Lessons Learned:
Lily – Child Safeguarding Practice Review

Child's Story

Lily died after her mother fell asleep with her in her mother's bed at her Mother and Baby Foster Placement. Lily was a Looked After Child having been made the subject of a Care Order shortly after her birth and placed into the care of the local authority. Lily was always placed with her mother, firstly in a Mother and Baby Bridging Foster Placement and thereafter within an assessment unit, where she resided with her mother and father for a short time.

Lily's father moved into the assessment unit for the first two weeks of the assessment until he was asked to leave following a significant domestic abuse incident.

Lily's mother remained in the assessment unit with Lily and completed her assessment. Although the assessment was deemed to be 'passed', the Parenting Assessment Manual (PAMS) assessment identified a number of assessment areas which remained unachieved.

The assessment unit expressed concerns that in the latter weeks of the placement, the mother's presentation and self-care had deteriorated. The recommendations of the PAMS assessment were that Lily should remain with her mother and that they should move to another supported environment such as a Mother and Baby Foster Placement until such time that the mother was ready to move into an independent placement with Lily.

Lily and her mother moved into their second Mother and Baby Foster Placement in January 2021 upon the conclusion of the assessment undertaken by the assessment unit. It was here in February 2021 that Lily died.

What we have Learnt

<u>Planning the transition of children and their families from assessment units to mother and baby placements.</u>

The review found there were missed opportunities to undertake earlier planning in relation to the end of the assessment unit period. Notwithstanding emergency placements being required, placement planning from assessment units where end dates are known, should be commenced early enough to allow for a smooth transition and to ensure that the transition and move is trauma informed.

It is recommended that consideration should be given to transition planning starting at the mid-way assessment point with management oversight to ensure appropriate planning is in place.

The review also identified that, where a proposed placement is for a child to be placed with a parent in a new setting, such as a mother and baby placement, care planning must run concurrently to the placement planning. Alongside this, care planning should be clear in setting out the purpose of the placement, accurately reflect the assessment which has underpinned the placement decision and give a proposed exit plan.

Furthermore, the review found that risk assessments should be completed before placement, or if not possible as soon as practicable after placement. A risk assessment should always be undertaken by the designated local authority regardless of whether in-house or agency placements are commissioned.

What we have Learnt

Use of Language

The review found that the use of simplistic language such as 'pass' and 'positive' in relation to the mother and baby placement contributed to some areas of significant concern not being addressed appropriately.

The local authority and practitioners should be aware of their use of language in similar cases and ensure that the holistic situation is understood, even where an assessment has been seen as 'passed' or 'positive'.

Co-sleeping in mother and baby foster placements

The review found a lack of clarity around concerns raised in relation to co-sleeping, including the specific expectations of foster carers and the steps they should take if co-sleeping is observed. To address this, a Placement Plan should be formulated and agreed prior to the placement commencing, which addresses the specific concerns and actions to be taken.

Workforce & Staffing

The review identified there was a prolonged period, following the allocated Social Worker leaving before a new worker was allocated. It recommends allocation systems should be reviewed to ensure that, in cases where an allocated worker leaves, timely reallocation and a full handover takes place to ensure a smooth transition and appropriate safeguarding.

What do we need to do

- Read assessments in full when they are received and ensure that you do not summarise outcomes and recommendations using simplistic language which may mean that important points are lost when discussing the case with others.
- Commence placement planning early and as soon as possible where planned assessments are taking place.
- Ensure that risk assessments are completed and updated when there are any changes.
- If co-sleeping is identified as an issue in a case where the placement is to be a mother and baby placement, ensure that everybody knows of the risk. There should be a document which outlines how the risk is being managed and what steps should be taken by the foster carers in the placement if co-sleeping is observed or suspected.
- Identify as soon as practicable when a member of staff is due to leave and ensure that there is a transition period and handover in place so that cases can move from one practitioner to another. Cases should not be left without an allocated worker.

Keep in Touch

Further learning and resources can be found on the Children's Safeguarding Assurance Partnership website including:

- Safer Sleep Assessment Tool
- Safer Sleep Timeline Resource
- Practitioner Guidance

And much more.

For queries or feedback please contact the Lancashire Safeguarding Business Unit LSBU@lancashire.gov.uk