Case No. OX19C00150

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

Date: 26 March 2021

Before: HHJ Vincent

Between:

OXFORDSHIRE COUNTY COUNCIL Applicant

and

A MOTHER 1st Respondent

and

A FATHER 2nd Respondent

and

C 3rd Respondent
(acting by her Children's Guardian, Leeanda Morreale)

Oliver Wraight instructed by Oxfordshire County Council
Paul Murray instructed by BH&O LLP for the Respondent mother
Howard Wilson of Wilsons Solicitors for the Second Respondent father
Jennifer Kotilaine instructed by Reeds solicitors for the child

Hearing dates: 24, 25 and 26 March 2021

JUDGMENT

Editorial note: first names were used in the original judgment but have been replaced with letters, or 'the mother', 'the father', 'the kinship carers' for the purposes of anonymising this judgment.

Introduction

1. C is one year and eight months old. Her parents are [the mother] and [the father].

2. [The mother] has four older children. Her older two sons [*A and B*] live with their maternal grandparents. Her daughter [*D*] and youngest son [*E*] live with their maternal aunt. A, B and D were the subject of care proceedings which concluded in October 2013 with orders placing them away from their mother's care.

3. E was born in 2017. C's father [*name redacted*] is also E's father. E spent the first months of his life with his mother in a mother and baby foster placement, but the placement broke down when he was around four months old. He then moved to live with his aunt.

4. The reasons [the mother]'s older children went to live with relatives were her neglect of their basic needs, poor supervision, her poor attachments to the children and her lack of stability in relation to housing and finances. A major concern was that the mother was unable to control her anger in front of professionals or her children, and her aggressive behaviour.

5. In July 2017, following her separation from her fourth child, the mother referred herself to the complex needs service. She was put on a waiting list until March 2019, when she started treatment. She attended seven sessions and was engaging well, but was then discharged from the service for a period of six months, due to her pregnancy with C.

6. C was born in July 2019. The local authority brought care proceedings when she was two days old. Their plan had been for C and her mum to go and live in a mother and baby foster placement. However, before that move could happen, C became suddenly and very seriously unwell. She was diagnosed with complex congenital heart disease, chronic lung disease and feeding issues. She was taken to [*name redacted*] Hospital where she had heart surgery. She had to stay in hospital for many months. She was very poorly and needed support with her breathing.

7. Even though it meant leaving her family and her older children behind, C's mum went to [*hospital name redacted*] with her and stayed with her. C's dad travelled down when he could.

8. It was a very difficult time for the mother, adjusting to C's diagnoses and having to learn how to manage C's serious health conditions. There were occasions where [the mother] was working well with professionals. However, hospital staff said on most days they were subjected to angry outbursts and difficult behaviour when [the mother] had been unable to control her

emotions. This was more than shouting and swearing, there were times when the situation escalated, because the mother felt she knew what was best for her daughter and did not want to accept advice from doctors and nurses. For example there was a time when [the mother] refused to have C's cannula changed. Another time she initially refused consent for C to be intubated and ventilated for a chest drain and bronchoscopy, and it took three hours of a difficult situation before she allowed this to happen. This put C's safety and well-being at risk. Another time [the mother] threatened to take C off her CPAP (continuous positive airway pressure) machine, or to remove her from hospital altogether, even though she was not fit for discharge.

9. By September 2019 C's prognosis and any plan for discharge was still not clear. Despite the difficulties, C was receiving the care she needed in hospital. The local authority withdrew its application for care orders.

10. Soon after, C was transferred back to the [*name redacted*] hospital. She made good progress and plans were made for her to be discharged in around November 2019.

11. C still needed a high level of extra care. She needed additional oxygen. She needed to be fed through a line and she had a lot of medication that also had to provided to her through a line.

12. The local authority did not think she could be discharged to her mother's care alone and brought a fresh set of proceedings. I made an interim care order on 20 November. When C was eventually discharged from hospital on 9 December, she and [the mother] moved to a mother and baby foster placement as had originally been planned.

13. The mother contacted the complex needs service again in January 2020 and was offered a further appointment in March 2020.

14. On 27 February 2020 it was agreed that the placement be extended for a further six weeks due to concerns that the mother was not able to meet C's needs without significant support.

15. Unfortunately, the strains and stresses of the situation of being in a mother and baby foster placement were mounting. [The mother] was not managing the feeding tube well, on one occasion she turned the SATS machine (which monitored C's oxygen) off at night because it was too noisy. Another time she was recorded as giving C the wrong medication. The foster carer was having to supervise almost round the clock. [The mother] did not like being told what to do when it came to looking after C, and found it difficult to listen to advice from the foster carer or from treating clinicians. [The mother] was finding it hard to contain her emotions, leading to angry outbursts. There were accounts of her sometimes directing her anger and frustration towards C and two reports of rough handling. [The mother] loves C and would never do anything to hurt her deliberately, but C was at risk because she was exposed to her mother's anger, and sometimes [the mother] was so caught up in her feelings that she couldn't always focus on C, and give her the care she needed.

16. The local authority's concerns for C's safety were such that they made an urgent application for the matter to be brought back to Court in March 2020.

17. An order was made authorising a change to the local authority's interim care plan. [The mother] was to leave the placement, and plans were made for C be moved to a baby only foster placement, which she did within a couple of weeks. Without the pressures of living in the same house as the foster carers, [the mother] was able to build a good relationship with this next foster family. C lived with them for just under a year. They devoted themselves to C, giving her consistent, attuned and attentive care, becoming extremely fond of her. They have said that if a family placement is not an option in this case they would put themselves forward as long-term carers.

18. The change in interim care plan had the effect of making [the mother] homeless. To add to her difficulties, the Court date for the interim care hearing was the same day as the appointment with complex needs, which had to be put off for another couple of months. When she went back in May 2020 she was put on another waiting list - again said to be for eighteen months.

19. The pandemic and lockdown then struck, making life more difficult for everyone.

20. To her enormous credit, [the mother] has met all the challenges that have come her way with courage, determination and perseverance. She has been living in emergency accommodation which she described to me as a tiny bedsit room, with a bed and kitchen unit in it and an en-suite bathroom. It has problems with damp which has affected her asthma and some of the other residents in the block have issues with mental health and drug misuse. The local authority was not able to fund private therapy equivalent to complex needs but the mother found a therapist, [*name redacted*]. She has attended forty sessions of therapy in the past year, saving money from her universal credit to make a financial contribution to every session.

21. Since being separated from C, [the mother] has attended every contact she could and the contact notes show that she is a loving, kind, attentive and responsive parent to her daughter. C is happy, settled and content in her company and loves to play with her mother, read and sing songs together. C loves cuddles and hugs with her mum, and seeks her out for reassurance and comfort. [the mother] is good at understanding what C needs and is seen to praise and encourage C in all aspects of her development. The contact notes are all positive, show sweet interactions and [the mother] being kind, patient and making the most of the time she spends with C. There is a lot of smiling and laughter.

22. There have not been any moments where [the mother] has lost her temper in front of C, felt challenged by the rules of the contact centre or the way the foster carers have looked after C. More recently, just after C had moved to [*kinship carers*] home, [the mother] became very upset that they chose not to

use the buggy that she had purchased for C. She lost her temper with C's social worker and was shouting and swearing on the phone to her.

23. C's dad has less confidence as a parent and has preferred to attend contact along with [the mother]. When he and [the mother] have had a falling out he has not felt comfortable going to contact on his own, but he hopes to be able to continue to develop his relationship with his daughter in the future.

24. The proceedings have taken a long time to reach their conclusion. In the spring of last year the proceedings were extended to enable a kinship assessment to be carried out of [the mother]'s sister [*name redacted*] and her partner. That assessment was positive. In June plans were made for C to go and live with them. However, in July, just before she was due to move, they withdrew from the process. The Court then directed a full kinship assessment of [*the kinship carers*]. The assessment was completed in December and was positive.

25. C moved to live with [*the kinship carers*] in February 2021 and is doing extremely well in their care.

Parties' positions at final hearing

26. The local authority asks the Court to make a care order, securing C's placement with [*the kinship carers*].

27. The father and C's guardian support the local authority's plan.

28. At the final hearing the mother showed bravery and insight when she accepted that she is not in a position to have C returned to her full time care. She showed generosity to [*the kinship carers*], acknowledging their strengths as carers, and above all she showed her love for her daughter, wanting only the very best for her. She is putting C's needs before her own feelings of wanting to be reunited with C full time.

29. She is fully committed to restarting therapy with the complex needs service, alternatively with FASS or another organisation that can give her the support she needs. She asks the local authority to make it an explicit part of their care planning to keep the door open to her to be able to resume care for C once she has completed her therapy and demonstrated that she can both make the changes needed to become a full-time mother again, and that she could sustain those changes.

The law

30. I must first consider whether the threshold for making any public law orders as set out at section 31 of the Children Act 1989 is crossed. In this case the parents have agreed that the section 31 threshold test is met. The agreed final threshold document is attached to this judgment.

31. The local authority having established that threshold is crossed, I must then 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.

32. In reaching my decision C'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 they are both necessary and proportionate to secure her welfare – the Court must take the least interventionist approach.

The evidence

33. At the final hearing I heard evidence from Mr David Morgan, psychologist, who assessed mother both in these proceedings and in the 2017 proceedings about E. I heard from C's social worker LT, from [the mother] and from the guardian. I have read their statements and reports together with all the other documents in the bundle, including records of the times that C has spent with her parents in contact.

34. All the professionals involved acknowledged the progress that [the mother] has made in the past few years, the depth of her love for C, and the commitment she has shown to her ever since she was born.

35. However, at the same time, there is overwhelming evidence that, due to long-standing issues that are a fundamental to the mother's psychological make-up, she would not be able to give C the high level of care that she needs. She would not be able to manage C's ongoing medical conditions, to work together with clinicians and professionals in C's best interests, to manage her own emotions so as to give C the emotional stability she needs and to ensure she is kept safe.

36. This evidence comes from a number of different sources. I have borrowed heavily from Mr Wraight's helpful summary.

37. In Mr Morgan's assessment of the mother in March 2020 he said:

- Her major difficulties appear to be her emotional instability, anger, low self-esteem and a chronic sense of loss;
- Without significant change, it is difficult to see how she could parent her child safely and her emotional instability and outbursts of anger would pose a risk to a child in her care;
- It seems unlikely she would be able to care for her child on her own without significant change in her management of her emotions and her behaviour during treatment in the short term;
- Recommendations were given for a psychophysiological approach to emotional self-regulation and DBT (dialectical behavioural therapy) or MBT (mentalisation based therapy).

38. Further to Mr Morgan's recommendation, the mother engaged in a neuropsychological assessment by Dr Simon Pragnell. Dr Pragnell considered

that the mother has a specific deficit in her receptive and expressive language skills which may fall under the umbrella of dyslexia. This does not affect her ability to parent safely nor does it pose a risk to a child in her care, but it is likely to affect her ability to take in information relevant to caring for her daughter. Dr Pragnell considered it essential that the mother resumed psychological therapy as she was still suffering from significant psychological distress, and he made a number of practical recommendations for professionals working with the mother.

39. A parenting assessment of the mother was completed in April 2020 by HW, Senior Practitioner. That assessment recorded that the mother's anger had continued to be an ongoing concern, that she had been unable to manager her anger within the mother and baby placement and that she had exposed C to angry outbursts, including occasions of rough handling and making significant threats to professionals. The assessment concluded that the mother was unable to consistently meet C's needs and to care for her safely.

40. An updating parenting assessment was completed by LT, the allocated social worker, on 15th December 2020. This acknowledged progress made by the mother and the many positive observations of her interaction with C, but concluded that given the mother's history, the timescales for change and C's health, she was not able to meet her needs consistently and safely.

41. More recently, Mr Morgan responded to further questions raised in relation to the therapeutic work that the mother had completed and he attended a meeting with [*name redacted*], the therapist working with the mother, on 21st January 2021. In summary, he concluded:
    - The mother's work with [*name redacted*] was helpful for her but was not in itself going to lead to a resolution of the mother's issues, rather it would assist her in managing her situation until she could obtain the necessary treatment via the Complex Needs Service.
    - The mother was likely to be waiting for around a further year for such work and the work itself could take a minimum of six months and up to two years.
    - If the mother had the treatment, the prognosis could be quite good.

42. Mr Morgan, C's social worker and the guardian gave oral evidence consistent with their written evidence, and that of the other professionals. I found each of them to be fair and balanced in their assessments and analysis, identifying positives, but explaining why in their view C would be at risk of significant harm were she to return to her mother's care at this stage.

43. LT's evidence was measured and fair, acknowledging positives and the progress made, but showing a clear understanding of C's particular needs and the challenges that [the mother] would face if she became her full-time carer. Her analysis of the realistic options is thoughtful and balanced.

44. She was asked why the local authority had not funded an equivalent of complex needs therapy at an earlier stage. She explained that the possibility had been explored but at the time it was not felt that the mother could

complete such therapy within C's timescale. I have great sympathy for this mother who since 2017 has shown herself to be determined to get the help she needs, but has had to wait for years. However, there was no opportunity for that therapy to take place in the early months of C's life, and then in May 2020 it was anticipated that the proceedings would be concluding within a month or two, with a decision about whether or not C lived with her aunt Melissa or was returned to her mother's care. Even if complex needs therapy had been started up in the autumn of 2020, the mother could not have completed it within C's timescale. It is positive that the local authority is supporting a referral to FASS and if they accept mother onto their programme she may start work sooner than the complex needs therapy. In 2017 [the mother] would have benefited from the services of an organisation like PAUSE, which will be up and running in Oxfordshire in 2021. She may still be eligible for a referral.

45. In her oral evidence, C's guardian explained clearly why she regards the level of risk to C as the same now as they were a year ago. The therapy with [*name redacted*] has given [the mother] techniques to manage her emotions and her anger, but has not yet started to address the fundamental, oppositional parts of her personality and the reasons for her anger and emotional dysregulation. That is a much deeper piece of work. [The mother] has been a wonderful mother to C in the contact sessions, but this is not the same as being a parent twenty four hours a day to a child with C's complex medical history, and who needs to be able to work with medical and social work professionals to make sure that she consistently gets the care she needs.

46. Mr Morgan commented on the difference in the mother between the time he saw her in 2017 and again in 2020. He found her to be more open and honest, engaging, less belligerent. Identifying further positive developments in the following year, and acknowledging significant challenges, he remained firmly of the view that [the mother] still needs to undergo a more intensive form of treatment before he would feel able to say that she had made the changes at the fundamental level needed to enable her to resume full time care for C.

47. In her evidence, the mother presented as calm, thoughtful and insightful. The therapy that she has had with [*name redacted*] has been really helpful for her. She told me, *'without [her] help I still would have been the most angriest person you can think of – in the other cases I was extremely angry and I didn't want the help. This time it's different. I want the help.'*

48. She accepts Mr Morgan's opinion and the local authority's position. She showed her understanding that it is not just the practical issues of not having a home for C, but that she needs to make bigger changes. She said she understood that the further therapy was for, *'for me to have a better life, not to be angry, to get on better with professionals, take their advice and understand my daughter's needs.'*

49. She told me that C is a *'fun, bubbly, caring child, full of love to be around'*. She wanted me to know, *'I love C absolutely dearly, she is my whole complete world and I would just like a chance in the future to have her back in my care.'*

50. Reading the contact notes and all the evidence, there is no doubt of how much [the mother] loves C, as she does all her children. Another positive of the therapy with [*name redacted*] is that the mother's relationship with her sister has improved, which in turn has had a positive impact on the time she is spending with D and E. She continues to see her two older boys at her mother and father's most days.

51. She has a good relationship with [*the kinship carers*] and made clear that if she could not have C in her care then she fully supported [*the kinship carers*] being her carers. She said they were amazing with C, and who she trusted to keep her involved in C's life.

52. The parenting assessment of [*the kinship carers*] was done by LT and SO. It is a comprehensive document and confirms that they have undergone all necessary training to manage C's complex needs. They have been together for over twenty years and provided their own children (seven between them, now all adult bar their youngest who is seventeen), with a warm, loving family home. Their relationship is marked by kindness, mutual respect and good natured humour. [Kinship carer A] is an experienced Ofsted registered childminder. They have a good relationship with [the mother], recognise the difficulties she has had in her life, and are quick to praise her for the positives, but at the same time have shown understanding of her emotional and anger issues. They understand C's particular needs for consistent, round the clock care, and that despite her best intentions, [the mother] would not be able to consistently meet her needs. [*The kinship carers*] have shown an interest and good understanding of C's medical needs and an ability to work well with clinicians and social work professionals to promote her needs.

Conclusions

53. Having regard to all the evidence and to C's circumstances, with her welfare being my paramount consideration, I approve the local authority's plan for a care order to be made now, and for C to be placed with her great-uncle and aunt, [*the kinship carers*].

54. Having regard to C's particular needs, and her mother's capacity to meet them, I find that C would be at risk of significant harm if returned to her mother's full-time care. As in March 2020, in order to keep C safe, she would effectively need someone supporting her with C's care all the time, and helping to manage her interactions with doctors and other professionals involved in C's care. It is not reasonable to expect the local authority to provide that level of support to enable C to stay with her mum, and in fact would not in my judgment be sustainable as it would be likely to cause additional pressures and strains on the mother which would in turn impact on her ability to care for C.

55. C has had a disrupted start to life, with a number of moves to different carers and a great deal of uncertainty over her future. She needs to be settled and to have stability and security at home.

56. C's dad is not putting himself forward as a carer.

57. [*The kinship carers*] have been positively assessed and C has settled in well with them. In their care, she can have all her needs met, be kept safe, and grow up within her birth family, and continue to enjoy the loving relationship she has with her mother, spend time with her siblings and other members of her extended family.

58. The local authority has carefully considered the range of possible orders and I agree that in all the circumstances a care order rather than a special guardianship order at this stage would best meet C's welfare. In particular:

- It is too soon to make a special guardianship order. The placement is still relatively new and C needs time to settle in. This may take some time given (i) C's medical and care needs and (ii) because she has experienced a number of placement moves in her life so far;
- C's complex medical conditions will require a high level of support for some time, which is best provided to her by the local authority having parental responsibility for her;
- If there are issues over C's treatment or care, the chances of conflict between [the mother] and [*the kinship carers*] will be reduced if the local authority has responsibility for C through a care order;
- the local authority can facilitate, advise and monitor contact arrangements between C and her parents;
- [*the kinship carers*] have had legal advice on the options available to them and they would prefer a care order;
- A care order carries with it a continuing obligation upon the local authority to keep the placement under review, to look at contact and to consider whether or not rehabilitation to her mother's care would be in C's best interests. A special guardianship order is not irrevocable, but would not bring with it the same obligation upon the local authority. The mother is committed to further therapy and the prognosis for her treatment is good, it is important that there is a way she can keep the local authority updated on her progress and the potential consequences for C considered.

Should the care plan be amended to provide for regular consideration of the option of rehabilitation to mother's care?

59. There is a balance to be struck between the obligation to review C's and her mother's circumstances regularly, and to ensure that C is settled and secure in her placement.

60. The possibility of rehabilitation of C to [the mother]'s care remains an option at some point in the future. However, I do not consider the local authority should be bound to the extent the mother is suggesting in terms of any recital, order or addition to the care plan that would go beyond the local authority's ordinary responsibilities as holders of the care order to review all aspects of the suitability of the placement.

61. If C's needs are to be met, she needs some stability and permanence and there is a risk that the placement could be undermined if the carers were under the impression that the local authority was under some additional duty to actively be considering rehabilitation of C to her mother on a very regular basis. The care order is made on the basis that C will live with and identify [*the kinship carers*] as her primary carers and she will understand that her home with them is permanent.

62. Reviews of her situation must consider all options in C's welfare interests, and it would not in my view be appropriate for the Court to interfere with that process by indicating that the review should lean more towards consideration of rehabilitation than any other option, for example the care order being discharged and being replaced by special guardianship orders.

63. If the local authority does not apply to discharge the care order, or an application for a special guardianship order is not made, the mother may herself apply for discharge of the care order, she is not dependent on the local authority to carry out a review in order to make that application.

64. At any time that C's placement is reviewed, mother's situation will be relevant, but so will a number of other factors. Even if the mother had completed therapy successfully, it may not by that time be in C's welfare interests to be separated from her carers and to have to make another change of home and carer, particularly after she experienced so many changes in the first two years of her life. In particular, any reviews must consider C's health, whether it has improved or deteriorated, and the circumstances of her carers. The way in which the care order has worked in the intervening period and how contact has gone, will also be relevant.

65. I do not want [the mother] to be discouraged from pursuing the next stage of her therapy, I think she must do it with the aim of working on her own self, with a view to as she says, living a better life and improving her relationships with others. It should not be done with the sole aim of getting her daughter returned to her care.

Contact

66. I approve the local authority's plans for C to have contact with her mother every fortnight and with her dad every month, again to be kept under review. A family conference at which C's mum, dad, [*the kinship carers*] and the local authority have discussions about contact arrangements and some ground rules is a good idea.

67. In her evidence the guardian explained why in her view she felt it was important for C's contact to take place outside her home with [*the kinship carers*], and [the mother] was accepting of this.

68. Although she has had in some ways a very difficult start to life, C is described by all as a gorgeous, affectionate, smiling little girl who has brought a great deal of joy to everyone who has cared for her. There have been challenges but

she has always been in an environment where someone has been there to ensure that her needs were met and she was kept safe and well cared for. Her mother loves her dearly and will always be a part of her life, the same can be said for her father.

69. Thanks to the generosity and commitment of [*the kinship carers*], who have stepped forward, she can now grow up within her birth family and those vital relationships may be sustained.

70. I wish them all the very best for the future.

HHJ Joanna Vincent
Family Court, Oxford
26 March 2021

Annex: final threshold document

In the Family Court sitting at Oxford — Case No. OX19C00150

In the matter of the Children Act 1989

And in the matter of: C (a girl born on 24.07.19)

BETWEEN:	OXFORDSHIRE COUNTY COUNCIL	Applicant
	-and-	
	[THE MOTHER]	1st Respondent
	-and-	
	[THE FATHER]	2nd Respondent
	-and-	
	C (Acting through her Children's Guardian, Leeanda Morreale)	3rd Respondent

AGREED FINAL THRESHOLD DOCUMENT

Mother accepts and the court finds that at the time protective measures were taken, namely on 18th November 2019, C was likely to suffer significant harm, attributable to the care likely to be given to her not being what it would be reasonable to expect a parent to give to her, on the basis of the matters set out below

1. There is a significant history of social care involvement with the mother and her older children dating back to 2012:-

    a. In February 2013 three of the mother's children were removed under police protective powers following a suspected non-accidental injury to one of them.

    b. The mother on one occasion left the children in the care of a learning-disabled friend who did not have capacity to provide adequate supervision.

    c. The mother failed to ensure that one of her children used his hearing aids appropriately and this negatively impacted upon his development.

    d. The mother did not maintain the children's dental hygiene and one of the children required 6 extractions as a result.

e. The mother had angry and aggressive outbursts and the children were exposed to this.

f. In 2017 the mother's placement in a mother and baby placement with her fourth child had to be terminated due to the mother's angry, aggressive outbursts. The mother says this was because she did not get on with the foster carer and had other issues with the local authority.

g. None of the mother's four older children have remained in her care, the Court having found the s.31 threshold criteria met in respect of each of them.

2. C was at risk of emotional abuse as a result of being exposed to the mother's volatile and unpredictable outbursts:

a. (i) Dr Morgan's psychological assessment of the mother dated 10th March 2020 concluded that "[§93] Her personality style is characterised by resentment and fear of rejection. She has a poor self-image, a pervasive instability of mood and significant problems with anger outbursts… [§95] She has not acquired self regulation of her emotions.… For much of the time at least, she appears to be in a state of hyperarousal, often referred to as a state of fight or flight that may relate to earlier experiences with authority figures. It prevents her from thinking clearly and leads her to react in an angry manner which she regrets when she is calmer. [§99] Without significant change, it is difficult to see how she would be able to parent her child safely. [§100] Without significant change, her emotional instability and outbursts of anger would pose a risk to a child in her care. [§101] Without significant change, her ability to prioritise and meet the current and long term needs of her child over her own psychological need will be limited."

b. Dr Morgan's previous assessment of the mother dated 18th June 2017 had concluded the mother would benefit from engaging with Complex Needs in Oxford and "[§97] The prognosis would be good if [the mother] remains engaged in treatment. The timescales are likely to be a

minimum of six months and could be as long as two years depending on the therapist's assessment and the rate of progress that she makes." The mother completed seven weeks of a ten-week mentalisation based therapy course through Complex Needs in 2018 but could not continue to attend, due to becoming pregnant with C. As at the time protective measures were taken, the mother had not addressed her own therapeutic needs.

c. Between August and November 2019 when C was in hospital, the mother on occasions was unable to manage her emotions, with aggressive and angry outbursts towards medical and social care professionals. The mother states this was in the context of C being very unwell and the mother finding the experience incredibly stressful and feeling isolated and at times side-lined from decision making about C's care and treatment..

d. On occasion the mother became angry and shouted at the mother and baby foster carer in the presence of C.

3. C was at risk of neglect of her basic care and additional medical needs:

a. In November 2019 when C was in hospital, the mother initially refused to undertake training to ensure that she could meet C's additional medical needs. This was said in the heat of the moment when she was angry. The mother accepts that at times she has been hostile and resistant to advice and instructions from medical professionals, but it is against a backdrop of mistrust and a lack of sensitive communication. She very often feels that the medical professionals talk down to her. She did later complete the training.

b. Between August and November 2019, when C was in hospital, the mother was at times hostile and resistant to advice and instructions from medical professionals, the mother says this was in the context of C being very unwell and the mother finding the experience incredibly stressful and feeling isolated and at times side-lined from decision making about C's care and treatment.

c. On one occasion during the mother and baby foster placement the mother briefly turned off C's SATs monitor overnight due to being overtired.

4. In relation to the 2nd respondent father:

a. The father accepts that there were periods of time when he lost contact with E but not for long.

b. The father accepts he was not positively assessed to be his sole carer in previous proceedings.

c. The father accepts there have been difficulties with one professional but has worked well with the current social worker LT.

d. The father accepts and has always accepted that he does not have the capacity or the ability to currently look after C to meet her individual specialist needs.

Dated: 25th March 2021