

*The short judgment was read to the parties at a hearing on 15 June 2023. Immediately thereafter, the written judgment (short judgment and long judgment) was handed down by the Judge remotely by circulation to the parties' representatives by email. The date and time for hand-down was 11.24 hrs on 15 June 2023.*

*The judgment has since been released to the national archives. The names of the children and their family members have been changed.*

**IMPORTANT NOTICE** This judgment was delivered in private. The judge has given leave for this version of the judgment to be published on condition that (irrespective of what is contained in the judgment) in any published version of the judgment the anonymity of the child and members of her family must be strictly preserved. All persons, including representatives of the media, must ensure that this condition is strictly complied with. Failure to do so will be a contempt of court.

**IN THE FAMILY COURT AT OXFORD AND IN THE MATTER OF THE CHILDREN ACT 1989, THE ADOPTION AND CHILDREN ACT 2002 AND IN THE MATTER OF [TILLY]**

**Neutral citation number: [2023] EWFC 106**

Date: 15 June 2023

**Before: HHJ Vincent**

**Between:**

OXFORDSHIRE COUNTY COUNCIL

Applicant

and

AMY, a mother

Respondent

and

TILLY, a child  
(acting by her children's guardian Kate Coxon)

Second Respondent

Vicky Reynolds instructed by Oxfordshire County Council  
Melanie De Freitas instructed by Reeds solicitors for the Respondent mother  
Andrew Lorie instructed by Oxford Law Group for the child

Hearing dates: 5, 6, 7, 8, 9, and 15 June 2023

**JUDGMENT**

## **Short judgment**

Tilly [*not her real name*] is a happy, healthy fourteen-month-old little girl.

Her mother Amy [*not her real name*] loves her more than anything. Tilly is her whole world.

Amy is a kind, warm and caring person. She has done all she can to try to keep Tilly in her care. She has done her best to work with social workers and to listen to their advice.

Amy showed courage, honesty, and strength of character when she gave evidence in Court. She was very good at explaining her feelings. She talked powerfully about the impact of her life experiences on her mental health, and on her relationships with others. She was able to reflect on how at times this has affected her ability to care for Tilly.

Amy has a strong loving bond with Tilly. Amy has lots to offer as a parent. With help and advice she has made some changes since the time she was caring for her first child, Beth [*not her real name*]. There have been times when she has been able to meet Tilly's needs.

At other times Amy has not been able to care for Tilly in the way she needs. Parents need to give their children stability and security, and as much as possible, to maintain the level of care that they are giving their children. To be consistent. For Amy, there has been a pattern of things getting better with help, but after a time things get worse, and issues that were there in the past come up again.

Amy would never intend to hurt Tilly. But if Tilly were to go back to Amy's care, Tilly would be at risk of physical harm and emotional harm. This is because Amy cannot consistently provide Tilly the care that she needs.

The main risks to Tilly come from Amy's mental health, her difficulties in working with others, and from Amy's choices around relationships.

### **Amy's mental health**

Amy has suffered devastating losses in her life. Her mother died when she was only twelve. Her first daughter Beth was adopted. Her second daughter Emma [*not her real name*] died of a lung condition when she was only two months old. Amy has experienced miscarriages in the past, and in November last year, she had a termination of a pregnancy at fourteen weeks.

All these losses have affected Amy's mental health. Amy has a diagnosis of a recurrent depressive disorder, with symptoms linked to post-traumatic stress. Amy also suffers from anxiety, particularly when she feels others are judging her. It was brave of Amy to talk about how her mental health affects her every day.

When Amy's mental health is poor, she can't take good care of herself, or Tilly. It is not Amy's fault that she has depression and anxiety. It is because of the experiences she has had in her life.

Amy needs to find a doctor who she can trust and who can get her the right medication. She needs to have therapy that will help her process and recover from the losses she has suffered. There is a good chance she will benefit from treatment. She has experienced some positive change through her work with JB and this has motivated to get more help. She is very good at recognising and explaining her feelings. But it will likely take a long time and will be a hard journey. It is very likely that Amy will continue to struggle with her mental health while she is on this journey.

While Amy's mental health is affecting her in this way, she cannot take care of Tilly in the way that Tilly needs. Tilly needs to be cared for safely now. It would not fair on Tilly to wait for Amy to complete treatment for her mental health.

### **Working with others**

Amy does not always find it easy to accept advice from professionals. She can get defensive and angry and can take things personally. Her defences come up and she is not able to listen to any more advice. This is not helpful for Tilly.

Firstly, because it is not good for Tilly to be in a place where her mother is angry and shouting. It will make Tilly frightened and feel unsafe.

Secondly, if Amy is distracted by an argument, it will take her attention away from Tilly, who needs constant supervision and attention from her mother to stay safe.

Thirdly, if a professional is trying to tell Amy something about how to keep Tilly safe, but Amy is not able to listen and take it on board, then Tilly will not get the care she needs, and may be put in danger.

Amy has made some progress since she was a parent to Beth, and after five months of working with Willis Palmer she did make some changes. But even with a very high level of support from the local authority she was not able to maintain those changes.

If Tilly were to return to Amy, there would have to be a very high level of support again. This is not workable. It would not take away the risks to Tilly that come from the times Amy feels challenged and judged, and responds with anger. It has been said that Amy would manage better if she was praised and not challenged. But if social workers are worried about Tilly, they have to say what they see. Amy has to learn to hear the concerns, and not take them as personal criticism of her.

It would not be reasonable to ask Amy to live her life with the level of social work involvement that would be needed to keep Tilly safe.

The local authority has done all it can to find a way for Amy to care for Tilly. It would not be reasonable for the local authority to keep providing support at the level needed to keep Tilly safe.

### **Domestic abuse**

Amy was only a child when she started having adult relationships. She has experienced domestic abuse. Amy needs some support to recognise abusive patterns of behaviour, to understand the impact of domestic abuse on any child in her care, and to recognise what a safe, healthy and respectful relationship looks like. Amy has not always been able to put her children's needs before her own need to have a relationship. She has not always made good choices in her relationships.

There is a risk that Amy might choose a partner who was not a safe person for Tilly. Or Amy may have a relationship that took her attention and focus away from Tilly.

Amy has not yet been able to benefit from a course that would help her to protect herself and Tilly from the risk of domestic abuse in the future. If Tilly is in her mum's care, it will take some time for Amy to find a course that works with childcare and travel arrangements. I do not think that it is fair for Tilly to wait for her mum to find a suitable course, and to see if it does bring the changes that would be needed.

### **Conclusions**

I have thought very carefully about my decision. I have thought about the advantages and disadvantages for Tilly of going home to Amy, and the advantages and disadvantages for Tilly of being adopted.

Amy has a lot to offer Tilly as a parent, and she will love her for her whole life.

But there are also serious risks to Tilly if she were to return to Amy's care, for the reasons I have explained.

Tilly loves Amy. She will miss her mum if they are separated. She may be sad and confused about why she could not be raised in her own family. These feelings may last with her for all her life.

If Tilly were adopted, there is a high chance that she would be parented in a loving and consistent way, that her adoptive parents could keep her safe, and she would find the security and stability that she needs.

I have decided that the only way to keep Tilly safe, and to meet all her needs now and for her future, is to make the orders the local authority asks me to do. I will make an order placing Tilly in the care of the local authority, and another order authorising the local authority to search for an adoptive family for Tilly.

I am sorry to cause to be the cause of pain to Amy, who has lost so much in her life, and to Tilly.

Amy has shown great strength of character. I sincerely hope that she will now get the help and support she needs to process and begin to recover from the experiences she has had in her life, and to build a new future for herself. I wish her well.

HHJ Joanna Vincent  
Family Court, Oxford

## **Long judgment**

### **The parties and their positions**

1. The local authority has applied to the Court for care and placement orders for Tilly [*not her real name*], who is fourteen months old. Her mum calls her Tilly, so that is the name I will use in this judgment. Tilly spent the first year of her life in her mum's care. She has been living with foster carers for the past two months.
2. Tilly's mum Amy [*not her real name*] is twenty-three. She opposes the local authority's applications and asks that Tilly is returned to her care.
3. Tilly's dad is [Mr X]. He has not taken part in these proceedings.
4. Tilly's guardian is Kate Coxon. She supports the local authority's applications for care and placement orders.

### **Background to and chronology of proceedings**

5. Amy has suffered a number of devastating losses in her life. Her mother died when she was twelve. Her dad had a serious accident at work the following year in which he sustained a brain injury. This affected his ability to care for himself and his children. Amy's older sister [Gemma] was nineteen at the time and took on a caring role for her younger siblings.
6. When Amy was fourteen she had a relationship with a seventeen-year-old, [A], which she later reported had been abusive. Amy is said to have had three miscarriages before the age of eighteen.
7. When Amy was eighteen she became pregnant with her oldest daughter Beth [*not her real name*]. Beth's father was [B], [A's] younger brother.
8. Beth was born [in] September 2018. She was on a child protection plan from birth. The local authority was concerned that Amy did not have the maturity and skills as a parent that she needed to be able to take care of Beth and to keep her safe. The concerns at that time were lack of a structured routine, lack of stimulation and play, poor diet, inability to manage money and her tenancy, Beth being left alone crying, and an untidy, unhygienic home environment.
9. There were also concerns about Amy's relationship with [Mr X], which had started in around June 2019. Professionals felt that Amy would prioritise her relationship with [Mr X] before her need to take care of Beth. They were also concerned about whether the relationship was safe. There was domestic abuse in the relationship; [Mr X] had been convicted of assaulting Amy, but she chose to stay in a relationship with him. There were concerns that he was misusing drugs.

10. After proceedings were issued, Amy and Beth moved to a mother and baby foster placement, but sadly the placement broke down within a couple of months. Beth was placed in a baby only foster placement at the end of October 2019.
11. A parenting assessment of Amy and [Mr X] was negative, as was the assessment of Amy's older sister Gemma *[not her real name]*. Beth's father [B] did not put himself forward as a carer for Beth.
12. Amy's second daughter, Emma *[not her real name]*, was born [in] May 2020. Emma very sadly was born with a rare lung disorder. She died [in] July 2020. Emma's father is [Mr X].
13. Care and placement orders were made for Beth on 9 November 2020. Beth was adopted in May 2021.
14. Tilly was born [in] April 2022. [Mr X] is also Tilly's father.
15. The local authority issued care proceedings on 27 April 2022. On 16 May 2022 the court made an interim care order to the local authority with a plan that Amy and Tilly would live at home with live-in professional support provided by an agency called Willis Palmer. For the two weeks before that, the local authority had arranged for Amy and Tilly to stay in an Airbnb together with family support workers who were there twenty-four hours a day.
16. [Mr X] had some contact with Tilly when she was very little, when Amy was there, or sometimes with a support worker from Willis Palmer. The local authority proposed a more formal arrangement for contact to be supervised by the local authority, but he did not take up that offer. [Mr X] has not engaged with the local authority or with the Family Court process since then. He had a son with another partner in September 2022, and that child has also been subject to care proceedings.
17. After four and a half months of Willis Palmer living in and supervising Amy twenty-four hours a day, a report from an independent social worker, Sarah Phillips, was provided. Her conclusions were cautiously positive. She recommended that Amy could care for Tilly independently, but she was likely to need ongoing professional and family support, which would be needed throughout Tilly's childhood, *'particularly around recognising and responding to Tilly's changing and developing needs.'* Ms Phillips said that Amy demonstrated a good basic knowledge of parenting skills, *'but at times does not put this into practice and can present as defensive and defiant when given advice by others.'*
18. CI is an assistant team manager for social workers at the local authority. She told me that following receipt of Ms Phillips recommendations she had a number of meetings including with Amy, to come up with a support plan. Willis Palmer had been living with Amy for four and a half months, and her care of Tilly had been continuously supervised. There needed to be a plan to allow Amy to have increasing amounts of time on her own with Tilly, but also

to remain supported by professionals. The local authority funded the Willis Palmer team to stay in place for another month while the support plan was worked out, but Willis Palmer could not reasonably be there indefinitely. It was better for the support to be provided by the local authority, with workers who were managed by CI.

19. It was decided that the local authority should carry out a specialist assessment to enable it to identify the areas where Amy needed support, and the form that support would take. This assessment is called a graded care profile and was carried out by TH, together with a team of other support workers, who together visited Amy every day, for between two and five hours at a time. These visits subsequently dropped to three times a week.
20. In early September 2022 Amy found out that she was pregnant. The father was again [Mr X].
21. Amy made the decision to have a termination. This was a very difficult decision for her to have made. Amy herself felt that she could have coped with another baby, but she also felt that professionals would expect her to put Tilly first. She did not want to do anything to harm her chances of being able to care for Tilly. Ultimately, and having talked it through with her sister, she did make the decision that was very painful for her. The termination she then underwent on 10 November 2022 when the pregnancy was at fourteen weeks, has been another significant loss for Amy to face.
22. At around this time Amy suffered a deterioration in her mental health. This affected her ability to care for Tilly.
23. Ms Phillips was asked to prepare an addendum report, which she provided on 5 December 2022. There is a certain level of frustration in the report about the way that Amy went about seeking out [Mr X], even though he has repeatedly rejected her. Ms Phillips was concerned about Amy's lack of honesty with herself or others about why she did it, and how this all led to her becoming embroiled in a relationship with [Mr X] that was unhealthy for her, and which led to a pregnancy which then created a really difficult situation for her to manage emotionally, and compromised her ability to care for Tilly. Ms Phillips felt that at this time Amy had been somewhat immature and self-focused. She said:

*'The history of this case shows us that [Amy] continues to repeat the same patterns of behaviour, but somehow expects a different result. It is concerning that she does not, or will not, allow herself, to recognise how her decisions (to have another baby) would impact on Tilly.'*

24. Ms Phillips had spoken with TH and others who were supporting Amy, as well as reviewing TH's assessment and all updated logs of visits. Amy was reluctant to take on advice offered by family support workers, but at the same time complained that they did not support her, or that they would agree on a specific area of support, but when it was there, Amy would say no, that wasn't what she wanted. This is a theme that is noted in the local authority case



notes, was noted throughout the Willis Palmer logs, and in the previous proceedings.

25. Ms Phillips concluded that while Amy had demonstrated good-enough parenting with round-the-clock support and guidance, she had not been able to maintain that, even with a continuing very high level of support. Ms Phillips recommended that Amy should be referred to the Freedom Programme, which should help her to recognise abusive patterns of behaviour, to understand the impact of domestic abuse on Tilly, and to recognise what a safe, healthy and respectful relationship looks like. Further, that Amy should be referred for Cognitive Behavioural Therapy that had been recommended by Dr Preston, the psychologist who assessed Amy within the proceedings, and that support for Amy should remain.
26. Amy was not able to attend the domestic abuse courses that she was referred to because the only person who could take care of Tilly while she was at the course was her sister [Gemma]. It is a long bus journey of about an hour and a half for Amy to take Tilly to her sister's. She would then need to take another bus to the course venue, travel back to Gemma's, and then the hour and a half home again with Tilly. She would have been on public transport for a whole day to attend a course of an hour or so.
27. The local authority filed its final evidence on 13 December 2022 with the plan that Tilly should be placed for adoption.
28. Tilly's guardian Kate Coxon was also the guardian for Beth. She has had extensive involvement within these proceedings, and has been pro-active in ensuring that Amy's history and particular needs have been understood by professionals, that Amy has been given the support she needs, and that plans, changes of plans and the reasons for them have been clearly explained.
29. After the local authority had filed its final care plans, Ms Coxon filed a detailed position statement that sought clarification from the local authority about the support that would be in place for Amy until the final hearing. Ms Coxon asked that the local authority was clear with Amy about what was expected from her. Ms Coxon told me that she had a number of conversations with Amy in which she made clear that she had not yet decided what her recommendation would be, and that she saw the few months remaining until any final hearing as an opportunity for Amy to show that she could care for Tilly in the long term.
30. The local authority filed a witness statement in response to the guardian's position statement, which set out clearly the support that was already being provided to Amy, the other agencies that were available to provide support, and its expectation that Amy would be able to work with some or all of them.
31. Sadly, at that time Amy was suffering from poor mental health and she was struggling to manage. The local authority raised the level of visits to every day, but Amy was cancelling a lot of the visits. Professionals did not always know where she and Tilly were. When they did visit, they were concerned

about the state of the flat, and about the care that Tilly was receiving from her mum. All previous issues of concern from before were there, that Tilly was being left in her high chair or in front of the TV for long periods, that she was not in a routine, her mum was finding it hard to get up and out of the house, to give her healthy food, or to maintain basic hygiene around bottles and feeding. There were worries that she was not able to supervise Tilly properly and make sure she was protected from hazards. By the end of February 2023 professionals were significantly concerned about Tilly's immediate safety in Amy's care. The local authority applied to the Court seeking approval of a change in interim care plan, for Tilly to be separated from her mum and placed in foster care.

32. By that time the final hearing had been listed on 11 April 2023. The trial judge decided that the application for interim removal could await final hearing. Unfortunately the trial judge was then on medical leave which meant the hearing had to be postponed.
33. I heard the application for interim removal on 19 and 20 April 2023. I approved the local authority's change of care plan, providing that Tilly and her mum would be separated, and that Tilly should be placed in foster care.
34. The final hearing was listed before me commencing 5 June 2023.

### **The law**

35. I must first consider whether the threshold for making any orders as set out at section 31 of the Children Act 1989 is crossed.
36. If the local authority establishes that threshold is crossed, the Court then goes on to consider what orders should be made, having regard to all the circumstances of the case and with particular reference to the factors set out at section 1(3) of the Children Act 1989.
37. Whenever a court is coming to a decision relating to the adoption of a child, the Court must also have regard to section 1 of the Adoption and Children Act 2002, in particular the factors set out at the checklist at section 1(4) of that Act.
38. With respect to the application for a placement order, section 21 of the Adoption and Children Act 2002 states that the Court can only make a placement order against parental consent where it is satisfied that consent should be dispensed with.
39. In reaching my decision Tilly's welfare is paramount and her welfare has been at the forefront of my mind throughout this hearing. The court should not make any orders unless it is satisfied that it is both necessary and proportionate to secure Tilly's welfare. I have regard in particular to the case of Re B [2013] UKSC 33 in which the justices of the Supreme Court considered the approach the Court should take where the local authority's

application is for adoption. Lord Neuberger said at paragraph 104 of his judgment:

*'... adoption of a child against her parents' wishes should only be contemplated as a last resort – when all else fails. Although the child's interests in an adoption case are 'paramount' (in the UK legislation and under article 21 of UNCRC) a court must never lose sight of the fact that those interests include being brought up by her natural family, ideally her natural parents, or at least one of them.'*

40. Baroness Hale said at paragraph 198 of Re B:

*'Intervention in the family must be proportionate, but the aim should be to reunite the family where the circumstances enable that, and the effort should be devoted towards that end. Cutting off all contact and ending the relationship between the child and their family is only justified by the overriding necessity of the interests of the child.'*

## **Evidence**

41. I heard oral evidence from the following witnesses:

- Sarah Phillips, independent social worker;
- CI, assistant team manager;
- FM, social worker;
- TH, children's practitioner and author of the graded care profile;
- Amy, Tilly's mother;
- Gemma, Amy's sister
- Kate Coxon, Tilly's guardian

42. I have read all the documents in the bundle. This includes professional assessments, witness statements, case notes, and more recently the logs of the time that Amy has spent with Tilly in contact.

43. I have also read the psychological report about Amy from Dr Anna Preston, prepared for these proceedings, and a psychological assessment from Dr Frank Furlong, prepared in Beth's proceedings.

44. Amy loves Tilly beyond all measure. Tilly has been Amy's whole world since the day she was born. Amy has done all that she can to try to be the best mum to her daughter. She has accepted a very high level of intrusion into her life from social workers and other professionals. Most people would struggle with this level of intrusion for even a week. Amy accepted it for a whole year. She has gone to parenting courses, and taken part in all the assessments that she had to for these Court proceedings. She has gone to all the meetings and all the Court hearings she had to. Since Tilly has been in foster care, Amy has gone to each of the contact sessions, put her own feelings of sadness aside, and made sure that Tilly has had a happy, loving time with her, making the best use of the time they have had together. The loving bond between Amy and

Tilly is clear from the descriptions of their interactions, and has been commented on by a number of professionals.

45. At the same time, Amy has been struggling throughout this period with significant difficulties with her own mental health, as a result of the losses she has experienced over the past ten years. Dr Preston has diagnosed Recurrent Depressive Disorder (RRD), with symptoms linked to post-traumatic stress. She also has anxiety related to her fear of negative judgment. At times of low mood and high anxiety, Amy can struggle with some parts of parenting.
46. When Amy is experiencing poor mental health, she can become easily overwhelmed. She told me she can overthink every tiny little detail, and she can't push those thoughts away. When she is depressed, she finds it hard to sleep, and hard to eat well. She can find it hard to even get out of bed in the morning, or to manage day to day tasks, like keeping the flat tidy. At those times, making sure that Tilly has nutritious food, is in a healthy routine, is getting fresh air and is stimulated and active throughout the day can feel extremely difficult to do. When she has felt criticised or undermined as a parent, she takes it personally, and doesn't always react well. In her words, that is when '*she puts her walls up*'. She becomes argumentative, or she might disengage. At these times Amy has not felt able to work with the professionals who have been visiting her and trying to put the support in place to ensure Tilly gets the care that she needs.
47. The evidence that Amy gave to me in Court was incredibly powerful. She comes across as a friendly and kind person. She smiles or gives a small laugh when she is nervous or anxious. She told me that she finds it really hard to talk about her feelings. However, because she wanted to do everything she possibly could for Tilly, when she was giving her evidence to me, she bravely confronted those feelings. She told me something of what it was like for her, and of the battles in her brain that can feel overwhelming.
48. I was impressed by her courage to speak about such difficult things in front of me and the other people in the Courtroom. I was impressed by her honesty. And I was impressed by the way that she was able to recognise the feelings inside her and to describe them so vividly to me. She told me that it was only very recently that she has felt able to do this. She said she had been helped a great deal by the sessions she had with JB, the adult mental health practitioner who works within the children's social work team that is responsible for Tilly. I am sure that JB has helped. However, the courage, the honesty and the ability to describe her feelings that I saw in Amy, all comes from Amy herself.
49. She told me that in the last couple of months she has learned to control her anger, again, she said because of the work she has done with JB:

*'[M]e being angry stomping my feet is not going to get me anywhere – it's not good for Tilly and it won't prove to social that I am capable of keeping my kid safe from harm – the fact I can now sit here and have a conversation with TH about anything – I might get slightly annoyed – [...] can see on my face a bit – I can have a conversation with her and we can say things now – it's a lot*

*better than it was months ago – it is not Tilly being put in that position where she is around support workers and me not getting on with them and seeing me getting angry – I have learned how to control my anger thanks to JB.’*

50. She told me about the battles in her head, and how she now would like to find a doctor she could trust and talk about prescriptions with. She stopped taking the medication she had been prescribed for her mental health when she found out she was pregnant, but had not talked to her doctor about it at that time. She told me how she needed to find a doctor who she could trust:

*‘I find it hard to express my concerns about things when it comes to taking tablets – I don’t want to rely on tablets all the time to make me feel happy – but I realise it is what I need – but whole part of me trying to beat the part of me that is saying don’t ask for help – I am like I am constantly battling myself on the inside – it kills me half the time – that stops me talking to the doctor. It feels like it makes me think I look weak or social are going to use it against me, or if I do this then they may say it’s good, but use it against me down the line. It is a constant battle in my head.*

*I try not to let it affect my care of Tilly but sometimes it is really hard.’*

51. In very moving part of her evidence, she told me about how she can find herself suddenly presented with reminders of the loss and trauma she has suffered in the past:

*‘If I was upset about Emma – I couldn’t look at Tilly– she looked the splitting image of Emma – I used to cry constantly about it – when you’ve been through something like I went through, the smallest thing can trigger you. It’s like when I was pregnant with Tilly and then I started about 8 weeks to go to hospital and have to go to gynaecology – the same place where Emma was – and I lose it every time – I have to go in for scans – or to the woman’s centre – I’ll cry.*

*When I had a scan on my leg a few weeks back when I thought I might have had a blood clot on my leg – it was in the main hospital where the adult intensive care unit was. That is the last place I saw my mum – if I go near a place even though I physically can’t see it – even though I know it is there in the back of my head – it is hard – it is like déjà vu – you feel like it’s happened and you feel like it is going to happen again – that is why I was so overprotective of Tilly when she was little. I remember the time when I argued with [Z - family support worker – name redacted] the most - one of the Willis Palmer workers I didn’t get on with. Tilly was screaming, she had a temperature, she was sucking in her ribs, and [Z] said she’s fine - but we had to go to hospital – got to point I got annoyed with [Z]. I had to ring [name redacted] to say Emma had a really rare lung condition – I was petrified for Tilly... when Tilly was first there and started turning a bit blue – the same similar thing that happened to Emma – the same – she was fine happy cuddling me, and started turning blue and grey.’*

52. I cannot imagine how hard it can have been for this vulnerable young woman to be experiencing all these feelings and emotions at the same time as caring twenty-four hours a day for her baby, all the while with non-family members living in her house. Add to that the experience of a further loss of a pregnancy in November, and it is not at all surprising that Amy's mental health took a turn for the worse.
53. It is to Amy's credit that she recognises that she does need help and support with her mental health, both in terms of prescription medication to help with her anxiety and depression, and cognitive behavioural therapy (CBT) tailored specifically to her needs, to help her process and recover from the traumatic experiences of loss that she has experienced. This is in line with Dr Preston's recommendations.
54. Amy told me that she does now feel ready for therapy. The length of the waiting lists is disheartening, but I do have real confidence that once she is able to access the therapy she needs, Amy will be able to benefit from it. She has shown insight and understanding and courage in confronting these difficult emotions, has already seen benefit in the work she has done with JB, and is committed to engaging with what is recommended. She told me she was ready to talk to anyone who would listen.
55. This whole process is likely to take many months, even years. The very sad situation is that unless and until Amy is supported to deal with the ongoing impact of the traumas and losses she has experienced, she is not in a position to provide to Tilly the level of care that she needs and deserves to have consistently throughout her childhood.
56. Amy has much to offer Tilly, but there are times when she has really struggled. If Tilly were to be returned to her care, there are almost certainly going to be times when she would struggle again. Amy acknowledged this. She told me, *'you never know what your world is going to throw at you'*. She does have the support of her sister, and through her work with JB she has developed some coping mechanisms, but this would not be enough to ensure that Tilly would receive the care that she needed.
57. Amy's sister Gemma gave evidence remotely. Like Amy she speaks plainly and has a good turn of phrase. She said that it was no good speaking to Amy in a way that made her feel under attack, it would just get her back up, her defences would come up and *'you might as well be talking to a brick wall'*. She has been a constant support to a sister. Amy and Tilly were staying with her two or three nights a week, she would often drop round to Amy's or speak to her on the phone. She was negatively assessed as a carer for Tilly, largely because, as she acknowledged herself, she has her own son to care for. She has not sought to challenge the assessment.
58. I am satisfied that this local authority has done all that could reasonably be expected of it to try to find a way for Tilly to be raised by her mother. However, even with round the clock support and then daily visits of between two and five hours a day, the same concerns that had existed back when Amy

was caring for Beth were still there. The same patterns were repeating themselves.

59. There is overwhelming evidence for this in the daily logs of visits, the assessments, reports, and from the witnesses whose statements I have read and whose oral evidence I have heard.
60. Sarah Phillips' reports were fair, based on a thorough review of all the evidence she had and discussions with Amy. She gave clear reasons for her analysis and for the conclusions she reached, which were justified from the information she obtained.
61. TH showed patience, flexibility, understanding and creativity. She and her team were persistent and dedicated. They tried all sorts of different approaches, but ultimately they could not do any more to support Amy. TH and the other members of the team were sensitive to Amy's needs, backing off by limiting visits when she said she needed space and thinking time, responsive to her wishes and needs on any particular day, and being flexible in providing support where it was most needed on any given day. They gave Amy space at the time she had found out she was pregnant, but at the same time made sure she was aware that support was available if needed. I do not consider they put any pressure on Amy to make the decision to have the termination or expressed any views, but let her make her own decision. I am satisfied that over many visits and in many different ways TH was able to convey clearly to Amy what things would need to change in order for Tilly to be cared for in a way that would meet her needs, and gave support to Amy to try and put those changes in place, and to sustain them. There is nothing more that TH could reasonably have done.
62. The team manager CI was an impressive witness. She had given a great deal of thought about the best way of putting a support package in place for Amy.
63. It was put to CI (and other local authority witnesses) that the support provided dropped off too quickly, or that it was the wrong sort of support. I do not consider this is a fair criticism. I find that CI, FM, TH and other members of the team were acutely conscious of the need to strike a balance between the need to ensure that Amy was properly supported by hands-on presence of a family support worker, that Tilly was given the care she needed and kept safe, but that Amy was given the freedom to care for Tilly by herself, and not to have the intrusion of support workers visiting so frequently. Once Ms Phillips had filed her report it is clear from the recollections of CI, TH and the guardian that Amy at that time was very frustrated with having any kind of supervision at all, and, perhaps understandably, was seeking much more freedom much more quickly, to be able to go and meet her friends, and live a more normal life.
64. CI told me that she was thinking about immediate support, but also about the future. She was hoping that as support from the various support workers could be tapered, Amy would build relationships and connections to build her own network of support away from the local authority. Amy had a key worker

from her housing association and was invited to attend group sessions with other people who were receiving similar support, she was encouraged to join mother and baby groups, she was given time to spend time with her sister and with friends. The guardian said this to me about it:

*'She was signposted and strongly guided to going to various events and things taking place – in the supported housing – groups taking place that she was advised to go to – to go somewhere where people can support her and give her guidance and help and monitoring – that feeds back to LA – that feeds into the stepping down – it is not just more hours with Willis Palmer it was moving to other areas of support – she didn't take up those opportunities.'*

65. Throughout the proceedings CI has been having conversations to help Amy understand the local authority's concerns, and to support her in bringing about change.
66. FM was a quiet witness. He was not quite as able as TH or CI to formulate clearly the local authority's concerns for Tilly, or the thinking behind the local authority's care plan. He said he was not familiar with the case of Re B-S, but said he had balanced the factors in favour of Tilly's placement with her mother, against the factors in favour of placement for adoption. I understand from him that the ultimate decision making was made together with his managers, and only then was he tasked with producing the final statement.
67. FM is not helped by the current version of the social work template which has a more basic version of the 'realistic options analysis' than what went before. The table invites the social worker to state if an option is regarded as 'viable' or 'discounted', and then asks for reasons why it is viable or discounted. There are no separate columns for the pros and cons of each option considered. The effect of this is that the option of placement with mother is presented as only negative, and the option of adoption presented as only positive. Plainly there would be a number of positives for Tilly of growing up within her family of origin, and of being cared for by her mother who loves her and who she loves. Conversely, permanent separation from her mother will have lifelong consequences for her, particularly given she Lived the first year of her life solely in her mother's care. FM accepted that the social work statement should have acknowledged the positives that are undoubtedly there in respect of Amy's love and commitment to her daughter. She has engaged with the assessments to the best of her ability, and with the Court proceedings, and at times has been able to meet her daughter's needs. Likewise, the statement should have acknowledged the undoubted potential negatives of the local authority's proposed care plan for adoption, notwithstanding his final conclusion that on balance nothing but adoption will do to meet Tilly's welfare needs throughout her childhood and her whole life.
68. FM has filed a number of statements throughout the proceedings and drafted the care plans. His statements effectively pull together all the relevant expert and social work evidence. While he has not set out in sufficient detail the factors that fall on each side of the balance sheet, it is the case that his



eventual conclusions are supported by the overwhelming weight of the evidence.

69. Kate Coxon's reports show a thorough grasp of the relevant background information, she has outlined Tilly's particular needs, Amy's capacity to meet those needs and whether any more or different support could be put in place. She has taken a pro-active role throughout in ensuring that Amy had the support she needed. Her report is balanced and fair, and she has weighed up carefully the pros and cons of all the realistic options for Tilly.
70. Ms Coxon was in Court throughout the final hearing and listened attentively to the evidence of all the witnesses, following which she gave evidence herself. Her central recommendation is that nothing short of adoption would do to meet Tilly's needs now and throughout her whole life.

## **Conclusions**

### **Threshold**

71. The section 31 test for making public law orders is crossed. The agreed threshold document is annexed to the judgment. At the time protective measures were taken, Tilly was at risk of physical and emotional harm as a result of the parenting she was receiving from her mother, and would be likely to receive if no order were made.

### **Welfare**

72. The threshold for making orders being crossed, I must decide what order the Court should make. I have considered each of the factors set out at section 1(3) of the Children Act 1989 and 1(4) of the Adoption and Children Act.
73. Tilly is a happy, healthy baby who has reached all her developmental milestones, who loves her mum and is loved by her in return. It can be presumed that she would wish to be raised by her mother if that were safe and if that ensured that all her physical, emotional and educational needs were consistently met.
74. Although her love for her daughter is not in any doubt, Amy cannot give Tilly the consistent care that she needs. With the benefit of intensive support, coaching and monitoring, Amy's parenting capacity is different from when she was parent to Beth, and she has made a great deal of progress. Nonetheless, the concerns that are evident throughout the notes from Willis Palmer and the assessment of Sarah Phillips were resonant of the same concerns that existed for Beth. Those concerns continued throughout the period of time that the local authority support plan was in place, despite frequent and lengthy visits from social work practitioners. At times Amy has cared for Tilly well, but she has not been able to sustain improvements made. She has shown more maturity in some respects, but in others, the fact that her childhood was cruelly cut short, shows through.

75. The three main issues are Amy's mental health, her difficulties in working with professionals, and Amy's choices around relationships.
76. When Amy is experiencing poor mental health, her ability to parent Tilly in the way she needs is compromised. It is not Amy's fault that she experiences periods of poor mental health. The impact of losing Tilly after caring for her for the first year of her life will be a devastating further loss for her. Tilly will also suffer loss, and the impact of that will be life-long for her.
77. If Tilly were to return to her mother's care, I find that she would be likely to suffer significant harm, because her mother would not be able to meet her needs to the level she needs throughout her childhood. I make it clear that Amy has never hurt Tilly and would never intend any harm upon her. But because Amy has had the experiences she has in her life, which have led to her current difficulties, she is not in a position at this time to provide the consistent care that Tilly needs.
78. While I have confidence that things will improve for Amy in the future, the timescale for that is uncertain. It is not realistic to consider that Tilly can wait to find out when the treatment might start. Tilly needs her future to be settled now.
79. Amy does not always find it easy to accept advice from professionals. She can get defensive and angry and can take things personally.
80. Her defences come up and she is not able to listen to any more advice. This is not helpful for Tilly. Firstly, because it is not good for Tilly to be in a place where her mother is angry and shouting. It will make Tilly frightened and unsure that her mum can keep her safe. Secondly, if Amy is distracted by an argument, it will take her attention away from Tilly, who needs constant supervision and attention from her mother to stay safe. Thirdly, if a professional is trying to tell Amy something about how to keep Tilly safe, but Amy is not listening, then Tilly will not get the care she needs and may be put in danger.
81. I accept the evidence of the local authority that extensive efforts have been made to try to understand the best way of working with Amy.
82. If Tilly were to return to Amy, there would have to be a very high level of support again. This is not workable. It would not take away the risks to Tilly that come from the times Amy feels challenged and judged and responds with anger. It has been said that Amy would manage better if she was praised and not challenged. But if social workers are worried about Tilly, they have to say what they see. Amy has to be able to hear the concerns and not take them as personal criticism.
83. In all the circumstances, it is very unlikely that any courses, or support staff, or other intervention offered by the local authority would be effective to provide the support that might be needed.

84. It would not be reasonable to ask Amy to live her life with the level of social work involvement that would be needed to keep Tilly safe. The local authority has done all it can to find a way for Amy to care for Tilly.
85. It would not be reasonable for the local authority to keep providing support at the level needed to keep Tilly safe.
86. Amy was only a child when she started having adult relationships. She has experienced domestic abuse. Amy needs some support to recognise abusive patterns of behaviour, to understand the impact of domestic abuse on any child in her care, and to recognise what a safe, healthy and respectful relationship looks like. In the past, Amy has not always been able to put her children's needs before her own need to have a relationship. She has not always made good choices in her relationships.
87. If Tilly were to go back to Amy's care, there is a risk that Amy might choose a partner who was not a safe person for Tilly. Or Amy may have a relationship that took her attention and focus away from Tilly.
88. Amy has not yet been able to benefit from a course that would help her to protect herself and Tilly from the risk of domestic abuse in the future. If Tilly is in her mum's care, it will take some time for Amy to find a course that works with childcare and travel arrangements. I do not think that it is fair for Tilly to wait for her mum to find a suitable course, and to see if it does bring the changes that would be needed.
89. [Mr X] has not taken part in these proceedings. The assessments of him in relation to Beth were worrying and highlighted significant risks. There is no evidence of a change in his circumstances since then. He has not nominated any member of his family as a potential alternative carer, and there is no member of his family who has an existing relationship with her. This is not an option that could now be pursued without significant delay and uncertainty, which is against Tilly's welfare interests. She needs her future to be settled now.
90. Amy's sister Gemma has been and continues to be a very important source of support for Amy, but is not able to care for Tilly full time while still caring for her own young son. I would also be concerned that if she was in the position of putting Tilly's needs and interests before Amy, that could put pressure on their relationship. These sisters are very close and have been through a great deal together. I would be concerned for anything to happen that might upset their relationship.
91. There are no other family members able to provide a placement for Tilly for the rest of her life.
92. I have considered the effect on Tilly throughout her whole life of severing ties with her birth family, of growing up not knowing her mum, dad, her aunts, uncles, grandparents and cousins. She is likely always to feel the loss of her

birth family. It is impossible to predict the extent that this may or may not affect her, and other factors will play a part.

93. Tilly could maintain her relationship with Amy if she were to be placed in long-term foster care rather than to be adopted. This is because she could continue to have contact with her mum and her mum could get the support she needed to make the changes in her parenting necessary. At some future point the local authority could then consider rehabilitation. However this would mean that Tilly would not be properly settled with the family she was living with because she would always be expecting to go back to her mum. She would be in limbo, her future uncertain.
94. Further, compared to adoption, long-term fostering is likely to represent less stability for Tilly. Tilly is much less at risk of an adoptive placement breaking down than if she were to be placed in foster care. Tilly is only fourteen months old and if placed in long-term foster care, she may be at risk of one or more placement moves throughout her childhood. Foster carers often have other children coming in and out of the placement which could be challenging for Tilly to manage. Foster care comes to an end at the age of eighteen, adoption is for life. Adoption represents family life, as does foster care, but the difference is that the local authority is a corporate parent, so social workers are the ones who have to sign off on decisions for the child, and there are frequent review meetings and reports, all of which represent a significant intrusion in a child's life, and a difference compared to most other children at school.
95. For all these reasons, I do not consider long-term foster care can be regarded as a better option for Tilly than adoption.
96. Amy loves Tilly very much indeed and would desperately like to have the chance to care for her once again. She is a vulnerable young woman, and the difficulties she has had with her mental health are not her fault.
97. However, on the evidence before me, I regret that I find she is not able to look after Tilly and meet her physical, emotional and behavioural needs now or throughout her childhood. In my judgment, if Tilly were returned to her mother's care she would be at risk of significant harm. The local authority has done all it reasonably can to support Amy to care for Tilly independently. There are no measures of support that could now be put in place that would be workable. In any event, it would not be reasonable to expect Amy to Live with the level of intervention that would be required to keep Tilly safe, or the local authority to put that level of support in place long-term.
98. The very sad situation for Tilly and Amy is that on the evidence before me I am satisfied that the only realistic option to meet her welfare needs is that she should continue to be separated from her mother, and placed for adoption.
99. Having had regard to all the factors on the two checklists and all the evidence in this case, I have come to the conclusion that separating Tilly from her mother by the making of care and placement orders is required in order to

safeguard her welfare. I am satisfied that this is a proportionate order. Nothing else but this extreme order will do to meet Tilly's welfare needs throughout her childhood and for the rest of her life.

100. I will make a care order to the local authority. I dispense with Amy's consent to a placement order because I consider that Tilly's welfare needs require me to do so.

101. For the avoidance of doubt, I also dispense with [Mr X]'s consent to a placement order, also on the grounds that Tilly's welfare requires me to do so.

## **Contact**

102. The local authority's proposal is for annual letterbox contact between Tilly and her mother. Amy is sceptical about this. It was ordered to happen between her and Beth, but until this week she had never received a single letter from Beth's adopters.

103. Amy told Kate Coxon about this when she met her at the start of these proceedings. Ms Coxon has worked hard, as has CI, to understand what has gone wrong, and to take steps to remedy the situation. Their efforts have been successful and a letter that had been sent to the adoption support team was finally provided to Amy last week. She was able to go through it with the support of Ms De Freitas. However, that letter referred to an earlier letter, which Amy had not received<sup>1</sup>.

104. As Ms Coxon has repeatedly said, and the local authority has fairly acknowledged, this is completely unacceptable. The local authority has said it will take steps to find the other letter, and to improve the situation in the future.

105. Section 27 of the Adoption and Children Act 2002 provides that before making a placement order the court must consider the arrangements which the adoption agency (in this case the local authority) has or proposes to make for allowing any person contact with the child and invite the parties to the proceedings to comment on those arrangements.

106. Ms De Freitas questioned the local authority and the guardian about the possibility of Amy having direct contact with Tilly in the future. On behalf of the local authority it was accepted that this is something that should have been explored by them, but has not been.

107. Ms De Freitas extracted a commitment from the local authority to explore this in the future.

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<sup>1</sup> Post-script: the earlier letter (dated July 2022) has now been tracked down, and Amy was given a copy of it on the last day of the hearing.

108. There is no application before me for an order for direct contact post-adoption. I would not grant such an application in the circumstances of this case. I would be concerned that attaching such an order to Tilly might have the effect of restricting the pool of potential adopters for her, and cause delay to her finding a new family.
109. There is a chance that Beth's adoptive parents may put themselves forward as potential adopters for Tilly.
110. If that is where Tilly is placed, then there is some prospect that they might be able to facilitate some form of contact above annual letterbox contact between Amy, Tilly and Beth.
111. Amy has an established relationship with Tilly, contact is lovely. She has no issues with drug or alcohol misuse. She has shown insight and understanding of the reasons that Beth was adopted into another family. There have been no difficulties with undermining Tilly's placement with her current foster carers, nor were there in the past with Beth. These are indications of her having capacity to support her daughters to settle and thrive in their new family settings. That means contact could be safe and a positive experience for Tilly.
112. Having said that, much will depend on where Tilly is eventually placed, the particular situation of the family she is placed with, and the decisions that they as her new parents feel are in Tilly's best interests.
113. I agree with the guardian that it is right that the local authority should explore the issue of contact further. I agree that there should be letterbox contact and that it should be properly implemented. Beyond that, I am not able to give any specific indication about whether, or how, more contact should happen in the future.
114. Even if Tilly and Beth do not grow up in the same household, I would hope that they are supported to have a relationship. The life story work that both Tilly and Beth have should in my view include knowledge of their sister Emma, communicated sensitively to them at an appropriate time in their lives. Thought will need to be given about telling Tilly at some point that she has a paternal half-brother.
115. Throughout the final hearing, Amy was ably supported by her Pause practitioner JS, who sat by her side throughout. It will be of great benefit to Amy that JS shared the experience of this final hearing with her. JS now has a good understanding of Amy's history, her current situation, and the areas where she needs support. Amy said that she would like to go back to college, that she would like help in finding a doctor she can trust, help to start the cognitive behavioural therapy that has been recommended for her, and to be supported to maintain some form of contact with her daughters. Pause is well able to help her with all these things.

116. I will grant the local authority the application for care and a placement order in respect of Tilly. I sincerely hope that Amy gets the help and support that she needs and deserves. I wish her the best for her future.

**Her Honour Judge Joanna Vincent  
Family Court at Oxford**

**15 June 2023**

**Annex 1: agreed threshold document**

**THE FAMILY COURT SITTING AT OXFORD**

**Case no.: OX22C50067**

**IN THE MATTER OF s.31 CHILDREN ACT 1989**

**AND IN THE MATTER OF [TILLY] (a Minor)**

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

**OXFORDSHIRE COUNTY COUNCIL**

**Applicant**

**-and-**

**[AMY]**

**1<sup>st</sup> Respondent**

**-and-**

**[Mr X]**

**2<sup>nd</sup> Respondent**

**-and-**

**[TILLY]**

**(Acting through her Children's Guardian Kate Coxon)**

**3<sup>rd</sup> Respondent**

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**AGREED FINAL THRESHOLD**

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The [Local Authority contends / the Court finds] that the Threshold Criteria under Section 31 of the Children Act 1989 is satisfied on the basis that, as at the relevant date, being 27<sup>th</sup> April 2022, the child was likely to suffer significant harm, such harm being attributable to the care given or likely to be given to her if the Order were not made, not being what it would be reasonable to expect parents to give her.

Particulars of harm suffered/likely to be suffered:

1. The mother's older two children have both been the subject of previous care proceedings and the eldest, [Beth], was made the subject of care and placement orders on 9th November 2020. Beth was neglected and the Court made the following threshold findings in relation to the significant harm that Beth suffered and was likely to suffer:
  - a. At 14 years of age the mother came to the attention of children's social care due to her having a sexual relationship with [A], a 17-year-old male. Neither the mother nor the maternal grandfather was willing to engage in the support being offered by a Team Around the Child.



- b. In June 2018 the first referral was made to children's social care in respect of the mother's unborn baby, Beth . A pre-birth assessment was carried out in respect of Beth following the concerns raised by the midwife. The mother who was only 18 years old at the time, presented as being very immature for her age, there were poor home conditions, poor money management, and the mother continued to smoke during her pregnancy, although she says she cut down. Beth was made subject to a child protection plan in the category of neglect on 30th August 2018 and pre-proceedings were initiated. Beth was born on [x] September to the mother and B, A's older brother.
- c. The mother and Beth lived in the family home, and although Beth's care was initially good the situation deteriorated significantly, and Beth's care was neglected. Beth was exposed to poor home conditions whilst living at the maternal grandfather's house with mother but this was despite periods of occasional improvement such as noted in January 2019. During some home visits by the social worker Beth was noted to be dirty and smelly. On 17<sup>th</sup> April 2019 the house was messy, with empty alcohol bottles strewn about, and the remains of a takeaway meal in the bedroom shared by Beth and her mother. The maternal uncle reported that Beth had recently slept in his bedroom on a corner of his bed because the mother was drunk. The mother states that she was anxious and suffering from low mood which contributed to the deterioration in the home conditions and her care of Beth .
- d. In June 2019 the mother and Beth moved to supported accommodation. Beth had little routine and was often still awake at 10pm/11pm and later. The mother constantly took Beth back and forth to the grandfather's home address. Beth had no sense of stability and she and her mother were spending 3 or 4 nights per week at the grandfather's house. The condition of grandfather's house was very poor.
- e. The mother was on occasion prop feeding Beth with a bottle of milk on her chest so that Beth could feed herself.
- f. The mother began a relationship with [Mr X] around June 2019. She maintains that she has known [Mr X] for some 3 years. He was her friend from the past: her "best mate". He smokes cannabis, although mother says that he is seeking to become abstinent and never smoked cannabis when he was around Beth . The mother was advised not to leave Beth alone with him, but she repeatedly went against this advice. The supported housing policy stipulates that guests are only allowed to stay a maximum of 4 nights per week, and for this reason the mother stayed with her boyfriend and Beth at the grandfather's house.
- g. The mother put Beth at risk in May 2019 when she took her to the fair where she occasionally worked, sleeping in a trailer.
- h. Beth was not receiving age appropriate stimulation and was often left entertaining herself while the adults around her smoked. This is likely

to have physical implications for Beth who has already been prescribed with an inhaler. The mother was seen putting Beth on the concrete floor at all times of the day, while she smoked and chatted to the other residents. Beth was also heard crying for long periods of time and at times this was because her needs were not being met.

- i. The mother was rough with Beth in the presence of the health visitor who described it as being very uncomfortable to watch. The mother swore in front of Beth, as did her family, despite having been repeatedly asked not to.
  - j. The mother teased and taunted Beth and said unkind things to her. She called her a “bully” and frequently says she is “naughty”. The mother was observed by the health visitor snatching a baby toy off of Beth as if to say: ‘it’s mine’. She also hid out of Beth’s sight and then laughed when Beth became distressed looking for her mother. She also tried to make Beth jealous by nursing another baby in her sight. The mother accepts that she did these things but says it was not done to taunt Beth but done in play.
  - k. The condition of the mother’s flat was consistently poor, with clothes, paperwork, rubbish and other belongings strewn all over the floor in every room. When the flat was seen in August 2019 there were plates with leftover food covered in thick mould on the living room table and on the sofa cushions. 4 baby bottles, 3 containing old milk that must have been at least 4 days old were found scattered around the flat. The mother was given two warnings by her landlord for health and safety breaches.
  - l. The mother’s engagement with services remained poor and she had a history of not attending meetings/appointments, or of asking for them to be re-arranged at the last minute. The mother accepts that she found it difficult to engage with the social work team whom she was distrustful of and feared that they were intent on preventing her from caring for Beth .
2. There has been no material change in the mother’s parenting capacity and lifestyle since she had care of Beth and accordingly Tilly is likely to suffer similar significant harm to that which Beth was exposed to.
  3. The mother’s relationship with [Mr X], was unhealthy and abusive. [Mr X] assaulted the mother on [x] September 2020, for which he received an 18 month suspended sentence. Notwithstanding this, the mother remained in a relationship with him and became pregnant with Tilly. She again conceived a child with [Mr X] in/around August 2022 despite the risks that this relationship present to her and Tilly.