

Wandsworth Child Death Overview Panel & Rapid Response Arrangements Guidelines



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Wandsworth Guidelines and Protocols Following the Death of a Child for:

a) Rapid Response Arrangements

b) Child Death Overview Panel

Introduction

As of 1st April 2008 all LSCBs have arrangements in place to respond to and review child deaths in their borough, as outlined in *Working Together to Safeguard Children 2006, Chapter 7*. There arrangements include:

- A rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child (par. 7.18-7.49); and
- An overview of all child deaths (under 18 years, excluding those babies who are stillborn) in the LSCB area undertaken by a panel (par. 7.50-7.56)

The overall principles are that in all cases enquiries should seek to understand the reasons for the child's death, address the possible needs of the other children in the household, the needs of all family members and, also, consider any lessons to be learnt about how best to safeguard and promote the children's welfare in the future. All families should be treated with sensitivity, discretion and respect at all times, and professionals should approach their enquiries with an open mind.

All child deaths in Wandsworth will be notified to a Single Point of Contact (SPOC). The SPOC for Wandsworth is Kelly Slade

Contact details:

Tel 0208 725 1686

Fax 0208 725 2999

E mail kellyslade@nhs.net

Notification will be made by completion of the notification form in the Wandsworth Guidelines Appendix 2. This may be sent electronically, by fax or hard copy to the Wandsworth SPOC.

The SPOC will receive all notifications for children who die anywhere in Wandsworth, and for children with a residential address within Wandsworth. These will be collated onto a data base. When the child lives outside the Borough the SPOC will forward the information to the appropriate local authority SPOC.

It is important to note that there are different arrangements for the unexpected and the expected death.

Rapid Response Arrangements for Unexpected Deaths

Wandsworth will follow the *Rapid Response Procedure* drawn up by the London Safeguarding Children Board. These guidelines will be used in the event of an unexpected child death, and respected and followed by every agency.

An unexpected death

An unexpected death is defined as the death of a child (birth up to 18th birthday, excluding babies stillborn) which was not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death. This includes traffic accidents, suicides and murders.

The most important element of the rapid response is to consider the needs of the bereaved family first and foremost.

The Designated Paediatrician

The designated paediatrician for unexpected deaths in childhood (Dr Martin Gray at St George's Healthcare) has the responsibility to determine whether a child death is unexpected. However, at present this is not an on call function so the attending consultant will work within the guidelines, informing the designated paediatrician at the earliest opportunity (i.e. next working day). In the event that Dr Gray is the consultant caring for the patient in question, to ensure that our processes are open and transparent he will seek clarification on determining whether the death is expected or unexpected with one of the following (whoever may be contactable):

Dr Peter Green (designated doctor for Safeguarding)

Dr Ravi Balakrishnan (Consultant in Public health medicine)

Dr Sarah Thurlbeck (paediatrician and named doctor for safeguarding SGH)

Dr Frances Elmslie (clinical director)

In the absence of the designated paediatrician the attending consultant (NB this is likely to be the consultant who has been called in to deal with the emergency situation. This may not necessarily be a paediatrician depending on the child's condition and age) will continue to follow the guideline with appropriate actions until the designated paediatrician is able to take over responsibility for the case. Advice may be sought from the designated or named doctor for safeguarding children or the chair of the child death review panel.

Following a death

It is expected that the child would usually be brought to the local A&E department following his/her death. The attending paediatrician will then follow the guidance as outlined in *section 8.1.3 to 8.1.7 of London Safeguarding Children's Board Procedures*.

When the child is not taken directly to A&E, guidance may be found in *section 8.1.8 and 8.1.9 of London Safeguarding Children's Board Procedures*.

The attending consultant (i.e. the consultant called to care for the child in the emergency) will be responsible for undertaking the following:

- Complete the notification form (Wandsworth Guidelines *Appendix 2* - please note this is a London specific form drafted by the London CDOP Chairs.)
- Inform the following agencies of the child's death:
 - The single point of contact (SPOC)
 - Social Services (out-of-hours emergency team (EDT) if necessary)
 - It is essential that this is NOT delayed where there are any 'external factors' (i.e. non medical) that may have contributed to the death of the child, so that potential 'crime scene' can be preserved. In these cases, if police are not already involved, they should be contacted via '999' or at Wandsworth Control Room on telephone number 0208 247 8528, so that police can attend and make any assessment required. For routine referrals or advice, the usual contact will be via police SPOC at Wandsworth Public Protection Desk (Dave Cannon) on 0208 247 7525, or ww-ppd@met.pnn.police.uk. Any out of hour's requests, for non urgent police assistance should be through Wandsworth Control Room. In suspicious cases, it is likely that this matter will be referred to a Detective Inspector, so that the importance of sensitive management of the grieving family is at the fore.
 - The coroner

If the child or young person is well known to another consultant in the Trust who usually leads on their care, and is consequently well known to the family, it might be appropriate for that consultant to take over the case from the "emergency attending consultant" the next working day.

The SPOC on the next working day will inform;

- Wandsworth Safeguarding Children Board
- The Director of Public Health
- The Child Death Overview Panel members

Confidentiality is crucial and information should be shared on a need to know basis ONLY. Each panel member is responsible for sharing information with their own agency in line with our confidentiality agreement. Agencies should discuss with the Designated Paediatrician (or another panel member in his absence) prior to sharing with other colleagues.

The Designated Paediatrician for unexpected death in childhood will call for professional meetings or formal communication lines (e.g. telephone conference), in line with the London Rapid Response Procedures (*Wandsworth Guidelines Appendix 5*), which will be co-ordinated by the SPOC. Professionals will be expected to prioritise these meetings/communication systems.

In addition to the notification form (form A) delegated staff will be asked by the SPOC to complete the detailed agency form (form B1) for all deaths. This form is produced by the Department of Schools Children and Families (DSCF) and is based on the CEMACH form – See *Wandsworth Guidelines - Appendix 3*. Its primary purpose is to collect epidemiological data on child deaths to be stored on a national database. This form must be completed to the best of your ability noting that as a generic form some fields may not be appropriate to your profession. The form should be forwarded to the SPOC who will collate the data from all professionals onto a single form. The SPOC will assist in the completion of this form but it will generally fall to the most appropriate professional involved with the child. Supplemental forms B2-B10 apply to specific types of unexpected death such as road traffic accident and one supplement should be completed if applicable to the death in question.

Expected Death

The notification form (form A) will be completed by the child's paediatrician or a designated healthcare professional and sent to the SPOC on the first working day after the death. When the death has been expected there is no requirement to instigate the rapid response procedure, however the CDOP panel will wish to review the case and the appropriate paperwork (form B1) should be completed as soon as possible by the child's paediatrician or designated healthcare professional. (This is the DCSF form based on the CEMACH form - See *Wandsworth Guidelines - Appendix 3*). This should be forwarded to the SPOC once complete. The SPOC will assist the agencies in the completion of this form, by aiding communication.

Wandsworth Guidelines Appendix 4

Leaflet for parents to explain the procedures.

Wandsworth Guidelines Appendix 5

Child death panel members

Child Death Overview Panel

Wandsworth will follow the *Child Death Overview Panel Procedure* drawn up by the London Safeguarding Children Board.

The CDOP is designed to overview ALL child deaths within the Borough from birth to 18th birthday, excluding still births.

The panel must collect information to analyse the following:

- Cases giving rise to concerns regarding the safeguarding of children
- Matters of concern affecting the safety and welfare of children in the Borough
- Wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area.

The panel does not take over from the work of the coroner, Local Safeguarding Children Board or Health Care Trusts undertaking serious untoward incidents. The panel will, however, review all information available for use.

All child deaths will be notified to the Single Point of contact (SPOC) using the notification form in Wandsworth Guidelines *Appendix 2*.

If the child who dies in Wandsworth is resident in another Borough or local authority, the Wandsworth SPOC will inform the SPOC in the appropriate authority and forward the notification form and any relevant data to the local SPOC.

If a child dies outside of Wandsworth and the death is unexpected, the Wandsworth SPOC and designated paediatrician for unexpected deaths in childhood must be notified at the first possible opportunity by the SPOC in the authority where the child died.

Therefore Wandsworth staff need to complete the Wandsworth notification form for ANY death and send this to the Wandsworth SPOC.

Parents should be advised by the most appropriate professional (i.e. this may be the professional who best knows the family) of the process for child death review panels. The family should be given the leaflet at the time of death explaining the procedure (Wandsworth Guidelines *Appendix 4*)

Confidentiality is crucial for all staff, but families will need to be aware that their child's case will be discussed by the CDOP with an aim to improving care and services for children. Consent to share the information with the SPOC and consequently members of the CDOP are not required by the family. The CDOP will be privy to all information, but will be bound by tight confidentiality guidelines.

Important Issue of Clarity to note for Medical Staff

N.B.: An agreement for the collection of specimens for the child after death has been agreed with both the coroner and the Human Tissue Authority

Taking of skin biopsies is not usually done,

Post-death radiology will NOT be done in A&E but will be arranged by the pathologist.

Consent does not need to be obtained by the clinician either for the autopsy or for the retention of samples in the case of SUDI (different if the death is expected and not reported to the coroner – then consent does need to be obtained). The family does need to be informed of the role of the coroner and autopsy. It is the coroner's responsibility to obtain consent for the retention of samples after the autopsy has been completed.

WANDSWORTH GUIDELINES

APPENDIX 1

Useful Numbers

ROLE	NAME	CONTACT NUMBER
Designated Paediatrician for unexpected deaths in childhood	Dr Martin Gray	020 8672 1255 – ask for 'pager bureau', then give pager call sign SG558 Martingray2@nhs.net
SPOC (single point of contact) / CDOP Co-ordinator	Kelly Slade	Tel. 0208 725 1686 Fax 0208 825 2999 kelly.slade@nsh.net
Police –Immediate response and requirement of police involvement		999 emergency 0208 247 8528 (24hr) (not open for public use professionals only)
Wandsworth Out-of-Hours Emergency Services (EDT)	EDT social worker	020 8871 6000 (evenings and weekends & public holidays)
Children Services at Wandsworth Town Hall		020 8871 6000 (general switchboard)

Other Useful Numbers

ROLE	NAME	CONTACT NUMBER
Wandsworth Coroner 's office		0207 228 6044 (0800-1600) 0208 672 9922 (after hours, weekends or public holiday)
Chair of Child Death Overview Panel (CDOP)	Ruth Meadows	0208 725 2076 Fax 0208 725 2999 Ruth.meadows@nhs.net Air call via switch board 0208 672 1255 bleep SG467 (Mon-Fri office hours)
Police Child Abuse investigation team (CAIT)	DI Teresa Defanis/DS Nick Hewes	0208 247 7827 Scd5MailboxCAITBarnesatTE@Met.pnn.police.uk
Police-Public Protection Desk (notification of child deaths-for advice or non urgent response)	DS Dave Cannon	0208 247 7525 (0800-1800) WWMailbox-.PublicProtectionDesk@met.police.uk
CDOP Manager	Vacant	XXXX
Designated Doctor for	Dr Peter Green	0208 725 2243

WANDSWORTH GUIDELINES APPENDIX 1

Safeguarding		drpetergreen@doctors.org.uk
Named Doctor for safeguarding SGH	Dr Sarah Thurlbeck	020 8725 3648 Sarah.thurlbeck@stgeorges.nhs.uk
Named Doctor for safeguarding PCT	Dr T Anandarajah	020 8812 4103 Ta.rajah@nhs.uk
Designated Nurse for safeguarding	Ileen Ashitey	020 8812 4104 Ileen.Ashitey@wpct.nhs.uk
A&E department SGH		020 8672 1255 – select option 3
Children's Services (social services) Wandsworth	Referral & Assessment / Duty Manager	020 8871 6622 (9.00am -5.00pm Monday-Friday) r.a@wandsworth.cjsm.net
Children Services at Wandsworth Town Hall		020 8871 6000 (general switchboard)
Lead for Education Welfare in Wandsworth	Stella Macaulay	020 8871 7961 smacaulay@wandsworth.gov.uk
Mental health Trust (Mental health Services Adults and Children MHS)	Adrian Davey	0208 487 6000 (079 1274 2266) Adrian.Davey@swlstg-tr.nhs.uk
CAMHS (Child and adult MHS)	Darren Langridge	0208 228 6680 077 3616 6273) Darren.Langridge@swlstg-tr.nhs.uk
Named Nurse Mental health Trust	Janette Brown	0208 682 6391 Janette.Brown@swlstg-tr.nhs.uk
Probation		020 8682 2682 (Balham) 020 8704 0200 (East Hill) 020 7733 0972 (Lavender Hill)
London Ambulance service		020 7921 5100
Chair of Local Safeguarding Children Board	Gerald Jones	020 8871 6001
Manager for Safeguarding Standards Unit – (Child Protection Unit)	Paul Secker	020 8871 6998 psecker@wandsworth.gov.uk
Development Manager for Local Safeguarding Children Board	Linde Webber	020 8871 8610 wscb@wscb.org.uk

WANDSWORTH GUIDELINES

APPENDIX 2

WANDSWORTH GUIDELINES APPENDIX 2

Initial notification of the death of a child – to be completed as fully as possible within 24 hours.

Please complete in BLOCK CAPITALS.

DO NOT DELAY

Initial notification Unique Reference Number (e.g. WW/08/0001) – to be completed by SPOC on receipt of this form	
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Family name of child		First and other names of child	
Date and time of death		Date of birth of child	
Ethnicity of child		Sex of child	Carer of child at time of death
Name/s of persons with parental responsibility i.e. mother, father or other (state relationship)			
Home address of child			Post code
GPs name		GP address and postcode	
Other children in household or affected by the death (please complete with any available information)	Names (if known)		Ages / DOB (if known)
Place / locality of death			Contact number

WANDSWORTH GUIDELINES APPENDIX 2

Senior medical practitioner present at time of death			Contact number		
Is this an unexpected death? i.e. not expected in the previous 24 hours	YES NO	Has this been confirmed by the designated doctor for child death?	YES NO	Is a post-mortem required?	YES NO
Summary description of the circumstances of the death					
PRINT name			Organisation		
Signature			Date and time of notification		

Please fax the form to the relevant LSCB Single Point of Contact (SPOC)

(see www.londonlscb.gov.uk/child_death/spoc/ for contact details)

The fax should be marked STRICTLY CONFIDENTIAL

Initial notification Unique Reference Number

The table contains identification codes used by the Territorial Police in the MPS for the 32 London Boroughs (You will see the corresponding letters on the shoulders of officers patrolling the local areas). In addition there is a suggested code for City of London that is not a Metropolitan Police area but for Safeguarding Children processes is aligned with Hackney LSCB. (This additional designation code may be required or not).

The suggested format for each Single Point of Contact to use from 1st April 2008 will be to use the code followed by the year and then a sequential number using four spaces. Thus the first report of a death of a child in Barking & Dagenham would be recorded as **KG/08/0001**.

Alphabetical Boroughs List of Codes

Borough	Code	Borough	Code
Barking & Dagenham	KG	Hounslow	TX
Barnet	SX	Islington	NI
Bexley	RY	Kensington & Chelsea	BS
Brent	QK	Kingston upon Thames	VK
Bromley	PY	Lambeth	LX
Camden	EK	Lewisham	PL
City Of London	CI	Merton	VW
Croydon	ZD	Newham	KF
Ealing	XB	Redbridge	JI
Enfield	YE	Richmond upon Thames	TW
Greenwich	RG	Southwark	MD
Hackney	GD	Sutton	ZT
Hammersmith & Fulham	FH	Tower Hamlets	HT
Haringey	YR	Waltham Forest	JC
Harrow	QA	Wandsworth	WW
Havering	KD	City of Westminster	CW
Hillingdon	XH		

WANDSWORTH GUIDELINES
APPENDIX 3

Form B - Agency Report Form

This form to be returned to CDOP Manager at: email

Address:

Fax:

The security of any system for transferring the information on these forms must be clarified and agreed with the Caldicott guardian.

Each agency representative to complete this form to summarise information available within their agency. Each representative should complete only those sections for which they have information. The CDOP manager will collate the information from the different agency reports to provide an overall case record. This collation will be agreed at the local case review or by the individual agency representatives in consultation with the CDOP manager.

The form consists of six domains, A to F, along with supplementary forms B2 - B11 to be completed according to the type of death.

The first page of this form may be removed for the purposes of anonymisation prior to discussion at the CDOP

A Identifying and Reporting Details

Name		DOB / /	
NHS No.		Date of death / /	
Gender	Male <input type="checkbox"/>		
	Female <input type="checkbox"/>		

Agency Report Provided by

Agency	Name
Address	
Postcode	
Tel No	Email

B Summary of Case and Circumstances leading to the death

What was the mode of death?	<input type="checkbox"/> Expected death: planned palliative care <input type="checkbox"/> Expected death: other <input type="checkbox"/> Unexpected death: Found dead/collapsed <input type="checkbox"/> Unexpected death: Active withdrawal/cessation of treatment <input type="checkbox"/> Unexpected death: Brain stem death <input type="checkbox"/> Unexpected death: other										
Was there any attempted resuscitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known										
Where is the child believed to have died?*	<table border="0"> <tr> <td><input type="checkbox"/> Acute Hospital</td> <td><input type="checkbox"/> Emergency Dept</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Paediatric Ward</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Neonatal Unit</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Intensive Care Unit</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table> <input type="checkbox"/> Home of normal residence <input type="checkbox"/> Other private residence <input type="checkbox"/> Foster Home <input type="checkbox"/> Residential Care <input type="checkbox"/> Public place <input type="checkbox"/> School <input type="checkbox"/> Hospice <input type="checkbox"/> Mental health inpatient unit <input type="checkbox"/> Abroad <input type="checkbox"/> Other (specify) <input type="checkbox"/> Not known	<input type="checkbox"/> Acute Hospital	<input type="checkbox"/> Emergency Dept		<input type="checkbox"/> Paediatric Ward		<input type="checkbox"/> Neonatal Unit		<input type="checkbox"/> Intensive Care Unit		<input type="checkbox"/> Other
<input type="checkbox"/> Acute Hospital	<input type="checkbox"/> Emergency Dept										
	<input type="checkbox"/> Paediatric Ward										
	<input type="checkbox"/> Neonatal Unit										
	<input type="checkbox"/> Intensive Care Unit										
	<input type="checkbox"/> Other										
Were any of the following events known to have occurred?											
<input type="checkbox"/> Road traffic accident	Complete B2										
<input type="checkbox"/> Drowning	Complete B3										
<input type="checkbox"/> Fire/burns	Complete B4										
<input type="checkbox"/> Poisoning	Complete B5										
<input type="checkbox"/> Other accident	Complete B6										
<input type="checkbox"/> Substance misuse	Complete B7										
<input type="checkbox"/> Apparent homicide	Complete B8										
<input type="checkbox"/> Apparent suicide	Complete B9										
<input type="checkbox"/> Sudden unexpected death in infancy	Complete B10										

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Was a post mortem examination carried out?	<input type="checkbox"/>	Yes If yes, complete B11
	<input type="checkbox"/>	No

* place where the child is believed to have died, or where the event directly leading to death occurred. For example, if a child is involved in a road traffic accident, and is resuscitated but subsequently dies, the location of death should be recorded as the site of the collision, rather than the hospital where the child's death was confirmed

Provide a narrative account of the circumstances leading to the death. This should include a chronology of significant events (e.g. contact with service; changes in family circumstances) in the background history, and details of any important issues identified.

Consider:	Events leading to death	Pre-school
	Early family history	School years
	Pregnancy and birth	Adolescence
	Infancy	

C The Child

Birth weight (lb oz or kg)	lbs kgs	oz	Gestational age at birth (completed weeks)
Any known medical conditions at the time of death?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details			
Any known developmental impairment of disability at the time of death?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details			
Any medication at the time of death?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details			
Education/Occupation		<input type="checkbox"/> Nursery <input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> Not in education <input type="checkbox"/> Left education	
		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
If employed, please provide occupation			
Ethnic group	<input type="checkbox"/> White	<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other White background	
	<input type="checkbox"/> Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	
	<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	
	<input type="checkbox"/> Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	
	<input type="checkbox"/> Chinese or other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	
	<input type="checkbox"/> Not known/ not stated		
Religion (please state)			

WANDSWORTH GUIDELINES APPENDIX 3

Factors in the child:

Provide a narrative description of any relevant factors within the child. Include any known health needs; factors influencing health; development/educational issues; behavioural issues; social relationships; identity and independence; any identified factors in the child that may have contributed to the death.

D Parenting Capacity

At the time of death was the child living with:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step parent <input type="checkbox"/> Other relatives <input type="checkbox"/> Foster carers <input type="checkbox"/> Private fostering <input type="checkbox"/> Residential unit <input type="checkbox"/> Other
Was the child subject to a child protection plan?	<input type="checkbox"/> At the time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all
Category of most recent child protection plan:	<input type="checkbox"/> Physical abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Not known
Was the child subject to any statutory orders?	<input type="checkbox"/> At the time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all
Category of most recent statutory order:	<input type="checkbox"/> Police Powers of Protection <input type="checkbox"/> Emergency Protection Order <input type="checkbox"/> Interim Care Order <input type="checkbox"/> Care Order <input type="checkbox"/> Supervision Order <input type="checkbox"/> Residence Order <input type="checkbox"/> Section 20 (Children Act 1989) <input type="checkbox"/> Antisocial behaviour order <input type="checkbox"/> Other court order, please specify:
Had the child been assessed as a child in need under section 17 of the Children Act 1989?	<input type="checkbox"/> At the time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all
Were any siblings subject to a child protection plan?	<input type="checkbox"/> At the time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all
Were any siblings subject to any statutory orders?	<input type="checkbox"/> At the time of death <input type="checkbox"/> Previously <input type="checkbox"/> Not at all

WANDSWORTH GUIDELINES APPENDIX 3

Factors in the parenting capacity:

Provide a narrative description of the parenting capacity. Include issues around provision of basic care; health care (including antenatal care where relevant); safety; emotional warmth; stimulation; guidance and boundaries; stability. Include strengths as well as difficulties.

E Family and Environment

Mother

Age		Occupation	
Smoker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any known Disability including learning disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details.
Mental health issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details.
Substance misuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details.
Alcohol misuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details.
Known to police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.
Any known health problems during pregnancy with deceased child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.

Father

Age		Occupation	
Smoker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any known Disability including learning disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details.
Mental health issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details.
Substance misuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details.
Alcohol misuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes please provide details.
Known to police?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.

Are mother and father related to each other (excluding marriage)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please provide details.	
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WANDSWORTH GUIDELINES APPENDIX 3

Other significant adults (e.g. mother’s partner; significant carer). Add as many as required, please complete details as above for each.

Relationship to child					
Age		Occupation			
Smoker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Any known					
Disability including learning disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details.
Mental health issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details.
Substance misuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details.
Alcohol misuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details.
Known to police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please provide details.

Relationship to child					
Age		Occupation			
Smoker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Any known					
Disability including learning disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details.
Mental health issues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details.
Substance misuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details.
Alcohol misuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details.
Known to police?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please provide details.

Any known domestic violence in the household?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes please provide details
Was the child an asylum seeker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Factors in the family and environment:

Include family structure and functioning; wider family relationships; housing; employment and income; social integration and support; community resources; include strengths and difficulties.

F Service Provision

Details of agency involvement

Include dates of first and most recent contact with family; services offered/provided.

Agency / professional	Date of first contact	Date of most recent contact	Details of services offered / provided.
Health:	/ /	/ /	
If more than one health professional please give details below			
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
Hospital in-patient	/ /	/ /	
Hospital out-patient	/ /	/ /	
Emergency Dept	/ /	/ /	
GP	/ /	/ /	
Health Visitor	/ /	/ /	
School Nurse	/ /	/ /	
CAMHS	/ /	/ /	
Other Health (Please specify)			
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
Police	/ /	/ /	
Children's Social Care	/ /	/ /	
School / nursery etc	/ /	/ /	
Connexions	/ /	/ /	
Probation	/ /	/ /	
Other (Please specify)			
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Factors in relation to service provision

Include any identified services both required and provided; any gaps between child's or family member's needs and service provision; any issues in relation to service provision or uptake

Issues for discussion

Include any action or learning to be taken as a result of the child's death; issues that require broader multi-agency discussion

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<input type="checkbox"/> Not applicable <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not requested	<input type="checkbox"/> Refused to provide <input type="checkbox"/> Driver not contacted at time of accident <input type="checkbox"/> Not provided (medical reasons) <input type="checkbox"/> Not known		
Did vehicle have restraints?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	Were restraints used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Did vehicle have air bags?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	Did airbags deploy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Was airbag switched on?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known		
If child was passenger Age of driver of vehicle that child was in Passenger position			
<input type="checkbox"/> Front seat passenger <input type="checkbox"/> Rear seat passenger <input type="checkbox"/> Other			
If child was pedestrian (pedestrian location)			
<input type="checkbox"/> In carriageway, crossing on pedestrian crossing facility.		<input type="checkbox"/> In centre of carriageway, no on refuge island or central reservation	
<input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing approach		<input type="checkbox"/> In carriageway, not crossing	
<input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing exit		<input type="checkbox"/> On footway or verge	
<input type="checkbox"/> In carriageway, crossing elsewhere		<input type="checkbox"/> Not known	
<input type="checkbox"/> On central refuge island or central reservation		<input type="checkbox"/> Other (please specify):	
If pedal cycle of motor cycle, was a helmet worn?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known			

Form B3 – Drowning

Type of drowning:	<input type="checkbox"/> Bath	
	<input type="checkbox"/> Garden pond	
	<input type="checkbox"/> River / lake / canal	
	<input type="checkbox"/> Swimming pool	<input type="checkbox"/> Domestic
		<input type="checkbox"/> Private
		<input type="checkbox"/> Municipal
		<input type="checkbox"/> Not known
	<input type="checkbox"/> Not known	
	<input type="checkbox"/> Other (please specify)	

For garden pond / pool drowning:	
Was the garden pond or swimming pool secured (fenced)?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not known

Form B4 – Fire / burns

Type of fire / burns:	<input type="checkbox"/> Fire
	<input type="checkbox"/> Electrical
	<input type="checkbox"/> Chemical
	<input type="checkbox"/> Hot Liquid
	<input type="checkbox"/> Not known
	<input type="checkbox"/> Other (please specify)
If fire:	
Location of fire:	<input type="checkbox"/> Residential accommodation, please specify
	<input type="checkbox"/> Main trade or business, please specify
	<input type="checkbox"/> Mobile, specify
	<input type="checkbox"/> Other, specify
	<input type="checkbox"/> Not known
Was a fire / smoke alarm present?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not known
Was a fire / smoke alarm functional?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not known

Form B5 – Poisoning

Form of substance:	<input type="checkbox"/> Solid
	<input type="checkbox"/> Gas
	<input type="checkbox"/> Liquid
	<input type="checkbox"/> Unspecified
Type of substance:	<input type="checkbox"/> Household products, please specify
	<input type="checkbox"/> Prescription medicines, please specify
	<input type="checkbox"/> Non-prescription medicines, please specify
	<input type="checkbox"/> Not known
Location of poisoning:	

Form B6 – Other non-intentional injury

Specify nature of non-intentional injury (e.g. fall, collision not involving a motor vehicle, sports injury, suffocation, bite, sting, electric shock etc).	
Brief account of events:	
Location of incident:	<input type="checkbox"/> Home or garden of usual residence <input type="checkbox"/> Other home or garden <input type="checkbox"/> Public place (e.g. park) <input type="checkbox"/> School or other educational institutional <input type="checkbox"/> Public building <input type="checkbox"/> Other building <input type="checkbox"/> Other, please specify <input type="checkbox"/> Not known
If fall	
Type of fall:	<input type="checkbox"/> Fall on same level <input type="checkbox"/> Fall from building or structure <input type="checkbox"/> Fall on or from stairs <input type="checkbox"/> Other fall from one level in another <input type="checkbox"/> Fall on or from ladder or stepladder <input type="checkbox"/> Unspecified fall
Approximate height of fall:	

Form B7 – Substance Misuse

Was the child known to substance misuse services?	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Not known	
Was the child known to be currently using:			
<input type="checkbox"/>	Heroin	<input type="checkbox"/>	Ecstasy
<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Cannabis
<input type="checkbox"/>	Other Opiates	<input type="checkbox"/>	Amphetamines (excluding Ecstasy)
<input type="checkbox"/>	Solvents	<input type="checkbox"/>	Major tranquilisers
<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>	Cocaine (excluding Crack)
<input type="checkbox"/>	Barbiturates	<input type="checkbox"/>	Anti-depressants
<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Crack
<input type="checkbox"/>	Hallucinogens	<input type="checkbox"/>	Other, please specify
<input type="checkbox"/>	Not known		

Form B8 – Apparent Homicide

Method	<input type="checkbox"/> Strangulation, asphyxiation or drowning <input type="checkbox"/> Shooting <input type="checkbox"/> Sharp instrument <input type="checkbox"/> Hitting or kicking <input type="checkbox"/> Blunt instrument <input type="checkbox"/> Fire <input type="checkbox"/> Poisoning, specify type <input type="checkbox"/> Other, please specify <input type="checkbox"/> Not known
Relationship of perpetrator	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other family member <input type="checkbox"/> Unrelated, known to child <input type="checkbox"/> Stranger <input type="checkbox"/> Not known

Form B9 – Apparent Suicide

Method (If more than one, give direct cause)	<input type="checkbox"/>	Carbon monoxide poisoning	
	<input type="checkbox"/>	Suffocation	
	<input type="checkbox"/>	Hanging / strangulation	
	<input type="checkbox"/>	Burning	
	<input type="checkbox"/>	Drowning	
	<input type="checkbox"/>	Electrocution	
	<input type="checkbox"/>	Firearms	
	<input type="checkbox"/>	Cutting or stabbing	
	<input type="checkbox"/>	Jumping from a height	
	<input type="checkbox"/>	Jumping / lying before a train	
	<input type="checkbox"/>	Jumping / lying before a road	
	<input type="checkbox"/>	Other, please specify	
	<input type="checkbox"/>	Not known	
<input type="checkbox"/>	Self-poisoning	<input type="checkbox"/>	Household products, please specify
	<input type="checkbox"/>	Prescription medicines, please specify	
	<input type="checkbox"/>	Non-prescription medicines, please specify	
	<input type="checkbox"/>	Other, please specify	
	<input type="checkbox"/>	Not known	

Form B10 – Sudden unexpected death in infancy

In what position was the child put to sleep?	<input type="checkbox"/> Back	
	<input type="checkbox"/> Front	
	<input type="checkbox"/> Side	
	<input type="checkbox"/> Not known	
Was the child sleeping with another person at the time of death?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Not known	
Where was the child put to sleep?	<input type="checkbox"/> Bed	<input type="checkbox"/> Moses basket
	<input type="checkbox"/> Cost	<input type="checkbox"/> Car chair
	<input type="checkbox"/> Carry cot	<input type="checkbox"/> Pram
	<input type="checkbox"/> Sofa	<input type="checkbox"/> Not known
	<input type="checkbox"/> Other, please specify	
Did any of the main carers of household members smoke?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Not known	

Form B11 – Summary of post-mortem findings

Authorisation for post-mortem?	<input type="checkbox"/> Coroner <input type="checkbox"/> Consent of family member
Pathologist conducting post-mortem	<input type="checkbox"/> Paediatric pathologist <input type="checkbox"/> General (adult) pathologist <input type="checkbox"/> Forensic pathologist <input type="checkbox"/> Other, please specify
Summary of clinical history from pathologist	
Ancillary investigations carried out <input type="checkbox"/> Scene / circumstances investigation (specify what, when, by whom and summarise results) <input type="checkbox"/> X-ray skeletal survey (specify by whom and results) <input type="checkbox"/> Microbiology (specify what, when and results) <input type="checkbox"/> Virology (specify what, when and results) <input type="checkbox"/> Toxicology (specify) <input type="checkbox"/> Metabolic investigations (specify) <input type="checkbox"/> Cytogenetics (chromosomes) <input type="checkbox"/> Other investigations (specify)	
Summary of gross (naked eye) pathology findings	
Summary of histopathology findings	
Summary of pathologists conclusions on cause of death and contributory factors	
Cause of death as given by pathologist	

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<input type="checkbox"/> la
<input type="checkbox"/> lb
<input type="checkbox"/> lc
<input type="checkbox"/> ll

Any other relevant information from post-mortem examination

Name of person completing this form

Designation

Date / /

WANDSWORTH GUIDELINES

APPENDIX 4

Introduction

Whenever a child dies, we need to carry out a review to ensure that we thoroughly examine what happened. This is a Government requirement for Local Safeguarding Children Boards. The more we understand about why your child died, the more we can try to help you understand more fully what happened to your child. We can also try to prevent the deaths of other children in the future. We also need to ensure that the professionals involved with your child worked together effectively and provided you with the proper support.

These reviews have been a legal requirement since April 2008.

The death of a child is always a tragedy. Talking and thinking about a child's death is a sensitive, very difficult and painful subject. We understand that this can be particularly upsetting for parents, families and carers. This leaflet explains what "rapid response" is and what the Child Death Overview Panel does. It also provides a list of organisations that you may find useful.

What the Law Requires

Government legislation now requires all local authorities to review the death of every child (up to the age of 18 years) in their area. They do this via their Local Safeguarding Children Board. This is because the Government believes that we should support families that have lost a child and help them understand

how this tragedy has happened. It may also help other children and families in the future.

There are two separate parts to this process.

1. **Rapid Response following an "unexpected death"**

This "response" is conducted by a group of key professionals who come together to enquire into a sudden and unexpected death of a child.

This may mean a visit (but not always) to where your child died by a police officer, health professional and / or social worker. This may take place within the first few days of your child's death.

This response is led and co-ordinated by a children's consultant called a designated paediatrician.

What is the purpose of the Rapid Response?

This helps to ensure that all relevant information is made available to the investigatory process and that the support offered to the family is co-ordinated.

2. **The Child Death Overview Panel (CDOP)**

The CDOP will review all child deaths under 18 years. The panel is made up of doctors, other health specialists and childcare professionals. The panel considers information about every child that dies in the area and the circumstances

of his / her death. This happens over a period of time once all the information has been gathered.

What is the purpose of the Panel?

The Child Death Overview Panel reviews all the information about a child's death and then considers whether they can make any recommendations to improve services for children and their families. These recommendations will be shared with:

- The local health trusts
- Children's services
- The police
- Specialist agencies, if appropriate, such as the fire service or traffic authorities.

These recommendations may assist in the planning of services for children and families in the future. A report with any recommendations will be written for the Local Safeguarding Children Board. The panel is also there to ensure families get the right support following the child's death. You may, if you so wish, write to the Chair of the Panel at any time.

Parents/Carers may feel able to contribute

You will be invited to share information about your child that you feel may help the process. It is not possible for parents or family representatives to attend the Panel meetings. However, we would be happy to let you know our findings if you would find

this helpful. All information we gather will be treated with the deepest respect and in strictest confidence. None of our findings, recommendations or reports will name your child or family, other than those which may go to your GP.

The Coroner

In certain circumstances, deaths must be reported to the Coroner. This will have been explained to you by the doctors following your child's death, if it is required. Whilst the Coroner is totally independent of the process, he / she will be asked to share any relevant information concerning the death of your child with the Panel. We will also share our information with him / her.

Other Information

The Wandsworth Child Death Overview Panel can be contacted via 020 8725 1686 or email: kellyslade@nhs.net. Please ask for the Child Death Overview Panel Co-ordinator, Kelly Slade, or the Chair of the Child Death Overview Panel, Ruth Meadows.

Further information about the Child Death Overview Panel can be found on the Wandsworth Safeguarding Children Board website – www.wscb.org.uk or from the Government Guidance **Working Together to Safeguard Children from Harm 2006**.

Useful Contacts

The Child Bereavement Trust

Support and resources for bereaved parents and families
Helpline: 01494 446648 (office hours)
www.childbereavement.org.uk

The Compassionate Friends

Support and counselling for all bereaved persons
Helpline: 0845 123 2304
(10.00 – 16.00 / 18.30 – 22.30)
www.tcf.org.uk

CRUSE (Bereavement Care)

Support for families bereaved through a sudden infant death (cot death)
Helpline: 0870 167 1677
(09.30 – 17.00)
www.crusebereavement.org.uk

Foundation for the Study of Infant Death

Helpline: 020 7233 2090
(09.00 – 23.00 Mon – Fri and 18.00 – 23.00 weekends)
www.sids.org.uk

SANDS (Stillbirth and Neonatal Death Society)

Helpline: 020 7436 5881
(09.30 – 17.40 Mon – Fri)
www.uk-sands.org



**Wandsworth
Safeguarding
Children's Board**

**The Review
we have to do
when a child dies**

**Information for
Parents, Families and
Carers**

WANDSWORTH GUIDELINES
APPENDIX 5

References / Electronic Links

List of London SPOCS

http://www.londonscb.gov.uk/child_death/spoc/

London Child Death Overview Panel Procedure

http://www.londonscb.gov.uk/files/resources/cdop/overview_panel_procedure_feb_2009.pdf

London Rapid Response Procedure

http://www.londonscb.gov.uk/files/resources/cdop/rapid_response_procedure_may_2009.pdf

London Learning From Information About Child Deaths

http://www.londonscb.gov.uk/files/resources/cdop/london_learning_from_information_about_child_deaths.pdf

Templates for Collection of Data for Child Death Overview Process

<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00045/>

List of Child Death Overview Panel Contacts – National

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00351/>

Other Child Death Overview Panel Information

http://www.londonscb.gov.uk/child_death/