

## Introduction

This serious case review (SCR) concerns the death of Aya, a six month old baby who died after suffering non-accidental head injuries whilst in the care of her father. Her father pleaded guilty to her murder and subsequently received a life sentence with a tariff of 15 years.

A SCR was commissioned by Bristol Safeguarding Children Board (BSCB) with an independent author, Anne Morgan supported by a review team of senior Bristol representatives. The review was asked to look at what we could find out when there had been very limited professional involvement in Aya and her parents' lives. We also asked the review team to consider what Aya and her family's experiences could tell us about the role of fathers in the antenatal and postnatal periods,

Both Aya's mother and father have had the opportunity to contribute to and read the report prior to publication. Aya's mother chose to meet with the independent author during the review and read the final report. Aya's father chose to read and comment on the final report. Both expressed agreement with the findings of the review.

The SCR has found that no warning signs were missed by professionals and that there were no identified opportunities for professionals to prevent Aya's death. The BSCB accepts and agrees with all the findings and learning that have been made and are set out in the independently authored report and will be taking action in relation to these and learning points identified in response

## Findings

### **What can we discover about a case that seems to have limited preceding risk factors and minimal agency involvement?**

Whilst this was an unplanned pregnancy and an unusual situation there was no evidence of any underlying reason why Aya's father should become violent and kill his daughter. He was known to have had episodes of depression and previous drug misuse but since Aya's birth had appeared supportive towards Aya's mother and helped in her care. He had been seen by his GP shortly before Aya's death and no concerns had been identified.

From the evidence available at the time there were no warning signs missed.

### **What do professionals understand about the role of fathers in the antenatal and postnatal periods?**

The Healthy Child Programme and government policy both encourage the active involvement of fathers both antenatally and postnatally. The Healthy Child Programme states that it should:

“begin early in pregnancy and to include: ...social support using group-based antenatal classes in community or healthcare settings that respond to the priorities of parents and cover:

the transition to parenthood (particularly for first-time parents); relationship issues and preparation for new roles and responsibilities; the parent–infant relationship; problem-solving skills (based on programmes such as Preparation for Parenting, First Steps in Parenting, One Plus One; the specific concerns of fathers, including advice about supporting their partner during pregnancy and labour, care of infants, emotional and practical preparation for fatherhood (particularly for first-time fathers); discussion on breastfeeding using interactive group work and/or peer support programmes; and standard health promotion”.

Within Bristol fathers are invited to antenatal classes via the baby’s mother. They do not get a specific invite to the classes and there are no specific antenatal sessions aimed at fathers commissioned. Fathers may not always be present when discharge advice is given to the mothers’ and father’s involvement is not routinely recorded.

The Healthy Child Programme also identifies the need for fathers to be involved in the health and developmental reviews:

“The contribution that fathers make to their children’s development, health and wellbeing is important, but services do not do enough to recognise or support them. Research shows that a father’s behaviour, beliefs and aspirations can profoundly influence the health and wellbeing of both mother and child in positive and negative ways.’ Maternity and child health services are used to working mainly with mothers, and this has an impact on their ability to engage with fathers. Fathers should be routinely invited to participate in child health reviews, and should have their needs assessed.”

Whilst health visitor correspondence is addressed to both parents and there is no barrier to fathers being present at any contact there is no assertive approach to ensuring that fathers are actively involved in the process. This is consistent with findings from other Serious Case Reviews and national research.

Whilst there is no evidence that work with Aya’s father specifically would have altered the situation there is currently no specific universal programme of work with fathers either in the antenatal or postnatal period.

### **Question to the Board 1**

How does BSCB assure itself that the commissioning and delivery of health services are strengthened and resourced sufficiently to ensure the aspects of the “Healthy Child Programme” that relate to Fathers’ Engagement is fully implemented?

## **BSCB Response**

The Chair of the BSCB will seek assurance from the commissioners of midwifery and health visiting services who deliver the Healthy Child Programme in Bristol that this is sufficiently resourced to be as accessible to fathers as possible. The Bristol Health Visiting service plans to learn from the good practice developed by the Family Nurse Partnership in this area. The Board will also raise this issue with the Joint Health Outcomes Group of the Children and Families Partnership.

## **Question to the Board 2**

How will BSCB assure itself that routine questioning about domestic abuse is embedded within all agencies working with women and children?

## **BSCB Response**

The Board will work with the Domestic and Sexual Abuse Strategy Group who lead on the response to Domestic Abuse in the city, to ensure that this is embedded within all agencies. We will undertake audits of compliance in this area and establish an expected compliance threshold, in partnership with commissioners, of ante- and post- natal health services.

## **Question to the Board 3**

How will BSCB assure itself that the new guidance in carrying out Family Health Needs Assessment is fully implemented including assessment of household members and discussion about domestic abuse?

## **BSCB Response**

The Board recognises the important opportunity that the Family Health Needs Assessment presents for undertaking a holistic assessment of family circumstances and needs, including the discussion of domestic abuse or control. We have sought evidence from the Community Children's Health Partnership that the Health Visiting service has robust management oversight process in place to quality assure FHNAs and audit findings that show compliance with high quality assessments.

## **Question to the Board 4**

The current "Bruising and Injuries in non-mobile Babies" multi-agency guidance is about to be reviewed. Can BSCB be assured that the updated guidance will include within it that all members of the primary health care team who work with parents and children receive notification of any childhood injury? This would enable the health visiting service to assess whether any accident prevention or additional health visiting support is required.

## **BSCB Response**

The Board is committed to ensuring there is in place an effective response to non-mobile babies who present at any health service with bruising or injuries. The existing guidance was

not followed in this case and whilst this would not have affected the outcome in Aya's case, the incident has been investigated within the relevant agency.

The Board is reviewing the policy in partnership with the Local Safeguarding Children Boards in South Gloucestershire and North Somerset to ensure that practice is consistent and effective across our local area. As part of this review we will examine whether there are opportunities to strengthen information sharing about childhood injuries in non-mobile babies, particularly between GPs and Health Visitors.

#### **Question to the Board 5**

Is the BSCB confident that the local Out of Hours GP service is effectively following the current protocol in relation to safeguarding and accident prevention?

#### **BSCB Response**

The review found that the local Out of Hours GP had followed current protocols in sharing Aya's attendance with them to her registered GP. As there were no injuries or bruising seen from this incident there was no requirement to follow the Bruising and Injuries in Non-Mobile Babies Policy, however this meant that Aya's Health Visitor was not aware of a fall from her chair and so could not provide follow up accident prevention advice of review. The BSCB's guidance will be reviewed to highlight the need for GPs to consider information sharing with Health Visitors for accident prevention support in cases where the child does not sustain injuries but an accident is reported.