THE KEEPING BRISTOL SAFE PARTNERSHIP

RAPID REVIEW 21 - LEARNING BRIEF

Learning brief following Rapid Review 21

This learning brief covers the death of a young child following a road traffic accident.

The family were refugees that arrived in the UK in 2020-22. Prior to the accident there was no co-ordinated multi-agency involvement with the family. They were being supported through universal services namely school and GP.

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Points for practice

Children must use a car or booster seat until they are **12 years old** or **135cm tall**, whichever comes first. Children over 12 or over 135cm tall must wear a seatbelt.

Interpreters should be considered **even if one has not been requested.** Be mindful of dialect and cultural differences.

Consider use of techniques such as 'teach-back' method to ensure concepts have been understood. There is a difference between **communication and comprehension.**

Ensure the use of a **trauma -informed approach** to best enable the use of **professional curiosity** when working with cases.

Key Findings

Areas of discussion

Use of interpreters - There were inconsistencies in recording what language the family spoke which led to translators not always being appropriately used or requesting other family member to translate. There were frequent occasions when translator appointments were cancelled as well as issues with connection or interpreters were not in private spaces meaning it was not appropriate for them to continue.
For more information about working with interpreters, please see Learning Brief - Rapid Review 20.

Knowledge around legal use of car seat - When police attended the scene, there was no car seat in the vehicle. There is a legal requirement for a child to be in a car seat or booster seat until they are 12 years old or 135cm tall, whichever comes first. Public Health messages around the legality of car safety are well known and publicised but it is unclear whether this information would be easily available for a family with limited English.
For more information around car seat safety, please click here.

Understanding lived experience - There were a number of issues within the household such as mental health, isolation, physical health, language barriers and the potential impact of trauma either in their home country or through their journey to the UK. There was limited understanding of what impact this had on the household. Using the 'Think Family' approach practitioners should actively think of the needs of the family as well as, and in relation to, the needs of the service user.
For more information around the 'Think Family' approach, please click here.

Good Practice

There was **good continuity of care** for the family from their GP.

It was clear every effort was made to ensure the family saw a GP wherever possible despite capacity challenges facing General Practice.

Relevant and appropriate **support services were discussed** with the family and **referrals were made** promptly.

Support Options

Below are support options for **refugees and asylum seekers** in Bristol:

The Haven - a specialist health service, based inside **Montpelier Health Centre**.

Borderlands - social support, a variety of classes and wellbeing services at **The Assisi Centre, Lawfords Gate**.

Refugee Women of Bristol - women only drop in for practical support, advocacy and 1-1 support to women experiencing domestic abuse at **Easton Family Centre**.

Bristol Refugee Rights - classes, casework support, mother and baby group and social space at **Wellspring Settlement**.

Recommendations

Process Review

Health partners to review the process of assessing health needs for families arriving in the UK as refugees or seeking asylum, in particular, to identify which elements of the Healthy Child Programme have been missed prior to arrival in the country. Partners should define roles and responsibilities, ensuring there is clear communication around injury prevention, including the use of car seats, as well as wider health messaging.

This information should be accessible to all families, including those whose first language is not English.

Communication Plan

Safeguarding in Education team to develop a communications plan for information to be shared with schools regarding specialist services available to support refugee and asylum-seeking families.

This should include how to access training to support professional development of staff and the importance of understanding the whole family including history and the potential impact of trauma for these families.

Quality Assurance

The partnership to undertake multi-agency quality assurance work with a focus on trauma-informed approaches to work with children and families and ensure that an action plan is put in place as required.

This should take a particular focus on practitioners demonstrating professional curiosity to look beyond the presenting factors and consider what may be driving these. This should also include the importance of considering the potential impact of issues across the whole family.

Task and Finish Group

This group would be to review translation and interpreting services, cultural competence and maintain oversight of individual agency plans to address identified areas for development.

This should include learning from this review and Child Safeguarding Practice Reviews (CSPR) with similar themes.