



CHILDREN'S SERVICES

DEATH OR SERIOUS INJURY TO A CHILD

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CHILDREN'S SERVICES

SCOPE OF THIS CHAPTER

This chapter outlines the immediate steps to be taken in the event of the suspicious death of/serious injury to a child living in the community or the death of/serious injury to any child in care (Looked After).

These steps are in addition to the carrying out of the Local Hertfordshire Safeguarding Children Partnership Procedures in relation to the need to follow the Child Safeguarding Practice Review process and the work of the Child Death Overview Panel.

This chapter uses the expression Designated Manager (Death or Serious Injury to a Child). This person should also be notified in circumstances where there is a serious injury to a child. In Hertfordshire, this is the relevant Children's Services Head of Service.

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1.0 Links to Need to Know Forms and Additional Guidance

- 1.1 To access the Need to Know template (CSF3645) and the Need to Know & Ofsted Notifications Procedures located via the Intranet, please see the following [LINK](#).

To access the Hertfordshire Safeguarding Children Partnership (HSCP) Local Safeguarding Practice Review Panel Procedures, see the following [LINK](#).

GOV.UK – Tell Ofsted About an Incident: Children’s Social Care Notification Guide [LINK](#)

2.0 Death or Serious Injury to a Child in the Community

- 2.1 Local authorities in England must notify the national Child Safeguarding Practice Review Panel (the Panel) within 5 working days of becoming aware of a serious incident. The cause of death should be clearly stated if known at the time of notification.

For more information, please see the Child Safeguarding Practice Review Panel: Practice Guidance [LINK](#)

Incidents should be reported where the local authority knows or suspects that a child has been abused or neglected and:

- The child dies (including suspected suicide) or is seriously harmed in the local authority’s area;
- While normally resident in the local authority’s area, the child dies or is seriously harmed outside England.

- 2.2 *Working Together to Safeguard Children (2018) (par 11) states “Serious harm includes (but is not limited to) serious and/or long-term impairment of a child’s mental health or intellectual, emotional, social or behavioural development. It should also cover impairment of physical health. This is not an exhaustive list. When making decisions, judgement should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain. Even if a child recovers, including from a one-off incident, serious harm may still have occurred.”*

The process for reporting a serious incident to the Panel are set out on [GOV.UK](#).

The following tasks are required within the 5 working days of notification:

2.3 The **child's social worker** (or the duty worker in their absence) receiving the information will:

- a) Immediately inform their line manager;
- b) Obtain as much information as possible on the circumstances surrounding the cause of death/serious injury and pass this to the line manager;
- c) Prepare a Need to Know Notification ([CSF3645](#))

2.4 The **Line Manager** will:

- a) Immediately inform the Designated Manager (Death or Serious Injury to a Child) / Heads of Service by telephone and provide follow up information in writing as soon as possible afterwards as a Need to Know Notification ([CSF3645](#)).

2.5 The **Designated Manager (Death or Serious Injury to a Child) / Operations Director** will:

- a) Inform the Director of Children's Services, who will notify local authority members as necessary;
- b) Confirm that a Need to Know Notification ([CSF3645](#)) has been prepared;
- c) Ascertain as much details as possible from the Police and any other source;
- d) Ensure that the Head of Quality Assurance is sent a copy of the completed Need to Know Notification Form as soon as possible;
- e) Where it is thought that the incident meets the criteria for notification to the DfE as a serious child safeguarding incident, a Serious Child Safeguarding Incident Referral Form should be completed by the Designated Manager and sent to HSCP Safeguarding Boards Manager.
- f) Consider the need to lock down EHM/LCS records to restrict access if required;
- g) Ensure the child and family's EHM/LCS records are up to date;
- h) Arrange through the administrative staff how to inform the other relevant agencies about the death/serious injury and remind them to secure their files.

Once the referral has been sent to the HSCP Safeguarding Boards Manager, they will consider the circumstances of the death/serious injury, in accordance with the Hertfordshire Safeguarding Children Partnership Procedures, including the need to hold a Child Safeguarding Practice Review and a referral to the Child Death Overview Panel.

2.6 **The Role of the Head of Quality Assurance**

Notifications made through the Child Safeguarding Incident Notification System will go to the Child Safeguarding Practice Review Panel, Ofsted and the DfE.

The report is submitted online by the Head of QA and the contents entered must be reviewed by the Operations Director before it is submitted.

The form requires a range of information and is set out clearly in sections. A copy of the completed form should be saved for the records.

The report is submitted online, and the contents entered must be reviewed by the Designated Manager (Death or Serious Injury to a Child) / Head of Service before it is submitted. The form requires a range of information and is set out clearly in sections. Before starting the form, the following will be required:

- Your sign in;
- Your phone number and e-mail address;
- Name of each child you are notifying;
- Details of the incident.

In urgent situations, the Deputy Director or Director of Children's Services should telephone Ofsted on 0300 123 1231 and then complete the form.

- 2.7 Where a Child Safeguarding Practice Review is to be held, this must be conducted in accordance with Chapter 4 in Working Together to Safeguard Children and the Hertfordshire Safeguarding Children Partnership Procedures.

In the event of a Child Safeguarding Practice Review being required, the steps outlined in Section 5, Needs of Social Worker / Practitioner / Staff / Team / Manager / Carer should be followed.

3.0 Death or Serious Injury to a Child in Care

- 3.1 Where information comes to notice of the death of or serious injury to a child in care, the following tasks are required, in addition to a Need to Know Notification ([CSF3645](#))

The process for reporting a serious incident to the Panel are set out on [GOV.UK](#).

The following tasks are required within the 5 working days of notification:

- 3.2 The **Child's Social Worker** will:
- a) Immediately inform their line manager;
 - b) Notify the parent(s) immediately and in person, if possible;
 - c) In the event of a child's death, discuss with the parent(s) and reach agreement regarding the arrangements for the funeral (in the event of sudden, unexplained deaths arrangements for the funeral may need to be delayed);
 - d) In the event of a serious injury to the child, arrange with the parent(s) to visit the child in hospital;
 - e) Obtain as much information as possible on the circumstances surrounding the cause of death/serious injury and pass this to their line manager; and

- f) Discuss with the line manager any necessary expenditure including reasonable travel expenses to assist the family in attending the funeral or visiting the child in hospital where it appears there is financial hardship;
- g) Where the child was in a long-term foster placement, discuss with the line manager any possible conflict between the carers and the parents regarding arrangements for the child's funeral.

3.3 The **Line Manager** will:

- a) Immediately inform the Head of Service by telephone and provide follow up information in writing as soon as possible afterwards;
- b) Advise Legal Services initially by telephone, then confirm details in writing; and
- c) Contact the Insurance Section of the Finance Department, initially by telephone and then in writing.

3.4 The **Designated Manager (Death or Serious Injury to a Child) / Operations Director** will:

- a) Inform the Director of Children's Services, who will come to a decision about whether to notify local authority Members;
- b) Ensure that the parents' wishes concerning the funeral are discussed (by the social worker or the team manager), that any possible conflict with the wishes of the carers are also ascertained and addressed, and that any appropriate associated costs are met;
- c) A Serious Child Safeguarding Incident Referral Form should be completed by the Designated Manager and sent to the HSCP Safeguarding Boards Manager, at which point the Child Safeguarding Overview Panel – See procedures;
- d) Inform Insurance section.

3.5 Once the referral has been sent to the HSCP Safeguarding Boards Manager, they will consider the circumstances of the death/serious injury, in accordance with the Hertfordshire Safeguarding Children Partnership Procedures, including the need to hold a Child Safeguarding Practice Review and a referral to the Child Death Overview Panel.

In the event of a Child Safeguarding Practice Review being required, the steps outlined in Section 5, Needs of Social Worker / Practitioner / Staff / Team / Manager / Carer should be followed.

4.0 The Response Panel Meeting

4.1 To facilitate joint working across services and facilitate a singular coordinated response, once the Designated Manager / Head of Service receives a notification the Designated Manager/ Head of Service will carry out a Response Panel Meeting within 24 hours or at the earliest opportunity as soon as reasonably practicable.

No action should be taken until the response panel meeting has taken place.

4.2 Purpose of the Response Panel

The purpose of the response panel is to coordinate a single response from Children's Services, with the aim of providing information and support to:

- The Family
- The Professionals Involved (i.e. schools)
- The Social Worker / Staff

4.3 The Panel Members

The panel who will meet to coordinate the response, will consist of the following:

- The Designated Manager
- Head of Assessment (or relevant Head of Service if case is open)
- Head of Family Support and Young Peoples Services
- Principle Social Worker
- Educational Psychologist
- Any other Children's Services relevant professional
- Integrated Health Care Commissioning Team (IHCCT), where possible/ (CCG Commissioning)

4.4 The Response Panel will consider the following (This is not an exhaustive list):

- If a referral is required (for non-open cases) to enable Children's Services to attend rapid response meeting.
- If case is open, the panel will agree actions for the social worker.
- If there is a victim(s), agree a response to school, community, siblings, wider family/network.
- Support to social workers/staff.
- Whether HSCP is notified of incident.
- If there are any actions required for services.
- If there are any practice issues (i.e. IMR, lessons learned).
- If there are any immediate actions required or corporate risks present

4.5 Outcomes from Panel:

- Consider any other processes the panel outcomes will need to feed into such as HSCP Notification Process, Youth Justice Board, etc.
- Consider if a serious incident report is required.

4.6 Following Panel

Following the panel meeting, should there be any further activities / actions required, these can be carried out during business as usual; a subsequent panel meeting is not required.

5.0 Needs of Social Worker / Practitioner / Staff / Team / Managers / Carer

- 5.1 During the implementation of this procedure consideration must be given to the needs of those staff and carers involved in the case.
- 5.2 The impact of a child death on social worker / practitioner / staff / team / manager / carer needs to be addressed in terms of:
- Considering the need for counselling for those involved;
 - The manner in which such support is offered;
 - The provision of access to legal and professional advice about the ongoing conduct of the case;
 - The provision of a clear explanation of the process of a Child Safeguarding Practice Review;
 - Support for staff in the event of Police investigation/interviews;
 - The need to inform and keep informed any relevant Trades Unions;
 - The need for team debriefing whilst observing confidentiality. This must be discussed with the Service Manager;
 - The need to acknowledge that a child death can impact on the productivity of any team and its ability to function; and the need to agree strategies to manage workloads.