

Parents/Carers may feel able to contribute

We invite you to share any issues surrounding your child's death which you feel would be of value to the panel's discussion. You may, if you so wish, write to the Chair of the Panel at any time. It is not possible for you to attend the panel meetings. However, we would be happy to let you know our findings if you would find this helpful. We will ensure that all information we gather will be treated with the greatest respect and in the strictest confidence. Our reports will not name your child or family.

Other Information

If you have any other questions regarding the CDOP and the process, you can email lscb@harrow.gov.uk.

Further information about the Child Death Overview Panel can be found on:

www.harrowlscb.co.uk or

Government Guidance '**Working Together to Safeguard Children from Harm 2006**' available on www.everychildmatters.org.uk

Useful Resources



Harrow Local Safeguarding Children Board (LSCB)
Tel: 020 8424 1370
www.harrowlscb.co.uk

London Safeguarding Board
Tel: 020 7934 9714
www.londonscb.gov.uk/child_death

Every Child Matters
www.everychildmatters.gov.uk

The Child Bereavement Charity
Tel: 01494 446648
www.childbereavement.org.uk

The Child Death Helpline
Tel: 0800 282986
www.childdeathhelpline.org.uk

Foundation for the Study of Infant Deaths (FSID)
Tel: 020 7233 2090
www.fsids.org.uk

S.C.A.R.D - Support and Care After Road Death & Injury
Tel: 0845 123 5541
www.scard.org.uk

When a child dies

Every child's death is a tragedy

Information for Parents, Families and Carers about arrangements in HARROW to respond to Childhood Deaths



The death of a child is a difficult time for family and friends. The Harrow Local Safeguarding Children Board (LSCB) would like to take this opportunity to offer our sympathies to you and your family at this tragic time.

The LSCB brings together all the main agencies and services who work with children and families in Harrow to ensure that we all work together to keep children and young people safe. The Child Death Overview Panel forms part of this work.

Some contacts you may find useful, are listed on the back of this leaflet.

Government legislation requirements

Every family has the right to have their child's death properly reviewed. 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. This has been recognised by the Government and your local LSCB who have set up **Child Death Overview Panels** in April 2008. Since then the LSCB has to review all deaths of children up to 18 years of age, who lived in the local area.

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 coordinated by a children's consultant called a designated paediatrician.

The purpose of Rapid Response

This helps to ensure that all relevant information is made available to the review process and that essentially, the support offered to the family is coordinated.

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.

The Purpose of the CDOP

The overall aim of the CDOP is to learn lessons from all child deaths with the hope of avoiding further similar causes of deaths if possible. The 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.

We also aim to ensure that you will receive any support you may need at this difficult time.

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.