Safeguarding Early Adopters programme

Learning example

National Children's Bureau

Implementing New Child Death Review Arrangements

Introduction

With the requirements of the Children and Social Work Act 2017 (CSWA17) to move the responsibility for ensuring that reviews are carried out when a child dies from the LSCB to the Local Authority and CCG and the timeline for Local Plans to be agreed by 29th June 2019 and implemented by 29th September 2019, The Early Adopter sites focusing on developing and implementing new Child Death Review arrangements have been busy progressing their plans in order to share their learning and support implementation in other areas.

This briefing aims to provide an overview of the key steps sites have planned and are currently taking to develop the options for new arrangements, an overview of the options being considered as well as key learning to date about the challenges and successes experienced and anticipated in developing and implementing new arrangements.

Downloads:

7 Minute Briefing on Child Death Review Guidance

Summary of main points and differences from previous CDR process

Background, aims and objectives

The sites include:

- One working to align processes across 7 different CDOP Panels as well as 8 different Rapid Response arrangements for unexpected child deaths.
- One considering how best to bring together Child Death Review Arrangements across 4 different areas (including 2 that had previously merged)
- One developing a three area Child Death Review Process.

Key aims and objectives across the projects include:

- Rationalising the Child Death Overview Panel (CDOP) process across multiple local authority/ multiple CCG areas in line with the updated guidance
- Development of an agreed Child Death Rapid Response/Joint Agency Response process and support structure in accordance to updated statutory guidance
- Development of an agreed Child Death Review Meeting Process, in accordance with updated statutory guidance
- Development of the key worker function for families in response to child death

- Implementation of eCDOP - a secure web-based record keeping system
- Provide cost-effective recommendations to key decision makers in the LA and CCGs for an All-Area approach
- Work collaboratively with hospitals, police and coroners to create a collaborative and interfacing All-Area Child Death process system.

Approach

1. Identifying a Project Manager, a Project Facilitator and a Senior Responsible Officer

2. Agree a vision for the process

Example from an EA:

To have a strategic Child Death Review (CDR) process that is outcome focused and aspires to make a positive difference to children's health and wellbeing through maximising partnership working and synergy between the areas and developing sustainable solutions to address the challenges and gaps.

The new strategic CDOP will:

- Contribute to measuring the health and social care needs of children and families
- Advocate child safety and safeguarding through population based and targeted approaches such as awareness raising campaigns
- Advocate for improving the wider determinants of health such as poverty and education and reducing risk factors associated with child death such as smoking and excessive alcohol drinking
- Support the quality assurance and accountability agendas through influencing the implementation of learning from child death and monitor its impact through audit and evaluation
- Support evidence-based decision making and operational research

3. Establish a Task and Finish Group

Role: To provide project expertise.

EA project membership includes a range of CDOP/RR specialists from each of the Local Areas including Designated Doctors, Designated Safeguarding Nurses and CDOP Business Managers

4. Identify key contacts and establish a steering group

Role: To provide project steer, recommendations and expertise.

EA project membership includes all interfacing Child Death Review Partners

Example from an EA:

Stakeholders involved in the child death review processes and safeguarding arrangements have been engaged and consulted on the development of possible options, including a stakeholder event, involving representatives from the different local authority areas, public health, CCGs, Children's Services, Designated/ Lead Safeguarding professionals, police, secondary care and CDOP Administrators and Chairs.

5. Agree a set of principles to shape the work

Example from an EA:

- Ensure that the review of every child death "*is grounded in deep respect for the rights of children and their families" (CDR Guidance 2018)*
- Be child, family and outcome focused to make a difference
- Maximise the use of limited resources, to maximise effectiveness and efficiency[1]
- Learn from areas that already have regional child death arrangements
- Optimise the opportunity for review and learning on a sub-regional/STP footprint
- Nurture collaboration between partners and inform the development of local systems
- Strengthen links between child death review process and other mortality reviews

6. Project Communication

Example from an EA:

We have communicated the aims, objectives and scope of the project to all interfacing stakeholders by:

a) Sending communication brief by electronic comms.

b) Engagement via *the Steering Group sessions*

Communications have specifically targeted:

- Clinical Commissioning Groups (CCGs)

Supported to establish a CCG lead who oversees and supports liaison to the key senior decision makers in each CCG via the Senior Management Team meeting.

- Local Authorities (LAs)

Additional engagement with any Local Authorities who are concerned with the process or/and options pertaining to Child Death Review processes.

We will furthermore send a letter to senior management in both Local Authorities and Public Health to re-iterate the project process and aims.

- Hospitals, Police and Coroner Offices

We recognize that we need to undertake further engagement with hospitals, in relation to CDRMs, as well as, police and coroners in regards to interfacing processes and borough boundaries).

We are in the process of writing to these key stakeholders to engage them in a consultation process.

7. Mapping of current CDOP/ rapid response and keyworker provision across the areas/CCGs

Inclusive of:

a) CDOP Infrastructure

b) Staffing interface structure

c) Financial infrastructure

Child Death Overview Mapping Document

8. Analysis of Best Practice areas

Example from an EA:

This included visiting 4 large geographical areas across England: to understand what works and what challenges are. This was particularly helpful for professionals who hadn't had an opportunity to see how Child Death Review processes operate in other areas.

Key learning has included:

- Joined up strategic approach works! Over-arching CDOP supports learning of trends and themes' which results in the area being able to respond to learning issues and provide a wealth of training across the local area.
- Rapid Response:

  One Rapid Response team for a large area provides consistency and quality of approach to respond to child deaths. Team work creates resilience and ensures beneficial quality family key-working support (average of 10 touch-points per family).

  In other areas, having an on-call system supports equity of provision across local areas. Partial keywork support is provided. On-call costs are factored into create a work-able model.

CDOP, Rapid Response and keywork Function Survey

9. **Development of Options**
Child Death Review Options

10. **Consultation on Options**
Inclusive of:

a) Governance
b) Operational Structure (staffing, framework etc)
c) Financial Impact
d) Risk Impact

11. Options appraisal, results paper and agreement of final option

12. Mobilisation
Agree and implement mobilisation plan and supporting mechanisms with local areas

Challenges

Areas Being at different starting points

Some CDOPs have been working well, other areas are not as well developed. There is a large difference in how areas respond to unexpected death in particular.

Obtaining System-Wide Agreement

With some of the projects working across a broad landscape where everyone has a different idea about what good looks like.

Resistance to change

Some partners have been more open to developing new processes than others, *with concerns over losing autonomy being a main concern for some areas.*

Stakeholder Engagement

One area identified that it has been challenging to move the change programme forward as the Stakeholder group included professionals that did not have any prior knowledge of CDOP. Others identified the wide array of professionals and networks that need to be involved means that a significant amount of time needs to be spent on mapping and engaging them. This has included 1:1 and group meetings as well as writing letters, and email correspondence to all parties involved.

Identifying who the key decision makers are

As responsibilities for Child Death Review Arrangements move away from the LSCB and into Local Authorities and CCGs, it has been difficult who is responsible for developing and agreeing new arrangements. Some Steering Groups have had a mix of different levels of leadership and representation, going forward ensuring professional and geographic representation in new processes will be vital.

Establishing Governance and Accountability arrangements across different Local Areas

With the change of responsibility for Child Death Review arrangements from the LSCB to the Local Authority and the CCG and some areas establishing a shared process, developing and implementing shared governance and accountability arrangements is requiring careful planning.

Developing processes for hospitals across the areas

Agreeing who will collect information/what processes will need to be in place when more than one hospital operates across the areas/when links with other CCGs mean that other areas processes need to be considered and complimentary.

Agreeing Financial Options

Steering groups have requested that proposals developed have included cost impact and cost neutral options. Some areas are very particular that it needs to be cost neutral which can limit what opportunities for new arrangements are available. It is important for Leaders to understand that the legislation brings new responsibilities that will need to be resourced in order to implement.

Mapping and managing capacity and work flow

Areas are currently operating on historic data and now need to understand the future needs for the service across a wider area, particularly for rapid response. Many EAs are considering implementation and/or use of eCDOP data to get an indication of what the responses might need to be. Concerns are also present about the time required and resources of staff/potential volume of cases when all area Child Death Review Processes are being considered.

Diluted impact of a wider Child Death review Arrangement

Some areas are concerned that having shared arrangements means that individual areas will no longer take as much responsibility for ensuring learning and improvement as a result of Child Death Reviews.

Successes

EA projects note that this change programme has brought people together from an operational and strategic level to learn from other areas, develop smoother processes and focus on how better to meet the needs of their families.

Projects envision that benefits of establishing a wider footprint include:

- Focus on learning
- Strategic overview and influence
- Pooling of resources
- Collective voice
- Consistency
- Improved governance
- Wider learning opportunities
- Staff rotation
- Standardisation
- Ability to pick up trends
- Links with other networks
- Training and development
- Public health issues can be identified at area level
- Collaboration
- Efficiency

Conclusion

At the time of writing, each project has got to the point where they are either completing their options papers and preparing for options appraisals by their steering groups before making final recommendations to key decision makers in the CCGs and Local Authorities or are finalizing the details, ready for implementation. Final phases will entail agreeing the final options across the areas, as well as the subsequent mobilization plan.

We aim to share their final decisions around structure and further learning in our March Newsletter,