



# Courts and Tribunals Judiciary

**Rex**

**-v-**

**Jerri Elizabeth Balzanelli**

**and**

**Christopher Green**

**Croydon Crown Court**

**Sentencing Remarks of The Hon. Mr Justice Bryan**

**11 July 2025**

1. The defendants, Jerri Elizabeth Balzanelli and Christopher Green, appear before me today for sentence, following their earlier guilty pleas, for child neglect offences in relation to their baby daughter Stevie-Anne.
2. This is, as will appear, a truly tragic case. Stevie-Anne died when she was just under two months old. Although Stevie-Anne was born by way of Caesarean section, she had no health conditions relevant to her cause of death.
3. I make clear at the outset that the defendants do not fall to be sentenced on the basis that the neglect for which they were responsible, and which they have admitted, caused Stevie-Anne's death. The pathologists agree that her cause of death is properly to be given as that of unexplained death, in circumstances in which it is not possible to attribute a particular cause of Stevie-Anne's death.
4. In April 2022 Ms Balzanelli and Mr Green were in a relationship, and were co-parenting Stevie-Ann. They lived in a three bedroom flat in Croydon. The defendants had their own bedroom. Also living at the property were Mr. Green's 19 year old daughter from a previous relationship and Ms. Balzanelli's 13 year old daughter from a previous relationship. They had their own bedrooms.
5. On 13 April 2022 Mr Green's cousin Jamie Palmer visited the flat. That night, into 14 April 2022, the defendants and Mr Palmer, were socialising together in the flat. Stevie-Anne's half-sisters were present at the flat but they were asleep in their respective bedrooms. That evening Ms Balzanelli, Mr Green and Mr Palmer had all been drinking alcohol (the defendants prosecco, Mr Palmer lager). They all also took cocaine. Mr Green had taken at least two "lines" of cocaine and Ms Balzanelli at least one. There is also some evidence that cannabis may have been smoked by someone that night. There was certainly cannabis found in the flat.
6. The evidence before me is that Ms Balzanelli and Mr Green were intermittent users of drugs taken in social situations. There is no evidence that either was addicted to alcohol or any other drug at the time of offending. Ms Balzanelli herself was on maternity leave from a responsible job in a safety sensitive role (with associated drug testing), and Mr Green was himself in long-term employment which involved him driving for a living.
7. Stevie-Anne was fed a bottle of milk at approximately 11pm, whilst the adults stayed up until the early hours of 14 April 2022. At approximately 11.00am the following day Stevie-

Anne woke up for a feed which she consumed before going back to sleep. Ms. Balzanelli went back to sleep in the bed together with Stevie-Anne (who was either laying on Ms Balzanelli's chest or was on her back next to Ms Balzanelli), remaining in bed together thereafter until 3.20pm or thereabouts.

8. The stance of both Ms Balzanelli and Mr Green is that they did not feel they remained under the influence of drink or drugs after the night before. However Mr Green accepts having left Ms Balzanelli and Stevie-Anne in bed together thereby exposing Stevie-Anne to an unsafe sleeping environment. Equally, for her part, Ms Balzanelli accepts child neglect by sleeping with Stevie-Anne when it was unsafe to do so.
9. At around 3.20pm Mr Green (who had himself been asleep in another room) woke up and went into the bedroom where Ms Balzanelli was sleeping in bed with Stevie-Anne. He was to make a terrible discovery.
10. As he entered the bedroom he saw Ms Balzanelli lying on her side in the foetal position but there was no sign of Stevie-Anne. He pulled back the duvet off of Ms Balzanelli and he saw Stevie-Anne behind Ms Balzanelli facing Ms Balzanelli's back. He described Stevie-Anne's face looking squashed against Ms Balzanelli and Stevie-Anne's arms positioned as if she was cuddling Ms Balzanelli. Her skin looked blue. Mr Green grabbed Stevie-Anne. She felt cold and he started to scream and shout for help. He commenced CPR on the bed but then moved her to the living room so as to better perform CPR and mouth to mouth resuscitation. Mr Palmer (who had previously been a paramedic) awoke to the noise and assisted with the CPR.
11. Mr Green was calling for someone to ring 999 but no working phone could be found, so Ms Balzanelli's daughter ran downstairs and into the street to summon help where a passerby phoned 999, before assisting with CPR (as they also had first aid experience). The London Ambulance Service attended very soon thereafter. Sadly nothing could be done to revive Stevie-Anne, and after her conveyance to hospital she was formally pronounced dead at 4.36pm.
12. A search of the room in which Stevie-Anne died (which was in fact the bedroom of Mr Green's adult daughter) showed, inside an open bag, on a table at the foot of the bed, a snap bag containing cannabis and a plastic tub with cannabis paraphernalia. There was a similar plastic tub underneath the ash tray next to a chest of drawers. On the bedside cabinet was a bottle of prosecco, approximately two thirds empty. A baby's milk bottle, approximately half full was on the floor. The room smelled strongly of cannabis.
13. The precise events of the night before Stevie-Anne's death will never be known, as there are various separate accounts, none tested in evidence, and many were given contemporaneously (some not under caution) at a time of understandably high emotion and distress. There are also bases of plea which have been tendered but which are not fully accepted by the prosecution. However neither I nor the prosecution, considers that a Newton hearing is either necessary or appropriate, and I am satisfied, so that I am sure, of those facts which are necessary for the purpose of sentencing Ms Balzanelli and Mr Green.
14. In this regard I do not consider that such differences as exist between the prosecution and the defence would impact upon the sentenced to be passed. I would only add that a Newton hearing would also have involved all witnesses reliving the harrowing events of the 14 April

2022 including Ms Balzanelli's teenage daughter in circumstances in which, as is unsurprising, the tragic events continue to haunt all involved, and have had a substantial impact on the mental well-being of the defendants (who are no longer together, at least in part due to the impact of Stevie-Anne's death) as well as, no doubt, all involved.

15. I make findings of fact in relation to matters on which I am sure in due course below, but it suffices at this point to set out the account that both defendants gave to the police when they attended the hospital and were spoken to by the police (not under caution), as it captures an overall picture of events which is consistent with subsequent accounts. At the time the officer noticed the smell of stale alcohol on the breath of Ms Balzanelli. The officer who spoke to the defendants records their account, taken whilst they were together, as follows:-

16. "On the evening of 13/04/2022, Stevie-Anne's parents, Jerri Balzanelli and Christopher Green were at home in the evening and socialising with Chris's Cousin, James Palmer. Stevie-Anne's sisters, ... were also home but asleep in their bedrooms. Jerri, Chris and Jamie were drinking alcohol (a few bottles of prosecco) and snorting cocaine (£30 worth) and from smell and paraphernalia found in the flat cannabis was also likely to have been consumed. Stevie-Anne was fed at approximately 11pm and afterwards she was left lying on her play mat whilst the adults stayed up until the early hours. James stayed over so Jerri and Chris let him sleep in [their] bed and they initially slept on the Sofa with Stevie-Anne sleeping on Jerri's chest. At approximately 8am when [Mr Green's daughter] got up for work, Jerri and Chris got into [her] bed taking Stevie-Anne with them again sleeping on Jerri's chest. At approximately 11am Stevie-Anne wakes up for a feed which she readily consumed before going back to sleep on Jerri's chest. At this time Chris gets up and goes back to sleeping on the couch because he is uncomfortable sleeping in his daughters' bed. At approximately 1520 – 1530, Chris wakes up and goes to check on Jerri and Stevie-Anne as he enters the bedroom he sees Jerri lying on her side in the foetal position but there is no sign of Stevie-Anne. Chris pulled back the duvet off of Jerri and he saw Stevie-Anne behind Jerri facing Jerri's back he[r] face looked squashed against Jerri and Chris describes Stevie-Anne's arms positioned as if she was cuddling Jerri. Her skin looked blue Chris grabbed Stevie-Anne she felt cold and he started to scream and shout for help."

17. There are also before me the officer's notes which I have borne in mind. Ms Balzanelli was interviewed on 30 April 2022 and I have notes of that interview. Her account was consistent with the hospital account. I would only add that amongst her comments she stated the following:-

- Stevie-Anne slept with them that night and "I always keep her [by] my side...so if it's Chris, me, Stevie-Anne, I don't have her in the middle because I'm so aware with her and I'm not stupid, I don't know if I think I rolled on her or what I don't know...I'm beating myself up about this, I really don't know what's happened."
- Ms. Balzanelli got up at 8am, and gave Stevie-Anne a bottle.
- Ms. Balzanelli usually sleeps with Stevie-Anne on her chest. Stevie-Anne had another bottle at 11:30 or 12:00 and they had a cuddle in the bedroom. They fell asleep together. The next thing she knew, she was woken by screams. Before she had gone to bed she had felt "Tired. Looking forward to having a cuddle".

- Ms. Balzanelli could not say what they had eaten the night before. They were drinking Prosecco. When asked how much she drank she said “I don’t know. We had two bottles. We probably had three bottles. I think Jamie was drinking Fosters. Me and Chris drinking prosecco”, but she did not know how much each of them individually drank.
- As to drug use, she said that she had one line of cocaine at around 10 or 11pm. It made her feel “bit nothinky if you know what I mean. Bit pointless I felt”. Jamie and Mr. Green had a wrap of cocaine at around the same time.

18. Ms Balzanelli also stated that she had received a leaflet about safe sleeping with “Just all the do’s and don’ts” but she said, “everyone sleeps with their kids”. When asked if she remembered what the do’s and don’ts were she said, “No. Probably not to fall asleep”.

19. Mr Green was interviewed on 30 April 2022 and I have notes of that interview. His account was more detailed, but was again consistent with the hospital account. I would only add that his comments included the following:-

- They had drunk “a couple of bottles of prosecco...nothing major, nothing to excess”. In the early hours, they had gone to sleep “me and jerri on the sofa, and baby was in her chair next to us and we let Jamie sleep in our bed...”. They had been drinking between around 23:00 and 01:00.
- Jamie and he had had half a gram of cocaine the night before, well away from the baby. They had not smoked cannabis (he explained the smell by saying it must have been his daughter). The cocaine had put him in a “tidying spree”. They had taken the cocaine between 11pm and 1am. Ms. Balzanelli had had “one line”.
- After taking the cocaine, Ms. Balzanelli was “sat on the steps of the kitchen talking to us, caring for the baby, keeping an eye on the baby”.
- They went to bed at around 3:30am, on the sofa, with the baby with them on the sofa.
- After his daughter had gone to work the next morning, they had both gone into the bed in her room, and Mr. Green had then moved at around 11:00 back to the sofa.
- Ms. Balzanelli and the baby had woken at around 0830 and the Stevie-Anne had been fed a bottle. They were awake for a while and “around lunchtime, probably about 11:30/12:00, Jerri gave the baby another bottle and then went in to have a lay down in my daughter’s bedroom because she’d gone to work in the morning...”. They had not continued drinking after waking the next day. When he had left Ms. Balzanelli, Stevie-Anne was on her chest in bed.
- He had not been given any advice about safe sleeping.

20. In the light of the entirety of the evidence before me (and the admissions made in the tendered bases of plea) I am satisfied, so that I am sure, of the following:-

- (1) Both Ms Balzanelli and Mr Green had responsibility for Stevie-Anne.
- (2) Both Ms Balzanelli and Mr Green were drinking alcohol (prosecco) and taking cocaine overnight from 13 to 14 April 2022. Mr Green took two “lines” of cocaine and Ms Balzanelli one.

- (3) Mr Green left Ms Balzanelli and Stevie-Anne in bed together which he accepts exposed Stevie-Anne to an unsafe sleeping environment.
  - (4) Ms Balzanelli slept with Stevie-Anne the next day until 15:20 or thereabouts. She accepts that she is guilty of child neglect by sleeping with Stevie-Anne when it was unsafe to do so.
  - (5) A police officer noted that Ms Balzanelli's breath smelled of stale alcohol at the hospital that afternoon.
  - (6) The toxicology indicates at least an exposure of Stevie-Anne to cocaine and cannabis at some time in her short life.
21. Forensic post mortems were conducted with a view to seeking to ascertain the cause of Stevie-Anne's death. The evidence of the pathologist Dr Marnerides is that there is no specific injury or toxicological cause accounting for death, and that the cause of death is unascertained. In this regard he explains that the case does not fall within the category of Sudden Infant Death Syndrome (SIDS). He had considered SUDI-unexplained – sudden unexpected death in infancy-unexplained which is used where “there is no clear cause of death, but where the circumstances do not fit the criteria for SIDS, for example, in deaths in which the history, scene or circumstances suggest a high likelihood of asphyxia, e.g. in the context of co-sleeping, as in this case, but in which positive evidence of asphyxia is lacking”. In this case, Dr. Marnerides could not make a finding of SUDI-unexplained even on the balance of probabilities, as “toxicological testing is not completely negative”. The cause of death is therefore unexplained.
22. A further pathologist, Dr Cary, agrees with Dr. Marnerides that the cause of death is unexplained. There is no process of natural disease or congenital abnormality causing or contributing to death. There is circumstantial evidence of overlaying but no pathological evidence from which it could be said that this was the cause of death, or of any interference with the normal pattern of breathing. There is toxicological evidence of exposure to cocaine and cannabis but it is not possible to say whether this is from environmental exposure or ingestion. At the very least the findings provide evidence of an unsafe environment.
23. As for the toxicology:-
- (1) A sample of preserved blood was taken at the post mortem examination. This was found to contain small amounts of cocaine and the breakdown products thereof. The toxicological findings show that Stevie-Anne had been exposed to cocaine at some point prior to her death, but it was not possible to say when cocaine was ingested, in what quantity or how it came to be present. Cocaine may arise in body samples via exposure to cocaine from contaminated objects or surfaces, or close contact with someone who has recently used or handled the drug. It is possible that Stevie-Anne was experiencing the effects of the drug at the time of her death but this cannot be said definitively.
  - (2) A hair sample from Stevie-Anne was taken. It is not possible to put timings on the period covered by the hair sample due to varying growth rates in children. The hair sample showed the presence of cocaine and THC in the cut hair and washings. This suggests the exposure of Stevie-Anne to cocaine and cannabis. The nature of the exposure cannot

be determined from the hair sample and may include contaminated environment, smoked drugs, and sweat/saliva transfer from hands or kisses of someone who had used drugs.

24. Stevie-Anne's brain was also examined. There was no evidence of recent or prior traumatic injury, or of acute neuronal hypoxic / ischaemic cell change, which is consistent with a relatively short period of time between the terminal event and death. The appearances are consistent with, but not specific to, a sudden unexpected death.
25. A further joint pathology report dated 19 June 2024 was provided by Dr. Cary and Dr. Marnerides dated 19<sup>th</sup> June 2024. It states that exposure to cocaine is a possible but not probable cause of death. Dr. Cary had viewed the body worn police footage and was of the view that it provides supportive evidence for death related to co-sleeping but no more. Co-sleeping with an adult or adults who are under the influence of cocaine or alcohol statistically increases the risk of sudden death in infants, but the pathologists have never come across any medical literature indicating that parental alcohol/drug use in the context of co-sleeping can be considered a cause for sudden infant death, and the cause of death remains unascertained.
26. I accordingly sentence on the basis that the cause of Stevie-Anne's death is unascertained, and the defendants do not fall to be sentenced on the basis that the neglect for which they were responsible, and which they have admitted, caused Stevie-Anne's death.
27. In the context of the events that occurred, and in the context of the offences to which the defendants have pleaded guilty, it is necessary to consider the risk of co-sleeping, particularly in situations where a person has partaken of alcohol and/or drugs.
28. In this regard, the Court has had sight of an expert report from Dr Helen Ball, a director of the Durham Infancy & Sleep Centre at Durham University. She explains that bed sharing with young infants is common in the UK and that advice on co-sleeping "therefore reflects the realities of the contexts and circumstances in which co-sleeping happens". The most serious risk associated with co-sleeping are those that might result in overlaying, suffocation or wedging. Robust reviews have shown that sudden infant deaths occur in the presence of specific hazardous circumstances. Parental use of drugs and/or alcohol is one of these hazardous circumstances, and is seen as "very hazardous". Parents are strongly advised to avoid co-sleeping in these circumstances. The NICE guidelines (for clinicians) are that parents should not share a bed with a child if they have consumed more than 2 units of alcohol that day, or if they have taken recreational drugs. She identifies that the most recent evidence indicates that co-sleeping with a carer who is under the influence of drugs or alcohol increases the risk of SIDS from the whole population risk of 1 in 3710 to 1 in 203.
29. The evidence before me is that advice is given to parents about co-sleeping and such risks at three stages: prenatally by a community midwife or health visitor, prior to discharge from the post-natal ward and post-natally by a community midwife or health visitor. Guidance for parents issued by UNICEF and the Lullaby Trust repeats the same message – that you should not sleep with your baby if you have drunk alcohol or taken recreational drugs.

30. As to the risk of unnecessary suffering or harm, Dr. Cary and Dr. Marnerides opine that “co-sleeping with an adult or adults who are under the influence of cocaine or alcohol statistically increase the risk of sudden death”, although co-sleeping cannot be considered a “cause of death”. Dr. Ball sets out the reasons that parents are told not to sleep with young children after consuming alcohol or taking drugs: there is a risk of smothering and the risk of sudden infant death syndrome is substantially increased. It is considered a “**very hazardous**” practice. (my emphasis)
31. In terms of the history of proceedings, the case first arrived in the Crown Court in June of 2024, when the defendants were charged with homicide offences. In the event, the Crown did not proceed with the homicide offences, but did proceed with an allegation of child neglect.
32. At an adjourned PTPH on 8 November 2024 Mr. Green entered a not guilty plea to count 1 on the indictment, which at that stage alleged that the defendants both neglected and exposed Stevie-Anne in a manner likely to cause unnecessary suffering or injury to health. He served a defence statement in January 2025. Ms. Balzanelli was not arraigned in November 2024, having indicated that she may enter a guilty plea on a basis. At this stage the Crown indicated that they would reconsider whether it was in the interests of justice to proceed against Mr Green if Ms Balzanelli were to plead guilty.
33. In the event, and at further adjourned PTPH hearing on 21 March 2025, the Crown split the single count at the stage into two counts; one reflecting neglect by co-sleeping in a dangerous manner (count 1) and one reflecting exposing Stevie-Anne to that environment (count 2). Ms. Balzanelli entered a guilty plea to count 1. This was the first time she was arraigned and she is entitled to 25% credit. Mr. Green did not enter a plea to count 2 on that day but indicated he would not be seeking a trial.
34. At a mention hearing on 7 April 2025 i.e shortly thereafter Mr. Green entered a guilty plea to count 2. This was acceptable to the Crown. Whilst not strictly at the first opportunity (given the not guilty plea to count 1 which encompassed exposure) it was soon after count 2 was added, and was well in advance of trial, which obviated the need for what would have been a harrowing trial for all concerned. In the very particular circumstances of this case, and the complex procedural history that I have identified, I am prepared to give Mr Green 25% credit as well.
35. As I have already foreshadowed, whilst the defendants were in a relationship at the time of Stevie-Anne’s birth, that relationship was unable to survive, amongst other matters, the trauma of her death and its impact upon each of Ms Balzanelli and Mr Green.
36. Their relationship broke down in December 2024, and Ms Balzanelli has obtained a non-molestation order in relation to Mr Green. In such circumstances whilst the prosecution have opened the facts in relation to both defendant’s offending together before me today, and whilst I have heard mitigation on behalf of Ms Balzanelli and Mr Green at the same time, I am going to sentence each of Ms Balzanelli and Mr Green separately so that they are not in the dock at the same time.
37. Ms Balzanelli is 38 (having been born on 23 September 1986. She was 35 at the material time. She had no previous convictions at the time of the offence, and I treat her as of

previous good character. Whilst currently on sick leave she is employed and working towards her return to work.

38. I have the benefit of an insightful pre-sentence report which identifies that Ms Balzanelli has good insight into the offence and did not aim to minimise her behaviour, and expressed deep remorse for her actions describing “hating” herself for what happened to Stevie-Anne, with the guilt being with her for the rest of her life. It is clear that the impact upon her has been very substantial leading to depression and experiences of suicidal thoughts.
39. She acknowledges that she should have never consumed alcohol or taken cocaine the night before and wishes that she could go back in time. There is no evidence of any previous maltreatment or neglect of Stevie-Anne, and Ms Balzanelli had previously raised 2 children successfully. She is very close to her 16 year old daughter who is currently living with her father.
40. The author, rightly in my view, recognises that Ms Balzanelli’s actions can properly be seen to be out of character with a lapse of judgement followed by a tragic loss, she is identified as being at low risk of reoffending and the author considers that she would benefit from community based interventions, and in particular the imposition of a community order with a women’s community mental health treatment requirement to address her current mental health issues coupled with appropriate punitive requirements.
41. I also have the benefit of a psychiatric report from Dr Ian Cumming, and a psychologist’s report from Alexander Marshall, to which I have had careful regard. Dr Cumming concludes that the impact on Ms Balzanelli’s mental health is consistent with features of Post Traumatic Stress Disorder. He opines that “The psychological burden of what she has endured - the knowledge, memory, and sense of loss—will continue to affect her more deeply than any custodial sentence could” and whilst recognising it was a matter for the Court, he urges the Court to consider a non-custodial sentence, identifying that Ms Balzanelli poses a negligible risk to the public, with the greatest risk being to herself.
42. Mr. Green is 47 (having been born on 6 December 1977). He was 44 at the material time. Whilst he has a number of previous convictions including for assault and criminal damage, and as such is not of previous good character, I do not consider that such previous convictions are relevant to his offending or amount to an aggravating factor.
43. There is an equally insightful pre-sentence report in respect of Mr Green from the same author. Mr Green himself takes full responsibility for his decisions and he does not seek to minimise his behaviour expressing immense remorse and identifying that the guilt will be with him for the rest of his life. He is suffering from depression as a direct result of events and is struggling to come to terms with his grief and has been using alcohol as a coping mechanism. The author of the pre-sentence report identifies that he would benefit from an alcohol treatment programme for which he has been assessed as suitable, and with which he wishes to engage. The author recommends a community order with such a requirement together with a number of punitive requirements.
44. Turning to the sentencing of Ms Balzanelli and Mr Green. My attention has been drawn by the prosecution to the case of *R v. Tilby* [2019] EWCA Crim 1623, in which a defendant pleaded guilty to child cruelty by co-sleeping with her child whilst drunk, and in circumstances in which the child died, but the mechanism of death could not be proved. A



sentence of 2 years and 4 months' immediate imprisonment was passed by the sentencing judge, which, on appeal, was considered manifestly excessive by the Court of Appeal. A sentence of 16 months' imprisonment suspended for 12 months was imposed in its place.

45. Subsequent to the decision in *Tilby* the Sentencing Council issued Definitive Guidelines for Cruelty to a Child in respect of the offence of child cruelty (the "Guidelines"). The most recent iteration of the Guidelines applies from 1 April 2023. In common with many guidelines, the Court is required to consider both the harm caused and the culpability of the offenders.
46. As to culpability, very high culpability (Culpability A) focuses on the extreme nature of one or more culpability B factors or a combination of culpability B factors. High culpability (Culpability B) includes prolonged and/or multiple incidents of serious cruelty and serious neglect including the use of very significant force or use of a weapon or deliberate disregard for the welfare of the victim. Culpability C includes cases falling between B and D because factors in both high and lesser categories are present which balance each other out and/or the offender's culpability falls between the factors as described in high and lesser culpability. Culpability D includes a momentary or brief lapse in judgement and a low level of neglect.
47. It will be seen that the Guidelines in relation to culpability are not particularly apt to deal with an individual lapse of judgement which has the potential for very serious consequences (including death) set against the factual backdrop of the actual death of a baby at the time of the neglect but in circumstances in which it cannot be concluded that the neglect caused the death. As Dr Carey and Dr Marnerides identify, co-sleeping with an adult or adults who are under the influence of cocaine or alcohol statistically increases the risk of sudden death, and the risk of smothering and the risk of sudden infant death syndrome is substantially increased, as a result of which it is considered a "very hazardous" practice.
48. The neglect of Ms Balzanelli and Mr Green was, I am satisfied, a lapse of judgement, but it was a very serious lapse of judgement in relation to co-sleeping after alcohol and cocaine had been consumed which increased the risk of smothering and of sudden infant death, and it was a very hazardous practice, as both Ms Balzanelli and Mr Green should have recognised, and no doubt would have recognised had they not consumed alcohol and cocaine and been tired as a result. Such a very serious lapse of judgement cannot properly be characterised as merely a "low level of neglect" (a Category D factor) and simply to characterise it as a "momentary or brief lapse of judgment" (another Category D factor) does not fully capture the nature of the offending and the very hazardous practice and risks to which baby Stevie-Anne was exposed.
49. I consider that the Crown are right in their submission that the offending falls, in relation to both offenders, in between Categories C and D. Given the obvious risk to Stevie-Anne which could, and should, have been clear to both parents (but for the effect of alcohol and drugs) the case could be properly described as falling "between the factors described in higher and lesser culpability" (indicative of Category C) whilst there are also elements of Category D factors though these do not adequately capture the entirety of the harm. I consider that culpability is most aptly described as on the cusp between Categories C and D, and stands to be sentenced as such.

50. As to harm, this can encompass both harm caused and harm that was likely to be caused. The defendants do not stand to be sentenced on the basis that they caused the death of Stevie-Anne, but I am satisfied that their offending is properly to be characterised as Category 2 harm, as is common ground, on the basis that there was a high likelihood of serious harm and equally on the basis that the case falls between Categories 1 and 3.
51. Offending falling within Category 2C has a starting point of 1 years' custody and a range between a high level community order and 2 years 6 month's custody. Category 2D has a starting point of a high level community order and a range between a medium level community order and 1 year's custody.
52. It will be seen, therefore, that the bottom of Category 2C is a high level community order and the top of Category 2D is 1 years' custody. As Step 2 in the Guideline makes clear, an adjustment from the starting point may be necessary where the case falls close to a borderline between the Categories.
53. Having regard to both culpability and harm on the facts of the present case involving a very serious lapse of judgement that resulted in a very hazardous practice of co-sleeping after alcohol and cocaine use which increased the risk of sudden death, and exposed Stevie-Anne to the risk of smothering and sudden infant death syndrome, I consider that the custody threshold is passed in relation to each defendant, but the ultimate type of sentence, and actual sentence, to be passed, at stage 2, depends on a consideration of the aggravating and mitigating factors that exist.
54. There are, I am satisfied, no aggravating factors. There are, however, very significant mitigating factors:-
- (1) First, the admissions of guilt which is of considerable importance given that it obviated what would have been a harrowing and distressing trial for all concerned including a juvenile witness and which could have resulted in further psychological harm, involving persons other than the defendants (including their families). Timely, and sincere, admissions of guilt may, in of themselves, lead to a different sentence being passed than would otherwise have been passed. This is just such a case.
  - (2) Second, the profound and genuine remorse of each of Ms Balzanelli and Mr Green. They will have to live with the events of that day, and what transpired, for the rest of their lives.
  - (3) Third, the personal mitigation of each of Ms Balzanelli and Mr Green that I have identified and have had careful regard to. In this regard I have also had regard to the fact that each of them is, and has long been in, gainful employment and Ms Balzanelli has joint caring responsibilities for her daughter and has the strong support of her family which will further her rehabilitation.
  - (4) Fourth, the effect that the tragedy has had on the mental health of each of Ms Balzanelli and Mr Green which has deteriorated as a consequence of the tragic events that occurred, and which would, I am satisfied, be further harmed if a custodial sentence of any type was passed.

- (5) Fifthly, but very importantly, the careful, reasoned, and realistic recommendation of the author of the presentence reports who identifies in the case of each of the defendants that the risk they present is manageable in the community with the recommendation of a community order with requirements that are tailored to their specific needs and which will best rehabilitate them. These include in the case of Ms Balzanelli a Woman's Community Health Treatment Requirement, a Rehabilitation Activity Requirement and an Unpaid Work Requirement and in the case of Mr Green an Alcohol Treatment Requirement, a Rehabilitation Activity Requirement and an Unpaid Work Requirement.

55. I have had careful regard to the principles of sentencing in section 57 of the Sentencing Act 2020. I consider that on the tragic facts of this case, it is a case for rehabilitation not condign punishment, whilst the awful events, as recounted in these sentencing remarks, will warn and deter others from the dangerous practice of co-sleeping with young infants after consuming alcohol or drugs. I am satisfied that the onerous, and appropriate, requirements in the sentences I will pass will provide appropriate punishment in respect of the offending.
56. In such circumstances I consider that high level community orders, with appropriate requirements, as recommended in the pre-sentence reports, are the most appropriate sentence in the case of each of Ms Balzanelli and Mr Green having regard to the considerable mitigation that exists. I note that such sentences are within the Category range for each of Categories 2C and 2D. When considering what requirements to impose and their duration I have had regard to the offences to which each of Ms Balzanelli and Mr Green have pleaded guilty and the nature of the respective requirements recommended.
57. In reaching this conclusion I considered whether the offending was so serious that a custodial sentence of some type was necessary in respect of either offender but concluded that it was not. In this regard I was also conscious of the fact that having regard to the Imposition Guideline and the realistic prospect of rehabilitation, any custodial sentence would have been suspended, and the requirements to be imposed would have had to be adjusted downwards to reflect that a custodial sentence was also being imposed. I consider it more important that more onerous requirements are attached to the community orders which I will make which will best ensure the rehabilitation of each defendant.
58. Stand up Ms Balzanelli.
59. I am going to make the order which in my opinion, is most suitable for you, matches the seriousness of your offence and takes into account the mitigating factors in your case. I have given you the credit for guilty plea I have indicated both in choosing the type of sentence I am about to pass, and in the requirements and duration thereof that I am going to impose. In my opinion your offending is so serious as to warrant a Community Order of 18 months' duration which is the order that I make. Under this order you must comply with the following requirements.
60. First, a Mental Health Treatment Requirement. I am satisfied on the evidence of Dr Lorna Fallon, a consultant clinical psychologist, that your mental condition is such as requires and may be susceptible to treatment but is not such as to warrant the making of a hospital order. Arrangements for treatment have been made, and I wish to order you to have treatment with a view to improving your condition. I can do this only if you agree. This is what the order would mean. For the next 12 months you would have treatment by or under the direction of

Dr Fallon that would involve you attending up to 12 sessions to address your specific mental health needs as a non-resident patient at a location to be specified by Dr Fallon who is in charge of your case. Do you agree to my making an order of the kind I have explained? Then I do so.

61. Second, a Rehabilitation Activity Requirement. You must, as instructed by the officer responsible for your case present yourself on 15 days at a place specified by them, and whilst there, do as you are instructed by or on behalf of the person in charge. You must complete this requirement within 12 months.
62. Third, an Unpaid Work Requirement. You must perform 100 hours of unpaid work as instructed by the officer responsible for your case. You must complete this requirement within 12 months.
63. During the period of this order of 18 months, you must also keep in touch with the officer responsible for your case as instructed, and notify the officer if you change your address.
64. If you fail without a reasonable excuse to comply with any part of this order you can be brought back to Court. The Court can then either alter the order to make it more demanding, or sentence you for your offence in a different way. You might then receive a custodial sentence.
65. The victim surcharge applies and is imposed in the appropriate sum.
66. Stand up Mr Green.
67. I am going to make the order which in my opinion, is most suitable for you, matches the seriousness of your offence and takes into account the mitigating factors in your case. I have given you the credit for guilty plea I have indicated both in choosing the type of sentence I am about to pass, and in the requirements and duration thereof that I am going to impose. In my opinion your offending is so serious as to warrant a Community Order of 18 months' duration which is the order that I make. Under this order you must comply with the following requirements.
68. First, an Alcohol Treatment Requirement. I am satisfied that you have a dependency on alcohol which needs and may respond to treatment for which arrangements have been made. I therefore wish to order you to have treatment with a view to reducing or ending your dependency. I can do this only if you agree. This is what the order would mean. For 9 months you would have treatment by or under the direction of CGL Southwark. You would have this treatment at CGL Southwark which will involve Weekly Attendance to three CGL run groups, fortnightly 1-2-1 key working sessions and monthly breathalyser testing. Do you agree to my making an order of the kind I have explained? Then I do so.
69. Second, a Rehabilitation Activity Requirement. You must, as instructed by the officer responsible for your case present yourself on 10 days at a place specified by them, and whilst there, do as you are instructed by or on behalf of the person in charge. You must complete this requirement within 12 months.
70. Third, an Unpaid Work Requirement. You must perform 80 hours of unpaid work as instructed by the officer responsible for your case. You must complete this requirement within 12 months.

71. During the period of this order of 18 months, you must also keep in touch with the officer responsible for your case as instructed, and notify the officer if you change your address.
72. If you fail without a reasonable excuse to comply with any part of this order you can be brought back to Court. The Court can then either alter the order to make it more demanding, or sentence you for your offence in a different way. You might then receive a custodial sentence.
73. The victim surcharge applies and is imposed in the appropriate sum.