# 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 residenceof 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

**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