



South Gloucestershire Safeguarding Children Board (SGSCB)

Serious Case Review (SCR) Sub Group

Terms of Reference

Chair: Catherine Boyce

Vice Chair: Sonya Miller

Purpose of the Sub Group

This is a sub group of the SGSCB and its work is part of the Learning and Improvement Framework with a focus on supporting the achievement of the SGSCB strategic priorities and business plan.

The members of the SCR sub group have a responsibility to ensure that the requirements of the relevant statutory guidance (Working Together 2015) are met where a case meets the criteria for a serious case review; that is:

For every case where abuse or neglect is known or suspected and either

- A child dies; or
- A child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child.

The group will receive referrals of cases from member organisations and make recommendations to the Chair of the SGSCB as to whether the criteria are met.

Referrals will also be received for reviews of a child protection incident which fall below the threshold for a SCR and review and audit practice in one or more agencies to provide valuable lessons about how organisations within the SGSCB area are working together to safeguard and promote the welfare of children.

The SCR sub group, alongside the Training & Development Sub Group, will also be responsible for reviewing published reports from serious case reviews nationally and considering if recommendations are relevant for South Gloucestershire.

Membership

Membership will reflect organisations represented on SGSCB. Core members will include Children's Social Care, Health, Avon & Somerset Police, Voluntary Sector, Legal, Education and the Safeguarding Board Business Manager.

In order for this Sub Group to be quorate when making recommendations about whether the threshold for a Serious Case Review has been met in relation to a particular case, core members from Children's Social Care, Health and Police must be represented.

Members are required to provide a substitute to represent them if they are unable to attend for any reason.

Other Agencies may be co-opted onto the sub group in order to provide specialist information.

Frequency of Meetings

The Serious Case Review Sub Group will meet quarterly. Additional meetings of core members will be arranged to consider referred cases if required.

Accountability

The Serious Case Review Sub Group is accountable to the SGSCB.

Reports from Serious Case Reviews/case reviews will be provided to SGSCB and subject to scrutiny by SGSCB, or the Executive, as delegated by the Board.

The Executive Group for the SGSCB will receive quarterly reports from the sub group regarding the work the sub group has undertaken during the previous quarter.

The sub group will contribute as required to the production of the SGSCB Annual Report.

Function of the Sub Group

1. To receive referrals from other organisations and other SGSCB sub groups including the Child Death Overview Panel, to consider if the criteria is met for a Serious Case Review.
2. To receive referrals from other organisations of cases for multi-agency review which are below the threshold for a Serious Case Review.
3. To make recommendations to the Chair of the Safeguarding Children Board as to whether a Serious Case Review should or shouldn't take place.
4. To be responsible for recommendations regarding the process of reviews, to agree who should form the Review Team in any Serious Case Review; to identify organisations to be included in the Case Team; to lead on the selection of lead reviewers. A flow chart developed by the SCR sub group (Appendix1) provides an outline of processes to be followed.
5. To provide expert advice to the SGSCB Chair and/or Board in relation to the implementation of Working Together regarding Serious Case Reviews.
6. To scrutinise and monitor the quality of the lead reviewer reports to ensure that they provide a sound analysis of what happened in the case, and why, and what needs to happen in order to reduce the risk of recurrence. To ensure they are written in plain English and in a way that can be easily understood by professionals and the public alike; and are suitable for publication without needing to be amended or redacted.
7. To monitor the compliance with action plans to ensure that learning from reviews influences practice.
8. To feedback to individual agencies, SGSCB Chair and/or Board if implementation of action plans is not effective or timely and give advice to improve implementation.
9. To maintain a data base of cases reviewed and actions completed.
10. To conduct regular multi-agency case reviews on referred cases which do not meet the threshold for Serious Case Review, to provide lessons about how organisations within South Gloucestershire are working together to safeguard and promote the welfare of children. To consider various methodologies in conducting case reviews to include full reviews, mini reviews and hot debriefs. To provide a chair/lead from the sub group
11. To review published reports from Serious Case Reviews nationally and consider if learning points are relevant for South Gloucestershire and if actions are required.

12. To ensure that lessons learned from local and national reviews are disseminated to relevant staff in all local organisations by making recommendations about feedback sessions, training courses or other activities.
13. To make recommendations regarding audits of practice to the Quality Assurance Sub Group or to make recommendations to other sub groups.
14. To support Serious Case Reviews being undertaken by LSCBs from other areas.
15. To work with the Safeguarding Adults Board when reviews have implications for adult safeguarding

Terms of Reference adopted 19th September 2017

Review Required September 2018

Appendix One

PROCESS FOR THE MANAGEMENT OF SERIOUS CASE REVIEWS

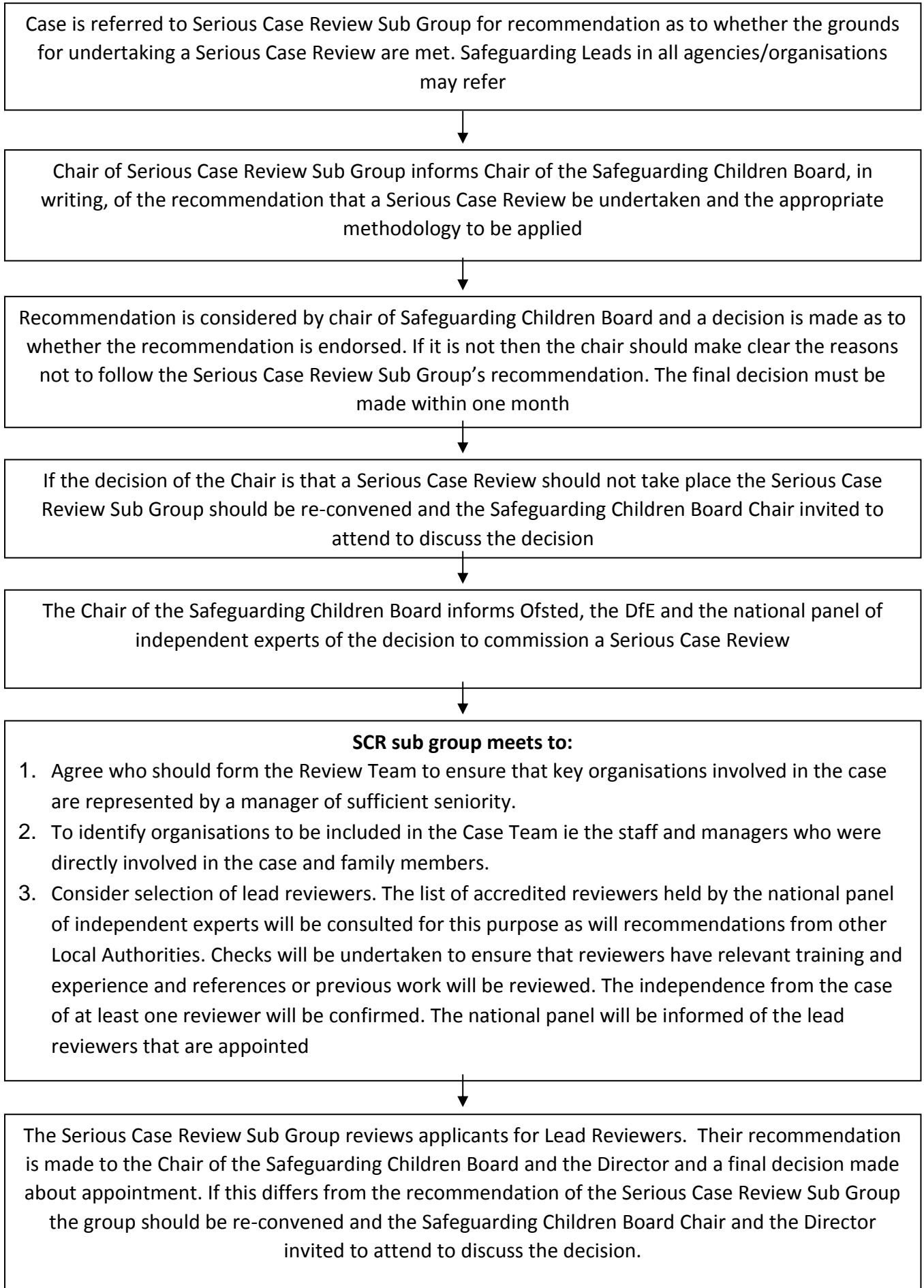
Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1) (e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

5 (1) (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

(2) For the purposes of paragraph (1) (e) a serious case is one where:

- (a) Abuse or neglect of a child is known or suspected; and
- (b) Either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child (Working Together 2013).

Flow Chart





Threshold for undertaking multi agency Case Reviews

Working Together 2015 clearly sets out the criteria for whether a Serious Case Review should be undertaken. The guidance also states that LSCBs should consider conducting reviews on cases which do not meet the SCR criteria.

However there are no clear criteria identified for consideration of whether there should be a multi agency case review, that is those cases that do not meet the criteria for a SCR but where there are concerns about multi agency practice or progress and how this has impacted on the child.

The flow chart below will hopefully aid practitioners thinking as to whether they should refer a case to the Serious Case Review Sub Group of South Gloucestershire Safeguarding Children Board for consideration of a case review.

The case should be either complex or have had multi agency involvement for some time

And

A practitioner is concerned about **multi agency** working of the case.

If the practitioner is concerned about the work of one organisation then this should result in an individual organisational challenge following the SGSCB Resolution of Professional Differences Procedure.



The case should be referred to SCR sub group via Catherine Boyce Strategic Safeguarding Service Manager and should include the basic details of the case, the agencies involved and the nature of the concern.



Catherine Boyce will then contact all involved organisations for a brief chronology of the case and any identified concerns in relation to the original approach to the sub group.



Multi agency responses will be collated for discussion at the next SCR sub group.