternity was confirmed by DNA testing dated 5th November 2018.

125 Despite being aware of his paternity and having met with the social worker on 17th

126 December 2018, and having been advised of the need for him to seek independent

127 legal advice, F2 did not seek to become involved in proceedings until given a final

128 opportunity to do so by the Court in the Order dated 13th February 2019 (B29b). He

129 was subsequently made a party to proceedings on 14th March 2019.

130

131 F2 has confirmed that he did not himself wish to be assessed as a carer for A, however

132 he put forward his friends, E and G, for assessment. E and G were subject to a

133 positive viability assessment dated 29th March 2019 (C36 (a) – (j), and a full kinship

134 assessment dated 10th May 2019 (C46 – C97). Due to the timescale for proceedings

135 the full assessment was completed in only 5 weeks. I am very aware of the recent

136 interim guidance on the making of Special Guardianship Orders issued by the Family

137 Justice Council, which stressed the importance of alternative carers being carefully

138 and fully assessed in the appropriate timescale (usually three months). In this case all

139 parties agreed to the expedited timescale to ensure that the proceedings were not

140 unduly extended. As I have also noted, the late involvement of F2 in these

141 proceedings in turn meant that E and G were not identified as potential alternative

142 carers until comparatively late in the timetable. The guidance also stresses the need to

143 assess the relationship between the child and the proposed carer/s; it is not in dispute

144 in this case that the carers have no relationship at all with A.

145

146 Despite these limitations, the assessment concluded that E and G would make

147 wonderful parents to a child at some point, however the assessor was unable to make

148 a full recommendation due to outstanding medical and DBS checks. Furthermore, the
149 couple indicated that they would like to adopt A and so a Special Guardianship Order
150 would not be the most appropriate order and would be questionable given their views
151 (C96).

152

153 This hearing has been listed as a final hearing, originally with a time estimate of three
154 days, however on day one it became apparent that it may be appropriate to decide the
155 matter on submissions only given the greater clarity of the issues in the case and the
156 acceptance by the Local Authority and Guardian that the proposed final care plan is
157 not without a need to acknowledge and manage aspects of risk in terms of M. I
158 therefore determined the matter on submissions, having considered all the written
159 evidence contained in the Court Bundle.

160

161

162

163

164 **Parties' positions**

165

166 The Local Authority's final care plan is for A to remain in the care of his mother
167 under a 12-month Supervision Order supported by a tight written agreement/statement
168 of expectations.

169

170 M supports the Local Authority's plan and has agreed to abide by a written
171 agreement/statement of expectations if a Supervision Order is made.

172

173 F2 opposes the final care plan and proposes that A should be removed from the care
174 of M and placed with E and G. He accepts that he does not have detailed proposals
175 for this, including what form of order he suggests would be required to achieve this
176 outcome.

177

178 The final care plan is supported by the Children's Guardian.

179

180 **Relevant legal considerations**

181

182 In addition to considering the provisions of section 31 Children Act 1989 concerning
183 threshold, I have had regard to section 1 of the Children Act 1989 specifically the
184 welfare checklist headings with regard to the welfare disposal of these proceedings.

185 As I have also noted above, I have had regard to the interim Guidance on making
186 Special Guardianship Orders issued by the Family Justice Council on 24th May 2019.

187

188

189 **Findings**

190

191 In relation to threshold, the final threshold document is at A23-24. As is recorded on
192 the Case Management Order of 29th May 2019, final threshold for the purposes of
193 section 31 is agreed in respect of both the father and mother in this case (B65).

194 Having considered the written evidence in the Bundle, and noting the concessions of
195 both parents, I do find threshold crossed for the purposes of section 31 Children Act
196 1989 and adopt the document at A23-24 as my threshold findings.

197

198 The next aspect that I have to consider is what disposal is in A's welfare interests in
199 this case?

200

201 All parties accept that there are two placement options put before me today:

202

203 a) A to remain with his mother under a 12-month Supervision Order

204 b) A to be placed in the care of E and G.

205

206

207 The first heading on the welfare checklist is A's ascertainable wishes and feelings,
208 taking into account his age and understanding. He is obviously too young to be able
209 to articulate his own views about this, but I have no doubt that he loves his mother
210 given the warmth and affection that has been consistently observed between them by
211 professionals.

212

213 A's physical, emotional and educational needs is the next relevant welfare checklist
214 heading. In my view this heading is inextricably linked to the welfare checklist
215 headings of parenting capability and risk of harm. A parenting assessment of M was
216 completed on 17th May 2019 and appears in the Bundle at C98-141. The assessments
217 of E and G appear at C36(a)-(j) (initial viability) and at C46-97 (full kinship).

218

219 It is acknowledged in the assessment of M that M has made and sustained
220 improvements in her parenting capacity over the duration of these care proceedings
221 and suggests that *"the reasons for this are numerous: M is no longer using Class A*
222 *substances and is not in an abusive personal relationship, M is financially secure and*

223 *free from numerous pressures relating to provision of material goods and M has been*
224 *able to engage with professional support and advice to improve her personal*
225 *circumstances. I suggest that the ongoing high levels of support, monitoring and*
226 *intervention particularly by Social Workers has been hugely significant in motivating*
227 *M to sustain the changes that she has made” (C139). The assessment goes on to*
228 *consider the complexity of D’s role and the risks that he may pose (C139-140) as well*
229 *as the support that he offers to M. The assessor notes “with regard to M’s ability to*
230 *meet A’s care needs on an ongoing basis I have significant concerns about her ability*
231 *to do this” (C140). However, it goes on to recommend that A “should only remain in*
232 *the care of M under the guise of a Supervision Order to ensure that A remains highly*
233 *visible and accessible to the Local Authority for safeguarding purposes” (C141).*

234

235 In the social worker’s final evidence at C142-171 the concerns about M’s parenting
236 capability and potential risk of harm to A are also acknowledged: *“M and D are in a*
237 *reasonably young relationship which will face further tests. Should this relationship*
238 *end there would be concerns for how M might cope. With no other informal supports*
239 *to speak of, there is the risk that she would seek another relationship swiftly, as she*
240 *has done since FI’s death, regardless of A’s needs for stability and safe care. M has*
241 *made concerning child care decisions historically which she could repeat without D’s*
242 *support. Dr Schnack’s highlighting of M’s inconsistency around her own role in this*
243 *decision making does not give me confidence that she has developed her*
244 *understanding or such risks and would not A in similarly risk situations...It could be*
245 *argued that until M can recognise her role in B and C developing such high*
246 *emotional support needs and until she can demonstrate some genuine empathy there*
247 *is a high risk of a repeat of similar parenting with A” (C153-154).*

248

249 The final social work statement also notes that, as is borne out in the parenting
250 assessment (C113), A's emotional needs have been consistently met to a good enough
251 standard to date in a way that B and C's were not (C153). D is also noted to have
252 positive interactions with A and has shown that he is attuned to A's emotional needs
253 (C153). A's health needs are also noted to be met to a good enough standard, though
254 the impact of his being exposed to substances misused during pregnancy is noted as
255 not yet fully known (C153). The statement also notes the consistently good
256 engagement of M with professionals and the improvement of her parenting during
257 proceedings (C169). On balance it concludes that, despite noting the concerns about
258 potential risks to A from his mother in her care, these can be ameliorated with the
259 support that a 12-month Supervision Order would offer (C169).

260

261 The Guardian, who was permitted to file an enhanced Position Statement in lieu of a
262 final analysis and recommendations (A19d-f) summarised her views as follows: *"The*
263 *Local Authority after careful thought is recommending that A remains in the full time*
264 *care of his mother subject to a one year Supervision Order. The Guardian is*
265 *supportive of that position but recognises this is not without risk and that there does*
266 *need to be ongoing Local Authority involvement with and support for M which will be*
267 *provided under the proposed Supervision Order. The Guardian could not support*
268 *the case concluding with no Public Law Order but agrees on balance the Local*
269 *Authority no longer needs to share Parental Responsibility for A"* (A192d). She went
270 on to note that *"A's ability to remain safely and consistently cared for by his mother*
271 *throughout his childhood is crucially determined by M's commitment to engage with*
272 *Turning Point to ensure she ceases all illicit drug use and does not again drink*

273 *alcohol to excess. She also needs to access the therapy recommended by Dr Clarke*
274 *and for which M indicates she can fund privately from her own/the Trust resources.*
275 *These expectations need to be monitored under the proposed Supervision Order and*
276 *alongside the proposed Child in Need Plan” (A19e-f).*

277

278 As I have already noted, in broad terms the assessment of E and G was positive. The
279 assessment was conducted over an abridged period, as I have also earlier noted,
280 however it is still a detailed and, in my view, carefully considered assessment which
281 has not reached hasty conclusions. The Summary of the assessment set out at C94-95
282 lists both strengths and weaknesses in respect of a placement for A with E and G.
283 Most significant of the vulnerabilities identified, as noted by the Local Authority and
284 Guardian in their closing submissions to me, is that A currently has no relationship
285 whatsoever with E and G who are not members of his family. There are other aspects
286 of their vulnerabilities which the assessment also highlights would need to be subject
287 to further assessment, such as health concerns in respect of both E and G, the potential
288 impact of their proposed move to an area where F2 resides and how they would
289 manage contact with both parents. It is also to be noted that their relationship and
290 living together as a couple is still relatively new. E and G (for whatever reason) have
291 also indicated a preference for adoption rather than special guardianship. As the
292 Guardian noted in her enhanced position statement, the conclusion of the assessment
293 led her to conclude that E and G “*would potentially offer high quality care to a child*
294 *but she could not recommend them as carers for **this** child” (A19e).*

295

296 It was submitted by Ms Georges for F2 that it is not up to him to come up with a
297 transition plan for A to move to the care of E and G. To some extent this is true in

298 that he is not a professional social worker and would need to be guided by
299 professionals. However, it is deeply concerning that he appears to have given no
300 thought whatsoever to how A might move to the care of E and G when it is not
301 disputed that they are complete strangers to him. It is also concerning since he
302 accepts moving A from the care of his mother will cause A emotional harm. There is
303 a very real lack of clarity and detail in his proposal as to how the move might be
304 achieved in a way that puts A's welfare first, and it is very striking that this therefore
305 inevitably makes it appear as if his main goal is simply to prevent placement of A
306 with his mother rather than a coherent proposal which puts A's needs first. This sense
307 of F2 being more influenced by a need to prevent A remaining with his mother is
308 reinforced when I read F2's statement at C174-179 which focusses heavily on the
309 documented concerns about M with no acknowledgement at all about the many
310 positives that have been observed by the professionals in relation to her care of A. It
311 also chimes with something noted by the initial social worker in her statement dated
312 20th December 2018 when she observed that *"Whilst F2 did state he wanted to see A,*
313 *he was not asking about his welfare and that he knew he would be fine if he was with*
314 *M and in a foster care home. He did not push for sooner contact when I explained it*
315 *would be until January 2019. My initial meeting with F2 was conspicuous by a lack*
316 *of requests for specific information about A. I am aware, having read the messages*
317 *between M and F2 that this is also apparent there being, for example, no requests for*
318 *a photo of his son"* (C22). As I noted in the background to these proceedings, it is
319 also noteworthy that F2 was aware of the pregnancy and his potential to be A's father,
320 and was notified of the proceedings and spoke to the social worker in December 2018
321 yet did not seek to participate until given a final opportunity to do so in February

322 2019. His statement at C176 simply does not address this aspect of the delay in his
323 participating in these proceedings.

324

325 It is acknowledged by all the professionals in this case, as well as M herself, that she
326 has been subject to lengthy and very detailed assessment. She has undergone a
327 protracted placement in a mother and baby foster care placement which ultimately
328 concluded that she could safely move to caring for A in the community. It has been
329 raised by F2 that, as identified by the experts (only one of whom was appointed to
330 assess M as Dr Schnack was instructed to assess B and C), M may be able to ‘fake
331 good’. This risk is one that is clearly acknowledged and identified in the social work
332 evidence, for example at C169. Ms Wilkins in her closing submissions to me also
333 acknowledged that a level of denial on the part of M as to her role in causing B and C
334 significant harm was one of the risks pertaining to the final care plan.

335

336 However, as was submitted by Ms Gibbons on behalf of M, M did accept her drug use
337 from the outset of the proceedings involving B and C (though clearly F2 would not
338 have been aware of this as he has not seen all the evidence from those proceedings).
339 M has also twice accepted that she bears some responsibility for this in her written
340 statements in these proceedings – C171b para 4 and C183 para 5. This is in addition
341 to her stated acceptance that she needs to have therapeutic input as recommended by
342 Dr Clarke (and for which she accepts she will need to pay privately) (C181 and
343 C171b-c).

344

345 In relation to the concerns about M’s substance misuse, it is true that this is a long-
346 standing concern and one that also arose in M’s current relationship with D.

347 However, the hair strand test results in this case clearly show not just a decrease in
348 their consumption of drugs and alcohol during these proceedings, but the most recent
349 test results for M (E1-13) show that she has not consumed drugs or excessive alcohol
350 at all in the period March to April 2019. In addition, the social work evidence and
351 that of M and D is that they are not only engaging with Turning Point but are
352 engaging well (C151). This must be read in conjunction with the social worker's
353 evidence of unannounced visits since 4th March 2019, chronic excessive levels of
354 alcohol having been detected in M's hair strand results for the period end of January
355 2019 to end of March 2019. These unannounced visits demonstrate that professionals
356 had no concerns about alcohol being consumed at all, let alone excessive alcohol
357 (C147-149). This aspect of concern about M and D is also one that I find can be
358 adequately monitored and managed by the proposed Supervision Order with a Child
359 in Need Plan and the Written Agreement produced at court on 24th June 2019.

360

361

362 It is also acknowledged by the Local Authority that M's mental health and
363 psychological presentation have in the past been causes for concern and therefore
364 might translate to a future risk. It was correctly pointed out by Ms Wilkins in closing
365 that Dr Clarke concluded that M did not have a diagnosed clinical disorder and was of
366 the view that M may well be able to care for A. Since Dr Clarke reported on M on
367 18th December 2018, M has had an opportunity to care for A in the community (they
368 returned home on 16th January 2019 under an interim care order as I have earlier
369 noted). There is absolutely no evidence since then of A's needs not being met by M
370 to a good enough standard. In fact, there is much evidence of A's needs being met to
371 a good standard and M actually improving her parenting of A (C169). In addition,

372 this is a mother who has done everything that professionals have required of her. She
373 has engaged well with professionals as required and has actively pursued sourcing her
374 own therapy (C154 and C169) in the knowledge that she will have to fund this herself
375 (C181). She has also acknowledged that any therapist will benefit from seeing Dr
376 Schnack's report, even though M does not accept everything that Dr Schnack has said
377 about her, and she does say that she agrees with some of the concerns expressed by Dr
378 Schnack (C181).

379

380 When I weigh the two competing placement options carefully, on balance I find that
381 A's welfare requires that he remains in the care of his mother. There are positives in
382 respect of the potential placement with E and G, as is noted at C94, in particular that
383 they are committed to caring for him and want the best for A, and are prepared to put
384 his needs first. They also have a very good support network and have a good
385 understanding of a child's needs with some limited experience of looking after a
386 friend's child. The negatives of a potential placement with E and G which tip against
387 this being in his welfare interests are that this would be a placement with people he
388 does not know and which would remove him from his family, with the consequent
389 potential for this to affect his sense of identity. It would, as was fairly acknowledged
390 by F2, represent a significant change in his circumstances (another relevant welfare
391 checklist heading) which would also cause him emotional harm. A has been cared for
392 by his M as his primary carer since birth. To remove him would be distressing for
393 him and would be deeply unsettling for him as it is by no means clear whether this
394 would in fact require at least one more move to an interim placement prior to moving
395 to the care of E and G. Even if he were to move immediately to the care of E and G
396 upon conclusion of these proceedings, I am satisfied that moving to the care of

397 strangers where there are significant concerns about their ability to manage contact
398 with either parent (as noted in the SGO assessment at C95) would pose a risk of
399 emotional harm to A in any event.

400

401 There are also undoubted potential negatives in relation to the risks which arise from
402 A remaining in his mother's care as I have noted. There are also many positives about
403 her care of A during these proceedings and her acknowledgement and acceptance of
404 her remaining issues. She has also, I find, demonstrated not an ability to 'fake good'
405 but the beginnings of insight and understanding to her own shortcomings through
406 taking active steps to tackle those issues and improve her parenting skills. Her level
407 of engagement with professionals has also been very good and I have no doubt that if
408 she continues with the same level of engagement she will continue to improve her
409 parenting ability. D has also agreed to the Written Agreement terms, another
410 safeguard in respect of the identified risks, I find.

411 On balance, I am satisfied that the risks of placement with M are therefore sufficiently
412 ameliorated by being managed under the proposed 12-month Supervision Order
413 (which may be extended if assessed as necessary to continue to provide M and A with
414 support) and with compliance with Written Agreement which both M and D have
415 signed up to. This therefore means that I cannot conclude that it is necessary and
416 proportionate to make the most draconian decision that a Family Court can make,
417 namely to remove a child from not only their family but from the only carer and
418 parent they have known since birth.

419

420 This leads me on to considering the position with regard to contact between A and his
421 father. The Local Authority final care plan is that this should continue initially as it

422 has been under the interim care order, namely for one hour per fortnight but that this
423 can move to being unsupervised contact. Beyond this the Local Authority, through
424 Ms Wilkins in her closing submissions, accepts that this will need to be progressed
425 but that it can be dealt with under the auspices of the reviews that will be built into the
426 Supervision Order and Child in Need Plan. This is accepted by F2 who, whilst he
427 wishes to have weekend staying contact with A as he has with his older children,
428 accepts that this must be built up at a pace which meets A's needs. The Guardian also
429 endorses this, though would welcome the opportunity to have some more detailed
430 discussions about what precisely will be the intention once the outcome of this
431 hearing is known. I endorse the proposals for contact between A and in fact with his
432 half siblings (which it is proposed will also need to be addressed through the review
433 process) as being in his welfare interests.

434

435 Finally, it is also agreed by all parties that F2 should be granted parental responsibility
436 for A. M actively agrees with him being granted parental responsibility and, as was
437 submitted by Ms Georges on his behalf, it is clear that he has demonstrated a good
438 level of commitment to A since he was shown to be A's biological father and actively
439 engaged with these proceedings. He has also complied with the requirements of
440 section 4(1)(c) of the Children Act 1989 and applied for a parental responsibility order
441 by application dated 1st May 2019 (C42-50).

442

443

444 **Conclusions**

445

446 Given my findings above, I will grant a 12-month Supervision Order in the favour of
447 Oxfordshire County Council. I will also grant Parental Responsibility to F2 in respect
448 of A. I endorse the final Care Plan contained at D11-17 as amended in respect of
449 contact.

450

451

A handwritten signature in black ink, appearing to read 'A. Lewis'.

452

453

25th June 2019

454

455