

Messages from the CDOP



Issue 3



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The Child Death Overview Panel

The death of any child is a tragedy. It is vital that all child deaths are carefully reviewed so we can learn how to better support families and to try to prevent future deaths.

This newsletter is designed to raise awareness of the learning from the Calderdale and Kirklees Child Death Overview Panel (CDOP) and to bring news on ongoing campaigns.



Sepsis in children

'Three other children died after NHS hotline blunders failed to diagnose sepsis' Daily Mail

'Sepsis and the little ones who never should have died: Heartbreaking stories that prove why it's so vital families and doctors are taught how to spot symptoms sooner' Mirror

We are all familiar with headlines such as these. Sadly, every year in the UK there are 150,000 cases of sepsis, resulting in 44,000 deaths and a significant number of these are children .

Sepsis is a common and potentially life-threatening condition where the body's immune system goes into overdrive in response to an infection, setting off a series of reactions that can lead to widespread inflammation, swelling and blood clotting. This can lead to a significant decrease in blood pressure, which can mean the blood supply to vital organs such as the brain, heart and kidneys is reduced and there is a significant risk of long-term disability or death. Sepsis is almost unique among acute conditions in that it affects all age groups.

One of the difficulties in diagnosis is that the initial clinical presentation of sepsis in children may be non-specific (especially in younger age groups) and may mimic a simple viral infection.

A great deal of work is being done by NICE, NHS England and charities such as The Sepsis Trust to raise awareness of the signs and symptoms of sepsis so that parents and professionals are able to recognise and act quickly to initiate appropriate treatment.

A simple leaflet outlining these signs and symptoms:
www.sepsistrust.org/wp-content/uploads/2015/08/UST602_DL_6pp_SpottingSepsis_Leaflet_070716.pdf

SELF-HARM

Self-harm is an issue for a lot of children and young people and many workers find it challenging to deal with. Self-harm describes a wide range of behaviours that people sometimes use to cope with difficult feelings and distressing life experiences. These behaviours may include cutting, burning, scalding, banging or scratching one's own body, pulling one's own hair or swallowing poisonous substances or objects. The majority of people who self-harm have no intention of ending their life. Most people who self-harm do so to manage their feelings.

Suicide can be viewed as a way of ending all feeling, whereas self-harm is often more about coping with and living with difficult feelings. In the same way that some people may cope with stress, anger and frustration by having a glass of wine or smoking cigarettes, others may manage similar feelings by cutting or burning themselves.

It is estimated that one in fifteen young people in the United Kingdom have deliberately harmed themselves, suggesting that around two people in every secondary school classroom have self-harmed at some time. Self-harm amongst young people is more common between the ages of 11 and 25, although it can occur in children younger than this. In 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self-harm related reasons over the preceding 2 years.

Around four times as many girls as boys self-harm. Young men with similar problems are more likely to get into fights and in trouble with the police. Whilst self-harm is reported as common throughout society, it is recognised that it is more prevalent among certain groups, e.g. young people; with learning disabilities; who are lesbian, gay, bisexual, transgender; in residential settings and young Asian women.

The experiences that lead to self-harm can generate many difficult feelings and emotions in children and young people. Young people who self-harm often carry feelings of shame, guilt, self-hatred, anger, frustration and isolation. However, there is a common belief that young people who self-harm are 'attention-seeking'. In reality, most young people who self-harm tend to do it in secret, and labelling someone as attention-seeking only serves to further feelings of shame and guilt. This, in turn may exacerbate self-harming behaviour.

For more information and help go to: www.nhs.uk/Conditions/Self-injury/Pages/Introduction.aspx



Self Asphyxia Behaviour / Choking Game

Locally, there have been reports of Self Asphyxia Behaviour (SAB). This is self-strangulation or strangulation by another person to achieve a brief euphoric state. A variety of methods are used to achieve the state of unconsciousness, including hyperventilation, strangulation, chest and neck compression or ligatures such as ropes or scarves.

Various negative short-term and long-term health outcomes from engagement in SAB have been reported, including chronic headaches, confusion, amnesia, neurological damage and death. The main motives for engagement in SAB are reported to be fitting in with a social group, thrill-seeking and experimentation. These are argued to be distinctly different from self-harm, suicidal intentions and sexual asphyxia also known as autoerotic asphyxiation.

The current evidence is limited, but awareness of SAB among young people is high, and engagement varies by setting. Further research is needed to understand the level of risk and harm associated with SAB and to determine appropriate education and prevention approaches.

For further details of a recent study on SAB: www.adc.bmj.com/content/100/12/1106

Askfm

www.ask.fm

A local Authority had two suicides of young people allegedly involving the website ask.fm. On a search of the internet there were also news reports of another 11 cases (worldwide involving children) where this site has been channelled for bullying and death threats.

Ask.fm is a social networking service which is based around users asking each other questions. The site is located in Latvia but is growing in popularity in many other countries and there are currently around 56 million registered users.

Users are able to ask questions anonymously which has led to problems with cyberbullying and offensive content. The site is clear that asking a question anonymously means that your name is hidden from other users but makes the point that identifying information can be shared with law enforcement if necessary.

The site provides information about safety and privacy but there is no requirement to read any of this when signing up. There's an official app for both Android and Apple devices.

The authority who brought this to our attention have decided that if website safety is raised as an issue again any concerns are to be directed to -

<https://www.gov.uk/government/groups/uk-council-for-child-internet-safety-ukccis>

This has a mandate to oversee child internet safety.



SUDDEN UNEXPLAINED INFANT DEATHS

Sudden unexplained infant deaths, or cot deaths, have reached the lowest level on record in England and Wales, according to the latest figures.

Lowering the risk

- Always place your baby on their back to sleep
- Avoid smoking when pregnant or around the baby after it is born
- Place your baby in a separate cot or Moses basket in the same room as you for the first six months
- Use a good condition, firm, flat and waterproof mattress for your baby
- Never sleep on a sofa or in an armchair with your baby
- Don't sleep in the same bed as your baby if you smoke, drink or take drugs or are extremely tired
- Avoid letting your baby get too hot
- Don't cover your baby's face or head while they are sleeping or use loose bedding



Source: *The Lullaby Trust*

Serious Crime Act

Section 1 of the Children and Young Person's Act 1933 provides for an offence of Child Cruelty. This offence is committed where a person aged 16 or over, who has responsibility for a Child under that age, wilfully (i.e. intentionally or recklessly) assaults, ill-treats, neglects, abandons, or exposes that Child in a manner likely to cause "unnecessary suffering or injury to health"; or causes or procures someone else to treat a Child in that manner.

Section 66 of the Serious Crime Act 2015 has amended section 1 of the 1933 Act to make it explicit that the offence covers conduct which is likely to cause psychological suffering or injury as well as physical harm; and that ill-treatment could either be physical or non-physical, for example isolation, humiliation or bullying, if it is likely to cause unnecessary suffering or injury to health.

The amendment also extends the 1933 Act provisions that deem the suffocation of a Child under three years when in bed with a drunken person to constitute an offence of Child neglect to now include Adults under the influence of prohibited drugs. The offence applies where the person is under the influence of the substance in question, at any time before the suffocation occurs and it applies irrespective of where the Adult and Child were sleeping (for example if they were asleep on a sofa).

The Act provides more clarity for the Investigating Officers and other Professionals in dealing with Child Cruelty cases and is particularly relevant in the review of CDOP cases concerning the co – sleeping deaths of Children when the risk factors (alcohol and or prohibited drugs) were known or suspected to be a factor at the time of the Child's death.

<http://www.legislation.gov.uk/ukpga/2015/9/section/66>



St John Ambulance Baby CPR campaign

Do you know your puffs and pumps? Nursery Rhymes Inc. have got you covered.

Learn what to do if your baby stops breathing

Parents told us that their baby not breathing is the first aid emergency they fear the most, yet only 1 in 4 know what to do.

We've created a short video featuring the stars of Nursery Rhymes Inc. that shows how to give baby CPR in a reassuring unforgettable way.

<http://www.sja.org.uk/sja/support-us/our-campaigns/baby-cpr-nursery-rhymes-inc.aspx>



Kirklees & Calderdale Bereavement Support Contacts

Kirklees: <http://www.kirkleessafeguardingchildren.co.uk/cdr.html>

Calderdale: <http://www.calderdale-scb.org.uk/professionals/child-deaths/>

Safety Messages

Other ongoing safety issues from child death reviews regionally and nationally:

- Self Asphyxial Behaviour (Choking Game)
- Suicide
- Childproof socket covers update—No plug socket covers have been approved for use in Standard UK sockets (BS1363) <http://www.fatallyflawed.org.uk/>
- Deaths due to Consanguinity (where parents are related)
- Co-sleeping (on beds, sofas and other pieces of furniture)
- Smoking (Maternal and the effects of breathing in second hand smoke)



Professionals' information around the use of the Bednest crib and safety

In April 2015 there was a tragic death of a 7 week old baby who died through positional asphyxia having been able to get her head over the fold down side of a Bednest crib. The family are from the Mid Sussex area.

The coroner raised some concerns over the safety of the crib. One of her concerns is that there are a number of Bednest cribs in circulation where the owners are not aware of the risks of using the half fold down feature, nor do they have the modification kit, which is to be used to prevent the side from having that fold down feature. She is also concerned that although people may have the modification kit that the importance of using it has not been made explicit.

She urged Bednest to ensure that they worked to reach their clients, and for the press to work with the family in trying to reach those who have the crib, in particular the second hand market.

The modification kit is to be used to prevent the baby's head getting stuck over the side leading to death. If the family do not have that kit they need to contact Bednest as soon as possible. Full contact details are included on the handout sheet or available online: www.bednest.com.

As always continue to promote the safer sleep message; the safest place for a baby to sleep is on its back on a firm flat waterproof mattress and not to bed share if a parent smokes, has been drinking, is taking drugs and if the baby is premature.



Safeguarding Children Board Contacts

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Websites and links to further Information

Kirklees Safeguarding Children Board
<http://www.kirkleessafeguardingchildren.co.uk/>

Calderdale Safeguarding Children Board
<http://www.calderdale-scb.org.uk/>

Auntie Pam's
<http://auntiepams.org.uk/who-are-we/>

Forget Me Not Children's Hospice
<http://www.forgetmenotchild.co.uk/>

Child Accident Prevention Trust
<http://www.capt.org.uk/?gclid=CKrlmZziu8UCFeiWtAodWmwAnw>

Lullaby Trust (bereavement support)
<http://www.lullabytrust.org.uk/>

National CDOP contacts
<https://www.gov.uk/government/publications/child-death-overview-panels-contacts>

Every Baby Matters Leaflet (health and safety advice for parents)
<http://www.calderdale-scb.org.uk/wp-content/uploads/manual/Every-Baby-Matters-2012.pdf>

