What is a Serious Case Review?

One of the key functions of the Local Safeguarding Children Board (LSCB) is to conduct a Serious Case Review (SCR) in specific circumstances, as required in Chapter 4 of Government Guidance: Working Together to Safeguard Children 2015. These circumstances are:

a) abuse or neglect of a child is known or suspected; and

b) either – (i) the child has died (including suicide); 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.

A SCR should also be carried out if a child dies in custody, in police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children’s home, or where the child was detained under the Mental Health Act 1983 or where a child aged 16 or 17 was the subject of a deprivation of liberty order under the Mental Capacity Act 2005.

The purpose of the Review is to:

- establish whether there are lessons to be learned, including good practice, from the case about the way in which local professionals and organisations safeguard and promote the welfare of children;
- identify clearly what those lessons are, how and when they will be acted on, and what is expected to change as a result
- to disseminate and embed good practice and any required improvements
- to promote a continuous learning and improvement culture which improves outcomes for children and young people

What happens in the Review?

In Buckinghamshire a SCR Panel with an Independent Chairperson oversees the Review. The Panel includes senior managers representing key agencies. They may co-opt additional experts if circumstances require.

Managers will need to secure all case files relating to the child(ren), but copies will be made as necessary in order for staff to carry out their work.

The Panel will draw up the terms of reference to determine the scope of the Review, which will include the main issues to look at, the time period under review, who should be involved and when the review will be completed.

There are a number of ways in which information may be collected from agencies and professionals depending on the methodology being used for the Review. Usually each identified agency will produce a chronology of interaction with the subject of the SCR and either a short report or an Individual Management Report (IMR) which involves reviewing their own agency’s involvement with the case, looking openly at individual and organisational practice to see if there are lessons to be learnt.
They will read the files and may interview key staff and managers who were involved in the case. The IMR author will also ensure that their report reflects the perspectives of front line staff by consulting them about the author’s findings.

The LSCB will commission an independent Lead Reviewer to review all of the evidence and produce the Overview Report. The Lead Reviewer may also consult front line staff and their managers to inform the final report. This is achieved through multi agency feedback or consultation events.

**Will I be interviewed during the Review?**

If you had contact with the child that is relevant to the review, you may be asked to attend an interview with the IMR author for your agency and / or to attend a multi-agency learning event. Staff may have a range of emotions around what happened to the child, so you can have someone with you for support during the interview (who must not be your manager or anyone involved in the case – and they must be able to respect confidentiality in relation to the case). You will receive a written record of the interview, so that you can check the accuracy of your responses.

**Will I be at risk of disciplinary action?**

This is not a disciplinary process. Your agency may, in some cases, need to make investigations under disciplinary procedures, but these are separate to the SCR process.

**What happens at the end of the Review?**

A multi-agency action plan will be produced based on recommendations from the IMRs and the Overview Report. The implementation of actions will be monitored by the BSCB’s Serious Case Review Sub Group to ensure that the learning from the review makes a positive difference to children and young people in Buckinghamshire.

The BSCB will ensure that those involved in the Review are debriefed and relevant findings are also disseminated across all agencies e.g. through training or briefing events.

A redacted Overview Report and Executive Summary will be published on the BSCB website.

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SERIOUS CASE REVIEWS

A guide for professionals

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