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Bradford Safeguarding Children Board

**Serious Case Review
concerning Diljeet who died
on 18th February 2014**

Overview Report

18th February 2016

**Version to be presented to Bradford
Safeguarding Children Board on 2nd March
2016**

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1. Introduction

- 1.1 This Serious Case Review (SCR) was commissioned following the tragic death of Diljeet¹, a young girl who died at 22 months of age. Diljeet and her mother were found by a member of the public lying in the garden of their home on the morning of 18 February 2014. The Police and Ambulance Service attended and Diljeet was pronounced dead at the scene: her mother had serious life threatening injuries. Diljeet's mother told paramedics that she had drunk toilet cleaner, thrown Diljeet from an upstairs window and then jumped from the same window.
- 1.2 A murder investigation commenced and when Diljeet's mother's condition allowed she was arrested on suspicion of murder. During the investigation two psychiatric assessments were undertaken of Diljeet's mother. These both concluded that at the time of Diljeet's death her mother was suffering from a serious mental illness which was probably a form of paranoid schizophrenia. She believed that both she and her daughter were being threatened and were in great danger. The psychiatrists were unable to say what had caused Diljeet's mother's illness or when it had started although she herself reported that she had not felt unwell until one or two weeks before her daughter's death. One of the psychiatrists wrote that Diljeet's mother's own account of the development of her illness indicated a period of weeks or months prior to the alleged offence. Neither psychiatrist found any previous history of mental illness although they did not have access to any medical records from before she came to the UK in 2011 so were reliant on self reporting from Diljeet's mother.
- 1.3 In court on 20 March 2015, Diljeet's mother pleaded guilty to the unlawful killing of her daughter. In view of her mental condition at the time of the offence, the Crown accepted a plea of manslaughter on the grounds of diminished responsibility. Diljeet's mother received a sentence of a Hospital Order pursuant to Section 37 of the Mental Health Act 1983, with a Restriction Order pursuant to Section 41 of the same act. Consequently she is now detained in a psychiatric hospital. In passing sentence the Judge noted that Diljeet's mother came to Bradford "seeking refuge" and that "what happened reflects not at all badly on all those who were caring for (her) and assisting (her)." This SCR has found no information to suggest that anyone from the agencies working with Diljeet and her mother had any reason to suspect that she was becoming mentally ill and therefore this review concludes that the tragic events of 18 February 2014 were totally unpredictable.

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□ Not the child's real name

- 1.4 This SCR was commissioned by Bradford Safeguarding Children Board in accordance with regulation 5(1) (e) and 5(2) (a) & (b) (ii) of The Local Safeguarding Children Boards (LSCBs) Regulations 2006 which came into effect on 1 April 2006. Regulation 5 sets out the functions of LSCBs including the requirement for them to undertake reviews of serious cases in specified circumstances.
- 1.5 At the time this SCR was commissioned the relevant statutory guidance for conducting such reviews was contained in Working Together to Safeguard Children 2013. This states that an SCR must be undertaken when abuse or neglect of a child is known or suspected and either (i) the child has died or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.
- 1.6 The circumstances of Diljeet's death were considered by the SCR sub group of Bradford Safeguarding Children Board and on 28 February 2014 the chair of the sub group wrote to the chair of the board with a recommendation that an SCR should be undertaken. On 3 March 2014, the chair of the board agreed to commission an SCR. Early information gathering revealed that Diljeet had been born in Hertfordshire and had lived there for the first few weeks of her life. Consequently contact was made with Hertfordshire Safeguarding Children Board and relevant organisations from Hertfordshire have been fully involved in the SCR.
- 1.7 Diljeet's death In accordance with Chapter 4 of Working Together to Safeguard Children 2013, the purpose of this SCR is:
- To look at what happened in this case, why, and what action will be taken to learn from the SCR findings?
 - For such action to result in lasting improvements to the services which safeguard and promote the welfare of children and help protect them from harm.
 - To ensure that there is transparency about the issues arising from the SCR and the actions that LSCB partner agencies are taking in response to them, including sharing the final Report of the SCR with the public.
- Consequently this report is not intended to be a judicial opinion or to apportion blame but to consider, with the benefit of hindsight, the above three points.

2. Scope and Terms of Reference of the Review

- 2.1 The timeframe of this SCR is from March 2011 when Diljeet's mother first came to live in the UK, to 18 February 2014 the date of Diljeet's death.
- 2.2 The following overarching terms or reference were identified:

1. Keep under consideration if further information becomes available as work is undertaken that indicates other agencies should carry out individual management reviews.
2. To establish a factual chronology of the action taken by each agency.
3. Assess whether decisions and actions taken in the case comply with the policies and procedures of both the Bradford and Hertfordshire Safeguarding Children Boards.
4. To determine whether appropriate services were provided in relation to the decisions and actions in the case.
5. To recommend appropriate inter-agency action in light of the findings.
6. To assess whether other action is needed in any agency.
7. To examine inter-agency working and service provision for the child and the parents.
8. To establish whether inter-agency and single agency policies adequately supported the management of this case.
9. In consultation with the Senior Investigating Officer from West Yorkshire Police, to agree how and when relevant family members can be invited to contribute to the Serious Case Review.
10. To develop a clear multi agency action plan from the overview report.
11. Identify and promote any areas of good practice (beyond expected practice) that is identified in the review.

2.3 Independent Management Review (IMR) authors were asked to address the following specific terms of reference:

Understanding this child's life:

1. Identify what opportunities were taken to understand the child's own experience of living within the family and wider communities, and receiving services from a range of organisations.

Learning from SCRs and other review processes

2. Consider relevant research or evidence from previous serious case reviews conducted by the Bradford Safeguarding Children Board and Hertfordshire Safeguarding Children Board; consideration may also be given to evidence from other LSCBs or evaluations of SCRs. Take into account any common themes and actions arising from that research and those SCRs that are relevant to the circumstances of this case and comment on what impact they had in this case.
3. Consider previous reviews of single agency practice in both Hertfordshire and Bradford LSCBs. Take into account any common themes and actions arising from those reviews that are relevant to the circumstances of this case and comment on what impact they had in this case.

Recognition:

4. To what extent in either local authority were any vulnerabilities or needs of mother or father recognised and taken into account in terms of any potential risks they posed for Diljeet including any information about mental health, domestic violence, involvement in the use of alcohol or drugs; to comment in particular on any action taken to ascertain whether there were any issues of learning or other disability or impairment relevant to agency involvement. Comment on the extent to which there were any barriers to mother or father seeking advice and support.
5. Provide information about any concerns that were reported by any member of the family and comment, where appropriate, on any action taken in response to such information.
6. Did agencies make use of all appropriate opportunities to enquire into the wellbeing of the child between April 2012 and February 2014?

Assessment and Decision Making

7. The extent to which any relevant historical information was sought, understood and considered in work with Diljeet and her family.
8. The quality and timeliness of any assessments and the extent to which they took account of relevant family history, the cultural, ethnic and religious identity of the family, the needs of Diljeet and the capacity of the parents to meet the needs of their child; this should include comment about any extended family or others and their role and impact in promoting the safety and well being of Diljeet prior to her death.
9. Consider and comment whether there were opportunities to use any arrangements such as MARAC, Early Help, the common assessment framework or team around the child protocols to co-ordinate information and help at any stage.
10. Comment on the quality of judgments and decision making and the extent to which it reflected a focus on the needs of Diljeet and represented appropriate professional standards and a competent understanding of any relevant theoretical and/or legal frameworks.

Using and Sharing Information

11. Identify whether information in respect of the family was shared within and amongst agencies to the best effect so as to inform appropriate help and interventions. This should include the sharing

of information and interactions between agencies in Hertfordshire and Bradford.

Engagement and acceptance of help and advice

12. To what extent did either parent accept advice or help from professionals in contact with the family between March 2011 and February 2014?
13. Was there any other action that could have been taken to achieve a better level of contact and engagement with the family?

Planning and Help

14. Comment on the clarity and appropriateness of plans and actions undertaken as a result of statutory assessment and any other referral or contact to a universal, targeted or specialist service.

Practice Support and Supervision

15. Consider whether all relevant single agency and multi-agency procedures were followed and comment on the extent to which procedures helped or inhibited appropriate judgments and action at the time.
16. Consider whether the policy, procedural, management and resource infrastructure that surrounded each agency's involvement with Diljeet and her family promoted appropriate decision making; this should include evaluating the training, knowledge and experience of people working with Diljeet and her family, workloads and organisational stability; comment should also be made about whether any shortfall in resources were an impediment.
17. Consider whether professionals working with Diljeet's family had sufficient and appropriate supervision commensurate with their role and responsibilities, and the extent to which the case was subject to appropriate and effective managerial oversight and enabled critical reflection.

3. Contributors to the Review and Methodology

- 3.1 The Lead Reviewer for this SCR was Peter Ward who has a background in social care and has worked in management and front line social work. Mr Ward is qualified to degree level in social work and has a post-graduate diploma in management studies. He is now the Director of Arrow Social Care Consultancy Limited and, as such, undertakes investigations and other consultancy work on an independent basis. Since 2005 he has been involved in 18 Serious Case Reviews as a Lead Reviewer/Independent Overview Report Author, Individual Management Review Author or Panel

Chair and as the Lead Reviewer for two Learning Lessons Reviews. He is on the Association of Independent Chairs of LSCBs register for independent SCR Chairs and Lead Reviewers. In accordance with the guidance issued in Chapter 4 of 'Working Together to Safeguard Children' (HM Government 2013), the Lead Reviewer is independent of Bradford Safeguarding Children Board and the organisations involved in the review.

- 3.2 The Independent Chair of the SCR was Mr Paul Sharkey (MPA)² who has had wide experience of both writing and chairing Serious Case Reviews since 2002. He is presently an independent safeguarding consultant with over thirty years background in both statutory and third sector child protection agencies. He completed the Department of Education/ NSPCC/ Action for Children/ 'Improving Serious Case Reviews' course in July 2013 and is on the Association of Independent Chairs of LSCBs register for independent SCR Chairs and Lead Reviewers. He chaired an SCR for Bradford Safeguarding Children Board in 2009 and was the independent overview writer for a Learning Lessons Review in 2012. Since then he has had no involvement with the Bradford Safeguarding Children Board or any of its partner agencies.
- 3.3 A Serious Case Review Panel was established comprising the following people:
- Independent Chairperson
 - Service Manager, Bradford District Care NHS Foundation Trust
 - Service Manager, Bradford Children and Young People's Services, City of Bradford Metropolitan District Council
 - Senior Head of Service, Cafcass
 - Deputy Designated Nurse, Bradford Clinical Commissioning Groups
 - Solicitor, Social Care Team, Legal Services, City of Bradford Metropolitan District Council
 - Director, Bradford Women's Aid
 - Superintendent, West Yorkshire Police
 - Independent Advisor for Cultural Issues
 - Manager, Domestic Violence Services, City of Bradford Metropolitan District Council
 - Head of Child Protection and Statutory Review, Hertfordshire Children's Services (from 3 September 2015 onwards)
- 3.4 Panel meetings were also attended by the Lead Reviewer, Bradford Safeguarding Children Board Manager and Bradford Safeguarding Children Board Administrator. The Panel met on 3 March

2015, 11 June 2015, 2 July 2015, 3 September 2015, 14 October 2015 and 16 November 2015.

- 3.5 Organisations which had been involved with the family during the relevant time period provided detailed chronologies of their involvement and these have been integrated into one combined chronology which has been used to assist with the writing of this Overview Report. These organisations have also undertaken Individual Management Reviews (IMRs) in which they have analysed their agency's involvement with particular consideration of the terms of reference listed above. IMR authors have identified key learning and made recommendations to ensure that necessary changes are made to reflect the lessons learned. They have sought to establish not only what decisions were made and action taken, but also the reasons why.
- 3.6 The SCR Panel and Lead Reviewer used the information contained within the IMRs to identify Key Practice Episodes that required further analysis. Section 6 of this Overview Report focuses on those Key Practice Episodes to enable this SCR to identify lessons and make recommendations for the future. The concept of using Key Practice Episodes in SCRs was introduced by Fish et al in the Social Care Institute for Excellence document 'Learning together to safeguard children: developing a multi-agency systems approach for case reviews' (SCIE guide 24). Fish et al write that
- “‘key practice episodes’ describe episodes from the case that require further analysis. These are episodes that are judged to be significant to understanding the way that the case developed and was handled. They are not restricted to specific actions or inactions but can extend over longer periods. The term ‘key’ emphasises that they do not form a complete history of the case but are a selection. It is intentionally neutral so can be used to incorporate good and problematic aspects.”*
- 3.7 IMRs were provided by the following organisations:
- Bradford Children and Young People's Services, City of Bradford Metropolitan District Council
 - Bradford Clinical Commissioning Group (Bradford GP)
 - Bradford District Care NHS Foundation Trust
 - Bradford Early Childhood Services
 - Bradford Women's Aid (Bradford Refuge)
 - Cafcass
 - Hertfordshire Children's Services
 - Hertfordshire Community NHS Trust
 - Hertfordshire Constabulary
 - NHS England (Hertfordshire GP)
 - Hertfordshire County Council Health and Community Services (regarding Hertfordshire Women's Refuge)
 - West Hertfordshire Hospitals NHS Trust
 - Yorkshire Housing Association

- 3.8 The Lead Reviewer and SCR Panel Members also had access to the following court documents which were released by the Judge:
- The Prosecution Opening Statement
 - The Indictment dated 22 January 2015
 - Two Psychiatric Reports in respect of Diljeet’s mother. One prepared at the request of the Crown Prosecution Service and one at the request of solicitors representing Diljeet’s mother.
 - The Judge’s Sentencing Statement
- 3.9 Working Together to Safeguard Children 2013 states that “families, including surviving children, should be invited to contribute to reviews” (point 10, Chapter 4). In accordance with this statement, Diljeet’s parents were both invited to contribute by meeting with the Lead Reviewer. Diljeet’s father accepted this request and a meeting took place on 18 June 2015. Some information provided by Diljeet’s father has been incorporated into Sections 4 (Summary of Family Circumstances) and 5 (Summary of Agency Involvement and Key Events) of this report. This veracity of this information has not been confirmed. Diljeet’s mother declined to meet with the Lead Reviewer or to contribute to the SCR. However, information she provided during the psychiatric assessments has informed the report.
- 3.10 Following completion of the first draft of the Overview Report, ‘Learning Events’ were held in both Hertfordshire and Bradford. These were led by the Lead Reviewer and involved staff who had worked directly with the family as well as managers from the agencies and IMR authors. The purpose of the Learning Events was to ensure the accuracy of the timeline and to further analyse the Key Practice Episodes in order to gain a greater understanding of how agencies and practitioners perceived issues whilst they were working with Diljeet and her parents as well as how and why decisions were made and actions taken. The Lead Reviewer was mindful of the risk of ‘hindsight bias’ and the potential for this to influence the views expressed at the Learning Events. Care has been taken not to allow this to influence the findings of the SCR.

4. Summary of Family Circumstances

- 4.1 Diljeet was born on 24 April 2012 in Hertfordshire; she had no siblings and initially lived with both her parents, who were married to one another, and her paternal grandparents who were visiting for an extended period from their home in India. In June 2012, when Diljeet was two months old her mother made allegations to the Police against her husband and in laws and she left the family home, taking Diljeet with her. Diljeet and her mother moved into a house provided by a women’s refuge in Bradford and remained in Bradford for the remainder of Diljeet’s life.

- 4.2 Diljeet's mother was born and raised in India; her father was born in Nigeria and raised in India. Both parents are of the Sikh religion. Diljeet's father has lived in the UK for a number of years and has a home and job here. Diljeet's mother lived in India until after her marriage. They married one another in India in 2010 and moved to Diljeet's father's home in the UK in March 2011. It is believed that Diljeet's parents both come from well educated middle class Indian families.
- 4.3 Diljeet's paternal grandparents are both alive and split their time between living in the UK with Diljeet's father and in India. It is not known whether she has any paternal aunts or uncles. Diljeet's maternal grandfather reportedly died in 2002 and her maternal grandmother in 2010. She had a maternal aunt living in the USA and a maternal uncle in India.
- 4.4 Although Diljeet's parents are both Sikh it is understood that her mother did not consider herself to be a particularly religious person. She has reportedly stated that she was attracted to the tenets of Buddhism and also that one of her grandparents was Muslim and the family celebrated Eid as well as Sikh festivals. Diljeet's father is believed to be a more devout Sikh. When she lived in India Diljeet's mother reportedly drank alcohol, which is prohibited within Sikhism but her husband does not drink alcohol. Diljeet's mother also had her hair cut which suggests that she was not a devout Sikh as uncut hair is one of five items of dress or physical appearance that give Sikhs a unique identity (Sikhism Guide).
- 4.5 Although the primary focus of this review is Diljeet, her mother's wellbeing appears to be central to the events that led to Diljeet's death. Consequently this review has tried to consider what life was like for Diljeet's mother moving from India to Hertfordshire and then to Bradford.
- 4.6 Of the agencies involved in this Serious Case Review, only the Hertfordshire GP surgery, Hertfordshire Community NHS Trust and West Hertfordshire Hospitals NHS Trust had contact with Diljeet's mother during the 15 month period that she lived with her husband in Hertfordshire. This contact was almost entirely in connection with her pregnancy and the birth of Diljeet. The other Hertfordshire based agencies that are involved in this review did not have any contact with Diljeet and her mother until the day that she alleged domestic violence and left the family home. Consequently no agency has been able to shed light on her social situation and little is known about her life in Hertfordshire. It is believed that she did not have any paid employment but looked after her husband and his parents whilst they were staying.
- 4.7 On 27 June 2012 Diljeet and her mother arrived in Bradford, West Yorkshire where she moved into a house provided by the Bradford refuge. Diljeet's mother did not choose Bradford as a destination but moved to the city

because that is where appropriate accommodation was available. It is believed that she had never been to Bradford before and did not know anyone in the city or the surrounding area. As a non UK citizen who was resident in the UK due to her marriage she did not have an immediate entitlement to remain in the UK in her own right and had no recourse to public funds and therefore no independent source of income. More information about the life that Diljeet and her mother had in Bradford is provided through sections 5 and 6 of this report. The analysis of Key Practice Episode 7 in Section 6 specifically considers the support that was provided to Diljeet and her mother whilst they lived in Bradford and what else agencies could have done to support them.

5. Summary of Agency Involvement and Key Events

5.1 Introduction

- 5.1.1 This section of the Overview Report provides information regarding agencies' involvement with the family during the period from March 2011 to 18 February 2014. It is divided into two parts; the first contains a description of each of the agencies that has contributed to this SCR along with information about the services they provided to the family during the period covered by it. The second part contains a more detailed narrative of agency involvement which is largely chronological.
- 5.1.2 The information within this section of the report is largely factual information which is drawn from the IMRs provided to this review. It also includes some uncorroborated information provided by Diljeet's father when he met with the Lead Reviewer during the course of this SCR. Analysis of the information will follow in section 6 of this Overview Report.

5.2 Organisations Involved

Hertfordshire GPs

- 5.2.1 Diljeet and her parents were all registered with one GP surgery during the time they lived in Hertfordshire. This is a large practice, with approximately 16,000 patients, 11 doctors and four nurses. Diljeet was taken to the surgery on 19 June 2012 for a routine eight week developmental check and there were no concerns. She also received her first immunisations that day. In total Diljeet's mother attended the Hertfordshire GP surgery on nine occasions with the majority of these consultations relating to her pregnancy and the birth of Diljeet.
- 5.2.2 Hertfordshire Urgent Care Centre (HUCC) is a walk-in, unscheduled health care setting based in Hemel Hempstead Hospital. It is run by GPs with the support of nurses employed by West Hertfordshire Hospital Trust. Diljeet's mother took her daughter to the centre once and phoned on another

occasion. On 20 June 2012, police officers from Hertfordshire Constabulary took Diljeet and her mother to HUCC following an alleged domestic violence incident at their home address.

West Hertfordshire Hospitals NHS Trust

- 5.2.3 West Hertfordshire Hospitals NHS Trust provides a range of hospital and community based health services. The Trust's involvement commenced when Diljeet's mother booked for maternity services. The first contact with Diljeet's mother was at the routine maternity booking appointment on 15 September 2011 commencing her antenatal care. Subsequently, the Trust provided her Intra Partum Care (period from the commencement of labour until the birth of the baby) and her postnatal care (midwifery care provided from the baby's birth until the baby is 28 days old). This episode of maternity care was completed on 4 May 2012 when the baby was 10 days old. Nurses from West Hertfordshire NHS Trust also had contact with Diljeet and her mother at HUCC on 20 June 2012.

Hertfordshire Community NHS Trust

- 5.2.4 Hertfordshire Community NHS Trust provides community health services for the resident population of Hertfordshire. The Health Visiting Service was the only service within the Trust to have contact with this family during the period covered by this review. This contact consisted of three face to face contacts and one phone call between 8 May 2012 and 30 May 2012 as part of the universal health visiting service. On 28 June 2012 Health Visitor 2 handed over to the Health Visiting Service in Bradford.

Hertfordshire Constabulary

- 5.2.5 The only incident in which Hertfordshire Constabulary intervened with Diljeet or members of her family occurred on Wednesday 20 June 2012 when officers attended at Diljeet's home address in response to a telephone call made by Diljeet's mother via the 999 system reporting a domestic incident. The service investigated the allegations made by Diljeet's mother, arranged for Diljeet and her mother to be medically examined and arranged accommodation for them for the night of 20th June 2012. Hertfordshire Constabulary involvement ceased on 21 June 2012.

Hertfordshire Children's Services

- 5.2.6 Hertfordshire Children's Services provide social work and social care services to children and families living within the county of Hertfordshire. The service first became aware of Diljeet on 21 June 2012 when Hertfordshire Constabulary made a referral following the allegation of domestic violence made by Diljeet's mother on 20 June 2012. The service was actively involved with Diljeet and her mother until 27 June 2012 when they moved to Bradford and the case remained open until 3 September 2012.

Hertfordshire Women's Refuge

5.2.7 Diljeet and her mother arrived at the refuge on 25 June 2012. On 27 June 2012 they left the refuge to move to Bradford as planned and on 28 June 2012 staff phoned Diljeet's mother who confirmed that she and her daughter had reached the project in Bradford. This information was passed on to Children's Social Care in Hertfordshire.

Bradford Women's Refuge

5.2.8 On 21 June 2012, Diljeet and her mother were referred to a Bradford based women's refuge that specialises in provision for black and minority ethnic victims of domestic violence who have children: they arrived six days later. Diljeet and her mother did not stay in the refuge itself but lived in two houses provided by the refuge before 21 October 2013 when they moved again and became tenants of Yorkshire Housing.

5.2.9 The keyworker from the refuge provided emotional and practical support to Diljeet's mother. This included helping her to apply for benefits, housing and leave to remain in the UK. Support was provided from the day Diljeet and her mother arrived in Bradford until 22 November 2013, one month after Diljeet and her mother moved into a property provided by Yorkshire Housing.

Bradford GP

5.2.10 Following her move to Bradford on 27 June 2012 Diljeet's mother attended a new patient medical at GP surgery 1 on 12 July 2012. Diljeet and her mother were registered at the surgery until 24 October 2012. During the 3½ months they were registered at surgery 1 Diljeet attended twice for immunisations. Diljeet's mother did not have any appointments at the surgery other than her new patient medical which was with a health care assistant. During this period Diljeet also attended a different GP surgery to receive a BCG tuberculosis vaccination. This particular surgery has a contract to provide BCG vaccinations across Bradford.

5.2.11 Diljeet and her mother registered at surgery 2 on 15 October 2012 having moved home and were still registered with them at the time of Diljeet's death on 18 February 2014. During that 16 month period Diljeet was seen in the surgery twice; on 2 April 2013 when her mother made her a GP appointment due to her having a temperature and breathing heavily and 15 May 2013 when she received immunisations from Practice Nurse 3.

5.2.12 Diljeet's mother was only seen in the surgery once in connection with her own health. This was on 24 December 2012 when she received a blood test and well woman check from Practice Nurse 3. The blood test result suggested that she was being compliant with her thyroxine medication. From 30 November 2012 onwards, Diljeet's mother received a repeat prescription for thyroxine every four weeks. Her medication was reviewed in November 2012, May 2013 and November 2013 by a GP. These reviews were

undertaken without Diljeet's mother being seen. The surgery contacted Diljeet's mother on several occasions asking her to have a smear test but she did not respond to these requests. She was also contacted on 2 January 2014 and 29 January 2014 and asked to make an appointment for a thyroid blood test. She had not responded to these requests by the time of Diljeet's death.

Bradford District Care NHS Foundation Trust

5.2.13 Bradford District Care NHS Foundation Trust provides care for people of all ages who have community health, mental health and social care needs. The Trust also provides specialist support for people with learning difficulties. Services are delivered within the Bradford and Airedale District, within hospitals, the community and in people's own homes. The Trust gained Foundation Trust status on 1 May 2015; prior to this it was known as Bradford District Care NHS Trust.

5.2.14 During the period covered by this review the only service provided to Diljeet and/or her mother was a health visiting service. Two different Health Visiting teams were involved due to Diljeet and her mother moving home. During the 3½ month period that the first Health Visiting Team was involved, Health Visitor 1 undertook three home visits and Health Care Assistant 1 visited once. Diljeet's mother took her daughter to the baby clinic on one occasion. There were never any concerns about the care or welfare of Diljeet. Health Visitor 3 undertook three home visits to Diljeet and her mother between November 2012 and August 2013. She tried to visit again in October 2013 but this did not happen as Diljeet and her mother were moving home.

Bradford Early Childhood Services

5.2.15 Diljeet and her mother received services from two children's centres in Bradford between 14 August 2012 and 6 March 2013. Both centres at the time operated under a commissioning arrangement from the Council's Early Childhood Services. The initial contact with Children's Centre 1 was made by Health Visitor 1 and although Diljeet's mother agreed to access groups at the centre she never did so. Following her move to a new property in late 2012 Diljeet and her mother were registered with the Children's Centre that was local to their new home. They attended a total of two stay and play sessions.

Bradford Children and Young People's Services, City of Bradford Metropolitan District Council

5.2.16 Bradford Children and Young People's Services provide social work and social care services to children and families living within the Bradford area.

5.2.17 The service first became aware of Diljeet and her mother in July 2013 when a letter was received from Diljeet's father requesting the disclosure of where

they were living in connection with his attempts to secure contact with his daughter through Private Law Proceedings. The service did not have any direct contact with Diljeet or her mother during Diljeet's lifetime.

Cafcass

5.2.18 Cafcass is the Children and Family Court Advisory and Support Service which was established in 2001 as an independent non-departmental public body. One of Cafcass' functions is to safeguard and promote the welfare of children and young people in a range of family proceedings.

5.2.19 In this case, Cafcass became involved because Diljeet's father made a court application for contact with his daughter. Cafcass were involved in providing information to the first court hearing, which took place on 18 November 2013. The court directed that contact would resume at a contact centre and that Diljeet's father would have four hours contact every four weeks. The case was relisted for a review at Bradford County Court on 7 April 2014 with no further role for Cafcass. Cafcass submitted updated information to court on 4 December 2013 and the case was closed by Cafcass on 18 December 2013.

Yorkshire Housing Association

5.2.20 Yorkshire Housing is a registered provider in Yorkshire providing 2,100 social housing properties in the Bradford area. Diljeet's mother was involved with Yorkshire Housing from 7 October 2013 as an applicant for rehousing and became a tenant on 21 October 2013. Diljeet and her mother lived in the property until 18 February 2014 when Diljeet died.

5.3 Chronological Narrative of Agency involvement

From when Diljeet's mother arrived in the UK in March 2011 until the birth of Diljeet on 24 April 2012

5.3.1 Following her arrival in the United Kingdom from India, Diljeet's mother registered with a GP surgery in Hertfordshire on 15 April 2011. Diljeet's father was already registered at the same surgery. On 25 May 2011, Diljeet's mother attended an appointment with GP3 during which she explained that she was planning to start a family. Three months later, on 23 August 2011, she attended an appointment with GP4 and it was recorded that she was pregnant and happy about this. Diljeet's mother had a history of hypothyroidism and because of this GP4 referred her to an endocrinologist.

5.3.2 On 15 September 2011, Diljeet's mother attended a routine maternity booking appointment to commence her ante-natal care with West Hertfordshire Hospitals NHS Trust. At this appointment it was recorded that this was Diljeet's mother's first pregnancy; her history of hypothyroidism was noted and she was referred for consultant care as a result of this. It was noted that

an interpreter was not required as Diljeet's mother spoke good English. She was asked routine questions about mental health and domestic violence and did not disclose any concerns. There is no record of whether anyone accompanied Diljeet's mother to the appointment.

5.3.3 During the remainder of her pregnancy Diljeet's mother had the following contacts with health professionals:

- 3 October 2011 with GP4 - Diljeet's mother complained of nausea and constipation and needed her thyroxine prescription.
- 13 October 2011 with Community Midwife 1
- 3 November 2011 with GP4 - Diljeet's mother was feeling a little tired and wanted a thyroxine prescription for an increased dose.
- 15 November 2011 at Consultant Clinic with Registrar 1
- 13 December 2011 at Consultant Clinic with Registrar 2
- 20 December 2011 with Community Midwife 1
- 21 February 2012 at Consultant Clinic with Registrar 3 – Diljeet's mother reported having missed her appointment scheduled for 7 February 2012 due to recent root canal dental treatment.
- 6 March 2012 (33 weeks gestation) at Consultant Clinic with Registrar 2 – Diljeet's mother reported reduced fetal movement and was referred to the maternity day unit where the foetus was monitored by CTG and found to be normal.
- 13 April 2012 (39 weeks gestation) with GP5 who she had not previously met. GP5 recorded that Diljeet's mother was feeling run down and finding her family very demanding; her in-laws had come to stay from India and could not do much and her husband did not help at home as he had a high pressure job. GP5 discussed with Diljeet's mother how she could get some rest and support and the need to tell her family not to be so demanding as it may affect the health of her and her baby.
- 19 April 2012 with Community Midwife 2, who she had not previously met. Diljeet's mother was found to have itching on her abdomen and arms at night. She reported that this had been the case for eight weeks although there is no indication that she had raised the concern earlier. Reduced fetal movements were noted but no action taken.

5.3.4 At 17:30 hours on 22 April 2012, three days after her appointment with Community Midwife 2, Diljeet's mother referred herself to the delivery suite with headache and visual disturbance. She was reviewed by the Obstetric team who referred her to the medical team where she was seen at 19:30 hours and an urgent ophthalmology review was requested. At 21:00 hours Diljeet's mother stated that she wanted to go home. The registrar was busy at the time and unable to review and at 21:35 hours Diljeet's mother signed her own discharge. She was encouraged to stay and, when she refused, she was advised to return if there were further concerns.

5.3.5 Diljeet's mother did return to hospital the following day (23 April 2012) reporting a history of persistent headache. She was seen by a registrar and in view of the headache and reported reduced fetal movement for three days, a decision was made at 14:50 hours to induce labour. Diljeet was subsequently born at 01:13 hours on 24 April 2012 with both parents present. This was a difficult birth and Diljeet's mother required some treatment afterwards.

From Diljeet's birth on 24 April 2012 until Diljeet's mother made an allegation of domestic abuse on 20 June 2012

5.3.6 On 25 April 2012 an obstetric review and new born infant paediatric examination were carried out, no concerns were raised and Diljeet and her mother were discharged from hospital and into the care of the community midwife.

5.3.7 Diljeet and her mother were visited at home by a community midwife on 26 April 2012, 29 April 2012 and 4 May 2012. Each of these visits was carried out by a different community midwife, one of whom had seen Diljeet's mother at 39 weeks gestation. It was noted that Diljeet's mother was tearful during the second of these visits. She reported feeling low and said that she found it difficult to discuss her feelings with her partner as her in-laws were staying. The midwife advised her to rest and concentrate on herself and her baby. At the subsequent visit no concerns were raised and with Diljeet's mother's agreement they were discharged into the care of the health visitor.

5.3.8 Diljeet's mother saw three different GPs during a total of four consultations between 8 May 2012 and 6 June 2012. She failed to attend GP appointments made for 18 May 2012 and 13 June 2012 but there is no indication as to why she missed these appointments. During the first two GP consultations, on 8 and 12 May 2012, Diljeet's mother reported feeling tired but there is no mention of this during subsequent consultations.

5.3.9 Health Visitor 1 visited Diljeet and her mother twice at home. The first of these was when she carried out the new birth visit on 8 May 2012, the same day that Diljeet's mother attended a GP appointment and reported feeling tired. The health visitor has recorded that Diljeet's mother had been feeling "very unwell" for the past couple of days. The second visit was a week later and Diljeet's mother reported that she had recovered from her illness of the previous week but had now developed pain in her wrists. Health Visitor 1 advised her to see the GP about this.

5.3.10 On 22 May 2012, Health Visitor 1 phoned Diljeet's mother to enquire about her painful wrists. Diljeet's mother said that they were a little better but that she was going to the GP the following day for advice.

- 5.3.11 During the GP consultation on 23 May 2012, Diljeet's mother complained of symptoms relating to the difficult birth and wrist joint pain. The GP examined the wrist but found no discoloration or swelling and wondered whether the pain was associated with holding Diljeet whilst breast feeding.
- 5.3.12 On 24 May 2012 Diljeet was seen with a rash: this was thought to be minor and no treatment was given. The following day Diljeet's mother took her daughter to the GP surgery due to the rash: a diagnosis of milk spots was made and aqueous cream was prescribed.
- 5.3.13 On 30 May 2012, Diljeet was seen in the baby clinic with her mother who said she was well supported by her husband. This was the last face to face contact that anyone from the Hertfordshire Health Visiting Service had with Diljeet or her mother.
- 5.3.14 The GP appointment that Diljeet's mother had on 6 June 2012 was a routine post natal check at which she said that she had felt flat following the delivery of Diljeet but was now better. She described her partner and his parents as supportive.
- 5.3.15 On 10 June 2012 Diljeet's mother had a telephone consultation with Hertfordshire out of hours GP service as she was worried about Diljeet crying with a hoarse voice. Diljeet's mother was advised to take her daughter to HUCC but there is no record of her doing so.
- 5.3.16 On 19 June 2012 Diljeet was seen by GP2 for a routine eight week developmental check and there were no concerns. She also received her first immunisations from Practice Nurse 2. There is no record of who took Diljeet for these appointments.

From Diljeet's mother making an allegation of domestic abuse on 20 June 2012 until Diljeet and her mother moved to Bradford on 27 June 2012

- 5.3.17 At 12:59 hours on Wednesday 20 June 2012 Diljeet's mother made a 999 call to police but the operator was unable to understand her due to her crying, screaming and shouting. The line went dead and when the operator called back Diljeet's mother said her husband had kicked her out of the house. The line then went dead again. The operator phoned again and Diljeet's mother said that she was fine and did not require police assistance; she would not give her address. The call was traced and a police officer and special constable attended the property which turned out to be the home of Diljeet's parents. Diljeet was at the address with both parents and whilst the police staff were present, Diljeet's paternal grandparents arrived.

5.3.18 Diljeet's father told the police staff that his wife had suffered depression since Diljeet's birth and the police officer decided to convey her to hospital as he had concerns that she may be suffering from post natal depression or some other mental health problem.

5.3.19 At approximately 15:50 hours the police staff took Diljeet and her mother to HUCC where, at approximately 16:20 hours, Diljeet's mother was examined by GP10. West Hertfordshire Hospitals NHS Trust have reported the following history from the computerised record system:

GP10 examined Diljeet's mother and noted bruises on her arms and lower limbs, a lacerated wound on her thigh and old, superficial lacerated wounds over her lumbar region. Diljeet's mother alleged physical violence and sexual harassment from her husband and in laws and stated that the laceration on her thigh had been inflicted with scissors by her husband. She alleged that her father-in-law had sexually molested her and had threatened to rape Diljeet and she said that she did not want to go back home as she was worried about the safety of her daughter and herself. GP10 examined Diljeet and did not note any injuries or bruises. GP10 documented that psychologically Diljeet's mother did not present as significantly depressed but that this was difficult to assess during a 15 minute appointment. GP10 advised the attending police staff that Diljeet and her mother needed to be taken to a place of safety away from the family and they would need a further assessment of Diljeet's mother from another doctor. GP10 also checked that the triage nurse had completed referrals to Children's Services and the health visitor.

5.3.20 According to the IMR provided by NHS England regarding the involvement of Hertfordshire GPs, GP10 at HUCC did not find any signs of mental illness and did not think that a psychiatric assessment was indicated. However GP10 did not carry out a full psychiatric assessment, forensic or sexual assault examination not being qualified to do so. GP10 told the IMR author that he was asked by the police officers to assess Diljeet's mother's mental health but he was not asked to carry out a physical examination. In the course of GP10 taking a history, Diljeet's mother pulled up clothing to show him injuries on her back and legs and she said these had been inflicted by her husband and in laws. GP10 did not carry out a full physical examination of Diljeet's mother and none of her clothing was removed. In GP10's judgement none of the injuries he was shown required immediately necessary treatment. GP10 did remove Diljeet's clothing and carry out a full examination but no evidence of injury was found. GP10 also told the IMR author that he went out of the consultation room to see the police staff and advise them that Diljeet and her mother should not be returned home and was assured by the police staff that they would be taken to a place of safety. GP10 further stated to the IMR author that he advised the police officers that Diljeet and her mother should be examined by another doctor with forensic examination qualifications. There is no documented evidence

of a conversation between GP10 and the police officers who were present. GPs cannot refer for forensic medical examinations and such referrals have to come from the Police.

5.3.21 The police staff did not arrange for Diljeet and her mother to have any further medical examinations but took them to the local police station and recorded that Diljeet's mother had been examined and deemed to be fit. At approximately 20:17 hours, a domestic violence emergency response officer was allocated to deal with the incident. Diljeet's mother provided background history and made several allegations against her husband and in laws. She stated that she did not want to return to the family home because she was scared what would happen to her and Diljeet and that she could not return to India as she would not be safe due to a dispute with her brother. The domestic violence emergency response officer concluded that the incident was not related to honour based violence but was a domestic incident between Diljeet's parents and grandparents. A Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH)³ risk assessment was completed which identified Diljeet's mother as high risk and steps were taken to secure alternative accommodation for her and her daughter.

5.3.22 On 21 June 2012, Diljeet's father was arrested on suspicion of causing actual bodily harm to his wife and a statement was taken. Subsequently the evidence was reviewed by the Crown Prosecution Service who decided that there was insufficient evidence to proceed with charges and effectively it was one person's word against the other.

5.3.23 Also on 21 June 2012, a domestic violence officer with Hertfordshire Constabulary phoned Hertfordshire Children's Services to make the service aware of the allegations made by Diljeet's mother and the current situation. The domestic violence officer informed Children's Services that because Diljeet's mother was in the UK on her husband's visa she would only be accepted at a hostel if she was sponsored by Children's Services. The referral from Hertfordshire Constabulary was accepted by the relevant assessment team within Hertfordshire Children's Services.

5.3.24 Having accepted the referral, Professional Assistant 1 from the Assessment Team made immediate enquiries with the Hertfordshire Constabulary Domestic Violence Officer whilst Professional Assistant 2 contacted the Women's Refuge to try to seek a refuge place for Diljeet and her mother. The only refuge place available was in Bradford so funding was agreed to enable Diljeet and her mother to remain temporarily at the hotel in which they had spent the previous night.

- 5.3.25 Professional Assistant 2 also spoke to Diljeet's mother and gathered information about her family history, Diljeet's birth and the home situation, including the allegations made by Diljeet's mother. Diljeet's mother was clear that she felt unable to return to her husband's home.
- 5.3.26 The Assessment Team made a request to the Child Abuse Investigation Unit within Hertfordshire Constabulary for a strategy discussion. Children's Services have no record of this discussion but Hertfordshire Constabulary have a record of it having taken place. It is recorded that the allegation of Diljeet being sexually assaulted by her grandfather referred to her being touched over her nappy whilst her grandmother was also present and references to 'spoiling' had been interpreted as 'raping'. The Community Safety Suite entry recorded at the time states that the "police will not be investigating the sexual assault on (Diljeet) due to the lack of any forensic evidence, the fact that her mother had not reported it or even challenged it at the time and the likelihood she did not because at the time it was not considered to be sexual assault." It was also recorded that, based on the information provided, the detective sergeant involved in the strategy discussion did not consider it to be sexual assault.
- 5.3.27 On 22 June 2012 Hertfordshire Children's Services received written notification of the alleged domestic violence incident between Diljeet's parents that had occurred two days previously. This recorded that an argument had taken place, that Diljeet's mother alleged that her husband had cut her hair and hit her in the leg with scissors, causing a cut. Hertfordshire Constabulary telephoned Hertfordshire Children's Services on this date to inform they were not taking the matter further. On the same day, Hertfordshire Children's Services also received a fax from HUCC informing that Diljeet and her mother had attended the unit on 20 June 2012 with police officers with a history of alleged domestic violence.
- 5.3.28 Also on Friday 22 June 2012, the refuge in Bradford confirmed to Hertfordshire Children's Services that a place was available for Diljeet and her mother. Hertfordshire Children's Services provided Diljeet's mother with two weeks living costs and a train ticket to Bradford. However they remained in the hotel in Hertfordshire for three more nights.
- 5.3.29 On Monday 25 June 2012, Professional Assistant 2 spoke to Diljeet's mother who said she had concerns about travelling to Bradford on her own with Diljeet. Professional Assistant 2 met with Diljeet's mother who showed Professional Assistant 2 her abdomen/stomach where she had a large area of serious blistering that she said had been caused by her in-laws. However she refused to go to the hospital or to report this injury to the Police. Diljeet's mother could not be persuaded to board the train to Bradford and Professional Assistant 2 arranged for her to stay temporarily at a local

refuge with a view to travelling to Bradford at a later date. Refuge staff told Professional Assistant 2 that they would take Diljeet's mother to the minor injuries unit regarding the scald. The Hertfordshire refuge records show that they took her to a GP on 26 June 2012, who examined the scald but did not provide any medical treatment. The GP record confirms that Diljeet's mother had a scald and also that other injuries, as recorded by GP10 were seen. None of the injuries were considered to require treatment at that time and no comment was made in the record of Diljeet's mother's emotional or mental state. Professional Assistant 2 also spoke to the health visitor in Hertfordshire who said that she would pass Diljeet's health records to the relevant professionals in Bradford.

From Diljeet and her mother arriving in Bradford on 27 June 2012 until Diljeet's death on 18 February 2014

- 5.3.30 On Wednesday 27 June 2012, Diljeet and her mother did move to Bradford as planned and were met at the house by staff from the Bradford refuge who carried out the admission process. The following day (28 June 2012) staff from the refuge in Hertfordshire contacted Diljeet's mother to ensure that she had arrived safely. This information was passed on to Hertfordshire Children's Services.
- 5.3.31 Also on 27 June 2012 Hertfordshire Health Visitor 2 tried to phone Diljeet's mother on her mobile phone but received no answer. Hertfordshire Health Visitor 2 then liaised with Hertfordshire Children's Services and Hertfordshire Constabulary and established that Diljeet and her mother had relocated to Bradford. On 28 June 2012 Hertfordshire Health Visitor 2 contacted the Health Visiting Service in Bradford to hand over care of Diljeet. There is a record of this phone call in the message book of the relevant health visiting team in Bradford but no indication of any subsequent action.
- 5.3.32 On 29 June 2012 Diljeet's mother registered herself at a GP surgery in Bradford. She was taken to the surgery by the keyworker from the Bradford refuge, who encouraged this quick registration with a GP because Diljeet's mother told her that she was experiencing discomfort as a result of a scald on her stomach which she said had been caused by her husband throwing a cup of hot water on her. The keyworker did not see the scald herself. A new patient medical was undertaken by a health care assistant and Diljeet's mother's thyroid problem was noted but there is no indication that the scald was mentioned or seen. Diljeet's mother sought to register her daughter at the same time but because she did not have any identification documents for her the surgery did not fully register her until approximately three months later. Children are not offered a new patient medical by this surgery so Diljeet herself was not examined.

- 5.3.33 Also on 29 June 2012, Hertfordshire Children's Services concluded an Initial Assessment of Diljeet. The recorded reason for the assessment was that Diljeet's mother had phoned the emergency services in a distressed state reporting domestic violence that she said had been going on for a long time and that she feared for the safety of Diljeet. The assessment recorded that Diljeet's mother reported physical assaults on her from her husband and his parents, disharmony between her husband and herself and an occasion when Diljeet's grandfather had touched Diljeet near her genital area. She said she had taken the decision to leave the family home as she did not want her daughter exposed to the discord. The assessment noted that Diljeet's mother responded to her daughter in a warm and affectionate manner and attended promptly to her needs. The assessment evaluated that she presented as a genuinely caring parent who was genuinely distressed about her situation. It stated that she had a serious scald to her abdomen that she said had been caused deliberately by her in laws. Her care of Diljeet was observed to be of a high standard and she was going to be supported by her key worker at the Bradford refuge. The assessment recommended that Diljeet and her mother remain in the refuge and be financially supported by Children's Services until they could live independently. On the same day an email exchange took place between Professional Assistant 2 and a member of staff from the Bradford refuge who reported that Diljeet and her mother were settling in well and that a support worker was seeing them daily with a plan to reduce this to weekly from the following week.
- 5.3.34 On 4 July 2012 Hertfordshire Children's Services received a fax from HUCC relating to Diljeet and mother attending on 20 June 2012. This fax included more detail than had been included in the fax of 22 June 2012. It stated that Diljeet's mother had presented with bruising, cuts and healing wounds and that she had alleged that her father in law had threatened to rape Diljeet. By the time this fax was received Hertfordshire Children's Services was already aware of this information.
- 5.3.35 On 6 July 2012 Professional Assistant 2 from Hertfordshire Children's Services sent a copy of the Initial Assessment to the Bradford refuge.
- 5.3.36 On 9 July 2012 Diljeet's father contacted Hertfordshire Children's Services and spoke to Professional Assistant 2. He was informed that Diljeet and her mother were safe and well but that their location could not be disclosed. He was also informed that they would have access to health care and immunisations. He was advised to seek legal advice in relation to contact.
- 5.3.37 On 16 July 2012 Diljeet's mother phoned the GP surgery to make an appointment for her daughter to receive immunisations. An appointment was made for the following day; Diljeet subsequently attended, received the immunisations and was given an appointment for her third immunisations. These were subsequently given on 30 August 2012.

- 5.3.38 On 10 July 2012 Diljeet's mother phoned Bradford District Care NHS Trust to request that her daughter was provided with a BCG tuberculosis vaccination. Subsequently, and as a result of this phone call, a health visitor made a home visit on 19 July 2012. During the first visit by Bradford Health Visitor 1 on 19 July 2012 Diljeet was noted to be alert with no health concerns. The health visitor recorded that Diljeet's mother was very isolated in the community but that she felt strong and positive about the future. A discussion took place regarding safety and the possible impact of domestic violence on Diljeet's mother's mental health. Counselling was offered but Diljeet's mother turned this down as she did not think it would help at that stage.
- 5.3.39 Also on 19 July 2012, a staff member from the Bradford refuge informed Hertfordshire Children's Services that Diljeet's mother had been granted three months leave to remain in the UK.
- 5.3.40 On 23 July 2012 Bradford Health Visitor 1 tried to phone the keyworker within the Bradford refuge and left a message for her to phone back. There are no records to indicate that the Bradford refuge staff ever phoned back or that anyone from the Bradford Health Visiting Service made any further attempts to contact the Bradford refuge.
- 5.3.41 On 24 July 2012 Bradford Health Visitor 1 made a second home visit to Diljeet and her mother. Again the health visitor had no concerns about Diljeet or the care she was receiving. A review of Diljeet's mother's mood was undertaken as per National Institute for Clinical Excellence guidelines. It was recorded that Diljeet's mother felt positive about the future and confident that she and Diljeet were safe as her husband and his family did not know their whereabouts. She did however say that she wanted to access community facilities and reduce her isolation. The health visitor referred Diljeet and her mother to the local children's centre with mother's consent. Health visiting records state that on 24 July 2012 Bradford Health Visitor 1 contacted Bradford Children and Young People's Services and was told that Diljeet was not an open case. Bradford Children and Young People's Services does not have a record of this contact.
- 5.3.42 On 2 August 2012, Diljeet's mother took Diljeet to the GP surgery for her BCG vaccination. As explained in paragraph 5.2.10 this was not the GP surgery with which she was registered but was a surgery that provides BCG vaccinations across Bradford. The vaccination had been due one month previously but Diljeet's mother had not taken her.
- 5.3.43 On 14 August 2012, Diljeet was taken to baby clinic by her mother who was concerned about her dribbling but was reassured and encouraged to access

Health Visiting services as necessary. On the same day Health Visitor 1 rang to offer further support.

5.3.44 Also on 14 August 2012, a family support worker from Children's Centre 1 visited Diljeet and her mother at home to discuss what the centre could offer and what Diljeet's mother was prepared to accept. Two days later the Children's Centre phoned the Bradford refuge who confirmed the needs as described in the health visitor's referral.

5.3.45 The Bradford refuge report that on 18 August 2012 Diljeet's mother's sister visited from the USA to provide emotional support.

5.3.46 On 21 August 2012, the GP surgery tried to contact Diljeet's mother by phone but actually spoke to Diljeet's father as the wrong phone number was on record.

5.3.47 On 6 September 2012, the family support worker from Children's Centre 1 undertook another home visit and Diljeet's mother said that she would access groups at the centre from the following week onwards. Diljeet's mother did not attend the Children's Centre so on 24 September 2012, a family support worker phoned her. Diljeet's mother responded by saying that Diljeet had been unwell but she intended to attend infant massage sessions. On 27 September 2012, three days after the phone call from the Children's Centre, Diljeet and her mother moved home. This new property was also part of the Bradford refuge and they continued to be supported by the Bradford refuge staff. The house in which Diljeet and her mother were originally placed was too big for their needs but had been the only property available. When a suitable property became available they moved into it, hence they moved at this time.

5.3.48 The following day (28 September 2012) Health Visitor 1 visited Diljeet and her mother in their new home. Diljeet's mother was tearful and said that she felt overwhelmed at times but was confident that she had done the right thing and could feel positive about the future. She had some financial anxieties and Health Visitor 1 signposted her to a benefits advisor and suggested that she discuss her concerns with her keyworker. Diljeet was observed to be very attached to her mother and was alert and active throughout the visit.

5.3.49 On 9 October 2012, Health Care Assistant 1 tried to undertake a pre-arranged weaning visit but received no response. She successfully undertook the visit the following day and Diljeet's mother reported that she was feeling happier and more positive about the future. She informed Health Care Assistant 1 that her sister had recently stayed for four days. Diljeet herself was distressed when Health Care Assistant 1 first arrived but quickly settled. Her mother said that this is normal behaviour for Diljeet with unfamiliar people. Diljeet's mother agreed to contact the service if she required further support.

- 5.3.50 On 15 October 2012, Diljeet's mother registered herself and her daughter at GP surgery 2 which was close to their new home.
- 5.3.51 On 24 October 2012 a family support worker from Children's Centre 1 phoned Diljeet's mother again as she had still not attended. Diljeet's mother told the family support worker that she was now living in a hostel outside the Bradford district and still receiving support from the domestic abuse project. On 14 November 2012, during a supervision discussion at Children's Centre 1 it was decided to close Diljeet's case due to her mother saying she had moved out of Bradford district.
- 5.3.52 On 25 October 2012, the keyworker from the Bradford refuge met with Diljeet's mother. It is recorded that one of the subjects discussed was Diljeet's mother being emailed by her husband and her sister.
- 5.3.53 On 29 October 2012, five days after the family support worker from Children's Centre 1 had phoned her, Diljeet and her mother were registered with Children's Centre 2 which was the local centre to her new home. The manager of Children's Centre 2 was of the understanding that Diljeet's mother had contacted the centre herself but the keyworker from the Bradford refuge states that she made the referral. Diljeet and her mother attended one stay and play session on 21 November 2012 and another on 6 March 2013 but did not attend again after this date. On 6 December 2012 Diljeet's mother told the keyworker from the Bradford refuge that she was attending the Children's Centre.
- 5.3.54 On 1 November 2012 Health Visitor 1 tried to visit but received no reply. She left a note to inform Diljeet's mother that the case was to be transferred to a different health visitor due to Diljeet's mother having moved home. Health Visitor 1 also gave a verbal handover to the new Health Visiting Team and the following day Diljeet's records were transferred.
- 5.3.55 Health Visitor 3 from the new Health Visiting Team tried to visit Diljeet and her mother on 13 November 2012 but received no reply. Health Visitor 3 did however carry out a moving in visit and a 6 – 12 month developmental review of Diljeet on 22 November 2012. Diljeet's development was found to be age appropriate and no parenting issues were identified. It is recorded that Diljeet attended the Children Centre. Health Visitor 3 did not discuss domestic violence or support needs of Diljeet's mother.
- 5.3.56 Diljeet's father told the Lead Reviewer that his wife phoned him on 17 December 2012 and told him she was living in Bradford. She was distressed and said that she did not like living in Bradford and indicated that she wanted to return to the family home. They agreed to meet the following day and Diljeet's father drove to Bradford for the meeting. Diljeet was also present

and this was the first time they had seen each other since 20 June 2012. On 21 December 2012, Diljeet's mother shared with the keyworker from the Bradford refuge that she had had contact with Diljeet's father and on 28 December 2012 she talked to the keyworker about possibly reconciling with Diljeet's father. On 10 January 2013 she told the keyworker that she had decided not to reconcile.

- 5.3.57 On 24 December 2012, Diljeet's mother saw a Practice Nurse at GP surgery 2 for a blood test and well woman check. This was the last time Diljeet's mother was seen at the surgery in connection with her own health.
- 5.3.58 Health Visitor 3 next visited on 28 January 2013. Diljeet's mother reported feeling more integrated into the local community although she also said that she hoped to relocate to the Leeds area in February or March 2013. She also reported that she was studying for accountancy exams. On 7 February 2013, the keyworker from the Bradford refuge helped Diljeet's mother make a priority application for housing in Leeds.
- 5.3.59 On 2 April 2013, Diljeet's mother contacted the GP surgery concerned that Diljeet had a temperature. She attended for an appointment the same day. This was the last time Diljeet was seen by a GP.
- 5.3.60 On 22 April 2013, Diljeet did not attend an appointment with Practice Nurse 3 from Bradford GP surgery 2 for her immunisations. A message was sent to Diljeet's mother to inform her that the appointment had been missed and providing a new appointment. On 15 May 2013, Diljeet received immunisations from Practice Nurse 3. This was the last time Diljeet was seen at the GP surgery.
- 5.3.61 On 16 July 2013, Diljeet's father made an application to court in Hertfordshire for contact with his daughter. As a result of this application, Children's Services in both Bradford and Hertfordshire were asked to disclose the whereabouts of Diljeet's mother so that she could be served with papers in relation to the application. This was the final involvement that Hertfordshire Children's Services had with the family and the first involvement from Bradford Children and Young People's Services.
- 5.3.62 On 13 August 2013, Health Visitor 3 phoned Diljeet's mother and arranged to visit on 21 August 2013. During the subsequent visit Diljeet was found to have age appropriate development with no health issues and excellent interaction was observed between her and her mother. Diljeet's mother reported being well but finding her general situation stressful with limited finances and isolation. She told the health visitor that her husband had applied for contact with Diljeet and she had postponed her studies until her home life was more stable. The health visitor discussed the contact application to establish whether Diljeet was concerned about this and to

identify any risks to herself or Diljeet. Diljeet's mother did not object to Diljeet seeing her father but said she was anxious that the financial assistance he provided would be reduced. Diljeet's mother had applied to Leeds for housing but was not a priority and intended to look at available places in Bradford. Health Visitor 3 recorded that Diljeet's mother had had significant weight loss of 10-12 kg over the last few months. This was information reported to the health visitor by Diljeet's mother. This was the last time anyone from the Health Visiting Service saw Diljeet or her mother.

- 5.3.63 On 22 August 2013, the day after the final visit from a health visitor, the keyworker from the Bradford refuge visited Diljeet's mother. They discussed the forthcoming court hearing and rang the solicitors to make an appointment.
- 5.3.64 On 27 September 2013, the Central Intake Team of Cafcass received Diljeet's father's application for contact with his daughter. The application suggested that Diljeet and her mother may live in the Bradford area but did not include an address. Family Court Advisor 1 screened the application for any urgent child protection needs.
- 5.3.65 On 6 October 2013, Cafcass requested a safeguarding check from Hertfordshire Constabulary in respect of Diljeet's father and from Hertfordshire County Council in respect of the family. A welcome pack was sent to Diljeet's father but because no address or phone number was included for Diljeet's mother no checks were undertaken in respect of her and she was not sent a welcome pack. The following day the case was transferred from the Central Intake Team to the Local Team in Leeds and the day after that, Family Court Advisor 2 screened the case file and asked business support to initiate a safeguarding check with Bradford Council.
- 5.3.66 On 11 October 2013, Cafcass received the results of the Police National Computer check of Diljeet's father. This showed that he had no convictions but that there had been an alleged common assault on 20 June 2012, this being the incident that led to Diljeet and her mother leaving the family home and moving to Bradford. On the same day Cafcass also received the response from Hertfordshire County Council which recorded that Diljeet was known in respect of allegations of domestic violence. This stated that Diljeet and her mother had moved to a refuge and Hertfordshire Children's Services had ended their involvement on 7 September 2012.
- 5.3.67 On 21 October 2013, Diljeet and her mother moved to a property owned by Yorkshire Housing Association. Therefore they were no longer in housing provided by the Bradford refuge. This property was in a different part of Bradford to the ones that Diljeet and her mother had lived in previously. During this SCR it has been described to the Lead Reviewer as a multi-cultural area. After the move, and in line with usual practice, Yorkshire

Housing staff had no contact with Diljeet or her mother until three months later.

5.3.68 On 24 October 2013, Health Visitor 3 phoned to arrange another visit but Diljeet's mother said that she was in the process of moving to a different part of Bradford and would register with a GP local to her new area. It was agreed that she could contact the existing Health Visiting Team until the new team was established with her. This was the last contact that the Health Visiting Service had with Diljeet's mother.

5.3.69 On 28 October 2013, Family Court Advisor 2 from Cafcass conducted a telephone interview with Diljeet's father in advance of a first hearing dispute resolution appointment (FHDRA) which was scheduled to take place on 18 November 2013 to determine contact arrangements between Diljeet and her father. Diljeet's father denied the allegations of domestic violence and alleged that Diljeet's mother had Post Natal Depression and was aggressive, possessive, controlling, and drank whisky prior to their marriage. He stated that he had last had contact with Diljeet in December 2012.

5.3.70 On 11 November 2013, Family Court Advisor 2 completed a Schedule 2 letter and sent it to Enhanced Practitioner 1 from Cafcass. The Schedule 2 letter contains an initial safeguarding and welfare analysis that Cafcass provide to the court.

5.3.71 On 14 November 2013, the keyworker from the Bradford refuge visited Diljeet's mother at her new home and recorded that Diljeet's mother was very happy with the property and the area. This was 23 days after Diljeet and her mother moved to the property. The keyworker gave Diljeet's mother a list of GPs, nurseries and community centres in the area. Diljeet's mother asked if they could meet again before the Bradford refuge ended their involvement and a meeting was arranged for 22 November 2013.

5.3.72 On 18 November 2013, the FHDRA was held at Bradford County Court. Family Court Advisor 2 from Cafcass attended and spoke with both of Diljeet's parents. This was his first contact with Diljeet's mother who said that she was in agreement with supervised contact. The court ordered that Diljeet's father should make a referral to a contact centre in the Bradford area and thereafter Diljeet's mother should make Diljeet available for contact with her father for four hours every four weeks. The case was relisted for a review at Bradford County Court on 7 April 2014 with no further role for Cafcass.

5.3.73 On 19 November 2013, the day after the court hearing, Cafcass received a response from Bradford Council to the safeguarding check that had been requested on 8 October 2013. The response indicated that the family was known to Bradford but no details were given as to how they were known

and questions about previous or current child in need or child protection duties were not answered. The following day (20 November 2013), business support within Cafcass requested a police check in respect of Diljeet's mother. This was returned on 22 November 2013 and recorded that she had no convictions. On the same day, Diljeet's father left a telephone message for Family Court Advisor 2 to contact him. Family Court Advisor 2 phoned back and left a message for Diljeet's father but there is no record of them speaking to one another.

- 5.3.74 Also on 22 November 2013, the keyworker from the Bradford refuge met Diljeet's mother as arranged. It is recorded that Diljeet's mother said she was stressed about the court case and talked about her anxiety about potential contact. The keyworker asked if she would like more support but she said that she did not require this. The keyworker advised Diljeet's mother to call if more support was required but Diljeet's mother did not do so and this was the Bradford refuge's last contact with her.
- 5.3.75 On 4 December 2013, Family Court Advisor 2 from Cafcass updated the Schedule 2 letter to include details of the police check in respect of Diljeet's mother. This did not include any mention of the information received from Bradford Council. Two weeks later Cafcass closed the case.
- 5.3.76 On 2 January 2014, GP surgery 2 sent a message to Diljeet's mother asking her to make an appointment for the annual blood test that was required as part of the GP's review of her thyroxine medication. Diljeet's mother did not respond to this and a reminder was sent on 29 January 2014. By the time of Diljeet's death on 18 February 2014 her mother had still not responded to the request for a blood test although repeat prescriptions for the medication had been issued on 14 January 2014 and 11 February 2014.
- 5.3.77 Diljeet's father told the Lead Reviewer that one contact took place between the court hearing on 18 November 2013 and Diljeet's death on 18 February 2014. This was on 18 January 2014 and took place at a play centre.
- 5.3.78 On 20 January 2014, two days after Diljeet had had contact with her father, an income officer from Yorkshire Housing visited Diljeet's mother at home. Diljeet was observed to appear clean, tidy and content and her mother responded positively to questions about the property, area, social situation and her own health. No concerns were raised from the visit. This was four weeks before Diljeet's death and the last time that anyone from any of the organisations involved in this review saw Diljeet or her mother. It is recorded in a Forensic Psychiatric assessment carried out on behalf of the court in relation to Diljeet's mother's criminal trial that she told the income officer that Diljeet had been unwell with a cold over a couple of days and apologised for the house being untidy. It is further recorded that the income officer found that although there were toys lying around the house, it was

not dirty. The income officer has said that he remained downstairs throughout the visit.

5.3.79 Another contact between Diljeet and her father was arranged for 15 February 2014, also at the play centre and Diljeet's father described the following sequence of events to the Lead Reviewer:

Diljeet's father drove from his home in Hertfordshire to the play centre in Bradford on 15 February 2014 but his wife and daughter did not turn up. He made various attempts to contact his wife but after approximately two hours without success he left the play centre and commenced his journey home. About one hour later his wife phoned him and told him that she had been to his home the previous day (Friday 14 February 2014) but he would not answer the door and had not answered his phone when she rang it. She also said that he had sent her an email cancelling the contact on 15 February 2014, something that Diljeet's father denies. The following day Diljeet's father sent his wife an email suggesting contact the following week but she did not reply to this. Two days later police officers came to his home to tell him about Diljeet's death.

5.3.80 During a psychiatric assessment after Diljeet's death her mother also described the occasion when she travelled to her husband's home by taxi on 14 February 2014 and during the criminal investigation following Diljeet's death, West Yorkshire Police established that this had happened. Diljeet's mother did not tell the psychiatrist anything about there being a contact planned for 15 February 2014.

5.3.81 On 17 February 2014, Diljeet's mother phoned the customer service desk at Yorkshire Housing regarding a boiler issue, she was talked through how to ignite the boiler and this resolved the problem. No order was raised for a contractor. This was the day before Diljeet died.

6. Analysis

Key Practice Episode 1

Opportunities for agencies working with the family to explore whether or not Diljeet's mother was a victim of domestic abuse and whether these opportunities were used appropriately

6.1.1 The analysis of this Key Practice Episode can be broken down into two sections; firstly, the routine exploration of domestic violence that is expected within maternity and health visiting services and secondly, whether there were any occasions when practitioners should have had concerns about possible domestic abuse.

- 6.1.2 Procedurally, pregnant women receiving antenatal care from West Hertfordshire Hospitals NHS Trust should be asked routine screening questions relating to mental health, previous social care involvement and domestic violence at the booking appointment and again at 28 and 36 weeks. Diljeet's mother was asked these questions at the booking appointment and did not disclose any concerns. However she was not asked the questions again at any time during the rest of her pregnancy.
- 6.1.3 As a result of her hypothyroidism Diljeet's mother was referred to the endocrinologist and received much of her antenatal care in the consultant clinic. Consequently she was not seen by the community midwife between the 22nd and 39th weeks of pregnancy. Whilst it was appropriate for Diljeet's mother to be seen in the consultant clinic rather than by the community midwife it appears that one result of this was that the routine screening questions were not asked as they should have been. Consultations in these clinics are brief and concentrate on the health issue that has resulted in the pregnant woman being referred for shared care. However not all of the tasks that would be carried out by a midwife at a routine ante-natal appointment are carried out at the consultant clinic. Therefore although some women are referred for shared care because they have additional health needs, one result is that they actually miss out on some routine monitoring and services that other pregnant women receive. A further difference is that GPs receive information about midwifery appointments but not consultant clinics.
- 6.1.4 Procedurally the health visitor should also ask about domestic violence at the new birth visit but it is acknowledged that this may not be appropriate if the baby's father is present at the visit as was the case with this family. At the second visit by the health visitor, Diljeet's maternal grandmother was present which again may have made it difficult or inappropriate to ask questions about domestic violence. Health Visitor 2 saw Diljeet in the baby clinic on 30 May 2012 and this may have afforded an opportunity to ask her about domestic violence although it may be that other people were around and there was no such opportunity. The Best Practice guidelines⁴ state that if there is not an opportunity to discuss domestic violence then this should be documented in the notes so that it can be raised at the next available opportunity. This was not documented in Diljeet's notes.
- 6.1.5 In the past 18 months, Hertfordshire's Healthy Child Programme has been changed with the introduction of a mandatory antenatal visit sometime after 20 weeks gestation. This provides an earlier opportunity for health visitors

to meet the expectant mother and an additional opportunity to ask about domestic violence.

- 6.1.6 Whilst accepting the importance of midwives and health visitors asking women about domestic violence it must be acknowledged that victims will not always disclose. It is important that the profile of domestic violence is raised and that as many opportunities as possible are given to women to disclose. Hertfordshire Community NHS Trust use posters in clinic areas that identify help lines (phone numbers) for victims of domestic violence in a variety of languages. This is an approach that other agencies should consider adopting. It is also important that services recognise the possible impact of culture and the ethnic origin and gender of staff on a woman's willingness to disclose domestic abuse.
- 6.1.7 With regard to whether there was information that may have led to concerns about Diljeet's mother's domestic situation, this review has found evidence of only one occasion prior to 20 June 2012 when Diljeet's mother specifically expressed discontent with her domestic situation. This was on 13 April 2012 when she was approximately 39 weeks pregnant and she told GP5, who she had never met before, that her family was very demanding, making her cook and clean, and she felt that she was not coping. This was not an explicit disclosure of domestic abuse but could have caused concern and led to further questions being asked. GP5 did offer some advice and appears to have been of the view that Diljeet's mother was sufficiently self assured to address her concerns herself. It would have been appropriate for GP5 to have shared this information with the community midwives so that they would be aware of this when visiting the family. Indeed it may have prompted a home visit from the midwife. GP5 no longer works in the GP practice and has not been spoken to during this SCR so the reasons for not sharing this information are not known.
- 6.1.8 During the second post natal midwifery visit, when Diljeet was five days old, her mother was tearful and said she was feeling low and found it difficult to discuss her feelings with her husband due to his parents staying. Again this was not a disclosure of domestic abuse, indeed it suggests that Diljeet's mother would have felt able to discuss her feelings with her husband if his parents had not been staying. Furthermore it is very common for women to feel tearful a few days after giving birth and by the time of the next visit she reported feeling happier again.
- 6.1.9 Subsequent records show that on 8 May 2012 Diljeet's mother told GP6 that her husband and his parents were helping; on 30 May 2012 she said that she was well supported by her husband and on 6 June 2012 she told GP1 that her husband and in-laws were supportive. Records do not state what prompted her to make these statements or who else was present at these

times. Therefore it is impossible to know what weight to place on the statements.

- 6.1.10 The overall impression from Diljeet's mother's first visit to the GP in March 2011 up to 19 June 2012 when Diljeet was seen by GP2 for her routine eight week developmental check and received her first immunisations from Practice Nurse 2 is of a couple who wanted a baby and a mother who was attentive to her baby's needs and competent in accessing the necessary care. Diljeet's mother could be construed as vulnerable to the extent that she had only been in the UK since March 2011 and had no family in the country except for her husband and latterly, her baby daughter. Professionals could have taken time to try establish what support networks she had and to enable her to become involved with postnatal groups.
- 6.1.11 Diljeet's mother's behaviour in discharging herself from hospital on 22 April 2012 appears completely out of character with her behaviour up to that point regarding her pregnancy. She had consistently attended medical appointments and appeared to be firmly committed to caring for her unborn child but at this late stage in the pregnancy chose to ignore the doctor's advice and discharge herself. Hospital staff did not have grounds to stop her from leaving and unfortunately the records do not indicate why Diljeet's mother was so keen to leave or whether any family member was present and/or spoken to about the situation. This incident took place in the evening so it was not practical to discuss it with her GP or midwife at the time. Diljeet's mother returned to hospital the following morning as she had been asked to do.

Key Practice Episode 2

The extent to which maternity services engaged with Diljeet's father

- 6.2.1 There is no record in the midwifery notes as to whether or not Diljeet's father attended any of the antenatal appointments or antenatal classes. Although it is documented that he did attend the birth and he told the Lead Reviewer that he did attend antenatal classes with his wife. West Hertfordshire Hospitals NHS Trust have reported to this review that it is not unusual for there to be no record as to whether or not a father is present at antenatal appointments and/or classes as there is nowhere to document this in the maternity notes.
- 6.2.2 Traditionally maternity services have been focused on the care of women and their unborn babies with little consideration of the fathers or other people who are significant in the family's life. However in recent years, steps have been taken to encourage midwifery services to have more regard for fathers. Top Tips for Involving Fathers in Maternity Care (Royal College of Midwives, 2011) states that:

“Compared with past generations, society’s expectations are increasingly for fathers to play a full role throughout pregnancy, labour, childbirth and in the postnatal period. Most expectant mothers want their partners to be involved and this desire is also shared by most expectant fathers. There is also substantial evidence about health and wellbeing benefits that result from fathers being involved in their partner’s maternity care

“Promoting a cultural shift throughout healthcare provision to include fathers in all aspects of a child’s wellbeing is needed. NHS policy is to increase engagement with and encourage fathers’ involvement in maternity care in order to improve overall family support.”

6.2.3 West Hertfordshire Hospitals NHS Trust encourages expectant and new fathers to engage with services in a number of ways including attending ante natal classes, scans and the birth. However the Trust had very little information about Diljeet’s father and did not record who attended appointments with Diljeet’s mother. Engaging more with the mother’s wider support network can help utilise the skills they may be able to bring and also help midwives be more aware of possible risk factors. Recording who is present with women at antenatal appointments can help this process as it can give an indication of whether there is a regular male carer around, be that the father of the child or someone else. Alternatively, a record of who attends appointments with a pregnant woman may indicate that she has a succession of different partners, a partner who would cause concern or no-one at all to support her.

6.2.4 There is a potential difficulty created by, on the one hand encouraging fathers to be more involved in their partner’s pregnancy and the birth of their child and on the other, asking practitioners to talk to mothers alone as explored in the analysis of Key Practice Episode 1. Whether or not someone attends appointments with the pregnant woman can have an impact on whether or not the midwife can ask the necessary questions relating to issues such as domestic violence. Maternity and Health Visiting Services need to consider how they can ensure that practitioners have an opportunity to talk to mothers alone during the pregnancy and following the birth. This might involve services in promoting a message from the outset of their involvement with a couple that the father is encouraged to be involved but there will be times when it might be necessary to ask to see the mother on her own.

Key Practice Episode 3

Response to the Allegations of Domestic Violence made by Diljeet’s Mother.

- 6.3.1 Hertfordshire Constabulary was appropriately proactive in responding to the 999 call made by Diljeet's mother on 20 June 2012. Although Diljeet's mother said she was fine and did not require police assistance the source of the phone call was traced and officers were dispatched to the property.
- 6.3.2 In carrying out this SCR, Hertfordshire Constabulary have been unable to speak to either the police officer or the special constable who attended the property but records suggest that they took Diljeet and her mother to HUCC so that Diljeet's mother could be assessed with regards to her mental health, not because of any concerns about the physical health of either of them. The police officer had concerns that Diljeet's mother might be suffering from post natal depression or some other mental health condition and it appears that this view was based on a statement made by Diljeet's father. It is unclear what allegations, if any, Diljeet's mother had made against her husband or in laws prior to arriving at HUCC but she did make allegations against them whilst she was being examined by GP10 in HUCC, when she was interviewed by the domestic violence emergency response officer at the police station and when Hertfordshire Children's Services carried out an assessment.
- 6.3.3 As an urgent care centre staffed by GPs and nurses HUCC is not considered to be the best place for Diljeet's mother to have received the most appropriate assessment or treatment. A hospital A&E department would have been better placed to undertake appropriate examinations of Diljeet and her mother whilst a forensic examination, which should only be performed by a health professional who has had the appropriate training and with the appropriate facilities available, would have given a more in depth assessment which could have assisted the subsequent decision regarding prosecution. It may be that police officers need guidance on appropriate health resources when dealing with possible victims of domestic violence who may require medical treatment and/or examination with a view to gathering information for a possible prosecution. Nevertheless by taking Diljeet and her mother to HUCC the officer was able to remove them from the property and possible risks associated with being there.
- 6.3.4 West Hertfordshire Hospitals NHS Trust state that if GP10 had concerns about Diljeet's mother's mental health then the trust policy would be to refer to Watford General Hospital A&E for a mental health assessment by the attached mental health team. GP10 documented that Diljeet's mother did not show any signs of an acute mental illness requiring further assessment but that he discussed with the police that they may need to consider a further assessment if necessary.
- 6.3.5 Hertfordshire Constabulary were advised by GP10 that Diljeet's mother needed further assessment although it is unclear whether this was a physical or a psychiatric assessment or both. GP10 stated in interview for this SCR that

he advised the police that Diljeet and her mother should be examined by another doctor with forensic examination qualifications. However, this is not included in the record he made at the time.

- 6.3.6 Whatever the exact advice was from GP10, the police did not seek any further medical assessment of Diljeet or her mother but took them to the police station. The police officer recorded that Diljeet's mother had been examined at HUCC and deemed to be fit but there is no reference to Diljeet herself having been examined, even though GP10 carried out a full physical examination. Because Hertfordshire Constabulary have been unable to speak to either the police officer or the special constable who attended the property and took Diljeet and her mother to HUCC it has not been possible to establish why they did not seek any further medical assessment of Diljeet or her mother.
- 6.3.7 Although Diljeet's mother showed GP10 some injuries on her body she did not have a full physical examination and it appears that she did not make anyone aware of the scald on her abdomen until she told Professional Assistant 2 from Hertfordshire Children's Services five days later. Professional Assistant 2 acted appropriately by making staff at the refuge aware of the scald and they acted appropriately by taking Diljeet's mother to a GP for this to be assessed.
- 6.3.8 Hertfordshire Constabulary interventions in this case had two strands: a criminal investigation in response to the allegations made by Diljeet's mother and actions to safeguard Diljeet and her mother from the possible risk of future harm from Diljeet's father and paternal grandparents. With regard to safeguarding, Hertfordshire Constabulary acted appropriately by deciding at an early stage to provide safe accommodation for Diljeet and her mother and by referring them to Children's Services. Staff from the Hertfordshire refuge state that in an urgent case the refuge will usually accept a resident without funding and resolve the funding issue the following day. They believe this would have been more appropriate for Diljeet and her mother than the option that was used of paying for them to stay in a hotel.
- 6.3.9 With regard to the criminal investigation, it is the view of the SCR Panel that Hertfordshire Constabulary should have arranged for a forensic examination of Diljeet's mother. This would have provided a fuller assessment of the injuries that she had sustained which would have informed the criminal investigation and may have impacted upon the charging decision made by the Crown Prosecution Service. In addition, crime reports should have been completed in relation to the allegations made by Diljeet's mother against her in laws and these allegations should have been investigated by Hertfordshire Constabulary. The omissions regarding the allegations against Diljeet's paternal grandparents are acknowledged by the author of the Hertfordshire Constabulary IMR who considers that they should, at least, have been

spoken to under caution. It is recorded in the IMR from Hertfordshire Constabulary that when Diljeet's mother was told about the outcome of the criminal investigation she said she was disappointed that no action was being taken against her husband or father in law.

6.3.10 It is acknowledged by Hertfordshire Constabulary that, having completed a DASH risk assessment and concluded that Diljeet's mother was high risk, her case should have been referred to a Hertfordshire Multi Agency Risk Assessment Conference (MARAC)⁵. It was not necessary for Hertfordshire agencies to conduct a MARAC meeting as Diljeet and her mother moved to Bradford but if a referral had been made there should then have been a formal MARAC transfer into Bradford. West Yorkshire Police should also have been informed of the circumstances of Diljeet's mother and Diljeet coming to police notice. This did not happen and the officer who should have forwarded details regarding the incident has explained that the failure to do so was an oversight probably due to high workload. The Family Front Sheet should have been finalised by a supervising officer, who then should have ensured that liaison had been carried out with the relevant department. This was not done, although the supervising officer was aware of the situation. This is addressed within the lessons learned section of the Hertfordshire Constabulary IMR and the new process is detailed.

6.3.11 Despite a risk assessment being carried out initially, a further one should have been completed when Diljeet's mother and Diljeet left the hotel. The thought was that they were in a place of safety and moving out of the area as well as being managed by Children's Services, therefore such a risk assessment was not necessary in the immediate circumstances. Following the referral from Hertfordshire Constabulary, Hertfordshire Children's Services provided appropriate services during the eight days of their involvement. An assessment was undertaken, suitable accommodation was identified for Diljeet and her mother and she was supported in accessing the accommodation. Hertfordshire Children's Services agreed to provide funds to enable her to live in the refuge for up to three months whilst she sought leave to remain in the UK and claimed welfare benefits.

6.3.12 Hertfordshire Children's Services acted correctly by requesting a strategy discussion with Hertfordshire Constabulary after Diljeet's mother made the allegation that Diljeet had been sexually assaulted by her paternal grandfather. However the subsequent decision by the Hertfordshire Constabulary not to investigate this further appears to be well reasoned and appropriate. It is a concern that Hertfordshire Children's Services have no

record of this discussion taking place either in the case record or on the assessment that was undertaken. In this case this was not a serious omission as the decision of the strategy discussion was not to proceed with Section 47 enquiries. Hertfordshire Children's Services believe this to be an isolated omission.

- 6.3.13 As a result of Diljeet and her mother moving to Bradford when they did, the assessment that was started by Hertfordshire Children's Services was concluded on 29 June 2012. It was not a full assessment as it lacked detail due to the speed with which Diljeet and her mother left Hertfordshire and a lack of opportunity to observe Diljeet in her mother's care in a home environment. Contact was made with Diljeet's health visitor. If Diljeet and her mother had not moved away from Hertfordshire when they did, further assessment work would have been carried out, including contact with her father and possibly her paternal grandparents. The outcome was for no further action and this was agreed with a service manager. The level of assessment was appropriate to the circumstances of the case.

Key Practice Episode 4

Communication between agencies when Diljeet and her mother moved to Bradford.

- 6.4.1 Although Diljeet and her mother moved to Bradford as a result of alleged domestic violence and whilst Hertfordshire Children's Services were undertaking an assessment under Section 17 of the Children Act 1989, Hertfordshire Children's Services did not contact their counterparts in Bradford to make them aware of this. It is acknowledged within the Hertfordshire Children's Services IMR that it would have been good practice to have made contact with Bradford Children and Young People's Services in order for them to consider the need for any further Section 17 assessment or for consideration of using the Common Assessment Framework (CAF)⁶. It should be noted that the reason for the initial referral to Hertfordshire Children's Services was the allegation of domestic violence and the focus was on helping Diljeet and her mother to escape from this situation, which had been achieved. Concerns were never raised about the care provided by Diljeet's mother and during the assessment the care of Diljeet by her mother was observed to be of a high standard.
- 6.4.2 Although it was an oversight by Hertfordshire Children's Services not to contact Bradford Children and Young People's Services it was good practice on the part of Professional Assistant 2 to ensure that the health records would be

passed on to relevant health professionals in Bradford and to ensure that staff at the Bradford refuge had a copy of the assessment.

6.4.3 The health visitor in Bradford who took the call from the Hertfordshire Health Visitor should have commenced a paper file for Diljeet because at that point SystemOne⁷ had not been implemented for the Health Visiting Service in Bradford. There should also have been a linked referral to the specialist refuge Health Visiting Team and a movement in visit should have been undertaken. The health visitor who took the call no longer works in Bradford and has not contributed to this review. Consequently it has not been possible to establish why none of these things were done. In this case Diljeet's mother herself contacted the Health Visiting Service three weeks after arriving in Bradford and therefore the omission by the Bradford health visitor was not significant. Ultimately the Health Visiting Service would have been advised of Diljeet's move to Bradford by the Child Health Service so even if Diljeet's mother had not made contact the service would have become aware of Diljeet. Nevertheless this was an omission by the Bradford health visitor.

6.4.4 An appropriate transfer from the Hertfordshire MARAC to the Bradford MARAC, as described in section 6.3 should have been another route by which relevant agencies in Bradford would have become aware of Diljeet and her mother's arrival in the city. This would also have enabled agencies to plan a co-ordinated response to the family.

Key Practice Episode 5

Information sharing between agencies within Bradford

6.5.1 Staff from the Bradford Refuge and health visitors were involved with Diljeet and her mother from their arrival in Bradford until the autumn of 2013. There is evidence of frequent contact between Diljeet's mother and the keyworker from the Bradford refuge and also evidence that the health visitors offered support over and above the universal offer⁸. Diljeet and her mother were also registered at Children's Centres for much of this time and with GP surgeries throughout their time in Bradford but had little direct contact with these services.

7

□ SystemOne is a computer based recording system used by many health services across the country for patient records.

8

□ The universal offer comprises the key visits that every new mother and child should receive from Health Visiting Services. Additional visits can be provided where additional needs or vulnerability is identified.

- 6.5.2 Although there were never any concerns about the care that Diljeet's mother provided to her daughter it should have been recognised that they were isolated in a new city with little support. Furthermore the circumstances that led to them coming to Bradford made them potentially vulnerable. In view of these factors it would have been sensible for the people involved in providing support to have had some communication with one another but there is little evidence of such communication taking place. Bradford Health Visitor 1 did try to phone the keyworker at the refuge on one occasion but they never actually spoke to one another.
- 6.5.3 Bradford Health Visitor 1 did contact Bradford Children and Young People's Services to enquire whether Diljeet was known to them but because there had not been a MARAC transfer and Hertfordshire Children's Services had not contacted their counterparts in Bradford, Diljeet was not known to Bradford Children and Young People's Services.
- 6.5.4 The initial referral to Children's Centre 1 was made by Health Visitor 1 and the one to Children's Centre 2 by the keyworker from the Bradford refuge. Although engagement with the centres was purely voluntary, it would have been good practice for Children's Centre staff to have informed the referrers that Diljeet and her mother were not attending as this would have allowed the referrers to discuss with Diljeet's mother whether any more appropriate support might be available. A family support worker from Children's Centre 1 spoke to the keyworker at the refuge on one occasion.
- 6.5.5 Neither of the GP surgeries in Bradford with whom Diljeet and her mother were registered were made aware of the circumstances of their move to Bradford, including the fact that Diljeet's mother had alleged that she was the victim of domestic violence and that she had been risk assessed as being at high risk of domestic violence when in Hertfordshire. There was no information sharing between the Bradford GP surgeries and Bradford Health Visiting Teams about Diljeet and her mother's background. As there were few health concerns and no concerns about the care provided to Diljeet by her mother this would not have been a high priority case for the health visitors to share information with the GP. Nevertheless, in view of Diljeet and her mother's background and vulnerability, the Health Visiting Service had assessed the family as in need of support beyond the universal offer (see paragraph 6.7.4) and ideally, it would have been appropriate for the health visitor to have made the GPs aware of the background during routine communication. At the time period in question, GP Surgery 1 was communicating with their Health Visiting Team via phone calls and also invited them to their three monthly team meetings. Attendance depended on availability of staff to attend. GP surgery 2 had a baby clinic on Tuesday afternoons where the health visitor would discuss any concerns with GP 4 who was the Safeguarding Children Lead. These forums may have given

the health visitors an opportunity to make the GPs aware of the family circumstances but, as already stated it would not have been a priority.

6.5.6 Prior to 17 September 2012 Bradford Health Visitor records were held on paper, whilst GPs used a computerised system called SystemOne. Records were only shared between GPs and health visitors on a need to know basis and it was clear what information was being shared. Health Visiting Teams now also use SystemOne and information can be shared by health professionals being given access to one another's SystemOne records. In theory this should make the sharing of information much easier but in practice it can create additional complications and this review found that it can also give a false sense of security that information is being shared when this is not in fact the case. Complications can arise as a result of several factors including who has permission to access different sections, how individual practitioners have their system configured, individual practitioners' level of knowledge of the system, the way in which historic records have been summarised and whether consent to share information between different systems has been provided by the patient. These issues are explored in greater detail within the IMR provided by Bradford Clinical Commissioning Group and recommendations are made within the IMR to address these issues.

6.5.7 Although this review has identified occasions when there could have been more communication between agencies it is important to acknowledge that there were no concerns about the care Diljeet was receiving from her mother. Therefore this case was never a high priority for communication between Bradford agencies. Furthermore, it should also be noted that the keyworker from the Bradford refuge and Health Visitor 1 were diligent in referring them to appropriate services.

6.5.8 A delay in information sharing from Bradford Council to Cafcass is explored in the Section 6.8.

Key Practice Episode 6

Delay registering Diljeet at Bradford GP Surgery 1

6.6.1 This review has found that there was considerable delay in Bradford GP Surgery 1 fully registering Diljeet and receiving her records due to the lack of identification documents, this is because Diljeet's mother did not have identification for her daughter when she came to Bradford. Diljeet was able to receive GP services from Bradford GP surgery 1 despite not being fully registered but her records were not received from Hertfordshire and summarised until about three months after she moved to Bradford. Therefore, had there been pertinent information in her GP record there would have been a considerable delay before the GPs in Bradford became aware of it. Proof of identification is not a formal requirement for GP

registration and should not have delayed the transfer of records. Recommendations are made within the Bradford GPs IMR to address this issue.

- 6.6.2 The delay in registration did not have any negative impact with regards to Diljeet's health or the services that were provided to her but it did lead to an incident which could have resulted in a potentially dangerous leak of information. Because Diljeet was not fully registered, the phone numbers on her records were not updated and her father's mobile and landline phone numbers remained on the record. Bradford GP surgery 1 needed to contact Diljeet's mother about an appointment change for Diljeet's third immunisations and using the numbers on Diljeet's record spoke to her father accidentally. Fortunately no information was shared with him as to the origin of the phone call and the surgery number is withheld so he would not have been able to establish this by dialling 1471.
- 6.6.3 There was a rapid response to correct the issue, with the numbers being removed and replaced with current numbers by the Practice but the issue was not explored as a significant event that could have put the family in Bradford at risk. Furthermore, Diljeet's mother was not made aware of this incident at the time. It would have been good practice for the surgery to have had a discussion with her and reassured her that her husband had not been told who was phoning and the phone number of the surgery had not been disclosed. She could also have been told of the steps that had been taken to prevent such an event occurring in the future.

Key Practice Episode 7

Support provided to Diljeet and her mother whilst they lived in Bradford.

- 6.7.1 Diljeet's mother was an alleged victim of domestic abuse who left her marital home and ended up in an unfamiliar city with her baby daughter. She had no friends or family in the vicinity, no job and little money and therefore she would have been isolated. This is a review of the services provided to Diljeet and her family and therefore it is important to consider what was done to support Diljeet's mother whilst they lived in Bradford and whether anything could have been done differently.
- 6.7.2 The keyworker from the Bradford refuge had frequent contact with Diljeet and her mother during the first 16 months that they were in Bradford, whilst they lived in accommodation provided by the refuge. During that time she helped Diljeet's mother with practical issues such as accessing a range of services including health services, community services and welfare benefits, she helped her to secure the right to remain in the UK and she provided emotional support. During this 16 month period the Bradford refuge was undoubtedly the key source of support for Diljeet's mother.

- 6.7.3 When Diljeet's mother moved into her own tenancy the keyworker from the Bradford refuge carried out an exit check and visited Diljeet and her mother in the new property with a view to ending her involvement. This was in line with usual expected practice for the refuge staff. By coincidence, this move and the refuge's planned end to their involvement occurred around the same time that Diljeet's mother was due to attend court in connection with her husband's application for contact with Diljeet. This was clearly a stressful situation and it was good practice on the part of the keyworker to meet with Diljeet's mother again after the court hearing and to offer to continue with her involvement beyond that meeting.
- 6.7.4 Although there were never any concerns about the care provided to Diljeet by her mother, the Bradford Health Visiting Service provided substantially more support than would have been provided under the universal offer. This was in recognition of Diljeet's mother vulnerability for the reasons described in paragraph 6.7.1. Records suggest that Diljeet's mother engaged well with the health visitors by making herself and her daughter available for their visits.
- 6.7.5 Although Diljeet's mother engaged with Health Visiting Services and the keyworker from the Bradford refuge she appears not to have proactively sought their support and did not take up the keyworker's offer of additional support after the court hearing had ordered that Diljeet should have contact with her father.
- 6.7.6 Bradford Health Visitor 1 and the keyworker from the Bradford refuge both offered Diljeet's mother counselling, in the keyworker's case on several occasions. Diljeet's mother consistently said that she did not feel that she needed counselling.
- 6.7.7 Diljeet and her mother were referred to Children's Centre 1 by Health Visitor 1 and to Children's Centre 2 by the keyworker from the Bradford refuge. They never attended Children's Centre 1 despite the Children's Centre manager visiting her and phoning on more than one occasion to offer support and encouragement. They attended Children's Centre 2 on two occasions, 3½ months apart, and did not attend at all after March 2013. Diljeet's mother never told anyone that she did not want to attend the Children's Centres although she incorrectly told the manager from Children's Centre 1 that she had moved away from Bradford. The keyworker from the refuge was under the belief that Diljeet and her mother were attending Children's Centre 2 more frequently than they did. It was up to Diljeet's mother to decide whether or not she wanted to attend the children's centres and there was no reason for anyone to put her under any pressure to do so if she did not want to. However if she had been open with the keyworker about not wanting to attend it might have been possible to explore other services that might have suited her better.

- 6.7.8 Diljeet and her mother had very little contact with either GP surgery with which they were registered in Bradford. They had little need of medical intervention from a GP and did attend when necessary. Some GP surgeries carry out new patient medicals but this practice is inconsistent throughout Bradford. In this case, a health care assistant from GP surgery 1 carried out a new patient medical of Diljeet's mother but not of Diljeet, although some questions relating to Diljeet's health were asked during this medical. GP surgery 2 did not carry out a new patient medical for either Diljeet or her mother. The SCR Panel support a recommendation made in the Bradford Clinical Commissioning Group IMR aimed at achieving greater consistency in surgeries undertaking new patient medicals in respect of both adults and children.
- 6.7.9 The health visitors and refuge keyworker gained an impression that Diljeet's mother did not have much interaction with her neighbours throughout her time in Bradford although the keyworker encouraged her to go to the Gurdwara⁹ and believes that she did attend on a few occasions. Bradford is a city with a large population of people of South Asian origin but the majority of these are Muslims from Pakistan and, to a lesser extent Bangladesh. There is a relatively small population of people of Indian origin and an even smaller population of Sikhs. Information provided by the Office for National Statistics shows that in the 2011 census 0.8% of the population of England stated that they were Sikh and 2.6% of the population considered themselves to be Asian/Asian British: Indian. Comparative figures for Bradford were 1.0% and 2.6%. Therefore it can be seen that the proportion of Bradford's population who are Sikh is slightly higher than the national average whilst the proportion who are of Indian ethnicity is the same as the national average. The proportion of Bradford's population who are white is significantly lower than the national average at 68.4% against 86.3%. This difference is primarily made up of a significant higher proportion of Asian/Asian British: Pakistani and Bangladeshi with a total of 22.3% against a national average of 2.9%. With regards to religion 45.9% of Bradford residents described themselves as Christians against 59.4% nationally. 24.7% described themselves as Muslim against 5% nationally and 20.7% said they had no religion against 24.7% nationally.
- 6.7.10 The census also showed that there had been a decrease in the number of segregated neighbourhoods since the 2001 census with different ethnic groups living in increasingly mixed neighbourhoods. (Telegraph & Argus article, retrieved 23 September 2015). Notwithstanding this, some parts of the district have a predominantly white British population whilst others have a population that is predominantly of South Asian origin. The area that

Diljeet and her mother moved to when they took up a tenancy with Yorkshire Housing has been described to the Lead Reviewer as a multi-cultural area and it is stated within the Bradford District Care NHS Foundation Trust that 2.73% of the population within the area identified themselves as Sikh in the 2011 census. The keyworker told the Lead Reviewer that she asked Yorkshire Housing if the property offered to Diljeet's mother was in a suitable area for a woman of South Asian origin and was told that it was. She did not ask if it was suitable form a Sikh woman as Diljeet's mother had not specified that she wanted this.

6.7.11 In view of the relatively small proportion of Sikhs of Indian origin living in the same area of Bradford as Diljeet's mother it is easy to speculate that she may have felt that she did not fit in with neighbours but there is very little evidence of her expressing concerns about her neighbours or about not fitting in. Information in Section 4 of this report suggests that Diljeet's mother was religiously tolerant and open minded and after she moved in October 2013 she told the keyworker from the refuge and the income officer from Yorkshire Housing that she was very happy with her new home and the area it was in.

6.7.12 Diljeet's mother's history indicates that she is an articulate, intelligent, educated woman who comes from a middle class Indian family. As such her apparent lack of enthusiasm for attending the Children's Centres and interacting with her neighbours may have been more to do with social status or general areas of interest than with her religion or ethnicity.

6.7.13 Throughout the period covered by this SCR, Diljeet's mother presented as an articulate, competent woman who knew her own mind. She went through a very difficult time after coming to the UK and will have been isolated when she moved to Bradford. Nevertheless it seems that having achieved safety and some stability in Bradford she was concentrating on caring for her daughter with a longer term plan that involved learning to drive, taking exams which would allow her to work as an accountant in the UK and possibly moving to Leeds.

6.7.14 It is the view of the Lead Reviewer and SCR Panel that, whilst in Bradford, she was well supported and given opportunities to access additional support if this was what she wanted.

Key Practice Episode 8

Response to Diljeet's father's application for contact

6.8.1 Cafcass's principal functions are set out in Section 12 (1) of the Criminal Justice and Court Services Act 2000 as being to:

- a. Safeguard and promote the welfare of children;

- b. Give advice to any court about any application made to it in such proceedings;
- c. Make provision for the children to be represented in such proceedings;
- d. Provide information, advice and other support for the children and their families.

6.8.2 In all proceedings concerning the upbringing of a child, Cafcass and the court have to have regard to the fact that the child's welfare, and not the interests of one or both parents, should be the paramount consideration (Children Act 1989, Section 1[1]).

6.8.3 In private law proceedings such as this one, Cafcass are responsible for gathering information and providing this to the court via a Schedule 2 letter. At the Work to First Hearing (WTFH) stage of the process, a Family Court Advisor from Cafcass will talk to the parties to the application (in this case Diljeet's mother and father). They will also request police checks on the parties to check for criminal records and statutory checks with resident local authorities (in this case Hertfordshire and Bradford). Paragraphs numbers 5.3.64 – 5.3.75 of this report detail the actions taken by Cafcass in this case.

6.8.4 There was a time period of more than five weeks between Cafcass requesting a safeguarding check from Bradford Council on 8 October 2013 and them receiving the completed check on 19 November 2013. The reason for the delay has not been established. The response from Bradford Council had not been received by Cafcass at the time of the court hearing and therefore Family Court Advisor 2 was unable to make the court aware of the content of the response. Family Court Advisor 2 should have made the court aware once the response was received but did not do so. The response indicated that Diljeet and her mother were known to Bradford Council but it was not fully completed and no detail was given as to the capacity in which they were known. There is an expectation that where a family is known to a local authority, the family court advisor will contact the local authority to explore the nature of that involvement. This did not happen in this case. The police check in respect of Diljeet's mother could not be requested until after Cafcass found out her address and consequently this was not done until after the court hearing. Cafcass correctly informed the court of the outcome of this police check when it received.

6.8.5 The Schedule 2 letter has to be submitted to court before the day of the hearing and consequently it was submitted after Family Court Advisor 2 had spoken to Diljeet's father but before he had spoken to her mother. The letter contained advice to the court regarding Cafcass completing the safeguarding checks on Diljeet's mother once her date of birth and address were known but there was no reference to the local authority check from Bradford having been requested but not returned.

6.8.6 Having spoken to Diljeet's mother on the day of the hearing Family Court Advisor 2 recorded that there were no concerns regarding drugs or alcohol, which was an issue her husband had raised. It appears that this statement was made based on self reporting by Diljeet's mother as Family Court Advisor 2 did not seek information from any other source. Family Court Advisor 2 also recorded that Diljeet's mother was a victim of alleged previous domestic violence from Diljeet's father but was in agreement to supervised contact. There was no reference to Diljeet's mother's mental health which was another concern her husband had raised. The record is insufficiently detailed to establish why Family Court Advisor 2 recommended that contact should take place without the need for any further assessment and it is unclear whether he considered the extent to which Diljeet's mother may have felt intimidated into agreeing to contact. He no longer works for Cafcass and has not been involved in this SCR and therefore it has not been possible to explore the reasons for the decisions he made. If there had been any ongoing concern about Diljeet's mother's mental health or drug or alcohol use Family Court Advisor 2 could have asked the court to obtain information from Diljeet's mother's GP. If he had found that there was a dispute about the extent of domestic violence he could have asked for level 2 police checks. These are more detailed than level 1 police checks and include non-conviction data such as call outs to domestic incidents as well as a summary of convictions, reprimands/warnings and cautions. The court could also have ordered Cafcass to undertake an assessment and write a Section 7 Report¹⁰ to assist in its decision making regarding contact. Due to the lack of detailed records or any involvement from Family Court Advisor 2 in this SCR the SCR Panel is unable to establish whether or not these actions were required to ensure that contact was safe for Diljeet. However there is no indication, at the time of the court hearing, that either parent was believed to pose a direct risk to Diljeet's safety or well being; although it was identified that she was vulnerable to the effects of possible domestic violence.

6.8.7 Cafcass report that it is not uncommon for safeguarding interviews to take place at court on the day of a hearing as was the case with Diljeet's mother. The SCR Panel expressed concern about this and considered that having a telephone interview before the day of a court hearing is likely to be less stressful for a parent than being interviewed in the court building on the day of the hearing and will provide some level of preparation for a parent. It also gives more opportunity for the family court advisor to consider the information provided and enables the family court advisor to include information from both parents when writing the Schedule 2 letter for court.

Cafcass had not been provided with contact details for Diljeet's mother and there is no expectation that family court advisors seek and obtain missing information from the courts. The Child Arrangement Programme (PD12B, para 9.1) places the onus on the applicant to complete the form fully, and permits the court to seek further information before issuing the application. Cafcass's standard operating procedures advise on seeking missing information from parties but local practice will vary dependent upon local circumstances, the specific nature of a case and the professional judgement exercised by the family court advisor and the local manager. The local Cafcass office is working with Her Majesties Court Tribunal Services to reduce the incidence of missing information on new private law applications.

- 6.8.8 Although the court ordered that contact should take place at a contact centre, Diljeet's father told the Lead Reviewer that the contact in January 2014 took place at a play centre and the next contact was also planned to take place at a play centre. A play centre is a centre to which any member of the public can take a child, paying the entrance fee and using the facilities. There would be no-one to provide any support or guidance with the contact. By contrast, there would be significantly more structure to contact at a contact centre. Prior to the first contact taking place contact centre staff would receive a copy of the court order and would meet with both parents separately to gather information and plan the contact. This may include making arrangements for the handover of a child from one parent to the other. Staff from the contact centre would be present in the room to offer support and guidance so there would be a degree of supervision. It is perfectly feasible that parents who are not in a relationship with one another may choose to use a play centre as a venue for a child to have contact with an absent parent. However in this case the court had specifically ordered that the contact should initially take place at a contact centre.
- 6.8.9 This review has been unable to verify the statement made by Diljeet's father that his wife agreed to this change of venue. One of the psychiatric reports seems to provide some verification for this as it is recorded that Diljeet's mother told the psychiatrist that following her husband's application for contact she had agreed to her husband meeting their daughter at a play centre. It is however unclear whether Diljeet's mother would have known the distinction between a contact centre and a play centre.
- 6.8.10 When Family Court Advisor 2 met with Diljeet's mother he should have provided her with sufficient information for her to seek additional support and advice if she needed it. There is insufficient detail in the recording to confirm whether or not this happened. Therefore it is not known whether Diljeet's mother would have known who to contact if she had concerns about a proposed change of arrangements for contact.

6.8.11 This review has also been unable to verify the statement made by Diljeet's father that Cafcass consented to the change of contact venue. Cafcass have a record of Diljeet's father phoning on 22 November 2013, four days after the court hearing, to speak to Family Court Advisor 2 and of Family Court Advisor 2 phoning back and leaving a message for Diljeet's father to phone again but there is no record of them actually speaking to each other. The order that contact should take place at a contact centre was made by the court and therefore Cafcass would not have the authority to authorise such a change of arrangement. The last meeting between Diljeet's mother and the keyworker from the refuge took place four days after the court hearing which had made a contact order. This was the same day that Diljeet's father phoned Cafcass to try to speak to Family Court Advisor 2. There is no indication that Diljeet's mother said anything to the keyworker about a possible change of venue for contact. Diljeet's mother could have sought more support from the keyworker from Bradford refuge after this date but did not do so.

6.8.12 Although the welfare of the child had to be the court's paramount consideration in deciding about contact, it is worth noting that after Diljeet's father applied for contact through the court, her mother told the keyworker from the refuge and Health Visitor 3 that she was in favour of Diljeet having contact with her father. When she met Family Court Advisor 2 from Cafcass she said she was in agreement with him having supervised contact.

Key Practice Episode 9

Diljeet's mother's weight loss

6.9.1 It is recorded in the Health Visiting records that when Health Visitor 3 visited Diljeet and her mother on 21 August 2013 Diljeet's mother said that she had lost 10 to 12 kg of weight over the past few months. This matter was considered by the SCR Panel and at the Bradford Learning Event to try to establish whether it was an issue of concern that should have been explored further by the health visitor. Health Visitor 3 did not think that Diljeet's mother was concerned about this weight loss. Health Visitor 3 could see that Diljeet's mother had lost some weight since she had last seen her five months previously but did not think it was as much as 10 to 12 kg and she wondered if Diljeet's mother meant 10 to 12 pounds. Health Visitor 3 thought that some of the weight loss could have been the result of Diljeet's mother having breastfed her daughter and that the traumatic experiences she had gone through might also have contributed. Diljeet herself had not lost weight; she appeared healthy and well cared for. Diljeet's mother was noted to be very responsive to any advice given by the health visitor and her main concern was her daughter's health.

6.9.2 The keyworker from the Bradford refuge was seeing Diljeet's mother every two weeks or so over this period and is also of the view that her weight loss was

less than 10 to 12 kilograms. She never thought there was weight loss that should cause concern or that Diljeet's mother was worried about weight loss.

- 6.9.3 Diljeet's father told the Lead Reviewer that when he saw his wife and daughter at court on 18 November 2013, Diljeet seemed fine but he thought his wife had lost some weight. Two months later when he next saw them, his wife appeared to have lost a great deal of weight and he was worried that she may be drinking or taking drugs. He asked her about the weight loss and she said it was due to her being a single parent and very busy. He did not feel that there was anyone he could contact about his concern.
- 6.9.4 The SCR Panel and Lead Reviewer consider it likely that Diljeet's mother's weight loss by November 2013 was significantly less than she told Health Visitor 3 and was not of a level that should have caused concern or required further exploration. It was reasonable for Health Visitor 3 to regard this as appropriate weight loss that was understandable in the circumstances of a woman who had had a baby 16 months before who she had breast fed.
- 6.9.5 The information provided to the Lead Reviewer by Diljeet's father suggests that Diljeet's mother continued to lose weight after this time. Diljeet's mother did not contact her GP about this weight loss and as there was no ongoing contact with any of the agencies involved in this review there was no-one who could have identified or acted upon it.

Key Practice Episode 10

Indications that Diljeet's mother may be experiencing mental illness

- 6.10.1 When Diljeet's mother first alleged that she was a victim of domestic abuse her husband told police officers that she had suffered depression since Diljeet's birth. She did not receive a full mental health assessment but GP10 at HUCC did not find any signs of mental illness. Subsequently, during the period covered by this review there were no occasions when any of the practitioners working with Diljeet and her mother had significant concerns about Diljeet's mother's mental health. There were occasions when she reported feeling 'down' or stressed but these feelings were due to her circumstances as a single mother, with little money who was quite isolated in a city where she knew few people. There was never any suspicion that she was suffering from or developing a serious mental illness.
- 6.10.2 This SCR has considered whether there were any indicators that practitioners might have noticed whilst they were working with Diljeet and her mother.
- 6.10.3 Both of the forensic psychiatrists who assessed Diljeet's mother after Diljeet's death referred to her weight loss as a possible indicator of a mental disorder although one went on to state that this is a very non-specific indicator and

without any other supporting information one cannot draw such a conclusion. The analysis of Key Practice Episode 9 has concluded that it was reasonable for the weight loss to have been regarded as appropriate when Health Visitor 3 saw Diljeet's mother for the last time in August 2013.

- 6.10.4 Diljeet's mother received a repeat prescription for thyroxine throughout the time she was registered with Bradford GP surgery 2. These prescriptions were subject to a six monthly review which was done by the GP as a paper exercise and an annual blood test, in accordance with expected practice. At the time of the incident the blood test was overdue and with hindsight one might question whether Diljeet's mother was beginning to neglect her own care by not attending for this blood test. However, it is not uncommon for patients not to attend for appointments that they are sent and there was no reason for the GP surgery to have particular concerns about this at the time. Furthermore Diljeet's mother continued to collect prescriptions for her medication every month up to 11 February 2014, just one week before she killed her daughter. This suggests that she was still taking some care of herself although it is not known whether or not she was actually taking the medication correctly.
- 6.10.5 The Designated Doctor for Child Protection from Bradford Royal Infirmary advised this SCR that on rare occasions, very high or low thyroxin levels can precipitate psychotic symptoms. Consequently, consideration has been given to the possibility of a potential causal relationship between the level of thyroxine in Diljeet's mother at the time of the incident that led to Diljeet's death and the subsequent diagnosis of psychosis. The first set of Thyroid function tests available after the incident which led to Diljeet's death were taken on 4 March 2014 and show that, at that time, Diljeet's mother's thyroxine level was low. However, it is not possible to know why it was low or to extrapolate from the available data what the level would have been two weeks earlier when Diljeet was killed. Therefore, although there is a possibility of a causal relationship between the level of thyroxine in Diljeet's mother at the time of the incident that led to Diljeet's death and the subsequent diagnosis of psychosis there is insufficient evidence available to draw a conclusion.
- 6.10.6 One of the forensic psychiatrists who assessed Diljeet's mother reported to the court that Diljeet's mother said she had stopped taking care of her home. The psychiatrist also reported to the court that photos taken show that the house was in an untidy state. The last person known to have visited the property is the income officer from Yorkshire Housing who visited on 20 January 2014. The income officer, who only saw the downstairs of the property, was not concerned about its condition although it was a little untidy and Diljeet's mother apologised for this. Furthermore the income officer had no concerns about how Diljeet and her mother were relating to one another although it must be acknowledged that the income officer is not

a child care professional and had not met Diljeet or her mother before and so could not compare her presentation with how she had been previously.

6.10.7 Considering all the above there is no indication that anyone from any of the agencies involved in this review should have had any reason to suspect that Diljeet's mother was suffering from or developing a serious mental illness.

6.10.8 Notwithstanding the above, it should be noted that research suggests that the prevalence of mental ill health amongst victims of domestic violence and other abuse is significantly higher than amongst the rest of the population (Women's Aid). Furthermore, domestic violence commonly results in self-harm and attempted suicide. According to Stark and Flitcraft (1996) one-third of women attending emergency departments for self-harm were domestic violence survivors, abused women are five times more likely to attempt suicide and one third of all female suicide attempts can be attributed to current or past experience of domestic violence (in Women's Aid). According to Chantler K et al (2001) the figures for black and ethnic minority women are even higher: for example, 50% of women of Asian origin who have attempted suicide or self-harm are domestic violence survivors (in Women's Aid).

6.10.9 This research does not provide evidence that there were signs that Diljeet's mother was developing a serious mental illness or that domestic violence was the cause of the mental illness she was experiencing when she killed her daughter. However, it does suggest that practitioners working with the victims of domestic violence need to be vigilant for signs of mental ill health in the people with whom they are working.

Key Practice Episode 11

Consideration given to culture, religion and ethnic origin

6.11.1 The information presented to this review suggests that most agencies had a record of the ethnic origin and religion of Diljeet and her parents. There was, however, little consideration of how this might affect their lives or the impact that this should have on the delivery of services.

6.11.2 Some agencies note that Diljeet's mother spoke good English and that communication with her was not a problem. This is valuable information, as it is important to ensure that agencies are communicating with service users in a language they can understand. However, just because a service user speaks good English this does not mean they do not have specific needs relating to their religion or ethnicity. The author of the Hertfordshire GPs IMR questions whether practitioners looking after the family saw a couple, probably of the professional middle-class, who spoke good English and had a perception that although they were South Asian, their way of life and

values would be no different from those of white British professional couples living in the town.

- 6.11.3 Hertfordshire Children's Services state that the assessment records the cultural and ethnic identity of the family and that if they had stayed in Hertfordshire there would have been further assessment including cultural characteristics and the impact of these within the family. However, the IMRs from Hertfordshire Community NHS Trust and Bradford District Community NHS Foundation Trust, the two agencies who provided Health Visiting Services to Diljeet and her mother, both identify a need for practitioners to give more consideration to religious and culture issues when working with families.
- 6.11.4 It is clear from the Hertfordshire Constabulary IMR that the officers who visited the family home on 20 June 2012 following the phone call made by Diljeet's mother considered the possibility of Honour Based Violence and that this was further explored by the domestic violence emergency response officer who worked with Diljeet's mother at the police station. The IMR does not explain what led the police officer to consider Honour Based Violence as a possibility and it has not been possible to interview the officer to establish this.
- 6.11.5 The Bradford refuge works specifically with black and minority ethnic victims of domestic violence and discussions with the keyworker indicate that a culturally sensitive service was provided although this is not clearly demonstrated within the IMR. Similarly other IMRs do not demonstrate that practitioners provided a service that was sensitive to the family's cultural, ethnic and religious background.
- 6.11.6 Overall, it appears that the practitioners who worked with Diljeet and her family did not give sufficient consideration to culture, ethnic and religious factors when carrying out assessments. More could have been done by practitioners involved with the family to understand what their life was like. This is an area where agencies would benefit from developing clearer policies and providing more training for staff.

7. Conclusions and Lessons Learned

7.1 Overarching Conclusions

- 7.1.1 Diljeet's mother visited the GP prior to becoming pregnant which indicated a high level of engagement and foresight. Subsequently she engaged well with antenatal care, missing only one appointment and pro-actively rearranging this. She also attended antenatal classes with the community midwife. Therefore from the outset she presented as a woman who had the best interests of her unborn child at heart.

- 7.1.2 After Diljeet was born no-one ever had any concern about the bond between her and her mother or the care that her mother provided. Even with the benefit of hindsight and the information provided by this review, there is no indication that Diljeet's mother was not caring for her daughter appropriately up to and including the point at which the income officer from Yorkshire Housing visited her four weeks before she killed Diljeet. None of the organisations involved in this review had any contact with Diljeet's mother after that date so this review has been unable to consider how she presented in the final four weeks of her daughter's life.
- 7.1.3 In view of the conclusions of the psychiatrists who assessed Diljeet's mother as part of the criminal proceedings along with the information provided to this review, it is the view of the Lead Reviewer and SCR Panel that Diljeet's tragic death occurred because her mother developed a serious mental illness in the weeks immediately preceding the death. This review has found no information to suggest that anyone from the agencies working with Diljeet and her mother had any reason to suspect that she was becoming mentally ill and therefore this review concludes that the tragic events of 18 February 2014 were totally unpredictable. Furthermore, whilst acknowledging the research which shows the prevalence of mental ill health amongst victims of domestic violence and abuse, no evidence has been provided to this review as to why Diljeet's mother became mentally ill and there is no evidence that the actions or inactions of any agency or individual practitioner contributed to Diljeet's mother's illness or Diljeet's tragic death.

7.2 Lessons Learned

- 7.2.1 Notwithstanding the above, this review has considered in detail the services that were provided to Diljeet and her family in order to consider what was done well and where improvements can be made. The key lessons are summarised below. For each of these lessons, agencies and/or the SCR Panel and Lead Reviewer have considered actions that can be taken with a view to making improvements. Some actions have already been taken and these are described in section 8.2 of this report. Others are subject to recommendations which are set out in section 8.3.
- 7.2.2 Diljeet's mother was not asked about domestic violence as often as she should have been during the ante natal period. She was receiving Consultant care because of her hypothyroidism so was seen by professionals other than midwives. Generally, it is the midwives who ask the domestic violence questions. West Hertfordshire Hospitals NHS Trust need to ensure that all doctors and midwives providing ante natal care ask the domestic violence questions at the appropriate time and document that they have done so, and the response given, as per Trust policy (paragraph 6.1.3 & recommendation 19).

- 7.2.3 Health Services in Hertfordshire need to raise the profile of domestic violence amongst staff and patients so that patients are more likely to disclose and staff are more likely to identify signs and signals that abuse may be taking place. The use of posters in clinical areas is a method that has been introduced by Hertfordshire Community NHS Trust (paragraph 6.1.6 & recommendation 16).
- 7.2.4 There was one occasion when Diljeet's mother expressed concern to a GP about her home situation. Whilst this did not constitute an allegation of domestic violence, it would have been appropriate for the GP to have shared this information with the midwife who could have followed it up (paragraph 6.1.7 & recommendation 14).
- 7.2.5 West Hertfordshire Hospitals NHS Trust should ensure that records are made of who attends appointments with a patient and that staff understand the importance of such records. (paragraphs 6.2.3 & 8.2.29)
- 7.2.6 Midwifery and health visiting services need to consider how they can ensure that practitioners have an opportunity to talk to mothers alone during the pregnancy and following the birth so that there are opportunities to talk about domestic violence. (paragraph 6.2.4 & 8.2.29)
- 7.2.7 Hertfordshire Constabulary acted appropriately by helping Diljeet and her mother to leave the family home on 20 Jun 2012 but HUCC was not the most appropriate place to take them in order for them to receive suitable health care and assessment. A protocol is required within Hertfordshire to provide guidance to police officers in deciding where to take members of the public who may need medical assessment or treatment. This protocol should also provide guidance to staff at Urgent Care Centres as to the action they should take if they are asked to provide services which are outside their remit or expertise (paragraph 6.3.3 & recommendation 20).
- 7.2.8 The record made by GP10 from HUCC is insufficiently detailed (paragraph 6.3.5 & recommendation 15).
- 7.2.9 The Hertfordshire refuge should clarify with Hertfordshire Constabulary the circumstances by which they will accept a person who does not have recourse to public funds. (paragraph 6.3.8)
- 7.2.10 Hertfordshire Constabulary should have arranged for a forensic examination of Diljeet's mother following her allegations of domestic violence to provide a fuller assessment of her injuries (paragraph 6.3.9). They should also have recorded a crime in relation to the allegations made by Diljeet's mother against her in laws and these allegations should have been investigated (paragraph 6.3.9). Thirdly Hertfordshire Constabulary should have referred

Diljeet's mother's case to the local MARAC (paragraph 6.3.10) (paragraphs 8.2.5 – 8.2.26).

- 7.2.11 Hertfordshire Children's Services and Hertfordshire Constabulary had a strategy discussion on 21 June 2012. Hertfordshire Children's Services have a record of requesting this discussion but not of it taking place. They believe that this was an isolated omission (paragraphs 6.3.12 & 8.2.27).
- 7.2.12 Although there was some good communication when Diljeet and her mother moved from Hertfordshire to Bradford not all agencies communicated appropriately. Hertfordshire Children's Social Care did not tell Bradford Children's Social Care about the move (paragraphs 6.4.1 & 8.2.4) and the Bradford Health Visitor did not act upon the information from Hertfordshire that Diljeet and her mother had moved to Bradford (paragraph 6.4.3). Had Hertfordshire Constabulary informed the local MARAC about Diljeet's mother, this information would have been communicated to the Bradford MARAC when they moved to Bradford (paragraph 6.4.4).
- 7.2.13 After Diljeet and her mother moved to Bradford a good level of support was provided by the Health Visiting Service and the Bradford refuge. However, they worked in isolation of one another and it would have been beneficial for there to have been some communication between the services (paragraph 6.5.2 & recommendation 2) (BDCT 2). In addition Children's Centre staff should have made the referrers aware that Diljeet and her mother were not attending the centres (paragraph 6.5.4 & 8.2.1 & recommendation 3).
- 7.2.14 This review has highlighted a number of issues for Bradford Clinical Commissioning Group in relation to information sharing and the complications that arise from the use of SystmOne (paragraphs 6.5.5 & 6.5.6 & recommendations 4 – 6 & 9 - 10).
- 7.2.15 There was a delay registering Diljeet with GP Surgery 1 due to her mother not having any identification for her. In other circumstances this delay could have had a negative impact on Diljeet. Systems need to be changed so that a lack of identification does not unnecessarily delay registration in cases such as this (paragraph 6.6.2 & recommendation 7).
- 7.2.16 Cafcass record keeping was insufficiently detailed and this has made it difficult to fully analyse the decision making in this case (paragraphs 6.8.6 & 6.8.10). It is clear that Bradford Children's Services did not return the statutory check requested by Cafcass in a timely manner and did not complete the form to an adequate standard (paragraph 6.8.4 & recommendation 12). Furthermore when this was returned to Cafcass, Family Court Advisor 2 did not follow up the omissions or inform the court of the information provided (paragraph 6.8.4 & recommendation 12).

- 7.2.17 It is unfortunate that Cafcass were unable to engage with Diljeet's mother before the day of the court hearing regarding contact although there is no evidence that this had any impact on the outcome of the hearing. Cafcass is working locally to reduce the incidence of missing information so that wherever possible parents can be contacted in advance of the day of the hearing (paragraph 6.8.7).
- 7.2.18 There is no evidence to support Diljeet's father's statement that Family Court Advisor 2 agreed to contact taking place at a play centre although it is possible that a discussion did take place but has not been recorded. However, the court had ordered that contact take place at a contact centre and this arrangement should not have been changed without the agreement of the court (paragraphs 6.8.8 – 6.8.11).
- 7.2.19 Generally, the agencies working did not give sufficient consideration to culture, ethnicity and religion when carrying out assessments. More could have been done by practitioners involved with the family to understand what their life was like (paragraph 6.11.6 & recommendations 1 & 17).

8. Actions and Recommendations Arising from this Serious Case Review

8.1 Introduction

- 8.1.1 Since the death of Diljeet, and whilst this review has been in process, agencies involved in the review have learnt lessons and taken action in order to improve services. Sub-section 8.2 of this report describes the actions that have been taken. Notwithstanding these changes, this SCR has identified several further areas where improvements can be made and 20 recommendations are made to bring about these improvements. These recommendations can be found in sub-section 8.3.

8.2 Action Taken Since the Death of Diljeet

Bradford Early Years Service

- 8.2.1 The family support case file closure process with the Children's Centres has been amended. Since April 2015 the closure form now requires the family support worker to confirm that both the original referrer and any agencies involved at the time of closure have been informed of the closure decision. The form is signed by both the worker and their manager.
- 8.2.2 Further background details are now sought from parents when they register their children at a children's centre if the family's details do not appear on eStart and the child is at least three months of age.

Bradford Children's Social Care

- 8.2.3 Requests for information from agencies such as Cafcass are no longer dealt with by Contact Point. Instead they are sent to a Customer Advisor for a response.

Hertfordshire Children's Services

- 8.2.4 An addition has been made to the on line directory of Practice Guidance held on Hertfordshire County Council's intranet which states that:
- “Where a child with an open referral moves to live on a temporary or permanent basis in another local authority, that authority must be notified and provided with the relevant information including any assessment (e.g. Early Help, C&F, Family First, etc...), whether partially or fully completed and including any information about domestic abuse. The notification should indicate whether parental consent has been obtained to share the information in question. Such consent is not required if the referral or any assessment includes child protection concerns.”*

Hertfordshire Constabulary

- 8.2.5 Six recommendations were made within Hertfordshire Constabulary in 2014 following notification of Diljeet's death. Action has subsequently been taken to implement these recommendations as specified below.

Recommendation 1

- 8.2.6 All high risk domestic abuse cases to be referred to MARAC whatever the circumstances. (This was following the implementation of the new Local Policing Command Harm Reduction Unit in November 2012)

Action taken

- 8.2.7 The following MARAC referral criteria are now used within Hertfordshire;
- All High risk cases
 - Repeat MARAC cases
 - Professional judgement
 - 4 domestic abuse incidents or crimes within a rolling 12 months
- 8.2.8 A CAADA (Safe Lives) review of all domestic abuse processes within Hertfordshire has also taken place and a completely new governance structure is currently being implemented. This new structure involves the creation of a domestic abuse investigation unit within a newly created Crime and Safeguarding Command that includes both child and adult safeguarding specialist teams.
- 8.2.9 There is also a MARAC to MARAC transfer of all cases moving between police force areas. This transfer is conducted by the MARAC Co-ordinator.

8.2.10 All Harm Reduction Unit documents are transferred between police forces when transfers occur and this is reviewed by a Harm Reduction Unit supervisor before cases can be closed on the SafetyNet case management system.

Recommendation 2

8.2.11 All High Risk Cases to be discussed at daily Harm Reduction Unit briefing to ensure correct ownership and resource allocation.

Action taken

8.2.12 A daily briefing sheet is produced within the Harm Reduction Unit and managed through the daily tasking and co-ordinating process within the Local Policing Command. All high risk domestic abuse cases are also discussed in a force wide daily management meeting process to ensure that the most effective support is provided from all collaborated, local and specialist units.

8.2.13 Within the Harm Reduction Unit a daily victim safeguarding review is also conducted by the detective inspector and detective sergeant to ensure that relevant steps have been taken to manage risk effectively.

8.2.14 The purpose of this review is to ensure which department and individual has overall responsibility and whether adequate resources have been allocated to address the identified risks.

Recommendation 3

8.2.15 All High Risk cases to be managed by a domestic violence officer and supervised by a Harm Reduction Unit supervisor to sign off when complete. A record should be kept of all contact, strategies and management/safety planning.

Action taken

8.2.16 The initial review of facts in relation to this case identified that there was a supervisor allocated, but adequate records were not kept with regards to risk assessment, contact and particularly movement.

8.2.17 The Harm Reduction Unit now manage all cases on the SafetyNet database system; all contacts and events are recorded on this system and cases are not signed off until reviewed by a detective sergeant. The above governance and oversight processes detail the way in which individual cases are now managed on a daily basis.

Recommendation 4

8.2.18 Domestic violence officer should hand over the case if transferred to another police force. Record to be kept to show this has been completed.

Action taken

8.2.19 In this case, it was acknowledged by Domestic Violence Officer 1, that it should have been their responsibility to inform West Yorkshire Police of the

incident and the transfer. During the report writer's interview with Domestic Violence Officer 1, the officer noted that this omission can only be put down to the high workload that they carried at the time.

8.2.20 It is now the case that record of handover is a pre-requisite step that must be detailed on Safetynet before a case is closed.

Recommendation 5

8.2.21 Liaison should be made with the refuge until an agreed exit strategy has been arranged.

Action taken

8.2.22 As part of an ongoing risk assessment this would ensure safety measures are adequately in place.

8.2.23 It is now Harm Reduction Unit policy that the risk in all high risk cases is managed by Hertfordshire Constabulary until they are transferred to another police area.

Recommendation 6

8.2.24 An enhanced risk assessment to be carried out in all cases regardless of where the victim is housed.

Action taken

8.2.25 The Harm Reduction Unit policy is now to complete an enhanced risk assessment (Form 34C) for all high risk domestic abuse cases. This assessment takes place whether the victim is located within a residential address or a refuge, but completion of this enhanced risk assessment process where the victim is housed out of county will form part of the handover process and is explicitly the responsibility of the new police service area.

8.2.26 In addition to the above learning points, National Crime Recording Standard oversight procedures have subsequently been implemented within Hertfordshire Constabulary to ensure that all relevant crimes are recorded. These processes include audit processes, addressing cases from initial call handling to recording entries on the community safety suite data system.

Hertfordshire Safeguarding Children Board

8.2.27 The Section of the Hertfordshire Safeguarding Children Board Child Protection Procedures concerning Strategy Discussion and Meetings (Section 3.3) were revised in September 2014. They include (at Section 3.3(7) – “Notes of Discussion”) a requirement to record the agreed decisions and actions arising from any strategy meeting in the child's electronic case record maintained by Children's Services.

8.2.28 The addition to Hertfordshire Children's Services Practice Guidance reported in paragraph 8.2.3, has also been incorporated in the Hertfordshire Safeguarding Children Board Child Protection Procedures.

West Hertfordshire Hospitals NHS Trust

8.2.29 West Herts NHS Trust are reviewing the hand held maternity notes. The new notes include a section for recording whether the pregnant woman is accompanied to her appointment and, if so, by whom. The revised postnatal notes include a section which requires the midwife to ask again the domestic violence questions that were asked in the antenatal period.

8.3 Recommendations

8.3.1 In addition to the actions described above, which have already been completed, the following recommendations are made within the IMRs:

Bradford District Care NHS Foundation Trust

1. Health Visitors to consider religious, cultural and ethnic needs of a family when undertaking assessment of need. To be completed by April 2016.
2. Health visitors to liaise with services known to be involved with the family, seeking consent to share information. To be completed by April 2016.

Bradford Early Childhood Services

3. Children's centre case file audit process to include a particular focus on effective interagency communication. To be completed by 1 January 2016.

Bradford GP

4. The GP Summariser Training Course should be expanded to include training about the local SystemOne safeguarding template and how safeguarding children information found during summarising should be flagged to GPs. Roll out to be completed by the end of March 2016.
5. The Enhanced Data Sharing Model over-ride policy for under 5s and older children should be reviewed and agreed with the Clinical Commissioning Group (CCG) Caldicott Guardian by the end of June 2016
6. The CCG IT Team to work with the Cross Health Safeguarding in SystemOne Group to develop an agreed pathway of patient consent that gives all mothers with a child under the age of 5 the opportunity to

share her General Practice records with her Health Visitor. To be completed by the end of January 2016.

7. CCG Safeguarding Team to work with the Local Medical Council and recommend GP Practices adopt the same guidance for registration of women & children in refuges as they are asked to for asylum seekers. To be completed by the end of February 2016.

8. CCG Quality Team to undertake a local discussion about new patient medicals, for both adults and children, including exploration of contractual obligations. Initial communication to practices by the end of November 2015.

9. CCG Safeguarding Children Team to recommend practices to enquire about any concerns around family circumstances of all new patients. Communication to be sent out by end of January 2016.

10. The safeguarding implications of the use of filters, and the various views available in SystemOne should be included in training, leads events, and communications sent to GPs, by the end of January 2016.

Bradford Refuge

11. Introduce a prompt as part of the exit procedure to ask the client if any new risks have arisen and if so, to explore further and seek management advice. All cases to be signed off by manager. To be completed by 31 December 2015.

Cafcass

12. Cafcass works in partnership with Bradford LA to focus on ensuring that the performance on returning safeguarding checks is robustly discussed and actions are agreed to sustain improving performance and aspiration. This project should be completed within 3 months but regularly reviewed.

13. Cafcass completes a review of the new closure process within 3 months to ensure that the process is robust and working as stated.

Hertfordshire GPs

14. Reminder to GPs to communicate within a multiagency setting when managing pregnant patients and the safeguarding / risk factors that may impact of the family at the time

15. Remind GPs of the need for good record keeping

Hertfordshire Community NHS Trust

16. Domestic violence information is easily available in clinics - Ensure that posters and leaflets advertising domestic violence help lines are available in all clinics and translations of main languages are available. To be completed by December 2015.

17. Cultural influences on the perception and acceptance of domestic violence in families is routinely explored by practitioners. To be completed by December 2015.

West Hertfordshire Hospitals NHS Trust

18. There should be a Postnatal policy for risk assessment on mental health and domestic violence. To be completed by March 2016.

19. All Obstetricians and midwifery staff take responsibility for ensuring that the risk assessment questions are asked and documented in the maternity notes as per West Herts policy when the woman is receiving 'shared' antenatal care. To be completed by March 2016.

8.3.2

The following additional recommendation is made within this Overview Report:

Hertfordshire Constabulary

20. The Detective Chief Inspector (Protecting Vulnerable Children/Adults) of Hertfordshire Constabulary should ensure that a protocol is developed and implemented which provides guidance to police officers when deciding where to take members of the public who are deemed to need medical assessment or treatment. This protocol should also provide guidance to staff at Urgent Care Centres as to the action they should take if they are asked to provide services which are outside their remit or expertise and with a particular emphasis on occasions where evidence or reports are connected with allegations of crime. To be completed by April 2016.

8.3.3 Actions plan have been written which specify how and when each of these recommendations will be implemented. The Serious Case Review sub group of Bradford Safeguarding Children Board will monitor the implementation of all recommendations relating to the Bradford based organisations and Cafcass. The Serious Case Review sub group of Hertfordshire Safeguarding Children Board will monitor the implementation of all recommendations relating to the Hertfordshire based organisations.

Appendix 1: References

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Appendix 2: Abbreviations

CAADA – Co-ordinated Action Against Domestic Abuse
CCG – Clinical Commissioning Group
DASH - Domestic Abuse, Stalking and Harassment and Honour Based Violence
FHDRA - First Hearing Dispute Resolution Appointment
HUCC – Hertfordshire Urgent Care Centre
IMR – Individual Management Review
LSCB – Local Safeguarding Children Board
MARAC – Multi Agency Risk Assessment Conference
SCR Serious Case Review