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Background

- LI was a twenty-month old little boy, who had been known to Oldham Children’s Social Care since before his birth
- LI’s mother (Ms I) was a former child looked after who had been known to services since 1996. She was considered high risk of CSE and frequently reported missing.
- LI’s father has an extensive criminal history. It is reported that he experienced domestic abuse at home and has a history of substance misuse and poor mental health.

Safeguarding Concerns

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- There is a history of domestic abuse between LI’s parents. LI was made the subject of a child protection plan due to the concerns for his safety between May 2016 and February 2017.
- LI’s father was incarcerated regarding the domestic abuse and as such LI then became subject to a child in need plan as it was assessed that the risks had reduced.
- The child in need plan remained in place as a precautionary measure, due to Ms I being pregnant with her second child.
- Concerns of neglect from LI’s mother, lack of supervision and a disinterest in meeting his needs.

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Implementing Change

Professionals are asked to disseminate the learning through team meetings and development sessions.

Recommendations

- All agencies to evidence that there is a training offer and guidance for all professionals which includes disguised compliance, professional curiosity and authoritative practice.
- Review the pre-birth parenting assessment guidance and template, ensuring this has a strong emphasis on it being a multi-agency led assessment.
- All agencies to provide evidence of escalation and challenge to partners in line with the escalation policy.
- All agencies to provide evidence to the Partnership of how they capture the child’s lived experience.

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The Incident

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- In March 2018 professionals reported a high number of bruises to LI’s body.
- Upon medical examination, 28 bruises were recorded on LI’s body, for which Mother did not have an explanation.
- LI was placed in foster care and e and his sibling have been placed for adoption.

The Review

- The Case Review panel did not feel that the case met the criteria for serious case review as they were unable to conclude serious harm had been caused.
- The panel did however recognise significant harm had been caused and that there was an opportunity for multi-agency learning.
- A Multi Agency Concise Review was agreed, and an independent reviewer was commissioned.



The Findings

- The risk from Father remained the primary focus and therefore the potential risk from Mother was not considered.
- There was a lack of respectful uncertainty and professional curiosity in terms of Mother’s ability to parent safely.
- There was a failure to follow safeguarding procedures in relation to pre-birth assessment and section 47.
- Child LI was invisible, and his lived experience was not considered.

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