



Serious Case Review 'Baby T'

Learning Resource to accompany the Serious Case Review Report

Summary

On 5 October 2017, 11 month old Baby 'T' died in Great Ormond Street Hospital (GOSH), London, after sustaining a non-accidental head injury. Her mother was a Vietnamese asylum seeker and she and 'Baby T' had been placed in the London Borough of Redbridge whilst mother's asylum claim was considered by the Home Office.

On the day she died, 'Baby T' became unwell whilst in the care of another Vietnamese woman, a resident of London Borough of Barking & Dagenham, who was seeking leave to remain in the UK. This woman, who was an unregistered child minder, was convicted of the manslaughter of 'Baby T' in July 2019 and received a six year custodial sentence.

The resulting Serious Case Review, undertaken in Redbridge, focused on the experiences of mother and child through the UK asylum system, and the degree to which practitioners and agencies appreciated and sought to mitigate the potential risks to the baby as the infant child of an asylum seeker who had mental health issues, who was quite isolated, who had limited access to resources, and who experienced being moved at short notice from one part of the country to another.

The complexity of needs present in the life of 'Baby T' and her mother had wide ranging influences. The Serious Case Review explored whether all agencies involved identified their vulnerabilities, how effective the services were in addressing them, and how these needs were communicated within partner agencies.

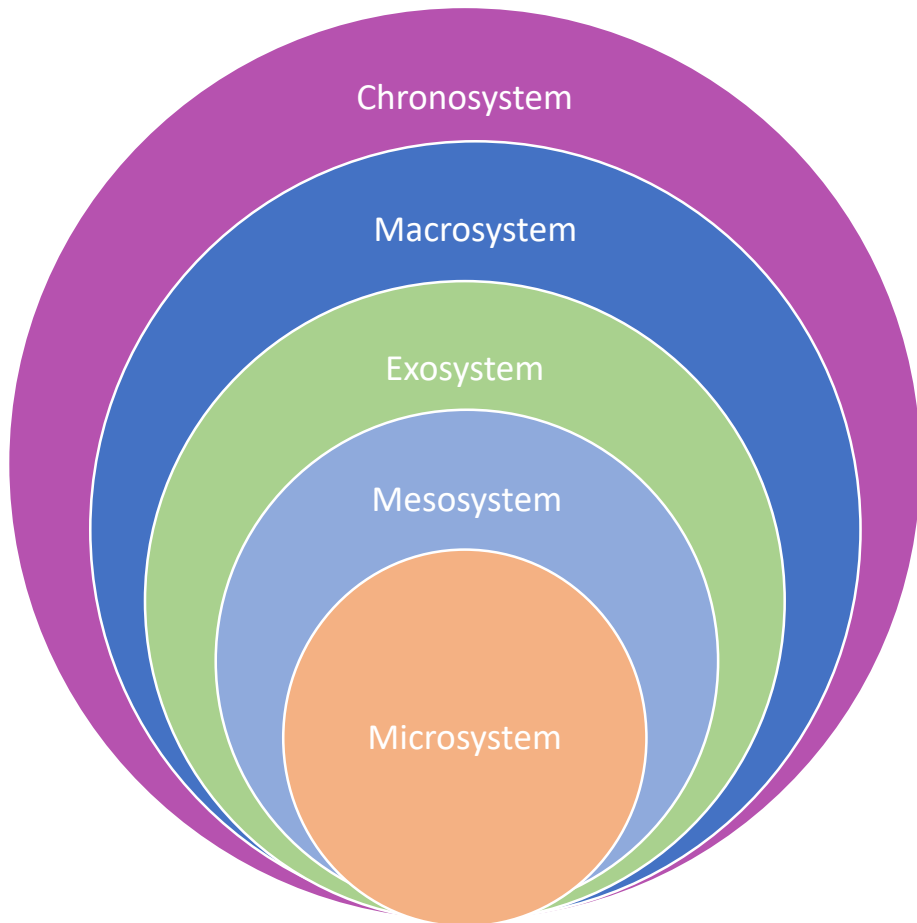
This resource will use and take a systems view of the learning from the [Serious Case Review \(SCR\) Report](#) published in January 2020.

Timeline

- 8 June 2016 – ‘Baby T’s’ mother, then pregnant, claims asylum in the UK
- 4 July 2016 - limited information from Hackney GP led to case not being triaged to specialist midwife until 19 September. Mother presented as homeless with no financial support. LBR Hackney closed case and mother referred to the National Asylum Support Service (NASS)
- 29 September 2016 - concerns that mother was socially isolated, lacking a support network
- 8 October 2016 - mother was moved to emergency accommodation in Croydon where early help support offered and assessment conducted although no previous or current mental health issues identified
- 7 November 2016 - mother gave birth to ‘Baby T’ at Croydon University Hospital
- 29 November 2016 – At new birth visit with interpreter, mother disclosed a previous history of postnatal depression with her two previous children
- 19 December 2016 - mother and ‘Baby T’ were moved to Cardiff due to a shortage of bed space in London, contradicting the Home Office Healthcare Needs and Pregnancy Dispersal Policy
- 18 January 2017, mother and ‘Baby T’ were permanently dispersed to the sixth address – this time in the London Borough of Redbridge
- 5 October 2017 – ‘Baby T’ was left with an unregistered childminder whilst mother was working. Shortly before noon the London Ambulance Service was called and ‘Baby T’ was taken to Queens Hospital Emergency Department and later transferred to Great Ormond Street Hospital, where she died, aged almost eleven months from a head injury.

Ecological Systems Theory

[Bronfenbrenner's ecological systems theory](#) (1979) views child development as a complex system of relationships affected by multiple levels of influence surrounding a child's environment. This resource uses this theory to understand the factors in each relationship in the life of 'Baby T'.



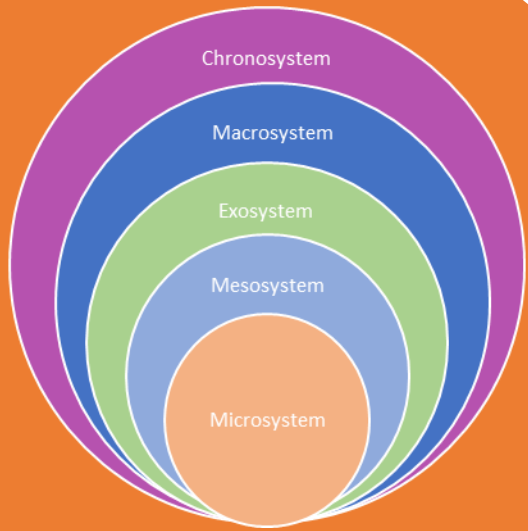
Chronosystem: The patterns of events and transitions in the child's life, such as trauma to a parent

Macrosystem: How cultural elements affect a child's development, such as ideologies, laws, socioeconomic status, poverty, and ethnicity

Exosystem: How the family is exposed to the local community, services, parent's workplaces, parent's friends, the local economy

Mesosystem: The interaction between those who surround the child, for instance, good communication with supportive and supported professionals

Microsystem: Who surrounds the child on a day to day basis such as parents, immediate family and caregivers.



Findings and recommendations

Chronosystem: The patterns of events and transitions in the child's life such as homelessness and trauma to a parent

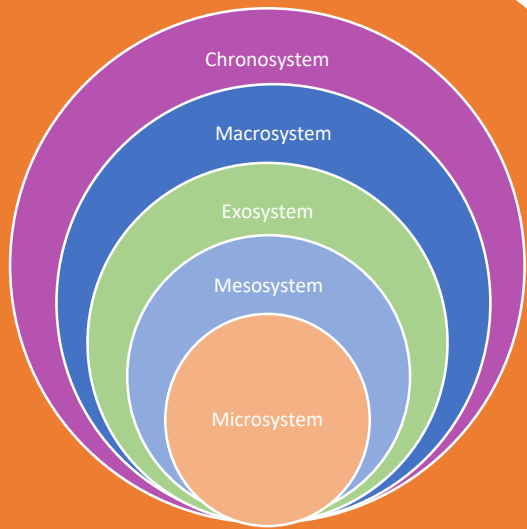
The 'lived experience' of 'Baby T' and what we can learn

'Baby T' was eleven months old when she died. Whilst it is unclear what effect her mother's **post-traumatic stress disorder and postnatal depression** had upon 'Baby T', it is likely that she was sentient in her short life to the challenges she and her mother experienced: **transient accommodation, precarious and unpredictable income** and the **barriers of language and culture**.

'Baby T's' maternity care is evidenced as good, with assessments that were targeted. The stable accommodation once 'Baby T' and her mother moved to Redbridge was shared with other mothers and babies so 'Baby T' may have enjoyed the company of other infant children. Despite her mental health concerns, 'Baby T's' mother was able to prioritise the needs of 'Baby T' over those of her own and promptly sought medical care for her child whenever she was ill.

Expert testimony acquired for this Serious Case Review (SCR) exemplified the **complexity involved in the lives of those trafficked in the UK**, such as debt bondage and vulnerability to coercion. The barriers of language, culture and training may have been factors in some lack of understanding and **professional curiosity** about the issues affecting 'Baby T' and her mother.

Existing records describe 'Baby T' as a happy and contented child who was alert and attentive. She regularly smiled when she was given attention. She was clean and well dressed and her mother was recorded as responsive to her daughter's needs, calming her when she cried, placing her on her lap when she awoke and animatedly reading stories to her.



Findings and recommendations

Macrosystem: How cultural elements affect a child's development, such as ideologies, laws, socioeconomic status, poverty, and ethnicity.

Findings:

Decisions in response to mother's claim for asylum and support directly related to the family life and wellbeing of 'Baby T'.

- Delays within the Home Office, were reported as due to resource and staffing issues.
- For the period of Baby T's life they were unable to assure themselves (and the services commissioned or funded by them) were complying with requirements for them to carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children in the UK.
- The impact of the frequent moves of mother and Baby T from one local authority area to another compounded isolation of the family and this review questions the effectiveness of **the interface between Home Office asylum seeker support services and 'mainstream' health and social care services.**

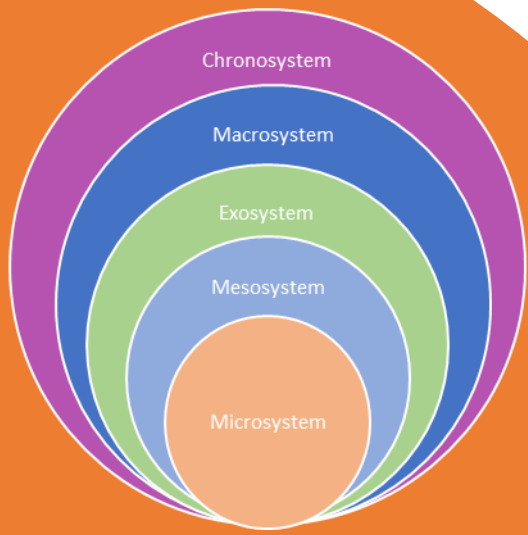
Recommendations:

The Government should introduce **legislation which would require the Home Office to inform a local authority of the details of any child placed or dispersed to their area with an asylum seeker parent or parents.**

The Redbridge Safeguarding Children Partnership has urged the Home Office to take steps to:

- ensure that pregnant asylum seekers and asylum seekers with young children are referred to local primary care services at the point of first contact and that new guidance prevent the absence of oversight in cases such as that of mother and 'Baby T'.
- ensure asylum seeking mothers and their babies are never moved before the child is eight weeks old or the relevant clinician confirms that essential core postnatal care has been completed, whichever is the longer.
- consider ruling out the temporary 'dispersals' of asylum seeking mothers and very young children.
- ensure their commissioning mechanisms with providers are robust ensuring pregnant asylum seekers and those with young children access primary care without delay, preferably accompanying them

SCR Recommendation 1 (p58), 2 (p59), 3, 4 (p60), 7, 9 (p62),



Findings and recommendations

Exosystems: How the family is exposed to the local community, services, parent's workplaces, parent's friends, the local economy

Findings:

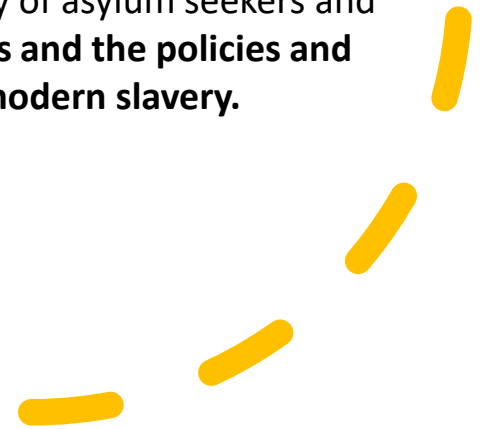
The completion of detailed assessments at the periods of greatest need was limited due to the short stays in various areas with short periods of access to a broad range of professionals. This transience contributed to an incomplete picture of the extent of Baby T's mother's mental health and compounded effective interventions and outcomes.

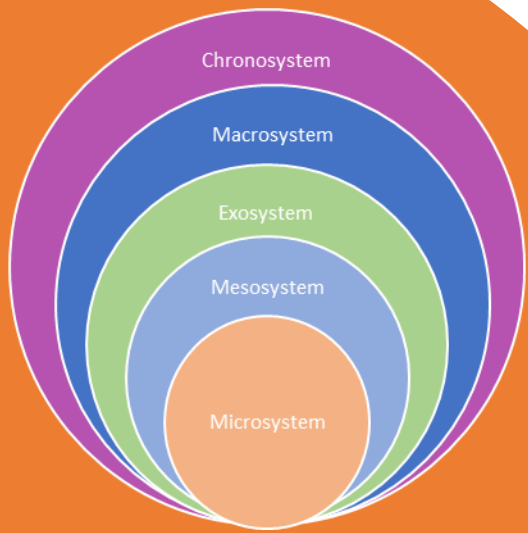
It is important to note that most parents or carers who experience mental ill health will not abuse or neglect their children, despite appearing as a factor in analysis of SCRs and frequently present in cases of child abuse or neglect. However, **risks to children are greater when parental mental health problems exist alongside problems such as, financial hardship, poor housing, discrimination and a lack of social support and a multi-agency response is required.**

Recommendations:

It is vital practitioners understand the heightened vulnerability of asylum seekers and their children places in their boroughs to the above **challenges and the policies and practice in respect of human trafficking, debt bondage and modern slavery.**

SCR Recommendation 5, 6 (p61), 17 (p67), 18 (68)





Findings and recommendations

Mesosystem: The interaction between those who surround the child, for instance, good communication with supportive and supported professionals

Findings:

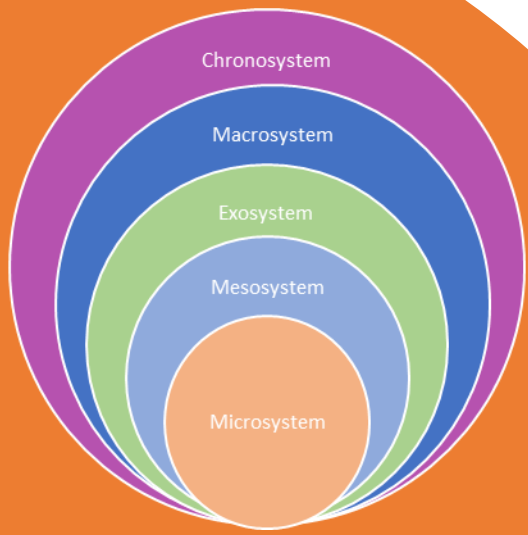
The ability of professionals to understand the complexities of the asylum system and subsequent lack of **professional curiosity** directly affects outcomes and was a factor in this review; the hidden males' cited in many SCRs, in this case Baby T's father and the possible **impact of trafficking and Modern Slavery**. Services should consider the provision of enhanced training for those practitioners involved in providing **support to asylum seekers and their children**.

The impact of 'Baby T's' mother's **mental health** on her **parenting capacity** was not fully considered by practitioners and multi-agency working to gain a clear picture of risk and support to the family was lacking.

Recommendations:

- Local asylum accommodation providers must prioritise referrals to local services.
- Universal Services such as General Practice are the gatekeepers to additional services for the most vulnerable and this review stresses the importance of GP practices **obtaining comprehensive information from pregnant asylum seekers and asylum seekers** with infant children on registration, so that all health needs can be addressed without delay.
- the **availability of interpreting services** was a barrier to assessing needs comprehensibly and that improvements could be made across the three boroughs of the partnership.
- Resources should be available to parents in all community languages on caring for crying and sleepless babies
- Decisions on **case closure must be clearly communicated** to clients and only when planned actions have been carried out and wherever possible planned outcomes have been achieved.

SCR Recommendations 5, 6 (p61), 10, 11 (p63), 13 (p65), 15 (p66), 16 (p67)



Findings and recommendations

Microsystem: Who surrounds the child on a day to day basis, such as parents, immediate family and caregivers.

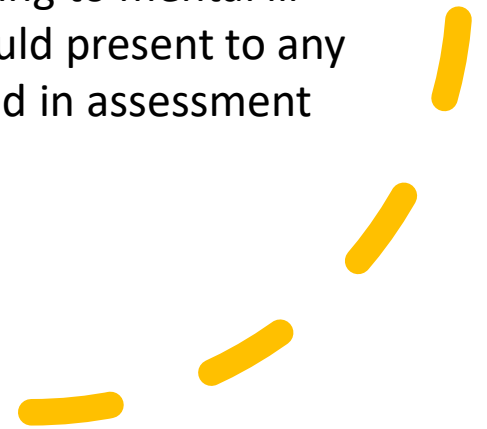
Findings:

The latest [Triennial Analysis of Serious Case Review](#) has again highlighted the vulnerabilities of children under one year of age. Whilst the SCR acknowledges the importance of clear top-down safeguarding requirements, good local information sharing practice with asylum accommodation providers is recommended.

Recommendations:

- As previously stated many barriers existed for 'Baby T's' mother to access support for her mental health; delays in referral, transient accommodation and language.
- Services are urged to carefully consider issues relating to mental ill health and the risks that parental mental health could present to any child within the household are prominently included in assessment and intervention.

(SCR Recommendation 8 (p62), 14 (p66))





Questions for
reflection & further
sources of learning

Can professional curiosity be improved by a greater understanding of the experiences of asylum seekers and those trafficked into the UK?

How prepared is my agency to meet the needs of pregnant asylum seekers or those with children?

How can we improve communication with our multi-agency colleagues, adequately assess risk and provide support?

Professional Curiosity

<https://vimeo.com/272754227>

Parental mental health and the effects on children

<https://learning.nspcc.org.uk/children-and-families-at-risk/parental-mental-health-problems>

Modern Slavery

[How to identify and support victims](#), Home Office 2021

Asylum Seekers Rights

[Refugee Council](#)

[Citizens Advice](#)

Redbridge Safeguarding Children Partnership Training Programme

[Working with Race, Culture and Belief Systems in the Context of Professional Curiosity](#)

[Safeguarding Refugee and Vulnerable Migrant Children](#)

The full report of the 'Baby T' Serious Case Review, has been published on the Redbridge Safeguarding Children Partnership [website](#).

