**Managing an Unexpected Child Death (Guidance for FDS)**

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Brief guidance for the Management of Unexpected Child Death by Social Workers

This guidance should be read in conjunction with KSCMP Kent CDOP Unexpected Child Death Procedures, KSCMP Unexpected Death of a Child procedures and Kent Children’s Social Work Service Death or Serious Injury to a Child (In Care and a Child in Need), all of which can be found on Tri-x.

1. The **unexpected** death of a child will be communicated to the Front Door Service (FDS) by the professional responding to the death of a child. This may be via an E-CDOP (Notification Form), Request for Support Form or via a telephone call from a professional direct at the scene.
2. At the point of receiving the notification, a Front Door employee should check the relevant systems (Early Help Module, Liberi and Core+) to gather information as necessary. If there is an allocated Integrated Children’s worker (ie: CSWS, Youth Justice or Early Help), the FDS employee should inform the Child Death Review Team (kent.dcr@nhs.net) of their name and contact details, in order that they can be invited to any future meetings.
3. If the child was open within Children’s Social Work Services at the time of death, the Front Door employee should enter a case note onto Liberi record and send the details to the allocated Social Worker and Team Manager in order that they can take the lead in engaging in the child death process. (During OOH’s, the FDS staff will need to lead the process until the District team is available).
4. **In ALL other circumstances, the Front Door Service should take the lead in engaging in the immediate child death process. If the child was open immediately prior to death (via EH or youth services), a case note should be added to the relevant system to inform any allocated workers of the child’s death.**
5. When entering the details on to the relevant system, FDS should:
	* enter the information of surviving siblings and family members
	* enter the date of death (DOD) and any circumstances of death known
	* complete a Form A on eCDOP ([www.ecdop.co.uk/kent/live/public](http://www.ecdop.co.uk/kent/live/public)) *NB: to be completed even if a Form A has been received from another agency*
6. **Any information added to the system must be Quality Assured by a Team Manager at this point.**
7. Following the notification of an unexpected child death, an Immediate Decision-Making Discussion will be held within the Health service (needing no involvement from CSWS at this time), which will decide whether a Joint Agency Response (JAR) should be triggered.
8. A JAR should be triggered if a child’s death:
	* + is or could be due to external causes
		+ is sudden and there is no immediately apparent cause (incl. SUDI/C)
		+ occurs in custody, or where the child was detained under the Mental Health Act
		+ where the initial circumstances raise any suspicions that the death may not have been natural
		+ in the case of a stillbirth where no healthcare professional was in attendance
9. Additionally, a JAR should be triggered if children are brought to hospital near death, are successfully resuscitated, but are expected to die in the following days.
10. JAR Meeting

If it is agreed by health that a JAR Meeting is necessary, itwill be arranged and Chaired by a health representative to consider the following issues: confirmation that death was expected, liaison with other agencies, safeguarding issues (if any), scene visit update, bereavement support for family, liaison with coroner and liaison with pathologist etc.

1. **If the child was not open to a Social Work Team at the point of death, FDS Team Management representation at the JAR is necessary to consider any safeguarding issues and the possibility of the JAR becoming a Strategy Discussion.**
2. **If the child was open to a Social Work Team at the point of death, district Team Management representation at the JAR is necessary to consider any safeguarding issues and the possibility of the JAR becoming a Strategy Discussion.**
3. If the child was open to Early Help or Youth Justice etc, the allocated worker should be invited to attend the JAR.
4. Strategy Meeting

Some deaths are unexplained and will require a greater depth of investigation within the response process. Most unexpected deaths will be non-suspicious, however safeguarding concerns may emerge during the JAR which will mean the meeting will need to become a Strategy discussion and therefore the Chairing will need to transfer to the Team Manager who is attending. At times, the levels of concern around the death of the child may be at a level that a Strategy Discussion is clearly necessary (rather than a JAR).

1. **Strategy Discussion**

**A Strategy Discussion should be held if there is reasonable cause to suspect the child who died, suffered significant harm. This meeting will be Chaired by a Team Manager from the FDS if the child was not open to Children’s Social Work Service immediately prior to their death. For those children that had an allocated Social Worker immediately prior to their death, the strategy discussion would be chaired by the district Team Manager (unless it is OOH’s). Alongside all appropriate agencies, the Child Death Team should be invited to this meeting (****kent.dcr@nhs.net** **) to avoid JARs being arranged when matters have already been addressed within a Strategy Meeting.**

1. If the child who has died is subject to a CP plan or who is a Child in Care, a s47 investigation should always take place, regardless of circumstances surrounding the death if there are surviving siblings/significant children.
2. Child’s Electronic File

If a deceased child becomes subject of a Strategy Discussion their electronic case files should be locked down IMMEDIATELY via a request to MIU. This is to ensure that they remain confidential and to maintain the integrity of the child’s story should a Child Safeguarding Practice Review be necessary. Access to the child’s record should be granted to the Team Manager (FDS or District) in order that case files can be updated with Strategy Discussion minutes. If further uploaded information is deemed necessary (ie: JAR minutes) they should be added to the child’s file by the Team Manager via a document.

1. Safeguarding ALERT

A Safeguarding Alert should be completed if a child has died in unexpected circumstances to ensure the sharing managerial accountability and support decision-making.