# PHWChild Death Review Programme Wales

# Child death notification form

1. **REPORTING DETAILS: (Your Details)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Completion |  | Welsh Paediatric Surveillance number  (if applicable) |  |
| Full name and role |  | | |
| Organisation |  | | |
| E-mail address |  | | |

1. **CHILD’S DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name of child |  | | | |
| Date of birth |  | NHS No. |  | |
| Home address (normal residence  of child) |  | | | |
| Postcode |  | Sex | Male | Female |
| Was the child on the Child Protection Register? | At the time of death  Previously  Not at all | | | |
| Was the child a “Looked after Child” | At the time of death  Previously  Not at all  If yes, what local authority? | | | |
| Was the child in receipt of any of additional services?’ | **Team around the Family (TAF)**  At the time of death  Previously  Not at all  **Integrated Family Support Service (IFSS)**  At the time of death  Previously  Not at all  **Flying Start**  At the time of death  Previously  Not at all  **Families First**  At the time of death  Previously  Not at all | | | |

1. **DETAILS OF THE DEATH**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of death | | |  | | | | Time of death | | |  | |
| Where did the event which led to the death occur? | | | | | | | | Home  Hospital  Other | | | |
| Address of event (if hospital or other)? | | |  | | | | | | | | |
| Where was death confirmed? | | | | Home  Hospital  Other | | | | | | | |
| Has this death been referred for any other type of review? | | | | Child practice review  Hospital morbidity/mortality  Domestic homicide review  Criminal investigation | | | | | | | |
| Has the death been reported to Welsh Government as a serious incident? (as defined in section 9.2 of Putting Things Right) | | | | | | | | | | Yes No | |
| Medical certificate for the cause of death issued? | | | | | Yes No | | | | | | |
| If yes, please state cause of death |  | | | | If no, what is your understanding of the cause of death? | | | |  | | |
| Death expected? | Yes No | | | | Was an advance (end of life) care plan in place? | | | | Yes No  Not known | | |
| Has a PRUDiC been implemented? | Yes **x** No | | | | | | | | | | |
| **An unexpected death is defined as the death of a child which is a not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death** | | | | | | | | | | | |
| Was the death referred to HM Coroner? Yes No  If yes state date reported and name of HM Coroner? | | | | | | | | | | | |
| Post mortem date and venue |  | | | | | | Has an inquest been held? | | |  | |
| **D. ADVERSE CHILDHOOD EXPERIENCES** | | | | | | | | | | | |
| Please select all that you are aware of in relation to the social background of the child | | | | | | | | | | | |
| verbal abuse | | physical abuse | | | | sexual abuse | | | | | parental separation |
| household domestic violence | | household mental illness | | | | household alcohol abuse | | | | | household drug use |
| household member incarcerated | | household physical health issues | | | | household disability (including learning disability) | | | | | neglect |
| Did the child perform any caring duties? | | Yes No  If yes, who for? Parent  sibling  other | | | | | | | | | |

**E. NARRATIVE OF CIRCUMSTANCES AND HISTORY**

**Please record:**

|  |
| --- |
| **Circumstances leading to death:** |
| **Relevant past history:** |
| **Relevant social and family circumstances:** |
| **Any other relevant information**: |
| **Please complete the relevant section on the next page for:**   * **Sudden unexpected deaths in infancy** * **Deaths from drowning** * **Deaths from apparent suicide** * **Deaths in motor vehicles** * **Deaths from fire** |

1. **MODIFIABLE FACTORS – please record if any of the following factors were present**

|  |  |
| --- | --- |
| **Sudden Unexpected Death in Infancy (under 2 years old)** | |
| Co-sleeping at time of death | Yes No  Not known |
| Sofa sleeping at time of death | Yes No  Not known |
| Parental smoking | Yes No  Not known |
| Illness in child in week prior to death | Yes No  Not known |
| Parental history of drug use | Yes No  Not known |
| Parental alcohol use at time of death or past history of concern | Yes No  Not known |
| **Drowning** | |
| Ability to swim | Yes No  Not known |
| Possible alcohol consumption | Yes No  Not known |
| Lack of active supervision | Yes No  Not known |
| **Deaths in Motor Vehicles** | |
| Seatbelt use (or appropriate car seat) | Yes No  Not known |
| Driving at night | Yes No  Not known |
| Driving over legal blood alcohol limit | Yes No  Not known |
| **Apparent Suicide** | |
| Known to CAMHS | Yes No  Not known |
| Known to youth offending services | Yes No  Not known |
| History of alcohol abuse | Yes No  Not known |
| History of drug misuse | Yes No  Not known |
| Bullying | Yes No  Not known |
| **Fire** | |
| Working smoke alarm in house | Yes No  Not known |

**NEXT STEPS**

Please send the completed form to the Child Death Review Programme:

**Email:** An e-mail attachment to [ChildDeath.Review@wales.nhs.uk](mailto:ChildDeath.Review@wales.nhs.uk)

**Post:** Child Death Review Programme Team, Public Health Wales, 1st Floor Matrix House, Northern Boulevard, Swansea Enterprise Park, Swansea, SA6 8DP.

**Tel:** 01792 940938 or 01792 940939