

IN THE FAMILY COURT AT EAST LONDON11 Westferry Circus
London

Neutral citation number [2026] EWFC 52 (B)

Before HER HONOUR JUDGE SUH**IN THE MATTER OF****A LOCAL AUTHORITY (Applicant)****-v-****(1) THE MOTHER
(2) THE FATHER
(3) THE CHILD (by their Children's Guardian) (Respondents)****MS C CROFT & MS S SURESH appeared on behalf of the Applicant
MS A EASTON KC & MR A FORDE appeared on behalf of the First Respondent
MR J SAMPSON KC & MS M KALER appeared on behalf of the Second Respondent
MS S GEORGE & MS K CHANNA appeared on behalf of the Third Respondent Child
(by their Children's Guardian, Lorraine Walker)****JUDGMENT
28th JANUARY 2026**

WARNING: 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 children and members of their 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.

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JUDGE SUH:

Plain language summary

G has suffered serious injuries: an injury to her brain, bleeding around her brain and bleeding in her eyes. We will not know for a number of years how it will impact her in the long term.

There are many good things about your family. You are loving and you are hard-working and you are careful to take G to see the health visitor and the doctor.

I do think life was more stressful than you are telling me. You had a teething baby with a cold who wakes in the night, a house move and the father working long hours after a rib injury and not many friends or wider family nearby.

Something happened to G on 5 October 2024. Her mother was not there. G was with her father. He has always said that G fell from the bed and he has taken a long time to tell the court clearly how he handled her afterwards by shaking her in a panic and running downstairs without supporting her head. He says this may have caused the injuries. Both parents have minimised the seriousness of what happened at times.

The Local Authority think the father has lied about what has happened. The Local Authority bring this case. They have to prove what is more likely than not.

Although there are inconsistencies in the father's account, I do not think he is lying. I think it more likely than not G rolled off the bed, he panicked and he shook her. He was emotionally overwhelmed and not thinking straight. However G looked after she fell off the bed, the advice to parents is clear: never, ever shake a baby. It was not something a reasonable parent would do. It was not reasonable to run downstairs without supporting G's head. I accept that the father feels responsible for his actions.

The mother has known since October 2024 that the father did shake G, but did not tell anyone. Whilst that is understandable, it is not putting G first and I think it would have been better if she had asked some more questions and told the court and the doctors absolutely everything she knew. But that is not a reason to stop G going back to her mother. It needs to be taken into account as part of the safety planning.

JUDGE SUH:

1. G was born in March 2024. On 5 October 2024 she was admitted to Newham Hospital following a fall from a bed in the family home. The parents signed a Section 20 agreement on 16 October 2024 and on 30 October 2024 G was discharged into foster care. On 31 October 2024 the local authority made an application for an interim care order, and on 12 November 2024 I made an interim care order.

Parties and representation

2. The Local Authority are represented by Ms Croft and Ms Suresh, the mother by Ms Easton KC and Mr Forde, the father by Mr Sampson KC and Ms Kaler, and the child through her Guardian, represented by Ms George and Ms Channa.
3. As I said at the close of submissions, I have been very grateful for all of the hard work of the representatives and the immense assistance they have given me in this difficult

case. I am grateful for the work that has gone on outside court to provide me with notes of evidence and to ensure that the aunt could give evidence before she gave birth. Each party has been well served by their representatives. I am also very grateful to our interpreters and those sitting behind counsel for their work in the background.

4. I heard this matter on 9, 12, 13, 14, 15, 19, 20, 21 and 22 January 2026 and I give judgment today on the 28th.

Procedural history

5. I start by surveying the procedural history of the case. The case management orders record that the failure of the police to respond in a timely manner and the non-compliance and late compliance of the parents with their deadlines for evidence has caused delay in this matter. Although the police investigation is ongoing, at the pre-trial review on 16 December 2025 no party sought to adjourn the fact-finding hearing or persuade the court that any outstanding police evidence should be obtained before this hearing could take place.
6. Key documents have been translated for the parents and interpreters arranged for every hearing.
7. The court took into account the aunt's pregnancy and took her evidence at the earliest possible opportunity. She was willing to give evidence remotely and we ensured that she was offered breaks and that the guidance of the Equal Treatment Bench Book was applied rigorously. I checked in with her regularly to ensure she was content to continue her evidence. I made it clear when she appeared to be in discomfort that we could stop at any time. She confirmed she was happy to continue.
8. I was made aware on receiving the Local Authority's case summary on 7 January 2026 that the solicitor who took the aunt and uncle's statements did not follow the guidance in the case of *MN v ZZ and Others* [2013] EWHC 2261. I made an order on 8 January 2026 to ensure if possible the statements of the aunt and uncle were translated from English into their first language, or failing that, that they were interpreted for them orally before proceedings started, to ensure fairness. I directed the interpreters to attend court early and nobody sought to set aside that order made of my own motion.
9. When I received the position statement of the father on 8 January (although I note it is dated 7 January) counsel had identified, and I quote: "a potential issue regarding the father's cognitive functioning and processing which may have a bearing on his recall, communication style and presentation under questioning" and that the court was asked to consider whether any reasonable adjustments were necessary. As a result, I made an order on 8 January 2026 setting out that I would address the measures needed to help the parents participate and hold a ground rules hearing at the start of the trial on 9 January 2026. I noted in that order the features of the evidence, which were relevant to the parents' vulnerability.
10. On 12 January 2026 I gave a judgment applying Part 3A and PD3AA of the Family Procedure Rules and highlighted by reference to those rules the features that could be said to make the parents vulnerable by reference to Rule 3A.7. I recorded on the face

of the order the participation directions I could make on the evidence and submissions before me, and that is set out in my order of 13 January 2026.

11. I gave a Section 98 warning, which was agreed by the representatives, to all family members, in plain language before they gave evidence.

The Parties' Positions

12. The Local Authority's starting point is the schedule of findings as it appears in the bundle, as amended. The Local Authority did not seek findings that the mother caused the injuries to G, or that there was more than one occasion on which G was harmed. The findings sought at the end of the hearing are captured in the revised schedule. They seek a finding that the father caused the injuries, but not in the way he describes, and that he has been dishonest about it. They seek a finding the mother has shown a lack of curiosity.
13. Mr Sampson KC seeks to persuade me that the father's account of how G was injured is correct. He says that the father left G on the bed, went to the bathroom, returned to find G in a state of reduced consciousness following a fall from the bed. He then shook her two or three times in a panic and ran downstairs without supporting her head. Both he and Ms Easton KC point to the positive broader factors, which are protective in relation to the family, and he submits that on the father's narrative threshold is not met.
14. Ms Easton KC submits the mother was not evasive or seeking to minimise, and she supported the detailed points made in the father's submissions, with detailed points of her own. Ms George submitted that on the basis of the father's narrative, if accepted, the threshold could be met, and pointed to the fact that much of the evidence in this case could be interpreted one way or another.
15. I remind myself of the case of *Re H (Children: Fact-Finding)* [2021] EWCA Civ 319, which reminds me I need not address every submission made, but the parties should be able to understand why the best points they made on their behalf are not successful. Many of the submissions are points of detail and the most significant of which I have woven into the fabric of this judgment.

The Law

16. The relevant legal principles are well known and uncontroversial. They were summarised perhaps most completely by Baker J as he then was in *Re L&M (Children)* [2013] EWHC 1569 and in *BR (Proof of Facts)* [2015] EWFC 41 by Jackson J as he then was. There is also *Re A No 2 (Children: Finding of Facts)* [2019] EWCA Civ 1947 and in particular Jackson LJ's paragraphs 93 to 99.
17. The burden of proof is on the party seeking to prove the allegations it makes. This case means that the burden lies with the Local Authority throughout the allegations they make in their schedule of findings. The standard of proof is the simple balance of probabilities (*Re B (Care Proceedings: Standard of Proof)* [2008] UKHL 35).
18. The court can only find something happened or did not happen. The system is binary. There is no room for finding that something might have happened (*Re B*). The courts must not reverse the burden of proof; the parents do not have to provide an alternative

explanation for G's injuries. The burden of disproving a reasonable explanation provided by the parents falls on the Local Authority (*Re S (Children)* [2014] EWCA Civ 1447).

19. Findings must be based on evidence and inferences that can be properly drawn from evidence, not suspicion or speculation (*Re A (A Child) (Fact Finding: Speculation)* [2011] EWCA Civ 12. The court surveys a wide canvas of evidence. It must take into account all the evidence and consider each piece of evidence in the context of the other (*Re T* [2004] EWCA Civ 548).
20. Evidence in these difficult cases cannot be evaluated or assessed in separate compartments. A judge in these cases must have regard to the relevance of each piece of evidence to the other and exercise an overview of the totality of the evidence. Expert evidence in particular must be considered in the context of all the other evidence. The role of the court is different from that of the expert. The judge, not the experts, consider all the evidence. Experts advise and judges decide. The judge, not the experts, make the final decision (*Re A County Council v K, D and L* [2005] EWHC 144).
21. In cases involving an allegation of non-accidental injury, they often involve a multidisciplinary analysis of the medical information conducted by a group of specialists, each bringing their own expertise to bear on problem. The court must be careful to ensure that each expert keeps within the bounds of their own expertise and defers where appropriate to the expertise of others (that is *Re L&M (Children)* [2013] EWHC 1569).
22. The definition of 'non-accidental injury' in the family court is explained by Ryder LJ in *Re S (Split Hearing)* [2014] EWCA Civ at 25 as follows:

“The term ‘non-accidental injury’ may be a term of art used by clinicians as a short-hand and I make no criticism of its use but it is a ‘catch-all’ for everything that is not an accident. It is also a tautology: the true distinction is between an accident which is unexpected and unintentional and an injury which involves an element of wrong. That element of wrong may involve a lack of care or intent of a greater or lesser degree that may amount to negligence, recklessness or deliberate infliction. Whilst an analysis of this kind may be helpful to distinguish deliberate infliction from, say, negligence, it is unnecessary in any consideration of whether the threshold criteria are satisfied because what the statute requires is something different, namely findings of fact that at least satisfy the significant harm, attributability and the objective standard of care elements in Section 31(2) of the Children Act 1989.”
23. When I consider the parents' evidence I remind myself that the burden of proof is not reversible. As Mostyn J said in the case of *Lancashire County Council v R&W* [2013] EWHC 3064: “There is no pseudo-burden on a parent to come up with an alternative explanation.” I remind myself that a blameless person might cast around for all manner of explanations simply as a means to understand the situation they find themselves in and of which they have no culpable knowledge.

24. I have re-read the guidance in the case of *Re B (Sexual Abuse: Findings of Fact)* [2019] EWFC 27 and the guidance of MacDonald J and particularly the authorities who cite some relation to the fallibility of memory.
25. The parents' evidence is of the utmost importance and it is essential that the court finds a clear assessment of their credibility and reliability (that is *BR (Proof of Facts)*). The parents must have the fullest opportunity to take part in the hearing and the court is likely to place considerable weight on their evidence and the impression it forms of them (that is *Re W and Another (A Child) (Non-accidental Injury)* [2003] FCR 346).
26. I remind myself of Macur LJ's guidance in *Re M (A Child)* [2013] EWCA Civ 1147, that when it comes to demeanour it is advisable for any judge appraising witnesses in the emotionally-charged atmosphere of a contested family dispute to warn themselves to guard against any assessment solely on the basis of the behaviour of their witness in the witness box and to expressly include that they have done so, and I make it clear I direct myself accordingly.
27. When it comes to considering inherent improbabilities the court must be careful to focus on the evidence before it in the particular case. (*BR (Proof of Facts)*). It is not uncommon for people to tell lies during the investigation or a hearing and the court must bear in mind that witnesses may lie for a variety of reasons such as shame, misplaced loyalty, panic, fear, distress and the fact that witnesses lied about some matters does not mean that they have lied about everything (that is the case of *Lucas* [1981] QB 720).
28. I remind myself of the guidance of Macur LJ in *Re A, B & C (Children)* [2021] EWCA Civ 451 and the structured approach in paragraph 57 of that judgment which Ms Croft took me through.
29. Discrepancies in accounts are not necessarily to be taken as lies in the sense that they can only be explained by guilt. That, again, is according to Booker LJ in *Re A, B&C (Children)*. Jackson J, as he then was, said in *Lancashire County Council v The Children, by their Children's Guardian, M&F* [2014] EWHC 3, that in cases where repeated accounts are given of events surrounding injury and death, the court must think carefully about the significance or otherwise of any reported discrepancies. They may arise for a number of reasons. One possibility, of course, is that they are lies designed to hide culpability. Another is that they are lies told for other reasons. Further possibilities include faulty recollection or confusions at times of stress, or when the importance of accuracy is not fully appreciated. Or there may be inaccuracy or mistake in the record-keeping or recollection of the person hearing and relaying the account. The possible effects of delay and repeated questioning upon memory should also be considered, as should the effect of one person hearing the accounts given by others. As memory fades, a desire to iron out wrinkles may not be unnatural. A process that might inelegantly be described as 'story-creep' may occur without any necessary influence of bad faith.
30. Finally, Mr Sampson KC reminds me of the words of Williams J in *Re Z (Fact-Finding) (Domestic Abuse)* [2021] EWFC 92 :

“ Subjecting the parents' evidence and that of others who have recorded what they said must be approached with caution and the apparent inconsistencies should not themselves need the court to conclude that the parents are unreliable or dishonest. Inevitably, when recording

events which have happened some time ago or which in themselves were extraordinarily stressful, the parents cannot be expected to be highly consistent. As with most issues of evaluation of evidence it is of course always a matter of fact and degree in which the consistency of evidence with previous accounts or with the other evidence must be subject to scrutiny and balance”.

31. When I look at the role of medical evidence in fact-finding, it is wrong I remind myself to describe the medical evidence as the canvas against which the other evidence must be considered. Medical and non-medical evidence are both vital contributors in their own ways to these decisions and neither has precedence over the other (that is *Re R (Children) (Findings of Fact)* [2024] EWCA Civ 153).
32. I remind myself that of the need to be cautious when considering medical research literature (that is *D and A (Fact-finding: Research Literature)* [2024] EWCA Civ 663).
33. I have been taken to a number of judgments by Mr Sampson, none of which are binding authority but all of which were instructive and they relate to the notion of a resuscitative shake or a panic shake. I have read and re-read those judgments but I remind myself that each case is decided on its own facts and that only I have heard the evidence in this case, and of course it is not identical to any other.

G’s family

34. I will start by setting out some details about G’s family. G’s father and mother are related. The mother is the father’s first cousin once removed. The father came to the UK in 2021 on a Student Visa and he subsequently changed his visa to a Skilled Worker’s Visa. The parents married in the country of their birth on 17 December 2022 and G’s mother arrived in the UK on 19 June 2023. She is on a Spousal Visa. This expired in October 2025 but I believe the mother has applied for an extension.
35. G lives with her mother and father. Her paternal and his wife live in the property with her two cousins, X born in May 2022, and Y born on in May 2024. They have a baby brother, G’s male cousin, born last week.
36. They lived in the midlands in rental accommodation but moved to London in August 2024. The father works in a furniture shop between 9.30 AM and 6.30 PM six days a week. He suffered a fracture to his ribs in April 2024 when an aluminium rod struck him in the ribs and he was prescribed painkillers. He travelled to Oman on 11 June 2024 and returned on 4 July 2024 for treatment for this.

Chronology for G

37. G was born at 39 weeks gestation at a hospital in the Midlands. She was born with the use of forceps. Her parents report bloodshot eyes and exhibit photos of the same. She attended hospital on 9 April and on 18 July 2024 because there were concerns she was not putting on weight. She has had all the immunisations expected for a child her age. She slept in the same bed as her parents.
38. The only people who had care of G between 20 September 2024 and the date on which she was injured, was her parents. Her mother was her main carer and her father worked six days a week at least.

39. The parents accept she had a cold for several days before her presentation at the hospital.
40. On 5 October 2024 the parents awoke around 5.40 to pray and then went back to sleep. They woke again at 7.40. G's mother fed her, changed her, and left her with the father while she went downstairs to the kitchen to prepare breakfast and her husband's lunch for him to take to work.
41. At some point between 7.50 and 8.02, G was injured.
42. It is accepted that G's injuries were acute and not chronic.
43. It is accepted that G's brain injuries were sustained immediately before she collapsed on 5 October 2024, and accepted that once she had sustained those injuries she would have displayed an abrupt change in her behaviour and that she would not have resolved back to normal baseline, and therefore these injuries were caused after the last time G was seen behaving normally.
44. A 999 call was made at 8.03 on 5 October 2024 and the London Ambulance referral states that they arrived at the home at 8.18. They note the child was barely breathing and was not responsive en route to hospital via blue light transfer.
45. It is accepted G was taken to Newham Hospital with symptoms of acute encephalopathy.
46. She initially displayed decerebrate posturing and reduced responsiveness.
47. She was intubated and ventilated.
48. She was given anti-seizure and antibiotics medication.
49. There were no external signs of injury and the body map prepared by the paediatric consultant, Dr Johnson, on 5 October, records no obvious marks or bruises on the body, no swelling or bruises to the head.
50. There was a CT scan on 5 October which was reported as showing intracranial haemorrhage.
51. G was transferred to the Paediatric Intensive Care Unit at Royal London on the afternoon of 5 October.
52. On 6 October she was extubated and her scans were sent to Great Ormond Street Hospital for review.
53. She was transferred to another ward at the Royal London from intensive care on 7 October. She developed seizure activity on 7 October 2024.
54. A repeat CT scan on 7 October 2024 did not show a marked change.
55. There were no concerns during this time about the parents' interaction with G during her stay at the Royal London and the family support worker advised the mother showed positive emotional warmth throughout her time with G.

56. On 7 October there was a strategy discussion. A joint Section 47 investigation was undertaken and there was a repeat strategy meeting on 11 October.
57. A skeletal survey on 9 October was normal as was a repeat skeletal survey on 27 October.
58. An MRI on 10 October 2024 was reported as showing subdural collections and features of brain injury.
59. On 11 October there was an ophthalmological examination which showed bilateral extensive retinal haemorrhages involving posterior pole and periphery.
60. The child protection medical summary was written by Dr Eleftheriou on 14 October 2024 and the treating team took the view that at this moment in time the most likely explanation for the brain and eye findings is non-accidental injury from abusive head trauma. G was discharged from hospital to foster care on 30 October 2024.

Chronology of evidence gathering.

61. The parents were interviewed without solicitors but with an interpreter by the police on 5 October 2024. I note that by the time the parents gave these accounts they had been at the hospital all day. The father's interview starts at 9:10 PM and the mother's interview the next day at 4:15 PM on 6 October 2024.
62. On 14 October both parents were arrested and formally interviewed. Their interviews under caution with solicitors elicited a no-comment response to the substantive questions asked.
63. The aunt and uncle gave statements to the police on 5 October and were interviewed under caution on 16 October 2024 with solicitors present. They too gave a no-comment response.
64. The parents were assessed by an independent social worker and her report is dated 30 April 2025.
65. The aunt and uncle were assessed by the social worker as potential special guardians and that report is 24 September 2025.
66. The maternal grandparents who live abroad were assessed by an independent social worker. Their report is dated 29 August 2025.
67. Permission was given for Evidence Matters to provide reports in relation to the parents' phones. The Local Authority thereafter provided a schedule of the material they sought to rely on as part of the broad canvas from the phone downloads and any message or voice notes not in English were translated.

Evidence

68. In relation to the evidence, I remind myself that some of the evidence in the bundle is hearsay. That means that it has not been tested by cross-examination and I remind myself of the weaknesses of that type of evidence.
69. I have read and re-read the written expert reports and the note of their meeting. Each written expert report is clear and comprehensive. The experts in this case were each doing their best to help the court. None of them significantly changed their opinions from their written reports and each responded carefully and thoughtfully to what they were asked and stayed within their areas of expertise.
70. The social worker was not expecting to give evidence but an application was made by Mr Sampson KC for her to do so on the morning of 14 January. I granted that application whilst making it clear I would intervene to stop any unfairness in questioning.
71. The social worker was a warm witness who had clearly built up a good working relationship with both parents. She has taken time to meet with the parents. She told the court that the father would ask to meet her and she would book a room and they would have a chat. She was clear she had not witnessed bad temper or loss of control by the parents, and she gave frank evidence that she thought on the first meeting with the father she might have problems with him but since this time he has been fine and she attributed this to his unhappiness on her first meeting with him about the relationship with the previous social worker. She said these are loving, caring parents and she cannot fault them as parents. This is an experienced social worker who is not naive, and it is rare indeed to hear such unambiguous praise in the family court.
72. The parents and the aunt and uncle gave evidence with interpreters. There were a number of points where there was something of a debate about the interpreters' translation from the parents' primary language, with some members of the bar offering views as well, but I was satisfied that the interpreters were reliable, and in particular the interpreter who did the majority of the interpretation of the witness box was absolutely scrupulous about telling me of any difficulties with nuance or any difficulties in translation. It was clear that not all words in parents' primary language have a precise English equivalent and vice versa. So I make full allowance for the possibility that things may have been slightly misunderstood in translation but I am satisfied that the interpretation service we had was both competent and thorough.
73. The aunt gave evidence with the benefit of a link and both her statement, which was made to the police on 5 October 2024, and the statement made in these proceedings, were translated for her by an interpreter on the morning of the hearing. She confirmed that they were accurate except for two amendments to her police statement. Namely, that G's father told her that he had been in the bathroom for seven minutes, rather than two minutes, and that G was lightly breathing as opposed to not breathing at all.
74. The aunt explained she had given a full account to the police, and when asked to do so in a statement in these proceedings she understood that she merely needed to answer the questions posed. She said that this explained the differences between the two statements, such as why she did not mention CPR in her second statement. The aunt explained that she spent almost all day with G and her mother and she described

a close relationship with each of G's parents. She gave evidence she had never seen either of them lose their temper or get frustrated. She gave evidence that each was a good parent. She told Ms Easton KC how the mother dealt appropriately with eczema and was concerned about G's feeding. She described a loving, respectful relationship between the parents.

75. The uncle's evidence was very consistent with his wife. His evidence was that he had not seen his brother stressed or frustrated and of course he works with his brother as well as living with him. The uncle gave evidence how he, his wife and the parents talked about whether the child hitting her head on a cabinet in September 2024 could have been the cause of the injuries. The mother too gave evidence that she was at that discussion. She also recalled when her father came back home from his solicitors in December 2024 and raised how his shake of G could be a possible cause of the injuries and that the aunt and uncle were there for that discussion. She recalled two or three times the family had all spoken about the possible causes of G's injuries.
76. Given this, I have looked carefully at whether the family have agreed "lines to take" about what they should say to professionals and the court, but there are many factors that point away from collusion. The aunt and uncles and the parents' evidence all focus on different aspects of the events of 5 October 2024. In part that may have been a function of the questions they were asked but I certainly could see no signs that they had discussed the event and tried to agree their approach before giving evidence. By way of example, the aunt mentioned her doing 40 light chest compressions, but the uncle had no recollection of this. Another factor is how the uncle appeared to know actually very little about the details of the injury. His brother appears not to have shared those with him at all, and their recollections were different in perspective from each of the parents in the way that they described the father coming downstairs and each gave distinctive evidence.
77. This is clearly a family who support each other and at times they painted a somewhat idealised picture of family life. They did not say a single negative thing about each other. But I cannot find signs of collusion. Both parents were robustly, appropriately, and comprehensively cross-examined by Ms Croft. They both remained willing to answer whatever they were asked and courteous to her at all times.
78. In relation to the parents' evidence, there were strengths and weaknesses in both of their oral evidence and I agree, as Ms George rightly submits, that this is a case in which many factors could be interpreted either way. Both parents were tearful at times when speaking about G but maintained composure and were able to finish their evidence. The mother was quite concise and literal in her answers and seldom volunteered more information in addition to what she was asked.
79. Mr Sampson KC interpreted the parents' evidence as calm and dignified. My own view at times was that the father's came across as somewhat unemotional and flat and Ms Croft interpreted the father as not waiting for an interpretation of a question or for her to finish, as his eagerness was to tell his untruthful narrative. I thought it was more that he understood the force of the question in English and did not wait for the translation. But these different interpretations of how the witnesses came across in the witness box illustrate exactly why I do not judge the case solely on presentation in the witness box.

80. What is clear is that both of these parents adore their daughter. She is a very much loved, much wanted and much prayed for child.
81. The father's evidence was not entirely consistent in respects that I will look at in more detail later. He tended to minimise or deny less flattering interpretations of the evidence in the bundle that were put to him. But what was striking is that he did take full responsibility for injuring G, and I do think he did his best to answer the questions which were required for him to explain what happened on the day. His evidence was most vivid and striking when he described the emotional state that he was in.
82. The mother's evidence, too, had a marked tendency at times to minimise negative interpretations of the evidence that was put to her and in some respects this evidence mirrored that of her husband, whom, of course she would have heard in the witness box the day before. For example, they both said that the father's work was not tiring because he was sitting down. They both minimised the overtime he worked and suggested late night phone calls were him out getting a takeaway. Both said there was no reason for the mother looking up money-making schemes on the internet. Both said that the lack of sensation in the father's hand, which objectively I thought was concerning, was nothing to worry about and there was an extent to which they minimised any factors which could have made them more tired. For example, the father saying he always felt fresh when he looked at G.
83. The mother was also sometimes inclined to minimise the seriousness of what happened, saying "people make mistakes". This mirrors what the father told Ms Croft when he was asked if he and his wife ever had an argument about G not being with them. Whilst it is true that people do make mistakes, that seemed to underplay the gravity of the issue, and the parents were both consistent in their view that this was not something they argued about. When the independent social worker met the parents, she observed that they seemed to minimise the seriousness of the injuries and that was consistent with my own analysis of the evidence of times. However, I cannot see from the parents' evidence signs of them trying to agree together what they say to the court. The turn of phrase they used to describe things was different and I saw a tendency to minimise but not to mislead. I saw an alignment in their evidence but not a collusion.
84. One striking feature of the evidence is that both parents repeatedly make a distinction between acts done deliberately to hurt a child and the father's account that meant that he may have hurt G unintentionally. I will expand on this later.
85. The parents gave evidence that when they were in the hospital they understood they had been accused of hitting G with an iron rod or throwing her. That suggests to me there may have been some confusion with translation because I cannot find the medics recording any such theory.
86. I have given thought as to whether I need to resolve the evidence in relation to the absence of messages between the parents and whether there could be a sinister explanation for that. I have come to the conclusion it would be disproportionate to adjourn and ask more questions of Evidence Matters or check with the police about the data extracted and whether it captures all the messages on the parents' handset. No one has pressed me to do so and so I continue with this judgment.

Background

87. I look at the big picture for the family. Many of the risk factors that are sometimes seen as set out in the case of *BR* are missing in this family and many positive factors are present.
88. The contact between G and her parents is warm and loving. There are no concerns about contact. The social worker and independent social worker both observed a warm, loving relationship between G and her parents. Both give an example of an occasion where the parents took their advice about something they might do differently, and contact has moved into the community. No social work action has been taken in relation to the aunt's and uncle's children who remain in the family home with the mother and father, as well, of course, as their own parents. G is doing well in foster care and to their credit the parents have an excellent working relationship with the foster carers.
89. There have been no concerns raised by anyone working with the family about the parents' relationship. Some professionals record the mother as submissive and very quiet. The social worker in the witness box agreed with Ms Easton KC that the mother is an intelligent woman who is able to express her own view and it is very clear from reading the assessment of the maternal grandparents that the maternal family value their daughter's education very highly. The mother is well-educated. The social worker preferred to describe the mother as "respectful" and "dependent" on the father rather than submissive. "The father leads more", she said. The social worker described their relationship as strong and this is consistent with the evidence of the aunt and the uncle who did not detect any difficulties in the relationship between the parents.
90. The father works, the mother is a homemaker, and the home is clean and furnished to a really good standard. There is no concern about drug or alcohol use. There is no previous social services or police involvement in the family. The family was seen 13 times by health professionals for G, none of whom raised any concerns and all of whom noted positive things about the parents. If anything, these parents seek advice about relatively minor child ailments like eczema. The mother is so cautious that when she leaves G she straps her in her chair with the camera on while she does the housework. This is a family who err on the side of being protective and proactive about their daughter's health.
91. Dr Birch said in her survey of the medical notes: "We do not have any red flags for NAI" and Mr Sampson KC highlighted we do not have a border spectrum of injuries such as fractures. There are no reports of concerning parenting from the time that G was in hospital, and of course this would have been the most stressful time of the parents' lives when they were under a microscope and yet there were no concerns.
92. However, I do think there were stresses in the family which maybe should not be underplayed and there was a marked tendency across all the family members' evidence to, as I said, portray family life in somewhat of an idealised way.
93. The broad thrust of the family evidence was that everyone was happy and that there were no difficulties or tensions at all. I accept this is a particularly close and supportive family group in which the cooking, cleaning and finances were pooled; however looking objectively there are circumstances between the time G was born

and 5 October that were stressful and which would put a strain on most families. G had trouble feeding and had to be admitted back to hospital in July 2024. The mother accepted, when speaking to Mr Sampson KC, that this was a worrying and difficult time and that she and the father at that time were tired. This coincides with the father recovering from his rib injury. He was out of the country for almost a month in June to July 2024, leaving the mother to care for G, of course with the support of uncle and aunt. He gave evidence his injury was so painful he could not hold his daughter and used the word “excruciating”. The mother confirmed he was “in agony”.

94. G was admitted to hospital in July 2024 and the clinicians note that mum has been in tears and in distress when not with dad due to him visiting Dubai, and I think that is more likely than not to be true, even though the mother downplayed that in the witness box. That could have been the impact of the passage of time in her memory.
95. Moving is stressful and the aunt gave evidence that after the move from the midlands to London the children were all unsettled, and that evidence is supported by the uncle. The father’s evidence was, G was a little bit upset by the new environment and would not sleep. Both parents said it made G’s eczema worse and G woke up two or three times a night. The father was often on the phone late at night and the prayer cycle meant rising before 6 AM at the point in time when G was injured. It seems to me that the parents did not enjoy uninterrupted sleep. The father worked six days a week, and sometimes on a Sunday to set things up. He worked overtime. He had not had a day off since 22 September 2024 and the timing of the calls between the parents suggests he came home late at night not infrequently. I found the parents’ evidence unconvincing that because he was sitting down at work it was not tiring. He worked incredibly hard to provide for his family.
96. The parents’ evidence is that there are no financial difficulties and the uncle said they pooled resources. The financial assessment of the aunt and uncle in the special guardianship report shows a surplus of £5 a month. They are meeting their financial commitments but there is not a great deal left over. There is no evidence of debt or rent arrears and the parents tell the parenting assessor that they have £4,000 pounds of savings. They are committed to sending money back to the country of their birth each month. The father is on a basic wage of £29,000 a year and I note that the aunt does some work from home in the evening. The mother was looking up websites about making money on the internet and some of her WhatsApps relate to this too. Although she said it was for no particular reason, it seems more likely than not she was looking into working just as the aunt does. The father’s overtime suggests he wanted to increase his basic income. The aunt and uncle do not claim benefits although the special guardianship assessment thinks they may be entitled. Looking at the whole picture, this is a family meeting their financial commitments but I get the impression it is through the father and the uncle’s hard work and overtime that they manage to keep on an even keel.
97. G had Infacol, suggesting she was troubled enough by colic to be medicated for it, and saline drops suggesting that her cold troubled her too. The father accepted she was irritable and the mother said she wanted to be held by her mother. She was also teething. These of course are minor childhood conditions but they do make a child less settled. The father told the medics that G was irritable at times, as one might expect of a child her age, but the parents seemed to dismiss these issues in the witness box. I think it is more likely than not she was irritable at times.

98. The family seem somewhat socially isolated. Other than the aunt and the uncle they do not appear to have wider social connections. I do not have evidence of them attending religious or community groups regularly. That is a similar observation to that which is made by the aunt and uncle in their assessment, where the assessor notes the limited support network this couple have in London. There is a sense of self-reliance about this family and they do not appear to be integrated into a wider community. The mother is dependent on the father for her interactions with the broader community. He attends the appointments that G has with the health visitor and the doctor and the totality of the evidence suggests that his English is better than hers.
99. Looking very carefully at the family situation on 5 October, there were factors that made everyday life that bit more stressful than the parents have played down. They may not be significant in isolation but cumulatively there are stresses on the family. The independent social worker took the view that the parents lack knowledge on child development and will need support to gain insight into safety with their home. She writes more broadly that there are concerns that the parents' lack knowledge of safety around sleeping with G because G was co-sleeping with them in the bed. They lack insight into some of the children's illnesses and on child development and would benefit from attending Triple P. I checked with the parties whether they wished to call the independent social worker and was told not. Therefore this evidence has yet to be challenged. Of course, a lack of parental awareness of a child's needs or development is also a risk factor.
100. Looking at the broad picture, it is of course very positive but there are a few stress factors as well.

Handling of G

101. I note that on 6 April 2024 at a home visit by the health visitor, they record that the mother and father were both given advice to "never, ever shake a baby", and were signposted to the Red Book. I have looked at the relevant pages in the Red Book which is marked with: "Discussed, 6/4/24". The father's evidence was that he "did not pay heed towards these notes". This advice was repeated on 28 May 2024, when again it is recorded in the notes that both parents were present. It is repeated a third time on 4 June 2024.
102. When the health visitor visited in May 2024 they note that G was handled with care by both parents during that visit.
103. In relation to the father the aunt's evidence was she has no concern about his behaviour or handling of the children. She had seen him support G's head and the only time when he did not do so was when she saw him bring G downstairs on 5 October. The uncle's evidence was consistent with this and he had not seen examples of unwise handling.
104. The father throwing G up in the air in play is mentioned to the independent social worker by the father and is in the mother's witness statement. The independent social worker writes:

“I explained to him how the baby’s brain is very delicate and lifting the baby up and down in the arms could cause harm to the brain.”

In the mother’s statement she mentions him throwing her in the air, but it is in the context of it being an example of him being loving rather than a criticism of his handling. The mother’s position in the witness box was different; she said she forbade her father to do this as baby’s brains were delicate, which seems to be a retrospective revision of her view coming into a line with the independent social worker. But neither the aunt or the uncle saw this mechanism and Dr Birch did not think it was necessarily problematic.

Expert evidence

105. The court has received written evidence from a range of experts: Dr Keenan, a Consultant Paediatric Haematologist; Dr Williams, Consultant Neuroradiologist; Mr Jayamohan, Consultant Paediatric Neurosurgeon; Professor Fielder, Consultant Ophthalmologist; Professor Saggar, Consultant Clinical Geneticist; and Dr Birch the Consultant Paediatrician.

106. The injuries that G suffered are not disputed. They are as follows:

- Multifocal subdural collections (over each cerebral convexity, in the interhemispheric fissure and posterior fossa) which were a mix of acute blood and evolving effusions;
- Subarachnoid haemorrhaging;
- Thrombosed subdural bridging veins;
- Brain injury, comprising of a focal injury likely to be a parenchymal contusion, in the right inferior frontal lobe and some signal change in the anterior right frontal cortex consistent with further parenchymal injury which may have been hypoxic ischaemic in nature or due to seizures due to acute encephalopathy;
- Too many to count, very extensive bilateral retinal haemorrhages extending from the region of the optic disc into the retinal periphery and ranging in size from small to medium with a few flame shaped haemorrhages; and
- A large preretinal haemorrhage across the left macula.

107. The parents did not accept in the final version of the schedule that the long-term effect of the injuries may not be apparent for some years and their evidence was G was doing well. The mother’s 16 September 2025 statement is that G has made a good recovery and there are not signs of concern about her future. The father’s oral evidence is:

“Yes, from the evidence I have heard I can say there may be long-term effects, but I pray to God it does not happen like that. As suggested, this thing can happen at a later stage but she is such a lovely child. It is suggested she might have learning difficulties but you tell her one thing and her performance is excellent.”

108. However, in order to make sure that we plan for G's future wellbeing we need to be clear about what her carers need to look out for, and the medical evidence on this is clear. The written evidence of Dr Williams was that the acute encephalopathy and presence of brain injury may have a significant impact on G's development. Such injuries would pose a risk of cerebral palsy, epilepsy and developmental delay. He continues:

“Areas of physical brain injury are present on the imaging and these may well have a significant impact on later development and wellbeing.”

He was clear in the witness box that the long-term impact of the injuries may not be apparent for many years.

109. Mr Jayamohan states in his written report that “it is difficult to be absolutely sure as to whether this will cause G any long-term brain dysfunction or effects, and ultimately more subtle findings, such as neuropsychological assessments, may require a child to be four or five years old before they can be relied on”. His oral evidence was consistent with this.

110. Professor Fielder gave evidence in writing that “G is also at risk of suffering cerebral vision impairment as a consequence of traumatic neurological damage affecting the visual pathway within the brain. The spectrum of cerebral vision impairments is wide, ranging from blindness to subtle perceptual deficits, and the latter may not be apparent until early childhood”. In the witness box, he said that “the retinal haemorrhages clear rather quickly, but the damage to the visual pathway in the brain may be relative, and that there is a big spectrum, ranging from complete blindness (not the situation here) but can be really quite subtle and disabling”.

111. Dr Birch's evidence was that G's injuries were serious and the long-term effect of them may not be apparent for some years yet. She said she might have minor effects on cognition and various abilities that do not become apparent to begin with, and then can show up even in school age.

112. I find that G's injuries were serious and the long-term effects of these injuries may not be apparent for many years. Her parents will need to be on the lookout for any signs of this and so she gets any additional support or assessment she needs.

113. I look at other issues on which the experts can assist us. Professor Saggar and Dr Keenan's reports are unchallenged and I accept their opinions. That means there is no evidence that G has a haematological or genetic abnormality which has contributed or caused her injuries.

114. Professor Fielder's written report robustly excludes birth as a possible cause of her retinal haemorrhages. This aspect of his evidence was not challenged in the witness box. His written view was that CPR alone was unlikely to be in isolation the cause of retinal haemorrhages and when the associated pattern of the retinal haemorrhages reported are mild. Again, this was not challenged in the witness box and it is now accepted, I understand, that neither the birth of G or anything the aunt did caused the injuries. In his addendum report of 25 January 2025, he states that the evidence to hand does not suggest a systemic or ocular condition either predisposing or causing G's retinal haemorrhages and so this evidence too was not challenged.

115. Dr Williams, Mr Jayamohan and Dr Birch agreed in their written report that the injuries seen in G are consistent with an acceleration/deceleration force, and they share the view that this is the most likely explanation for the constellation of G's injuries.

116. In relation to the fall from the bed the expert consensus is this is not consistent with the pattern of injuries. It is a low-level fall onto carpet. Mr Jayamohan says:

“I can't see the fall causing significant brain injury.”

Dr Williams says:

“It is unlikely to cause significant injury and we don't have the features of impact trauma on the imaging.”

Dr Birch said it would be extremely unlikely that she was injured from the fall from the bed. She pointed out it was a low-level fall onto carpet:

“I do not think that fall would have anything to do with her condition as we discussed previously. Never say 100 per cent but I would be amazed if she hurt herself doing that.”

117. The experts were questioned on the likelihood of a child being rendered unresponsive or unconscious by a fall from the bed. Dr Williams gave evidence that if a child's fall is sufficient to knock themselves out in an impact against a hard surface, he would expect imaging with intracranial findings and for there to be impact features. He declined to use the word “always” and accepted it does not happen in every case. He conceded that if a child was concussed he would not necessarily see anything on the scan from a fall.

118. Mr Jayamohan agreed and said it would be rare for a child to be rendered unconscious or so abnormal from a fall. He said if G had sustained an altered presentation after this fall “it would be most likely to be relatively mild, less likely to be moderate and least likely to be severe”. He accepted that falls can cause reflex anoxic injury and that in general terms a child can be winded and appear unwell. When asked whether a low-level fall could stun a child and lead an adult to worry, he said “it would be extremely unusual but he cannot say 100 per cent”.

119. Dr Birch explained that being winded means being punched in the stomach so that the diaphragm does not respond properly to breathing. This does not normally happen in babies.

“What we are saying is that something happened to shock her or make her unresponsive, lose consciousness and so on. We cannot say. There is no evidence for it. I cannot see anything that could have caused her condition.”

120. When pressed by Mr Sampson KC about whether a low-level fall could stun a child, she said it was extremely unusual but you could never say 100 per cent it did not happen. Her evidence at the end was whether or not G had some issue which caused her to be unconscious, perhaps falling off the bed was 50/50.

121. She was asked by Ms Croft how common anoxic syncope is in a child of six months and she replied:

“It is not common. It means a faint which then reduces blood to the brain and makes you lose consciousness. What we need to distinguish is an anoxic event, suddenly stopped breathing, usually caused by shock or something like that. I mean, she could have momentarily. It tends to be something which only lasts a short period of time, a matter of seconds. You get it with children who appear to be breath-holding. It is really unlikely it would have caused the situation the father came back to see.”

122. There is therefore a consensus across the expert evidence that it is unlikely the bed fall caused the injuries and it is unlikely that G would have been in an altered state of consciousness as a result of the bed fall, but that unusual things can happen.

123. In relation to a force, Professor Fielder points to the guidelines on abusive head trauma and the eye in infancy, which state that “it is highly unlikely that the forces required to cause retinal haemorrhage in the child less than two years of age could be generated by a reasonable person during the course of even rough play or an attempt to rouse a sleeping or apparently unconscious child”. In my opinion, he says, her retinal haemorrhages could not have been caused by “normal handling”.

124. On the video of the shaking being provided to him, in his written opinion, Dr Fielder states:

“I cannot opine categorically that this was of sufficient force to cause G’s ophthalmic injuries, but it is possible that it was.”

He opines separately on the running downstairs, that it did not materially contribute to her ophthalmic injuries. He gave evidence he did not know the amount of force required to cause the injuries, but it would need to be something with sufficient force to lead to retinal haemorrhages.

125. In his written questions he addressed the shake on the video and the run downstairs separately, as I have just said, but he was asked by Mr Sampson KC whether taken together this episode was sufficient to cause the injuries. He replied:

“It depends on [as the baby was being rushed downstairs] whether in fact during that rush, the father holding the baby and the head being unsupported, whether that constituted further shaking. That is all I can say. It depends on how the court is able to interpret that particular action or episode.”

126. In relation to force, Dr Williams said his view in the witness box was that in order to cause these injuries the force needs to be significant. He said the level of force would be clearly inappropriate for G, such that if seen by an independent witness there would be an immediate recognition it was inappropriate and concern for her well-being.

127. Dr Williams took the view that the video re-enactment of the doll does not expose the child to sufficient acceleration and deceleration forces with reference to

the Adamsbaum and Feldman papers. He took the view that the levels and amplitude demonstrated by the father would not have caused the injuries we see here.

128. Mr Jayamohan disagreed with Dr Williams about the level of force seen in the video. Taking into account all the issues with the accuracy of using the doll in the reconstruction, he still said:

“If I saw that mechanism used on a child in front of me, there is no way I’d ever let it continue, which means to me it is abnormal and to me it looks abnormal. I feel less able to say than Dr Williams that this is not the sort of energy that can cause these injuries. I would not let somebody do that to a child, so it makes it abnormal.”

129. Dr Birch’s view was that on balance it is likely that the shaking the father described and put in the video may be more vigorous than we are seeing on the video or than he describes. She said it was estimated that:

“A high level of parents, I think over 30 per cent, find their child unconscious and will try to shake them a little bit to wake them up or get them to breathe, but those kinds of level of shakes would not normally cause the injuries we see in G, which is why I think probably the shaking was more severe than we have been led to believe.”

She concluded on balance that she thought that G was shaken harder than “a normal resuscitative little shake”.

The Account of G’s Shaking

130. The doctors cannot tell me why a shake occurred. Mr Jayamohan put it very well:

“A shake is a shake is a shake. It is a physical movement leading to a medical condition. I have no ability to tell you the intention of why that shake was purported.”

131. Medical evidence is one part of the evidence I must survey and Dr Birch stated that the history given is often the most important part in assessing child protection. Professor Fielder says it depends on how the court is able to interpret the father’s actions. Therefore, I will look in some detail at the father and mother’s accounts over time.

132. The first person that the father reported the bed fall to are his family – his brother, his sister in law and his wife. He tried to call his brother and when his brother did not pick up he runs downstairs with G. The aunt’s statement for the police, dated 5 October 2024, records that:

“[The father] told us that G was awake and lying in the middle of the bed upstairs, which is a double bed close to the window. [The father], whilst appearing scared and out of breath, told us he had left G alone on the bed for up to two minutes and he was

using the toilet, and when he returned into the bedroom G was no longer on the bed. [The father] said he searched the bedroom and found G on the floor on the far side of the bed, and when he found her she was unconscious and non-responsive to him calling her name and being picked up.”

In preparation to give her evidence, when this statement was translated for her she corrected the two minutes to seven minutes.

133. The uncle’s account to the police of which he gave on 5 October 2024, is that:

“I saw my younger brother holding G, who is my niece, in his arms. I could see G was unconscious. She was not breathing. Her eyes were closed. My brother told me G fell down from the bed. He was in the washroom and when he came back he saw G on the floor.”

He gave oral evidence that on 5 October 2024 the father told him he had left G on the bed for two minutes and they had not been told any difference since.

134. The paramedic, Julianne Lovell, in her statement, dated 20 May 2025, reliant on the records of the history taken at the scene, was that the baby’s father stated he had put the baby in the bed and went to the bathroom for two minutes. When he came back he saw the baby on the floor. There were no mentions of compressions by the family or shaking the baby. “It was a very simple story they provided” she said and “we did not have time to use Language Line.” Her witness statement in these proceedings is consistent with the witness statement she gave to the police.

135. The witness statement prepared by the police from the paramedic, Lily Barnett, is dated 1 November 2024 and she talks about what she saw on the scene on 5 October 2024.

“The baby’s father stated he had put the baby on the bed and the bed is no higher than sofa height. It is probably a metre off the floor. He put the baby on the bed and went to the bathroom. Whilst in the bathroom he heard a thud and immediately went back to the bed to find the baby on the floor. He found the baby barely breathing and floppy.”

136. This consistent with the recollection of her colleague Julianne Lovell. Lily Barnett states that:

“At no stage was it mentioned by any family member that they had performed compressions of the baby or had shaken the baby.”

137. The father in oral evidence was asked about what he told the paramedics, and he said:

“I may have been asked one or two questions, but my mental state was not such that looking at G and her condition I was not

able to answer anything. I do not remember what they asked and what they did not ask.”

138. Paediatric consultant Nikki Johnson who was on duty on 5 October gives a witness statement dated 2 May 2025 which sets out the history she was given by the parents. She says an interpreter was used on multiple occasions. She notes she was told at around 8 AM in the morning the child was on the bed but she did not have a bed rail:

“The bed was not high, maybe 50 centimetres. Mum was in the kitchen, Dad was with the child and left for only two minutes to go to the bathroom. When he returned she was on the carpeted floor on his side, unresponsive. Previously, was completely well. I asked persistently if there were any other injury in the days prior but they denied it.”

139. The father was questioned about why Nikki Johnson, his brother, and the paramedic, all recall him telling them he left G for two minutes. His answer was not entirely convincing. He said, in essence, he told them a short while and they interpreted it as two minutes. Indeed, to be fair to him, there was confusion around interpretation at this point in the oral evidence, suggesting that interpretation may have played a role in the original report too. But there is no communication difficulty with his brother, so his report of two minutes is less likely to be a misunderstanding.

140. The statement of Dr Downs exhibits her notes dated 5 October 2024 in which she records the history given by the parents:

“Mum was down in the kitchen. Dad was playing with her on the bed. Dad went to the bathroom, left G in the middle of the bed. When he came back she was on the floor next to the bed, floppy and unresponsive. Floor is carpeted. There is a railing on one side of the bed. G was on the floor on the side with no railing. No stiff, no jerking, no eye deviation. Dad did not hear a cry whilst in the bathroom.”

141. She notes that both parents declined Language Line when they spoke to her.

142. The father was asked in the witness box why he told Dr Downs he did not hear a cry in the bathroom and his evidence was:

“I was so unwell. I cannot explain it. I was in shock. I was not able to understand the question I was being asked.”

143. Dr Toteja, the consultant in paediatric critical care makes a statement on 29 May 2025 recording the history given to him by the father on 5 October 2024:

“On the morning of 5 October at 8 o’clock the mother was in the kitchen. G was with her father. The father went to the toilet and came back to find her not on the bed. He found she is on the floor and not responding. She is listless, floppy and unresponsive to stimulation. She did not cry after the fall. She was noted to have laboured breathing and moaning sounds in

between. She was not stiff, had no jerky movements, no eye deviation.”

He records, in terms, they both denied shaking the baby to calm her down.

144. In the witness box, the father was asked whether he was telling the truth to Dr Toteja. “I was crying, he said:

“In a short time so many things happened. I did not have the cognition about anything that was happening. At the time the only thing in my mind is she had a fall. The only thing in my mind was it all happened because of a fall.”

145. The father gives an account to the police on 5 October 2024. It starts at 9.10 PM and I notice the father tells the interviewer he has not eaten all day. He tells the interviewer that the wife told him to put her in the swing and tie the belt. He states:

“My wife went downstairs to prepare breakfast. While she was playing with me, as she was playing, I let her lie in the middle of the bed and I went to the bathroom. While I went to the bathroom I heard her cry. I felt this was the way she normally cries. She is just crying, just like that. After washing my face I returned to the room. After the bathroom I saw G was not there. When I saw her, she was lying on one side with her head [and he tilts his head to his left shoulder] like that. Her head was near the bedside. It was very difficult for her to breathe. [The police note that he is distressed and takes tissues and wipes his eyes.] At that point I picked her up and I ran downstairs.”

146. He gives the time in the bathroom is between five to seven minutes. He describes G struggling to breathe and that her face was red. He goes on to say she has a runny nose. He describes her hands as being stiff when he saw her and then limp when he picked her up and that her eyes were half open.

147. The mother’s interview was in the early hours of 6 October 2024 and she tells the police officer she fed G and went downstairs to make breakfast. She said the kitchen door was closed and she did not hear anything. Her account was that she was not there when G fell from the bed. She recounts what her husband told her:

“You left her with me. She was playing with me. I had to go to the bathroom. I put her on that side of the bed which was near the rail. When I came back to get my shirt, to wear my shirt, when I saw G wasn’t there, she was lying on the other side.”

148. She repeats later where the rail was. She was on that side of the bed. The mother was asked about this in the witness box, because it is the only place in the evidence where G is said to be placed next to the rail. She replied:

“My husband told me she was in the middle of the bed, but I felt like it was towards the rail.”

Again, that was not entirely convincing, and I got the impression she was trying to align herself with the father's account.

149. The father had a telephone call with the social worker on 10 October 2024. She records it as being the following exchange:

“Why did you leave the baby on the bed?”

“She said when you go to the toilet put in swing but I didn't think it would happen this way.”

[Discussions about safety. The rail was there for safety.]

“Has baby dropped before?”

“No. Always in her swing. Never leave alone. I feel so guilty. I feel so sorry for myself.”

150. The father's interview under caution was on 14 October 2024. He gave a no comment interview and prepared a pre-prepared statement that says: “I maintain that this incident is the result of an accident” but the statement does not mention either the fall from the bed or the shake expressly. He is recorded in the police evidence as having symptoms at the police station consistent with a panic attack after his arrest.

151. The mother's interview under caution was on 14 October 2024 and she gave a no-comment interview and her pre-prepared statement was to the effect that:

“At the time of the incident I was not present in the room and I maintain this incident was a result of an accident.”

152. The mother in oral evidence stated the first time the father told her he shook G was on the way back from Romford police station after these interviews. The social worker then makes a note of a telephone call on 29 October 2024:

“I asked him if he can explain the medical report of shaking her. He said, no, he did not do it and no one did.”

The father was asked about this in the witness box and said:

“I had a conversation with the social worker but not on this topic.”

He said:

“I was not in a position at that time to explain what happened or did not happen.”

When asked why not, he replied:

“Regarding my daughter everything that was going on and they were doing and they were taking her away from me. They were doing all that for no reason on my part.”

153. The father's evidence is that he was in such a shock that he was unable to understand what was happening. He says:

"I was unable to absorb what someone was saying and to understand it."

He maintained he was not lying to the social worker.

154. I prefer the written record of the social worker on this point and I think it is more likely than not that that conversation happened along the line she recorded. But what is striking is the father's resentment of the social work involvement at this stage. By all accounts the relationship he had with the social worker, the first social worker, was not one of trust.

155. The statement of the first allocated social worker was dated 30 October and she notes:

"[The father] keeps saying: 'Why would I hurt my baby? No one is left with her except us.' [The father] stated his daughter is his only child. Why would he harm her?"

156. Similar sentiments are recorded when the father is arrested:

"This is my first child. Which would I do anything like that? I have told them everything about it. How could someone do this to their child? We've prayed a lot to God to have the child."

157. I have looked throughout the social worker's notes of October and November 2024. I can see no other mention of shaking by the father. I have looked at his position statement dated 12 November 2024 and remind myself this is not a document that is verified by a statement of truth so I approach it with caution, but it contains the first account he has provided in these proceedings of what has happened.

"the father left the child on the bed, in the double bed in the middle. He left the room but was away from a maximum period of five to seven minutes. He returned back to the room and immediately saw G had fallen to the floor. She was on her back with her head slightly tilted to the right. The father picked up the child and started calling several times to G to see if she was responsive. Out of panic he took the child downstairs and went to get his brother. His brother checked G's pulse and called the ambulance".

158. The mother's first position statement which again I remind myself is not verified by a statement of truth is dated 12 November 2024 and it is her first account of what has happened. She says she "cannot accept that she or her husband caused injuries intentionally to the child. The mother accepts the account from the first respondent father as to the possible causation of the injury, namely G could have sustained some injury from the fall from the bed".

159. The uncle told the court that in the first or second week of December 2024 the father went to see his solicitor, and that the solicitor thought that there was a possibility it was a shake that could get someone injured. He gave evidence that after his brother went to see his solicitor he told him that when he saw G on the floor

having fallen from the bed, he shook G after lifting her. “Obviously she was unconscious”, the uncle said.

160. The mother said the first time she understood the father may have handled G in a way that caused her injuries was when he came back from the solicitor in December, consistent with the uncle. She gave oral evidence:

“I asked him that because of his actions she got injured, and he said yes.”

161. The father’s oral evidence was that he met this solicitor on 12 December 2024 and they gave him a robot to demonstrate. But because it was a robot it was difficult for them to understand what happened: “But I showed them how I shook”, he said. He told the court that on 12 December he understood he might have hurt G by shaking her. That is 12 December, 2024.

162. The father’s statement, dated 13 December 2024, is almost identical to his first position statement which I have just read out, but it contains these additional words about how he picked up G from the floor:

“I was holding her by my arms with my hands were holding her out. I had gently, in a back-and-forth motion, rocked her to get a response, but got nothing. Out of panic, I took the child downstairs.”

163. The father in the witness box was asked about his use of “gentle”. He replied:

“When I gave my first statement I did not have any concept of this, that shaking or anything else. The only thing in my mind was that she had a fall and it was because of that.”

He was asked again why the word “gentle” was used later in his evidence.

“Because I shook her the word ‘rock’ was used. ‘Gently’ is used because I was not in anger.”

164. His evidence about what his understanding was after 12 December 2024 is contradictory. His written statement of 13 December 2024 cannot in any way, in my view, be read as suggesting his rocking was problematic, and the word “gentle” suggests otherwise. It is possible that translation may have had a role in this, but the father’s evidence is internally inconsistent in this respect. His statement of 13 December 2024 contains the first mention of what I will call ‘the cabinet incident’. The mother’s statement of 14 December 2024 mentions the cabinet incident of 21 September 2024. In short, we have a position where neither of the parents in their first statements mentioned that the father shook G after lifting her from the floor, or gave any indication whatsoever that that motion might have been the cause of the injuries.

165. The parents meet Dr Saggar on 7 January 2025 and the father’s evidence in the witness box was that he told Dr Saggar about the shake. Dr Saggar’s report notes the father told him “he picked up the child and was obviously distressed”. I interject

there to observe it is not entirely clear from Dr Sagggar's report whether it is the father or the child who is distressed. Dr Sagggar goes on:

“He shook G gently in various positions, once, if not twice, to rouse her.”

166. We then have the mother's statement of 10 January 2025 which gives more details about the cabinet incident. We have the social worker's case note, dating 14 January when she rang the father to arrange a face-to-face meeting. That note says:

“[The father] said he wanted to tell me exactly what happened on the original day of the accident with G, as he feels his solicitor is not listening to him and nobody else is listening to him.”

167. The father's oral evidence was consistent with the social worker's contemporaneous note that he was the one who requested the meeting. He said:

“I phoned her myself and arranged it myself. When she came to the house to see us it was clear at that time, more clear at that time what had happened, and I showed her. I had a teddy bear. I showed her exactly what I did. I picked up the baby and I demonstrated how I called her name first and she did not respond. I shook her.”

168. The social worker's visit to the house is documented in her note of 17 January 2025. She was shown the bedroom. Her written note was that the father left G “at the edge of the bed, halfway down the bed”. When he returned to the room, “he picked her up, tried to call out to her, she did not respond, and he shook her before taking her downstairs”.

169. In the witness box the social worker told the court she expressed her view to the father at the time that the shake he showed her could not have caused the injuries. She said the father told her that now there were some things he knows about first aid, he would have handled the situation differently.

170. The father's second statement is dated 18 February 2025 and he shows where G was when she was on the bed by indicating on a photo with an arrow. The arrow indicating where G was placed is clearly, in my view, in the centre of the bed and this is inconsistent with the evidence he gave in the witness box which was both confused and confusing.

171. The independent social worker reports on 30 April 2025. She met the parents for the first time in March and then several times for the purpose of the assessment throughout April. She records that:

“Both parents have not fully read or understood the medical reports and have faith that things will be fine and G will be returned to her care.”

She writes:

“[The father] reports he did shake G after the fall. He was trying to wake her up. He denies shaking her before the floor.”

172. She makes a detailed account of what the father told her on 5 October, which I will quote in full:

“He heard G cry when he was in the washroom. He thought she was crying as he had left her alone. After two minutes she stopped crying. After about five minutes he went back. It was around 7.55 AM. She was not crying when he went back into the room. She was on the floor as she had fainted. He picked her up and started shaking her and calling her name. He thinks the injury that happened was due to his shaking. First, he held G from the arm and shook her, so her head was moving, which may have caused the injuries. But he spoke to his doctor in Dubai who told them that if he placed his hand under G’s head that may not have happened. He has not told this to the police. During the visit he called a solicitor who was supporting him with a police case. His solicitor advised him not to share such information with the social workers as he can get seven years in prison. This scared the father but he was adamant he would tell the truth that he shook G after finding her fainted on the floor to wake her up.”

173. I pause to interject that this may be a factor that weighs in favour of the father’s veracity. He is telling the independent social worker something which goes against the advice he understood his criminal team to be giving him.

174. It appears that the father showed the independent social worker the shake. “He showed me how he shook her forcefully”, she writes, “as she was not waking up.” She concludes that:

“During this assessment the father thinks he is accountable for causing the injuries to G by shaking her after finding her unconscious on the floor.”

175. When she draws her report together, her conclusion is:

“[the father] left G unattended on the bed despite knowing she can roll. It is concerning that rather than seeking medical attention he started shaking her with movements of her head when he lifted her unresponsive from the floor. He had no knowledge how this may have caused harm to G.”

176. This is consistent with the father’s case that he had an evolving understanding of the impact of shaking on a child. In the witness box he was asked when he realised he may have caused the injury by shaking her. “Gradually”, he said:

“I understood that because I shook her and it happened because of that and gradually I came back to my senses realising what had happened and I started to explain everything clearly to everyone. That was not clear to me before and I could not even

think that this could happen. There was no concept in my mind about this.”

177. The broad impression the independent social worker gives is of parents who are loving but inexperienced and lacking in the knowledge of safety.

178. The parents’ response to the findings of the Local Authority were due on 22 August 2025, and I have looked on the portal to see exactly when those responses to the findings were uploaded. I cannot find each parent’s individual response but the composite version of the schedule was uploaded on 17 September 2025. The mother’s position was that she wished for all avenues for natural causes to be explored. The parents raised birth trauma, a fall from the bed, the cabinet incident, and, on the mother’s case, G’s fragile brain as possible causes. Each mentioned the father trying to rouse G. The father says he “shook G briefly to awaken her”, but denies shaking her in a “sever (sic) or uncontrolled manner”. The father asserts that he has “been transparent from the start”.

179. The father’s video is also annexed to his September 2025 statement, and the mother filmed it. She could not recall in the witness box whether she took the video before or after her signed statement. The limitations of this video, which I have watched a number of times, are clearly set out in the expert’s report and are a matter, in my view, of common sense. No re-enactment with a doll is likely to show exactly what happened. It is right that the video misses out aspects of things that happened on that morning that everybody accepts happened, like the father’s phone call to his brother. The father’s statement sets out the father says he has “tried to re-enact my physical actions and also my emotional state”, but the father’s emotional state in the video is not at all in keeping with how he describes his feelings in his witness statements nor with the oral evidence of the family members who saw him when he came downstairs. In the video he looks reasonably calmed and not at all panicked. Clearly there are limitations on the weight I can place on this video. However, as Mr Jayamohan said, spontaneously volunteering his observations to us:

“If I saw that mechanism used on the child in front of me, there is no way I’d let it continue. It is abnormal, and it looks to me abnormal.”

I agree with that analysis entirely and that is the main point I take from this video. It is an abnormal way to hold a child.

180. Similarly, when the father handled the doll in the witness box he looked relatively gentle. I agree with Ms Croft that at times he looked deeply uncomfortable when he was demonstrating. Now, there could be many reasons for that: It could be that he is lying. It could be that he hates re-living an incident that is deeply traumatic for him. It could be that he cannot remember clearly. When he tried to demonstrate carrying G downstairs in the witness box, the head of the doll nestled in the crook of his arm. That does not sit easily with his accepting, in answer to Ms Croft, that G’s head was bobbing as he went downstairs.

181. The aunt’s evidence was very clear that the father was holding G with her spine to his chest and she showed us by hugging a cushion when she gave evidence. The aunt and uncle’s accounts describe the family in complete panic.

182. In the witness box, the father said he was holding G horizontally. He demonstrated by lying her along his arm, again with her head in the dip caused by his bent elbow. I prefer the aunt's evidence. She was in less of a panic on the morning and I prefer her account. It is possible that the father underestimates how hard he shook G and how uncontrolled his carrying her down the stairs was. Dr Birch's view was that "on balance it is likely the shaking the father has described and put in the video was more vigorous than we are seeing". Ms Croft submitted that the father adds running downstairs to his September 2025 account to help explain the injury. As the analysis above shows, he is mentioned running downstairs in early accounts, starting with that first police interview on the day itself. Although it is fair to say the significance of the run downstairs was not highlighted by the father until much later in his evidence.

183. The third statement is 17 September 2025. He describes that for cultural reasons he has never changed G's nappy. He gives another description of 5 October in his statement:

"I placed G in the middle of the bed and left the room for approximately five to seven minutes. On my return I find G on the floor. She was lying on the back. Her face was tilted to her right side. I was immediately panic-stricken. I picked her up. She was breathing but completely unresponsive. Her eyes were closed. I shook her two or three times. I recall grabbing her around the stomach and shaking her but she did not respond. I was shocked and crying at the time and calling out her name. In utter distress I ran down the stairs, carrying her. There are 14 or 15 steps and I ran down very quickly. In my panic I was not supporting her head properly as I ran downstairs and her head would have been moving or shaking as I ran. I accept in my absolute panic and terror on finding her unresponsive I shook her two or three times in a desperate and misguided attempt to elicit response. My intention was never to harm her. It was born of sheer panic and the complete lack of knowledge as to how to handle such a medical emergency. I did not know what else to do. Now I understand the act of running downstairs without properly supporting her head could have caused significant movement. I believe that this, combined with the shaking of G, the fall from the bed, and running downstairs without supporting her head, caused her injuries. I did not deliberately hurt G."

184. Ms Croft correctly identified in framing her questions to the father that this was the first suggestion that running downstairs may have had a role in the injuries and the first time it is clearly set out in written evidence. When the father was asked, he denied that he added this detail and he denied that this was not really what happened.

185. His fourth statement is dated 22 September 2025. In this he exhibits the sick note for the rib fracture and he says:

“I have, right from the outset of these proceedings, readily admitted that I frantically shook my child and this was never done in an intentionally harmful manner or with malice.”

186. The aunt and uncle’s statements prepared with a solicitor’s help do not add to any new information about the mechanism of injury from what they had told the police in October 2025. No mention is made in either of those statements of them being told by the father that he shook G.

187. The father’s final statement on 19 December 2025 mentions G having a rattle, which is the first time he has mentioned that since he spoke to the police in October 2024, and he says: “I would say I was absent for a period of no more than five to seven minutes.” He goes on:

“I walked back into the room. I immediately saw G was not on the bed. I hurried to my side of the bed and I saw my daughter who had fallen on the floor on the gap between the bed and the wall. G’s back was on the floor and her head was tilted to the right facing the bed. Her legs were also slightly tilted towards the right facing the bed. The rattle I’d left with her was on the floor. I picked her up using both hands, placing them just under her arms in her chest area. Her eyes were closed. She was not making any noise. At that moment I started to cry and panicked. I shook her two or three times to get a response from her but no response was coming. I noticed she was still breathing. My mobile phone was on the bedside cabinet. So while I still had G on my left arm I rang my brother. As the call was just ringing out, I only called him once. I dropped the phone on the bed, ran out her bedroom, down the stairs, which was to the left of my bedroom door. I cannot be precise but I cannot have been in the room for longer than it took to do this before I ran downstairs holding her. I knew I had to get the aid of my brother as he would know what to do and my wife would be hysterical and emotional.”

188. I have set out in some detail and in chronological order what the father has told the professionals and the court. It is clear that the father’s account has evolved and Ms Croft robustly cross-examined him on each iteration of what he said. But the important issue, of course, is the significance of those differences of accounts.

189. Of critical importance is the fact that the strength with which he shook G has been variously described and becomes more significant until by the time of the final hearing, when he is in the witness box, his case is that the panicked shake and the run downstairs without supporting the head could have caused the injuries. It is true to say that points of detail, as I have just looked across his accounts, differ across his accounts, for example: the length of time in the bathroom, the exact position he left G on the bed, whether he heard a cry from the bathroom, whether he heard a bump. The accounts vary. In some accounts he mentioned the phone call that were know took place to his brother. In some it is missing. Same goes for the rattle. Different accounts have different levels of details.

190. I have looked across at how he describes seeing G on the floor by re-reading the written accounts and re-listening several times to his interview to the police on 5 October 2024. He describes her variously as “struggling for breath” and that her “face was red”. He describes her having “a runny nose”. He describes her hands being stiff when he saw her and then limp when he picked her up. He says her eyes were half open but she was listless, floppy and unresponsive to simulation. Elsewhere he says she is floppy and unresponsive. It is described, or at least recorded by an independent social worker as a faint, and to the social worker on 17 July “as G did not respond”. Elsewhere he says she was breathing but completely unresponsive and her eyes were closed. In oral evidence he said she was taking short breaths, her eyes were half closed and she did not respond, although he was unable to elaborate on that. When pressed he said: “Whatever happened, I have explained that.”
191. The father’s description of the state of G after the fall is therefore shifting across the evidence. Again, that could be for a number of reasons. It might be because he is lying. It might be because it is one of those rare cases in which a child appeared very unwell following a low-level fall. It might be the heightened level of distress at the time caused him to panic and he was not able to take in her exact condition. It may be over the course of time his memory caused him to elide what he saw before and after shaking her. On any analysis, this is a high-stress event which took place in a manner of seconds.

The father’s emotional state on 5 October 2024

192. I turn now to the father’s emotional state. In her interview on 5 October 2024 the mother says her husband came downstairs and “was terribly anxious and his hands were trembling”. When asked what his face looked like: “Like somebody who was on the verge of crying, and his face was trembling” she said.
193. Lily Barnett records he was “clearly distressed and very upset”. She describes him as “very emotional” on the way to the hospital and her colleague records Lily telling her that he was crying. The uncle told Mr Sampson KC that the father was “pale” and agreed “100 per cent” when asked that there was panic. The aunt said the father was not angry that morning. She described him as “very worried” about what had happened.
194. In his first police interview, 11 hours after the event, what is striking is how distressed the father becomes when he talks about finding G on the floor. One interpretation is that he is almost reliving this incident. When describing her to the police officer he says:

“When I looked at her I felt that was just the end of me. That was the end of me. My life had come to an end. I was crying. I ran downstairs.”

195. He becomes very tearful and overwhelmed in interview and says:
- “When I saw her lying there on the ground, I felt my life was over.”

Later, he says:

“I am going to be honest with you. I was not really in my senses”.

Later still:

“I felt that was the end of me, the end of my life. I started to call out: ‘..... My brother. See my daughter. My life is gone.’”

He then becomes very distressed. He goes on to say:

“When I saw half of her eyes were closed I felt like my life had left my body. That was the end of me.”

196. He describes himself when he found G as “crying”. In the witness box his descriptions of how he felt was the most vivid aspect of the his evidence.

197. The family and paramedics clearly saw he presented as incredibly distressed and this is consistent with how he was in the police interview too.

198. This is what he said in the witness box:

“When I saw her, because she is my only daughter, I felt I could not see anything. I lost my senses. I just felt there was darkness in front of my eyes. I was crying and calling her name and she did not respond. When she was not responding I felt a lot of pain that she was not responding. I felt that because she is my life. Why is she not responding?”

199. He was asked about when he became very upset on 9 January 2026 when listening to the aunt’s evidence, and asked by Ms Croft: “Do you think your emotions overwhelmed you?” he said:

“I always make sure and decide I am not going to show my emotions, but when something is said about my daughter or my wife, I get really hurt and I cannot control myself.”

This is consistent with what the uncle told us, that the father does not readily show his emotions to him.

200. The father was asked by Ms Croft:

“You were not in control of your emotions in the morning of 5 October?”

He answered:

“I felt like I was unaware of what was happening to me. I was blinded. I was not within myself. I was unaware of myself and I felt like crying and I was crying. My daughter was not responding to me. It was all dark.”

He confirmed that this was metaphorical, not literal, darkness.

201. He was asked:
- “Do you agree that you being overwhelmed is why G suffered really serious injuries?”

At this point he broke down in his evidence.

202. He was asked: “You were overwhelmed on the morning of 5 October?” “Yes” came the reply. “You agree you were not in control of your actions?” “Yes” came the reply. “You agree your loss of control was why she got hurt?” “Yes, that could be the cause of it”, he replied.
203. He accepted too that he was not in control of his emotions as he ran downstairs. He said: “I was not in my senses. I was not able to understand what was happening.” He was asked: “How did you feel?” “My own condition was such”, he said, “it was hard for me to control myself. I was not able to see her in that condition. I could not bear to see her in that condition.”
204. Now, of course, these statements are open to a number of different interpretations. His heightened level of distress could be because he has done something wrong and he is full of self-pity. It could be because his narrative is correct and he was genuinely distressed. He did not follow what his wife advised and as a result his daughter, one of the most precious people in his life, was on the floor.
205. There is other evidence of the father being emotional. The independent social worker observed some crying and emotional, so much so that she recommends counselling. The social worker, who has been the allocated social worker since 2 December 2024, says initially he was very tearful. “He will cry when he struggles to manage his emotions”, she said. Of course, those two observations both post-date the incident of 5 October 2024, but it is part of how he presents and how he comes across. I have already mentioned the panic attack in the police station when he was arrested.
206. Overall we have a picture of a man who maybe restrains his emotions most of the time, possibly for cultural reasons, but who can be highly emotionally labile, especially when it comes to issues around his daughter.

Evidence of the father being angry or frustrated

207. I look at evidence that the father has been frustrated or angry because Ms Croft invites me to find that the father is lying and that he shook G other than in a panic.
208. The evidence from the family is that there was nothing out of the ordinary that morning. The mother was clear that G was happy, not crying, when she left her with her father. She had heard nothing from the kitchen. The uncle and aunt did not hear anything until they were woken by the phone call from the father and then, shortly after, him banging on their door. We have no evidence of raised voices or excessive crying.
209. Ms Croft is quite right to point out that there is in the evidence in the bundle that the father can be frustrated. He was critical of the health visitor in the Midlands and criticised her for not giving them the right advice. He was frustrated that the

police were investigating and did not want G to be transferred back to Newham Hospital. The current social worker gave evidence that when she first met him he said: “The previous social worker has ruined my life”, but we left it there. “I thought we would have problems with this relationship but we have not”, she concluded.

210. It is fair to observe that this evidence does not sit entirely easily with the family evidence that the father is uniformly lacking in any frustration or anger in any way and I do think they may have overstated his calmness of character. Ms Croft submits that the father may have got annoyed when trying to clear G’s nose, and that he was annoyed and reacted angrily when he found her in the floor. She suggested he may be running late for work and shook G out of frustration. The father denied all of these scenarios. These scenarios require me to speculate which, of course, I cannot do that. There is some evidence of his annoyance in other contexts but it is fair to say there is no evidence of him ever being annoyed with G. As Mr Sampson KC rightly submits, there was no evidence of a crescendo of tension that might preface an angry loss of control. There are, however, those smaller stresses that I have mentioned already.

Analysis of the father’s role in the incident of 5 October 2024

211. The father now accepts his panic shake could have caused the injuries and he does not seek to excuse or justify it. If the father is lying, it would be to cover up what he sees as a more blameworthy shake. His lie would have had to have been constructed and developed as a long-running deceit over a period of months. According to this analysis, the father would have had to calibrate his untruthful narrative to the emerging medical evidence. That is a high level of dishonesty. His decision to report what happened of his own motion to the social worker, to Dr Saggat, and to the independent social worker, before he had even read the medical reports, undermines that theory to an extent. The father has given his own explanation of why his case has evolved:

“ When I gave my first statement, I did not have any concept of this, the shaking or anything else, but that thing in my mind was she had a fall and it’s because of that.”

212. There is also this theme in his evidence and that of the mother that whatever he did was not deliberate. When he spoke of the police investigation in court, he said:

“My thinking was, we are not the sort of parents who would do this thing to their daughter, so why are they so fussy? Why are they asking all of this?”

He goes on later in his oral evidence:

“When I was told that they were investigating, I thought, ‘We are not that sort of parents. Why are they investigating us?’”

213. Elsewhere in his evidence, he said:

“I always thought that they were suggesting that I did that deliberately and knowing that I wanted to harm her. That became very upsetting for me, that she was my daughter and I

would never be thinking, it is beyond my thinking that how can I do that to her? Then I realised gradually and I understood that because I shook her and it happened because of that. I gradually came back to my sense, realising what happened, and started to explain everything clearly to everyone, but before that it was not clear to me and I could not even think that could happen. There was no concept in my mind about this.”

214. So there were a number of possible explanations for the father’s evolving accounts, which are not mutually exclusive.

- (1) The first, which Ms Croft submits is most appropriate, is that the father has lied. The issues on which she said he has lied and that are suggestive of guilt are:
 - (a) that G was on the bed;
 - (b) how long she was there for; and
 - (c) that he found her unconscious.

She points out the description of G’s injury on the floor that the father gives is more consistent with a brain injury.

- (2) The second scenario is that the panic of the situation means that it took the father time to see things clearly and his understanding of the impact of a shake came from speaking to his solicitors and reading the medical reports. His lack of knowledge about safety is something that the independent social worker picked up and gives credence to the father’s case. Her view is he did not understand about shaking and his description of how he felt to her was one of complete overwhelm.
- (3) Another possibility is that interpretation and the use or lack of use of interpreters at times may have complicated the clarity of his report.
- (4) Another factor is that both he and the mother in their evidence make a clear distinction between things done intentionally to hurt a child and whatever happened to G. It is clear at the beginning their understanding was that they were being accused by the medics and the police of doing something deliberately. This distinction seems to have made the father defensive towards the first social worker. On one analysis the father viewed himself as less culpable, because his view was his acts were not intentional. There is a sense in his early interactions that he feels he is being unfairly criticised because they are not the sort of parents to hurt their child, and there is a sense of indignation in some of his statements about that time, in this respect.
- (5) Another possibility is that he feels ashamed. He is a much-loved younger son of a family who have invested in his education in the UK. He has a brother who supports him, a wife who respects him, and that might make it harder to admit he has done something wrong.
- (6) Another factor is that it could be a lack of understanding about the court process and the need to record things evidentially which has played a part. As the judge,

I have looked back over every single document that has been filed in order, in order it was sent to the court. I am mindful of the social work evidence that the father asked to see her and he also spoke to Dr Saggar. The social worker said he would “pop in” and see her. When questioned by Ms Croft there was sense in the father’s evidence that he thought that meeting with a social worker, and an independent social worker and Dr Saggar, was sufficient for him to explain.

(7) There is also the tendency of the father to minimise the seriousness of what happened. The independent social worker picked this up in her report when she says the parents had faith it will all be fine. The father in the witness box spoke of the doctor in the hospital telling him: “She is perfectly OK. We should not worry about it. There is no need to operate on her and she is fine. You pray and she will be fine.” I think it is unlikely that the doctor said exactly that, but that is what the father understood. G appeared to be recovering well and maybe he thought it would all just resolve itself.

(8) Alternatively, maybe he found it hard to accept the magnitude of his actions.

(9) Lastly, I found it very telling when the mother gave evidence. She was asked:

“How much do you talk about how G came to be injured?”

She said:

“We do not talk much on the topic. Whenever such a conversation happens between us we both get very sad.”

That is consistent with the father’s emotional presentation in court, at the police station, and that this is such an upsetting incident that he finds it very hard to confront it.

Conclusion

215. I now step back and look at the matter in the round, and remind myself again of course that the burden of proof is on the Local Authority.

216. It seems to me that the father’s account of the bed fall, although sometimes inconsistent in detail, has been broadly unchanging. He left G on the bed. She fell from the bed and he found her on the floor and thought something was very wrong.

217. I do not think the father has made up the shake account to cover for a more egregious shake. It seems more likely than not that his final position is closest to what happened.

218. On the day in question there were stresses in the family life as well as the many positives that I have set out. The night before, 4 October 2024, the father has come home late and was making calls until 23.40. G had a cold and more likely than not woke in the night. The parents rose at 5.40 to pray and then went back to sleep. It seems to me very likely that the father would have been tired, having not had a day off since 22 September 2024 and working overtime to provide for his young family.

219. I accept the mother’s evidence that G was happy and settled when she left her playing with the father. The father is not the main carer of G. The time he has with her in the morning I think is the only time he has alone with her when he is solely

responsible. He is a first-time parent. I find it more likely than not he ignored his wife's advice to put G in the swing. This is a family who are very protective of their daughter and careful. I have mentioned how the mother puts her in the swing, straps her in, and puts her camera on when she is out of the room. This is a family that goes to the GP about minor childhood ailments like eczema and colds. It seems to me the father made an ill-judged decision to leave G on the bed in such a position she could roll off. She rolled off when he was out of the room and it is more likely than not that he started to panic when he entered the room and could not see her where he left her. I accept his evidence:

“I felt really upset, but when I saw her on the floor I was in a really bad condition.”

He had taken the risk of leaving her on the bed and returned to find her gone and on the floor. He had made a mistake and immediately panicked.

220. I find that the fall to the floor was, more likely than not, not the cause of the injuries. The medical evidence suggests that G was unlikely to present with an altered state of consciousness after the bed fall, or that any alteration would more likely than not have been at the minor end of the scale. The father shaking G was an unreasonable response to this, as was the run downstairs without the proper support for G's head. Rather than being capable of calming down, addressing G's state with a degree of detachment, the father was overwhelmed and unable to think clearly. Rather than being able to call 999 and assess her condition, he panicked and took her, shook her two or three times. I think he has underestimated the force he used when he shook her and that it is likely greater than he stated. He called his brother, and that would have involved, of course, trying to hold G and press the number in a panic, and then he ran downstairs, holding her in such a way the head was not supported.

221. I do find his actions meet the *Re S* test for threshold to be met. G has clearly suffered significant emotional and physical harm due to her father's actions. The harm is attributable to the care the father gave her on that occasion not being that which is reasonable to expect a parent to give her. He was told by the health visitor “never, ever shake a baby” and the shake and the uncontrolled run down the stairs were reckless and disproportionate a response to a fall from the bed. The father accepted as much of evidence by telling Ms Croft that now he has gone on courses he recognised it was dangerous and wrong. He told the social worker that “now he knows about first aid he knows that he could have handled the situation differently”.

222. The shake was more likely than not a rapid significant acceleration/deceleration mechanism. The shake that the father gave was in such a state of emotional upset that the force used, although I cannot be categorical, was excessive, causing uncontrolled excessive flexion and rotation in G's head and clearly inappropriate. It would be such, if seen by an independent witness, there would be an immediate recognition it was inappropriate and a concern for G's well-being. The father said so much in evidence himself:

“If I see this thing now I will consider it wrong because now I have learned about it.”

223. At times he has minimised the severity of the injury and I think this is in part self-preservation and in part because I have highlighted that distinction he makes in

his own mind between deliberate acts of harm to a child and what he did. I do find his presentation of his case to the court has evolved and lacked clarity and it is not right to say from the court's perspective that he has given "a transparent account to all professionals involved", when, as I just have, I surveyed the documents filed. The reasons for this are complex and multifaceted but of course not primarily focused on G's welfare.

224. Dr Birch's evidence suggests the prognosis for G was unlikely to have been altered by an earlier history of the shake. I therefore do not think that she suffered additional harm as a result of a lack of complete openness. Ultimately the father does take personal responsibility and say: "I am not able to forgive myself. Because of me, my daughter suffered." I give him credit for taking that responsibility and for his willingness to learn and that is not something that a judge sees in all cases.

The mother's case

225. Ms Croft, in closing submissions, made it clear the Local Authority's position is the mother showed a lack of curiosity about the injuries and does not appear to have asked how the father shook her or been angry with him. The schedule of findings seeks the finding the mother has not provided an adequate explanation of the injuries and the injuries cannot be explained by the fall from the bed or the cabinet. Ms Easton KC submits it is unfair to expect the mother to reach a conclusion about the injuries before the court does. She submits the court should not expect the mother to be angry with the father as she is a calm person by nature and her culture and religion are relevant to her responses, and it is unreasonable for this court to expect her to react in a certain way.

226. I have looked back carefully at the mother's case at each stage. I have read from her first position statement in which she accepts the father's account and does not accept he caused the injuries, and again, use of this word, "intentionally". She raises the cabinet scenario as a possibility for the first time in her statement of 14 December 2024. She suggests birth injury, genetics, or other factors might be relevant in her response to threshold. The first time I can find her raising in evidence the possibility the father shook G to rouse her and that this may have played a part in the injuries is in her statement dated 16 September 2025 and in her response to threshold at that time. She says:

"I do think that the forceps delivery made her fragile to other injuries and I do think that the injuries she was found with on 5 October could have been caused by either hitting her head on the dressing table leg, falling off the bed and my husband trying to rouse her."

227. Her position at the final hearing, not before, is she accepts the injuries are not linked to the birth, including the retinal haemorrhage at birth or the cabinet incident. She accepted G did not have a medical condition that explained her injuries in the witness box. I make no criticism of the mother for that. These are complex medical matters. Even when translated, these reports are not easy, even for an educated layperson to read, and I do think it quite proper that the mother explored all these possibilities. To her credit, when surveying the entire medical evidence, she accepted it in its totality. I do not think she raised the cabinet incident to distract or mislead. I think that was a genuine attempt to explore what could have caused the injuries. In

fact it is illustrative of the degree of care this mother has for G, that she would feel the need to share such a minor incident, just in case it was the cause.

228. Her oral evidence was that the first time the father told her he was shaking G was when he came back from the police station. It was clarified that she meant when they came back home on 14 October 2024. The first time she understood the father handled G in such a way that may have caused the injuries was when he came back from seeing his solicitor in December, 2024. Her evidence on this point is entirely consistent with the uncle and she explains all four adults spoke of it at this time. Her evidence was she did not, in December 2024, ask the father to show her what he had done and neither did he offer to do so. She took the video that the father presented in September 2025 and said:

“Any human being will get upset at that time. This is the reason my daughter had to go through agony.”

229. Nevertheless she still set out in her witness statement that:

“I do not accept my husband shook G violently. I accept what my husband said about when he picked G off the floor. He shook her to rouse her but not to the extent alleged by the Local Authority.”

230. Like the father, her evidence repeatedly makes the distinction between something done deliberately and whatever it was the father did. On 16 September 2025 her statement says:

“I feel sick at the thought of people thinking we did this on purpose to her.”

231. In the witness box, when asked about her statement and whether she now thought that the father did not shake G violently, she said: “He shook her harshly, but not ...” and here she used the English word, having started the sentence in his primary language: “... not intentionally.” Later in her evidence she made the distinction between things unintentionally and things not:

“Were you trying to protect the father?”

“Never, [she replied]. “Had I known he had done this thing deliberately I would have told the police straight away, even if I felt he was telling me a lie.”

Later still in her evidence, Ms Croft said:

“I am going to say to the judge that the video is shocking, and I am trying to give you the chance to say if you agree or disagree.”

She replied:

“I am not protecting my husband. Had he done that deliberately I would have told.”

She later referred to the father not knowing what he was doing, again implying it was not deliberate.

232. Ms Croft argues there are other occasions when it was bizarre that the mother did not ask questions of the father, such as the loss of sensation in his left hand that he bit to show her he could not feel it, and again. Her evidence that she did not read the Red Book is arguably another example of a lack of curiosity. But the bottom line is this. The first time I learnt that the mother had been told by the father that he shook G as long ago as 14 October 2024, was in the witness box. I understand the mother's respect for her husband, which of course must be seen within the context of her religion and culture. She is an intelligent woman and she is able to set out her views clearly, as we saw in the witness box. It seems to me that like the father she has made this distinction between something done deliberately to harm a child and the father's actions that she does not view as intentional. She said she would have told if he had done it deliberately.

233. However, whether done deliberately or not, G did suffer harm and the mother could, after that October 2024 conversation, when she knew the father shook G, have told the medics or the social worker. Similarly, in her December 2024 statement, or any time thereafter, she could have set out what he told her on return from the solicitors and what they discussed as a family, albeit that may not have been easy for her. She has not asked that the shake theory the father raised was explored in the same way as her other theories about bloodshot eyes, birth injuries and G having a fragile brain, and that could be evidence of a lack of independent curiosity. She has, as the social worker observed, followed her husband's lead and her written case has aligned with his.

234. I do not find collusion or attempt to mislead, but I think at times they have both adopted this thinking that because the father's shake was not deliberate it was not so serious and there was less need to tell people in authority about it. I do find that the mother showed a lack of independent curiosity about the father's shake theory that was not child-focused. I do not think that goes to threshold and I do not think it is a reason to delay returning the child to her mother. I do not think it caused any significant harm to G but it is a factor to be taken into account when we look at the next steps and risk assessment, and in a moment we will do just that.

235. Maybe I am straying into those next steps but I would want the mother to know that, just like the father arranges to meet the social worker, she is allowed to do so too, on her own. I have heard that G speaks her parents' primary language, Gujarati, and English, and maybe – and here I stray into welfare matters – thought could be given to an English as second language class for the mother so that by the time G goes to school, the mother, like her daughter, will be able to speak to the parents, children, and teachers at the school gate in English and her primary language.

236. I know that G goes to a mother and baby group with the foster carer. Maybe the mother could join that group and so G can continue her part of the local community?

237. We will now turn to welfare matters. However, I wish, in closing this judgment, to again thank our interpreters. I am very mindful that through the course of this long judgment they have faithfully relayed what I have been saying.

This transcript has been approved by the Judge