Meeting: BHR Safeguarding Partnership
Date: 03 August 2020
Time: 15:00 to 17:00
Venue: MS Teams
Chair: Mark Gilbey-Cross, Deputy Nurse Director, BHR CCG
Secretariat: Lesley Perry, Partnerships Manager, RSCP

A G E N D A

1 Welcome, Introductions and Apologies  Chair  1 minute
2 Notes of Previous Meeting – 05 06 2020 & Summary Version All  5 minutes
3 Action Log 2020 - 2021 All  5 minutes

4 Update from Partners on impact and response to COVID-19 All  30 minutes

5 Statutory Responsibilities Table – Exceptions LSCP Managers  10 minutes
6 Response to Recommendations for BHR Safeguarding Partnership in Redbridge LSCB (see Recommendations overleaf) All  15 minutes

7 Rapid Review/CSPR Proposal TDV  10 minutes
8 Multi-Agency Quality Assurance Audits All  05 minutes
9 Domestic Abuse – Presentation of Partner Responses All  10 minutes

10 CAHMS Tier 4 – Response to Self-Harm and Eating Disorders All  10 minutes

11 Report from the CSPR Panel - Sudden Unexpected Death in Infancy where families are considered at risk of significant harm MGC  10 minutes

12 Agenda Forward Plan Update All  5 minutes
13 Any Other Business (AOB) All  5 minutes
14 Dates of Future Meetings All  1 minute
   • 09 September @ 15:00
   • 15 October @ 09:00

Via MS Teams
Recommendations from Redbridge LSCB SCR Report – Baby ‘T’ for BHR Safeguarding Partnership

R3: That the BHR Safeguarding Partners write to the Home Office in support of their recommendation that asylum-seeking mothers and their baby are never moved before the child is eight weeks old or the relevant clinician confirms that essential core postnatal care has been completed, whichever is the longer.

R5: That the BHR Safeguarding Partners considers the provision of enhanced training on the complexities of the asylum system to practitioners involved in providing support to asylum seeking mothers and their baby.

R6: That the BHR Safeguarding Partners share this SCR report with the London Safeguarding Board so that the provision of enhanced training on the complexities of the asylum system to practitioners involved in providing support to asylum seekers and their children can be considered by other London Boroughs.

R8: It is therefore recommended that when the BHR Safeguarding Partners disseminate the learning from this case to practitioners the potential benefits of sharing information with asylum accommodation providers is highlighted.

R11: That the BHR Safeguarding Partners requests NHS England to emphasise the importance of obtaining comprehensive information from pregnant asylum seekers and asylum seekers with infant children to all GP practices in England.

R12: That the BHR Safeguarding Partners share this SCR Report with the Safeguarding Children Partners in the London Boroughs of Hackney and Croydon and in Cardiff so that they can consider the report and advise of any needs for improvements in practice which they identify, and the action they propose to take.

R14: When disseminating the learning from this SCR, that the BHR Safeguarding Partners ensure that the key issues for practitioners to take into account when assessing the risks that parental mental health could present to any child within the household are prominently included.

R15: That the BHR Safeguarding Partners develop and implement as a matter of priority a strategy for improving the availability of effective interpreting services across the London Boroughs of Barking and Dagenham, Havering and Redbridge.

R16: That the BHR Safeguarding Partners seek assurance that advice to parents on caring for crying and sleepless babies is accessible in all community languages.

R17: That the BHR Safeguarding Partners consult with local housing providers about how the learning from this review can inform approaches to address the risks associated with the placing of asylum seekers with dependent children in the Borough.

R18: That the BHR Safeguarding Partners widely disseminate the learning from this SCR and take that opportunity to remind practitioners about policy and practice in respect of modern slavery.