

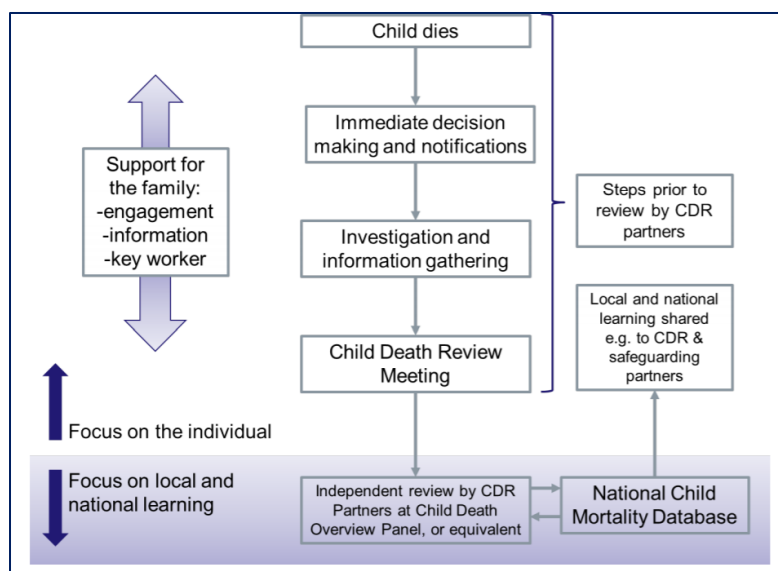
NEWSLETTER

CHILD DEATH REVIEW TEAM

The Child Death Review Team have been focusing on gathering information for the Norfolk & Suffolk Child Death Overview Panel Annual Report 2021-2022 which will be released shortly and will be available at: <https://www.norfolkscb.org/>
This report summarises the work of both Norfolk and Suffolk CDOPs and the child deaths that have been reviewed in the period from April 2021 to the end of March 2022.

In the past year, the Child Death Review Team in Norfolk received 45 notifications of child deaths. The Child Death Review process is set out in Chapter 5: Working Together to Safeguard Children (2018).

The flow chart (Working together to safeguard children, 2018) shows the process that the CDR Team follows:



Objectives of the CDR process:

- To ensure that every child death is systematically reviewed, with the intention of learning what happened and whether the process was managed as well as possible.
- To ensure bereaved families are offered sensitive support during an extremely traumatic time.
- To ensure the safety, wellbeing and welfare of siblings, any other children associated with child, and subsequent children.
- To identify any modifiable contributory factors and share this with the National Child Mortality Database.
- Learn lessons to reduce the risk of future child deaths and promote the health, safety and well-being of other children

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Meet the Child Death Review Team: Andrea James

Hi there, my name is Andrea James and I work for the Norfolk Safeguarding Children Partnership. I first started working for the Partnership in September 2011, when it was called the Norfolk Safeguarding Children Board and have had the pleasure of meeting and working with lots of lovely people during this time.

I am the Child Death Overview Panel (CDOP) Administrator for Norfolk and although this isn't everyone's cup of tea; I really enjoy it. It is so very sad when a child is lost but we are a close team and because of this, we work well and support each other when times get tough. I maintain and have overall oversight of the child death process. I maintain the database and ensure all actions are followed through to the end including the closing of cases. I work with all clinicians including the Designated Doctor for Child Death and the Chair of the Child Death Overview Panel to ensure lessons are learnt from deaths across the region which also includes eastern regions such as Suffolk, Cambridge and Essex.

In my spare time I like to dabble in playing a bit of Bingo, which is most definitely a young person's game now, although I'm not very lucky when it comes to winning! I like to read and go to the cinema but mostly just spend time with friends and family as this is the most important thing anyone can do.



Open water swimming

Swimming in lakes, rivers and the sea or 'Wild' swimming has increased in popularity due to closure of gyms and swimming pools over lockdown. Now out of lockdown and with heatwaves surging, open water swimming continues to grow in popularity among adults and children. There are inherent risks associated with open water swimming and across England there has been several sad deaths in open water over the past few months. The RNLI: FLOAT to live campaign is raising awareness of what to do if you get into difficulty in the water and gives safety advice when swimming in open water:



https://rnli.org/pages/water-safety/float?gclid=EALalQobChMIipy4poqU-QIVjZftCh0cKgs6EAAAYASAAEgKkzvD_BwE&gclid=aw.ds



Risks

- **Cold water shock:** Swimming in water below 15 degrees can cause your body to go into cold water shock. Average sea temperature in the UK is 12 degrees.
- **Rip currents:** powerful currents that run out to sea. Choose a life guarded beach and swim between the yellow and red flags.
- **Microbes:** Blooms of blue green algae can spring up on warm still water over summer. Swimming in algae can cause skin rashes and allergic reactions. Weil's disease is a bacterial infection Leptospirosis carried by animals and can be caught through contact with rat or cattle urine from contaminated fresh water. There are over 400 designated bathing waters in England where you can check the water quality and water quality information is available for these places: <http://environment.data.gov.uk/bwq/profiles/>
- **Pollution:** Avoid swimming in areas of water pollution. The most common are; sewage outfalls, farmland runoff, and industrial or mine pollution. Check the pollution risk forecast and avoid swimming after high rainfall.
- **Never Swim alone**

Baby monitor/thermometer wires are a strangulation risk

In Norfolk, in the last 3 years, 2 toddlers have very sadly died after accidentally being strangled by the wires of a baby monitor/electronic room thermometers while in their cot. We have raised an alert with the National Child Mortality Database and notified the Norfolk Healthy Child Program who have published a safety message on their website:

"When babies are tiny you have baby monitors, Groeggs™ and lots of electronic devices to keep baby safe, but as your baby gets more active, pulling to stand, reaching, becoming inquisitive and exploring the world, their needs change. Think about moving the cot away from electrical wires and leads to prevent accidents, because what kept your tiny baby safe can be dangerous for toddlers". The death of these 2 children is particularly distressing as they were potentially avoidable. We ask all practitioners to remind parents and carers the importance of safety in the home and accident prevention.

Baby monitor/cord wire safety tips

- Install baby monitors AND all cords at least 3 feet away from the crib or cot.
- Do not place baby monitors in cribs or on the edges of cribs.
- Little exploring hands can reach through crib slats and pull dangerous cords into a crib.
- Long cord covers can be used to cover cords. However, smaller cord clips are often choking hazards and should not be used. Do not use extension cords. Ensure loose wires fixed to wall.
- Read the warning labels and instructions! They contain important safety tips.



The Contribution of Newborn Health to Child Mortality across England:

Out now

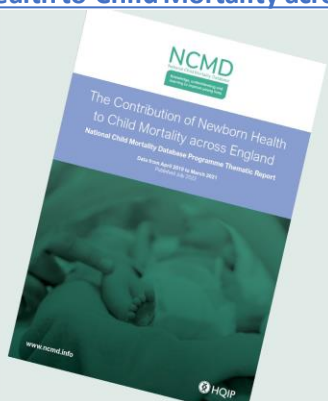
The Contribution of Newborn Health to Child Mortality across England

The third National Child Mortality Database thematic report

NCMD

National Child Mortality Database

ncmd.info



The NCMD published the third thematic report in July 2022. The report investigates how illness around the time of birth affects the health of children up to the age of 10 years and draws out learning and recommendations. For child deaths included in the review overall 71.6% of children who died under the age of 10 had evidence of neonatal illness. Below is summary of key findings and recommendations.

Key findings:

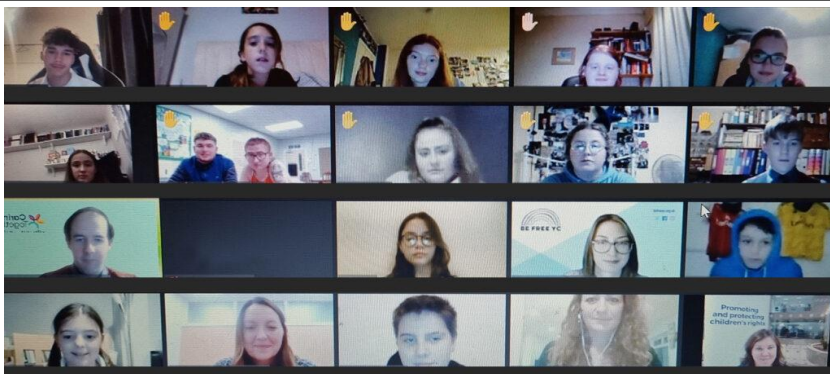
- There is a clear association between childhood death following neonatal illness and learning disabilities; over half the children that died also had learning disabilities.
- Modifiable factors were identified in 34% of deaths reviewed; most common were smoking in pregnancy, lack of involvement of appropriate services and maternal obesity.
- Improvements in perinatal care to reduce neonatally acquired conditions such as prematurity and preterm brain injuries, which often have broad affects for children and society
- Barriers to communication and lack of access to translation/interpretation services were present in many cases.

Recommendations:

- Ensure that domestic violence and abuse in adult and young people to improve quality of care
- Ensure all parents of infants born preterm or of a low birth weight are given targeted advice and support on reducing the risk of sudden unexpected death in infancy.
- Improve parental and professional awareness of risk factors in children with learning disabilities, particularly good nutrition, maintaining activity levels, avoiding constipation and appropriate responses to respiratory infection.

Access the full report here: <https://www.ncmd.info/publications/newborn-health-mortality/>

Shine a Light on Young Carers



Being a young carer is a factor found in children that have died by suicide that was highlighted in the NCMD Suicide in Children and Young People (2021) and classified as 'Household Functioning'. In our local area we sadly responded to the death of a child by suicide and one of the many factors in this child's life was being a Young Carer. The fact that this child was a carer had not been identified by professionals and the child was not receiving any support from a Young Carers Project. The Children's Society indicate that there are approximately 800,000 young carers in the UK. In Norfolk there are over 6000 young Carers. A young carer is a person under the age of 18 who looks after a family member or friend, who has a mental or physical illness, disability or drug or alcohol problem.

The Big Ask (March 2022) was a national consultation exercise in England to ask children about their lives, their priorities, aspirations and worries for the future. Over half a million children responded. The consultation received 25,669 responses from children who were young carers, of which only 6008 children were supported by a Young Carers' Project. The consultation found that young carers were more likely to say they were unhappy with most aspects of their life compared to all other children. Young carers that were not supported by a project were less happy with all aspects of their life than those young carers who were supported.

Many young carers are children who could be eligible for young carers support but are hidden from sight. Support could have significant benefits for this group of children as they reported that:

- RE mental health: children without young carer support were three times less happy than young carers with support (18% compared to 55%)
- RE their life overall: children without support were twice as unhappy as young carers with support (33% compared to 66%)
- RE their family life: children without supportsaid they were more than twice as unhappy when compared to young carers with support (32% compared to 72%)

Almost half of 16-17 year old young carers are unhappy with their mental health. This is triple the rate of younger young carers, likely due to compounded pressures mounting on young carers as they get older; identifying a clear need for greater support earlier. Poor mental health in a child has also been identified as a factor in child suicide in the NCMD Suicide in Children and Young People (2021) report. It is important to increase the visibility of this hidden group of children in order to provide them with the support they need.

The Big Ask (2022) highlights that 39% of young carers said that nobody in their school was aware of their caring responsibilities. This makes it difficult to build in any wider support for that child at school. Caring responsibilities impact on a young persons' ability to do their best at school and young carers are more likely to miss school. It is important for professionals to consider whether a child is a young carer if they are persistently missing from education. Once identified the child can be offered support. The Department for Education is planning to amend the school census to include a category on young carers increasing the visibility and awareness of these children.



News and updates:

Welcome to our new team member Ali Church who is the Child Death Review Team administrator.

Learning From Deaths week October 2022 more details to follow.