

Procedural Response to Unexpected Deaths in Childhood (PRUDiC) 2023

TOOLKIT

**PRUDIC NOTIFICATION CHECKLIST**

To be completed by Health

If any professional invited to this meeting has any concerns regarding the upsetting nature of the circumstances discussed, and/or the support available to professionals, please contact the PRUDiC Chair [NAME] who will be more than happy to support colleagues and partners prior to the meeting starting.

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **DATE OF DEATH** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed By:** | | **Name of Person Notified** | **Date &Time** |
| **1.** | Confirm Police informed |  |  |
| **2.** | Confirm Coroner informed |  |  |
| **3.** | UHB Head of Safeguarding |  |  |
| **4.** | Local Authority Children’s Services  [Check Child Protection Register/Court Orders] |  |  |
| **5.** | CTMSB Business Manager |  |  |
| **6.** | General Practitioner |  |  |
| **7** | Health Visitor/School Nurse |  |  |
| **8.** | WAST Safeguarding Manager |  |  |
| **9.** | Senior Nurse Paediatrics |  |  |
| **10.** | Senior Midwife  (if child under 3 months) |  |  |
| **11.** | Other relevant health professionals |  |  |
| **12** | Child Health to cancel health appointments:   * Community * Hospital |  |  |
| **13** | Education |  |  |
| **14** | Bereavement Officer |  |  |

**CONVENE PHASE 1 INFORMATION SHARING & PLANNING MEETING**

|  |  |
| --- | --- |
| **Date:** |  |
| **Time:** |  |
| **Venue:** |  |

**PRUDIC PHASE 1 INFORMATION SHARING & PLANNING MEETING**

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **DATE OF DEATH** |  |
| **DATE OF MEETING** |  |
| **SIBLINGS** |  |

This meeting is convened to discuss the death of [NAME]. During this meeting we will discuss relevant details concerning [NAME] which could include information from their birth up to the circumstances of their death. I recognise that some involved in this discussion may have built a professional relationship with [NAME] and their family, and this meeting is likely to be difficult and upsetting.  If anyone present, at any time during the meeting, needs to have a moment to compose themselves or seek support, I would encourage them to let me know and we can pause for as long as necessary. During the meeting, we shall also discuss support for professionals. The content of the meeting is confidential and should you wish to share any information outside of this meeting you should contact the Chair for permission to do so.  The meeting will aim to reflect that all individuals who are discussed should be treated fairly, with respect and without proper discrimination.  Everyone present is requested to share all details they have in relation to the individuals discussed in order to ensure we identify levels of risk and to agree appropriate support to meet their needs.”

**PURPOSE OF MEETING**

* To determine which professional is the most appropriate person to be the single point of contact for supporting the family.
* To ensure appropriate support is provided to the family including siblings.
* To ensure appropriate support is provided to the child’s immediate peer group.
* For each agency to share information from previous knowledge of the family and records, with particular reference to the environment and circumstances of the child’s death. This would include details of previous or ongoing child protection or safeguarding concerns, history of previous unexplained injury, abuse or neglect, previous unexplained or unusual deaths in the family, medical conditions including any disability, parental substance misuse, parental mental ill health, domestic abuse, parental criminal convictions, previous hospitalisation and General Practice visits.
* To collate all relevant information to share with the HM Coroner and Pathologist prior to the post-mortem examination.
* To plan and determine the process of the investigation.
* To enable consideration of any child protection risks to siblings/ any other children, and to consider the need for child protection procedures.
* To consider the need for referral to the Regional Safeguarding Children Board for consideration of a Child Practice Review.
* To ensure appropriate support is provided to all professionals who attended the child and family.
* An offer for any professionals to be referred and receive support from 2Wish is recommended to be a standing agenda item at every Information Sharing and Planning meeting.
* To consider and plan for any media interest in the death.
* To agree who will have responsibility for any actions agreed and by when.
* To make arrangements to convene the Case Discussion Meeting within five to twenty-eight days.
* The Police are responsible for ensuring that accurate minutes of every meeting are recorded, all decisions are documented and that the minutes are distributed to all invitees within 5 working days of the meeting with a copy (redacted if necessary) sent to the CDRP.

**PRUDIC PHASE 1 INFORMATION SHARING PLANNING MEETING**

|  |  |  |
| --- | --- | --- |
|  | **AGENDA ITEM** | **LEAD** |
| **1** | Welcome, Introductions & Apologies | Chair |
| **2** | Circumstances leading to death and ensure procedural response has been followed | Chair |
| **3** | Relevant past history & relevant social & family circumstances | All agencies |
| **4** | Consider other parallel processes   * IRG * Strategy Meeting * Coroner Process * Child Practice Review Referral * Completion of the Proforma for history and physical examination of the child (appendix 3) * Completion of Scene Examination Checklist for infants and children under 24 months (appendix 4) * CDR Referral Form & Redacted Minutes (appendix 5) | Chair |
| **5** | Coordinate bereavement care plan for family and agree feedback | Chair |
| **6** | Consultant Paediatrician to write a letter to the parents (if appropriate) offering to meet them to discuss available information, cause of child’s death and answering any questions together with offering future care and support | CTMUHB |
| **7** | Consider Support to professionals | All Agencies |
| **8** | Media Strategy | SWP Media Officer |
| **9** | Any other relevant information | Chair |
| **10** | Agree Date & Time of Phase 2 Case Discussion Meeting | Chair/Business Unit |

**PRUDiC PHASE 2 CASE DISCUSSION MEETING**

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **DATE OF DEATH** |  |
| **DATE OF MEETING** |  |

This meeting is convened to discuss the death of [NAME]. During this meeting we will discuss relevant details concerning [NAME] which could include information from their birth up to the circumstances of their death. I recognise that some involved in this discussion may have built a professional relationship with [NAME] and their family, and this meeting is likely to be difficult and upsetting.  If anyone present, at any time during the meeting, needs to have a moment to compose themselves or seek support, I would encourage them to let me know and we can pause for as long as necessary. During the meeting, we shall also discuss support for professionals. The content of the meeting is confidential and should you wish to share any information outside of this meeting you should contact the Chair for permission to do so.  The meeting will aim to reflect that all individuals who are discussed should be treated fairly, with respect and without proper discrimination.  Everyone present is requested to share all details they have in relation to the individuals discussed in order to ensure we identify levels of risk and to agree appropriate support to meet their needs.

**PURPOSE OF MEETING**

* Receive any information which was not available at the Information Sharing and Planning Meeting.
* Discuss any further investigations which are ongoing.
* Discuss the preliminary results of the post-mortem examination.
* Consider any safeguarding or child protection concerns.
* Consider any disclosure issues and any necessary restrictions according to the nature of the case and the extent of any criminal or coronial investigations.
* Consider the need for referral to the Regional Safeguarding Children Board for a Child Practice Review.
* Ensure the right support is available to the family.
* Ensure appropriate support is provided to all professionals who attended the child and family. An offer for referral to 2Wish (or other local support groups) for any professionals to be included is recommended to be a standing agenda item for PRUDiC meetings.
* Consider and plan for any media interest in the death.
* Agree which agency will undertake each action and agree timescales (which may not exceed those set out in this PRUDiC) for doing so.

**PRUDIC PHASE 2 CASE DISCUSSION MEETING**

|  |  |  |
| --- | --- | --- |
|  | **AGENDA ITEM** | **LEAD** |
| **1** | Actions from Phase 1 Information Sharing & Planning Meeting | Chair |
| **2** | Initial results of Post Mortem and confirmation on whether this has been shared with family | Chair |
| **3** | Conclusion about cause of death & contributory factors | CTUHB |
| **4** | Address specific anxieties expressed by parents/family | Key point of contact |
| **5** | Discuss any other family problems related to the death | All agencies |
| **6** | Discuss as appropriate further available support | All agencies |
| **7** | Discuss with family whether they want feedback at the end of the process and consider who is the best person to do this | Chair |
| **8** | Consideration of a Child Practice Review Referral | Chair |

**PRUDiC PHASE 3 CASE SUMMARY TEMPLATE**

**DATE OF COMPLETION:**

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  |
| **ADDRESS** |  |
| **DATE OF DEATH** |  |
| **NHS NUMBER** |  |
| **FAMILY MEMBERS** |  |

|  |
| --- |
| **DETAILS OF CAUSE OF DEATH** |
|  |

|  |
| --- |
| **CASE SUMMARY** |
|  |

|  |
| --- |
| **CONTRIBUTORY FACTORS** |
| **Factors intrinsic to the child:** Include any known health needs; factors influencing health; development/educational issues; behavioural issues; social relationships; identity and independence; abuse of drugs or alcohol; note strengths and difficulties. |
|  |
| **Social environment including family and parenting capacity:** Include family structure and functioning: provision of basic care; health care (including antenatal care where relevant); safety; any evidence of current or previous abuse or neglect; emotional warmth; stimulation; guidance and boundaries; stability; parental abuse of drugs or alcohol; wider family relationships; employment and income; social integration/ support; nursery/pre-school or school environment |
|  |
| **Physical environment:** Include known hazards relating to the external environment in relation to common childhood injuries of burns and/or falls; road traffic accidents; issues relating to housing and home safety measures. |
|  |
| **Service Provision:** Include any identified services (either required or provided); any gaps between child’s or family member’s needs and service provision; any issues in relation to service provision, access or uptake |
|  |
| **Please enter any other relevant information which you wish to share** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| DAY OF DEATH | 0-5 DAYS | 5-28 DAYS | WITHIN 12 MONTHS WHERE APPROPRIATE |
| * SWP notified of Child Death * SWP notify MASH Health * MASH Health to complete Communication Checklist * MASH Health to arrange Phase 1 PRUDIC meeting | * Phase 1 Information Sharing and Planning meeting held * Phase 2 Case Discussion meeting date agreed * DI/Minute Taker to book venue of Phase 2 meeting * Minutes circulated within 5 working days (copy to Business Manager) * Child Death Notification Form and redacted minutes to be sent to the Child Death Review Programme. | * Phase 2 Case Discussion Meeting held * Minutes circulated within 5 working days (copy to Business Manager and CDRP) | * Case to be held on Joint Review Group database until actions have been completed and final PM is available * Agreement to proceed to Phase 3 Case Review Meeting by Joint Review Group * BU to liaise with DI to arrange Phase 3 meeting and agree attendees * Case Summary Template to be completed at the Phase 3 meeting and presented to next JRG for approval * Health to share the template with the CDR Programme * Agencies to share learning within their own agencies |

## Appendix 3:

## Proforma for History and Physical Examination of the Child

*(Adapted from ‘Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation. Royal College of Pathologists, 2nd edition, November 2016’)*

To be completed by the Consultant Paediatrician (or doctor with appropriate training and competence examining the child and retained as part of the health record).

**History Proforma**

|  |  |
| --- | --- |
| **Identification Data** | **Details** |
| Name of Child |  |
| Male or Female |  |
| Ethnicity |  |
| Date of Birth |  |
| Date of Death |  |
| Address |  |
| Postcode |  |
| Name of Father |  |
| Date of Birth of Father |  |
| Address of Father  (If different from child) |  |
| Name of Mother |  |
| Date of Birth Mother |  |
| Address of Mother  (If different from child) |  |
| Name of Partner  (If relevant) |  |
| Date of Birth of Partner |  |
| Address of Partner  (If different from child) |  |
| Consanguinity  (Degree of relatives) |  |
| General Practitioner |  |
| General Practitioner Address |  |
| Consultant/s |  |
| Police Lead Investigator |  |
| Social Worker |  |
| HM Coroner / HM Coroner’s Officer |  |
| Other Professionals  (Please provide full details) |  |
| **Details of Transport of Child to Hospital** | |
| Place of Death?  Home address as above?  Another location? (Please specify)  Hospital? (Please specify) |  |
| Time Found? |  |
| Time arrived in Emergency Department? |  |
| Resuscitation carried out?  Yes or No (Please specify) |  |
| At scene of death?  Ambulance?  Emergency Department? |  |
| By whom? (Please specify)  Carers?  General Practitioner?  Ambulance Crew?  Hospital Staff?  Others? |  |
| Confirmation of Death Time |  |
| Confirmation of Death Date |  |
| **History** | |
| Taken in Emergency Department by? |  |
| Taken at Home Visit by? |  |
| History given by? |  |
| Relationship to child: |  |
| **Events Surrounding Death** | |
| Who found the child? |  |
| Where and when? |  |
| Appearance of the child when found? |  |
| Who called the Emergency Services? |  |
| When child was last seen alive and by whom? |  |
| Details of any resuscitation at home, by Ambulance Crew and in Hospital? |  |
| For accidental/traumatic deaths, details of circumstances around the death and witnesses? |  |
| **Detailed Narrative Account of Last 24 to 48 hours** | |
| To include details of activities and carers during last 24 to 48 hours. | |
| Details: | |
| Any alcohol or drugs consumed by child or carers? | |
| Details: | |
| For Sudden Unexpected Death in Infancy (SUDI), include details of last sleep, where and how put down, where and how found, any changes? Details of feeding and care given? | |
| Details: | |
| When last seen by a Doctor or other professional and why? | |
| Details: | |
| Further details of previous 2 to 4 weeks, including child’s health, any changes to routine? | |
| Details: | |
| **Family History** | |
| Details of all family and household members, including names, dates of birth, health, any previous or current illnesses including mental health, any medications and current occupation? | |
| Details: | |
| Maternal parity and obstetric history? | |
| Details: | |
| Parental relationships? | |
| Details: | |
| Children, including children by previous partners? | |
| Details: | |
| Household composition? | |
| Details: | |
| Any previous childhood deaths in the family? | |
| Details: | |
| **Past Medical History** | |
| Of the child, to include pregnancy and delivery, perinatal history, feeding, growth and development? | |
| Details: | |
| Health and any previous or current illnesses, hospital admissions and any medication? | |
| Details: | |
| Routine checks and immunisation? | |
| Details: | |
| Systems Review? | |
| Details: | |
| Behavioural and educational history if appropriate? | |
| Details: | |
| **Social History** | |
| Type and nature of housing? |  |
| Any major life events? |  |
| Any travel abroad? |  |
| Wider family support networks? |  |
| **Any other Relevant History** | |
| May vary according to the age of the child and nature of death | |
| Details: | |
| **Information Retrieved From Record** | |
| Hospital, GP, Health Visitor, NHS Direct, etc. (Include family-held records such as the Personal Child Health Record (Red Book) |  |
| Ambulance Crew |  |
| Social Services, Databases, Case Records, Child Protection Register, etc. |  |
| Police Intelligence, Police ASSIST, Police National Computer, Domestic Violence, etc. |  |
| Any other information? |  |
| Details: | |

**Physical Examination Proforma**

Examination to be carried out by the Consultant Paediatrician (or doctor with appropriate training and competence)

(Police Investigator should be present)

|  |  |  |
| --- | --- | --- |
| **Identification Data** | **Details** | |
| Name of Child |  | |
| Male or Female |  | |
| Ethnicity |  | |
| Date of Birth |  | |
| Date of Death |  | |
| Address |  | |
| Postcode |  | |
| Physical Examination carried out by: (Please print full name and title) |  | |
| Others present at the Examination?  (Please print full name/s and title/s) |  | |
| Date of Physical Examination |  | |
| Time of Physical Examination |  | |
| Interval since death |  | |
| **For infants and children under 24 months include full growth measurements** | | |
| Centile |  | |
| Length (cm) | cm: | Centile: |
| Head circumference (cm) | cm: | Centile: |
| Weight (g) | g: | Centile: |
| **For all children 0-18 years** |  | |
| Retinal examination |  | |
| Rectal temperature |  | |
| State of nutrition |  | |
| State of hygiene |  | |
| Marks, livido, bruises or evidence of injury. Include any medical puncture sites and failed attempts (should be drawn on body chart) |  | |
| Note: Check genitalia |  | |
| Note: Check back |  | |
| Note: Check mouth  Is the fraenum of lips/tongue intact? |  | |
| **Further details, observations and comments** | | |
| List all drugs given at the Hospital and any interventions carried out at resuscitation. |  | |
| Document direct observations of the position of the endotracheal tube prior to removal. |  | |
| Document any cannulae, nasogastric tubes and any other medical intervention prior to removal. |  | |
| Date: |  | |
| Time: |  | |
| Signature of person who undertook the physical examination |  | |
| Date: |  | |
| Time: |  | |
| Signature/s of others present at the examination. |  | |

|  |
| --- |
| Insert Body Chart |
|  |

# Appendix 4:

# Scene Examination Checklist for Infants and Children Under 24 Months

*(Adapted from ‘Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation. Royal College of Pathologists, 2nd edition, November 2016’)*

To be completed by the police and retained as part of their record.

**Scene Examination Proforma**

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Date of Death |  |
| Address |  |
| Date of Scene Visit |  |
| Persons Present |  |

|  |  |
| --- | --- |
| **Room** | |
| Please Note:  Size  Orientation (compass)  Contents  Any ‘clutter’? |  |
| Ventilation:  Windows and Doors (open or shut) |  |
| Heating:  (Including times switched on/off) |  |
| Measure Drawer Temperature ⁰C |  |
| **Sleep Environment** | |
| Note:  Location position of bed/cot in relation to other objects in room |  |
| Was the child sleeping on a sofa, floor or elsewhere? |  |
| Mattress/Bedding/Objects? |  |

|  |  |  |
| --- | --- | --- |
| **Position of Child** | | |
| When put down? |  | |
| When found? |  | |
| Any evidence of over-wrapping or  over-heating? | Yes: | No: |
| Comments: | | |
| Any Restriction to ventilation  or breathing? | Yes: | No: |
| Comments: | | |
| Any risk of smothering? | Yes: | No: |
| Comments: | | |
| Any potential hazards? | Yes: | No: |
| Comments: | | |
| Any evidence of neglectful care? | Yes: | No: |
| Comments: | | |
| **Diagram of Scene** | | |
| Please draw diagram of scene including North/South orientation, room measurements, location of doors, windows, heating, any furniture and objects in the room | | |
|  | | |

# Appendix 5:

# Child Death Notification Form

**UNEXPECTED DEATHS**: To be completed by the Chair (or their delegate) of the Case Discussion Meeting and a copy submitted to the Child Death Review Programme and the Business Manager of the Regional Safeguarding Children Board.

**EXPECTED DEATHS**: To be completed by the doctor who confirms the fact of death and a copy submitted to the Wales Child Death Review Programme.

**NB. Please fill in as much detail as possible, however, not all sections may be relevant – if this is the case leave blank.**

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 |
| Ethnic Group  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 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 the 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 password protected to the Regional Safeguarding Children Board Business Manager and 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,

5th Floor Capital Quarter

Tyndall Street

Cardiff

CF10 4BQ

**CTMSB PRUDIC – WELFARE PROVISION FOR STAFF**

|  |  |
| --- | --- |
| CTMUHB |  |
| Education MTCBC | Education staff can access Care First advice, information and counselling service (24hrs online and telephone) [www.carefirst-lifestyle.co.uk](http://protect-eu.mimecast.com/s/vgTMC6RNOCGjODzUpdjYi)  The Exchange have also offered counselling to school staff in Merthyr Tydfil.  [Home | Exchange Counselling (exchange-counselling.com)](https://protect-eu.mimecast.com/s/I6ZkC7L0PfW4pqliWuwOr) Place2Be also offer counselling to some schools who ‘buy in’, but this is outside our commissioned service. |
| Education BCBC | BCBC have care-first which staff can access through HR. They also have websites on their intranet focussed on wellbeing including emotional wellbeing.  In addition and when required staff can access  bespoke specialist 1:1 counselling support. |
| Children Services RCT | RCT CS - access to council support services [Care first](http://inform/en/wellbeingforstaff/carefirst/carefirst.aspx), management supervision and support e.g. debriefs |
| Children Services MTCBC | Good afternoon, Nicola.  In the Council it would be a referral by a manager to Occupational Health and they would arrange appropriate support for any members of staff whatever that might look like.  The discussion with the manager would come under the ‘wellbeing’ element of their 1:1 supervision.  Unfortunately, this is a MTCBC provision and wouldn’t be open to other agencies.  Interestingly enough, talking to a person on the recent suicide workshop, there was a discussion about compulsory referral for support as a lot of people would think that they are and don’t want to be any ‘trouble’.  I guess those really affected could be those in your team, dealing with multiple PRUDIC’s and adult/children practice reviews. |
| WAST | WAST staff are referred to TRiM and we also provide them with the contact details for 2Wish support for Professionals. |

**SOURCES OF FAMILY SUPPORT**

#### 2Wish

Provides immediate support, counselling and support groups for parents who lose a child or young adult under 25 years of age suddenly and traumatically.

Tel: 01443 853125

Monday - Friday: 09.30 - 16.30

Email: [info@2wish.org.uk](mailto:info@2wish.org.uk)

[www.2wish.org.uk](http://www.2wish.org.uk)

#### Child Bereavement UK

Support for parents and children who have been bereaved.

Helpline: 0800 02 888 40

Monday - Friday: 09.00 - 17.00

Email:[support@childbereavementuk.org](mailto:support@childbereavementuk.org)

www.childbereavementuk.org

#### The Child Death Helpline

The Child Death Helpline is a helpline for anyone affected by the death of a child of any age, however recently or long ago. Calls are answered by a bereaved parent, trained and supported by professional staff. Please note this is a listening service not a counselling service although they can provide details of services in local areas.

Helpline (Free phone): 0800 282 986

Additional Free phone number for ALL mobiles: 0808 800 6019

The Helpline is open every day of the year from:

Every evening: 19.00 - 22.00

Monday - Friday: 10.00 - 13.00

Tuesday - Wednesday: 13.00 - 16.00 [www.childdeathhelpline.org.uk](http://www.childdeathhelpline.org.uk)

**The Compassionate Friends**

Support for bereaved parents and their families.

Helpline: 0345 123 2304

Every day: 10.00 - 16.00 / 19.00 - 22.00

Email: [helpline@tcf.org.uk](mailto:helpline@tcf.org.uk) [www.tcf.org.uk](https://www.tcf.org.uk/)

**Cruse Bereavement Care**

Support for anyone who is bereaved. Helpline: 0808 808 1677

Monday - Friday: 09.30 - 17.00

Email: [info@cruse.org.uk](mailto:info@cruse.org.uk) [www.cruse.org.uk](https://www.cruse.org.uk/)

#### The Lullaby Trust

Specialist support for bereaved families and anyone who has suffered the sudden death of an infant.

Helpline (Free phone): 0808 802 6868

Monday - Friday: 10.00 - 23.00

Weekends & Bank Holidays: 18.00 - 23.00

Email: [support@lullabytrust.org.uk](mailto:support@lullabytrust.org.uk) [www.lullabytrust.org.uk](https://www.lullabytrust.org.uk/)

#### Survivors of Bereavement by Suicide

Support for those bereaved by suicide.

Helpline: 0300 111 5065

Every day: 09.00 - 21.00

Email: [sobs.support@hotmail.com](mailto:sobs.support@hotmail.com) [www.uk-sobs.org.uk](https://uksobs.org/?doing_wp_cron=1676724604.2302320003509521484375)

#### Winston’s Wish

Support for bereaved children and young people aged up to 18 years. An interactive website is also available.

Helpline: 08452 03 04 05 Monday - Friday: 09.00 - 17.00

Email: [info@winstonswish.org.uk](mailto:info@winstonswish.org.uk) [www.winstonswish.org.uk](https://www.winstonswish.org/)