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This year we are looking back with appreciation for all those who have supported our team and worked with us to support our families who have lost a child.

We wish you a happy and peaceful Christmas and every good wish for the New Year!

Suffolk Child Death Review Team

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Learning from Children's Deaths

A newsletter for professionals

December 2021, Issue 9

Introducing Maddison Bultitude



Hello, I'm Maddison, Administrator for the CDR Team. I joined the newly formed Norfolk and Waveney CDR Team in April 2021 and am now working alongside the Suffolk CDR Team also to provide administrative support. Previously I worked at the James Paget Hospital in various clerical roles. You will likely hear from me for meeting arrangements, reporting form requests and information gathering. I live in Norfolk where I am currently renovating a bungalow with my husband and two children. Outside of work I enjoy spending time with family and friends, trying new places to eat, and I love an early morning gym session.

services to support them where we can and challenging discrimination.

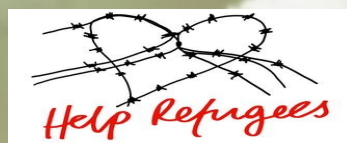
You can find out more information of how to help support refugees in Suffolk by clicking [here](#) There is also information available from Suffolk County Council who have a task force involved in a resettlement scheme. More information [here](#)



Refugees

Across the globe, tens of millions of children have been uprooted – many driven from their homes by conflicts not of their making, and millions more migrating in the hope of finding a better, safer life. Often traumatized by the conflicts and violence they are fleeing they also face further dangers along the way. In countries they travel through and to, they often experience xenophobia and discrimination.

Recently we have seen families being displaced from Afghanistan, arriving in the UK because they are at risk from the Taliban. These children from Afghanistan have never know peace as conflict and fighting has been part of daily life for over two decades. They are traumatised from the atrocities they have witnessed against their families and others in their communities, displacement and harmful social norms and practices they have experienced. This will severely impact on their psychological well-being and development as well as their physical health needs.



In Suffolk we have services to support children and families placed here such as **Suffolk Refugee Support** and **Health Outreach NHS**, as well as our local GP services. However, we all have a role to play in recognising the vulnerability of these children, prioritising our

Do you want to learn more?



Teaching

The CDR team are keen to educate professionals in Suffolk about the Child Death Review Process, the Child Death Overview Panel and what to do when a child dies. We are hoping to continue to be part of organised study days in trusts and organisations in 2022, so that staff will know about our role and what we do, and also to discuss the learning which is coming from children's deaths. If you would like us to be part of your teaching session or study day, please contact us at :

iesccg.suffolkcdr@nhs.net

These sessions are a great opportunity for us to talk to staff about particular cases and families which they may have had involvement with.

Suffolk Policies

If you are a member of staff that is often involved in Child Death, especially SUDIC you may be interested in more specialised training around this area. Recently there have been an increased number of SUDIC's in Suffolk that staff have had to deal with which have all raised different issues. Please contact our team if you would like more in-depth training on SUDIC.

Bereavement and Coping at Christmas

The Christmas season can be very difficult for bereaved families. Bereaved parents often feel they just want to cancel Christmas, they feel it won't be the same as it has been because the family unit is not the same. It is not complete. Often the run up to Christmas can be more difficult than the day itself, as can the looming New Year celebrations. Cruise and The Compassionate Friends both have some great resources to give to families about grief and coping at Christmas, these resources can also help us professionals with conversations with families.

[Grief at Christmas \(cruise.org.uk\)](http://cruise.org.uk)

[coping-with-christmas-2021.pdf \(tcf.org.uk\)](http://coping-with-christmas-2021.pdf) PDF Leaflet that can be printed and handed out

Helplines open over Christmas: The compassionate Friends national Helpline 0345 123 2304 (10am – 4pm, 7pm- 10pm every day). Child Death Helpline 0800 282 986. Child Bereavement UK Support and Information Line 0800 02 888 40. Samaritans 116 123 (free to call)



Safer Sleep for Babies

As we are mid-winter and the festive season is upon us, it's important the advice we give to parents on safe sleeping reflects our learning from deaths and the possibility of heightened risks over the coming months. In the last few weeks we have seen a number of baby deaths where babies have been in circumstances outside of their normal safe sleeping routine. Babies who normally slept in a safe cot or Moses basket on their backs were placed in the bed or sofa with the parents. Parents who normally would not drink and share a bed with their baby may be tempted to over the festive period, just through sheer tiredness. Professionals can help parents think ahead about when they may break from their usual routine and how to remember to check the basic SIDS safety advice. Please remember to talk about safe sleeping if you come in to contact with parents of young babies.

Please see more [here](#)



Suicide - A themed Review

In the autumn we held a themed review at the Child Death Overview Panel (CDOP) around suicide. This year in Suffolk we have had 3 suicides very close together and we felt that we should hold a review to look at some of the learning that has already come out of these cases. Norfolk CDR team also had 3 deaths which they brought to the panel making it 6 young people in total. The panel agreed that any learning should be shared with professionals straight away and many professionals came back and said they would be happy to support on-going work through various channels. The following characteristics were common throughout the cases :

- Being bullied at school (all)
- Having breakdown relationship with parents, grandparents, bereavement for loss of relationship (some)
- **Parental substance misuse (some), relationship, separation/step family (some), mental health (majority)**
- Displaying some neurodevelopmental conditions but haven't been diagnosed, bounced between services (majority)
- Lack of sharing timely info from services (GP) with parents and between services (majority)
- Mental health (all), attempted suicide (some), self-harm (majority), sexual abuse (minority)
- Parental pressure to do well at school (Few)

Parental/Adult Mental health education - Parents do not know what to look for signs of mental health issues, not knowing what is normal for teen behaviour, how to communicate with them and what to do and who to contact (All),

A discussion was held on how we can get things happening locally from reviewing these cases and also from the NCMD national report. One of these actions was to produce a 7 minute briefing which the CDR team have now produced. This should have already been sent to many professionals but you can read this here:

01 Background:

Suicide is complex, rarely caused by one thing, and suicide prevention is also complex. We need to understand who is at risk and when, the stresses and settings, and the response of services. It is important not to over-simplify the causes for suicide as it's unlikely to cover the complexities. Even though cases have common factors we cannot say how significant these factors may have been to a young person. Suicide is still a taboo subject and one that we find extremely difficult to talk about, but we need to be able to have conversations about suicide and emotional health issues with children and young people, within families, with friends and within peer groups. A preventative approach will include good communication and timely information sharing where we are concerned. Consent from the young person to share your concerns isn't needed if you think it might save their life. We also need to be mindful of the language we use. "Committed" suicide can be hurtful to grieving families as it refers to a time when it was a criminal offence.

07 Where to go for help?

- ✓ Suicide prevention training – email Suicidepreventiontraining@suffolk.gov.uk
- ✓ **Childline:** call 0800 1111
- ✓ **Suffolk Mind:** call 0300 111 6000 (Mon to Fri, 9am to 5pm)
- ✓ **Suffolk Wellbeing:** call Suffolk 0300 123 1781 or Norfolk & Waveney on 0300 123 1503
- ✓ **Kooth** - online counselling service for young people
- ✓ **Papyrus** - 0800 068 4141 text line: 07860039967
- ✓ **Bereaved by Suicide Service:** call 01473 322683 (not 24 hour)
- ✓ **NSFT First Response** 0808 196 3494

What to do:

- Listen to children, young people, their friends, and family. Don't dismiss their concerns.
- Wherever possible talk to a young person at risk face to face.
- Provide safe and accessible spaces for children and young people to talk
- If you see someone distressed or struggling to cope, talk to them you won't make things worse.
- Seek help- make sure any referral for support is detailed and clear
- Make sure the child and their main support knows what to do if things get worse – [Suicide Safety Plan](#) with them.

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Factors present:

Cases where a child/young person had taken their own life all had an adverse factor in more than one of the following categories:

- Existing mental health needs of the child
- Previous suicide attempts or non-suicidal self-harm
- Family functioning including parental mental health and substance misuse
- Poor information sharing/communication between professionals
- Loss, bereavement or conflict with key relationships
- Problems with the law or drug/substance misuse
- Negative social media or internet use
- Sexual orientation/identity/ gender or sexual identity
- Abuse and neglect
- Problems at schools/ Bullying
- Chronic health conditions
- Neurodevelopmental conditions AD/HD/ASD

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03 Key points:

- Child suicide is not limited to certain groups; rates are similar across all areas urban and rural, and across deprived and affluent neighbourhoods. However, we have seen clusters of suicides in towns or schools so it's important to be extra vigilant following the suicide of a young person. Make time to listen and talk to young people locally about what has happened, how they feel.
- Have awareness of the impact of domestic abuse, parental physical and mental health needs and conflict at home.
- Check if your organisation/school has an anti-bullying policy. Does it include guidance on how to assess the risk of suicide for children and young people experiencing bullying and when to call multi-agency meetings to discuss children/young people?
- Check out local policies on information sharing and escalation. Do they include how children and young people at risk of suicide can be identified and supported?
- A Child or young people may not be in contact with mental health services but may still be at risk of suicide

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Suicide in Children and Young People

Warning signs:

- Suicidal thoughts and feelings – verbal, written, suicide pacts
- Escalating self-harm
- Talking about being a burden to others
- Feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Increasing use of alcohol or drugs
- Mood swings, including an uplift in mood preceding a suicide attempt
- Significant changes in sleep and eating patterns
- Deterioration in personal hygiene or appearance/ social withdrawal and isolation

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