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Key Lessons

Focus on mother; father was overlooked in assessments

'Think child' when dealing with adult issues

Gender bias in domestic abuse

Lack of effective chronology

Over-reliance on selfreporting meant that professionals mistakenly believed CSC were aware of significant incidents

Good Practice

- Referral of mother to high risk services for both pregnancies
- Health visitor following policy relating to bruising on non-mobile babies
- Speed and rigour of response to that referral, including early involvement of the police
- Prompt safeguarding of children through care proceedings and foster placement

1 Introduction

During a home visit, when Kirsty was 6 weeks old, the health visitor noticed two small bruises on Kirsty's cheek. This triggered immediate referral to Children's Social Care. The full skeletal survey in the paediatric medical assessment showed 10 fractures of varying ages.

When Kirsty was seen the previous day, a Health professional accepted mother's accidental explanation for the facial bruising

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Family Context

Kirsty lived with her mother, father and 4 yr. old sister, 'Lydia'. Mother was known to services for mental health issues. Father was not known to services

As a child, mother had been taken into care and as an adult had a history of self harm, suicidal ideation and depression.

investigation was undertaken when 'Lydia' was born because of mother's aggressive outbursts on the postnatal ward

A child protection

 'Lydia' was taken to A&E twice with bruising and injuries accepted as accidental

G Outcome

Father pleaded guilty to causing Kirsty's injuries and was given an 18 month suspended sentence

Mother was found to have no case to answer

Kirsty and Lydia are thriving in long-term foster care with relatives Additional Issues

Mother's disclosures that she was drinking heavily and had hit father at least once.

Evidence of violence in household.

Death of maternal grandmother: impact on mother's mental health

Revolving door nature of mother's access to services



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