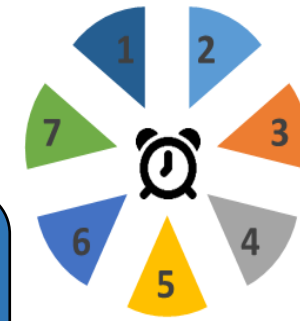


Learning from Reviews – Franklyn (Child L)

February 2023



Summary

Franklyn was a baby born with a life-limiting disability and complex health needs, who died aged four-and-a-half months old.

- Franklyn suffered an out-of-hospital cardiac arrest. He died later in hospital.
- At the time of death, Franklyn had been subject to a Child Protection Plan for seven weeks due to concerns around domestic abuse and parental substance misuse.

Themes

Trauma-Informed Practice

- Franklyn was born with a life-limiting disability and complex health needs, sustained during his birth. He remained in hospital for 54 days after being born and continued to have significant health and care needs.
- His mother had a history of extensive trauma and loss (incl. fertility issues, miscarriage, relocation whilst pregnant, depression, health complications and domestic abuse).
- There is evidence that professionals responded sensitively to Franklyn's mother and with understanding of her trauma; but not that a holistic trauma-informed practice model was applied by the professional network.

Family Voice (incl. Hidden Men and Role of the Family)

- There is evidence that the voice of the family was sought by practitioners
- There were occasions during one-to-one interactions where the mother felt overwhelmed by the multiplicity of agencies and support for Franklyn, and that she was not being listened to. She felt judged and didn't understand why things had to happen
- There were both historical and more recent safeguarding concerns regarding domestic abuse and substance misuse in the family, but little was known by professionals about some significant males in Franklyn's life
- There was a point where the mother's male partner was no longer allowed in the hospital due to various reasons, and consequently contact with him was lost. It is not known whether he posed a safeguarding risk.



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Disproportionality

- There were limited references in reports to the significance of the family's Black Caribbean heritage, or of Franklyn's mother being a single parent.
- Although staff responded well to Franklyn's mother, there could have been more deliberate and open dialogue around family intersectionality and how that affected responding to Franklyn's complex needs.

Communication

- There was evidence of good multi-agency working throughout the process
- Potential safeguarding concerns were recognised, and referrals were made appropriately.
- There was some miscommunication between professionals in relation to Franklyn's discharge planning and a need for greater understanding of each agency's perspectives
- There was not a clear understanding across the partnership of the challenges faced by housing provision.

Commissioning of Services

- Commissioners faced challenges in commissioning the package of care for Franklyn due to the safeguarding concerns and complex health care needs. This resulted in a delay in Franklyn's discharge when time at home was so important. Parallel planning would have helped.
- The care package did not allow the flexibility needed by a single parent of a child with a disability who has responsibility for another child.

Practice Improvements

- Partnership to adopt a trauma-informed model of support that can be evidenced in all case work across agencies
- Partnership to utilise the family voice in the ongoing development of bereavement and loss services
- Partnership to undertake a deep dive to scrutinise family-focussed communication in assessment practice for children with complex needs
- Partnership to promote best practice in issues of intersectionality
- The Integrated Care System (ICB and LA) to provide assurance around the integration of commissioning arrangements to support children with complex healthcare needs and scope a parent advocacy service offer.

