

AGENDA ITEM NO: 9.0.

Meeting Title/Date:	Governing Body - 21 March 2017		
Report Title:	An Update for the Governing Body on the Asylum Seeker Dispersal Programme including Unaccompanied Asylum Seeking Children and Young People (UASC) and Refugee Programme		
Paper Prepared By:	Jacqui Thompson and Fiona Rolands	Date of Paper:	January 2017
Executive Sponsor:	Hilary Fordham and Margaret Williams	Responsible Manager:	Jacqui Thompson and Jane Jones
Committees where Paper Previously Presented:	--		
Background Paper(s):	https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide http://patient.info/doctor/asylum-seekers-and-refugees		
Summary of Report:	Following recent conflicts around the world the UK has agreed to accommodate a number of refugees and asylum seekers and there are a number of programmes in place to support the dispersal and/or resettlement of both groups around the country. This paper will inform the Governing Body about these programmes and identify those issues related to health and wellbeing that the CCG will need to be aware of.		
Recommendation(s):	The Governing Body is asked to note the update and to be aware of potential impacts on local health care services in the future.		
			Please Select Y/N
Identified Risks:			Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)			Y
Strategic Objective(s) Supported by this Paper:			Please Select (X)
To Improve the health of our population and reduce inequalities in health			X
To reduce premature deaths from a range of long term conditions			X
To develop care closer to home			X
To commission safe, sustainable and high quality Hospital Health Care			
To commission safe, sustainable and high quality Mental Health Care			
To improve capacity and capability of primary care services to respond to the changing health needs of our population			x
Please Contact:	Jacqui Thompson Jacqui.thompson@lancashirenorthccg.nhs.uk or Jane Jones jane.jones@lancashirenorthccg.nhs.uk		

1.0 Introduction:

Following recent conflicts around the world the UK has agreed to accommodate a number of refugees along with a number of asylum seekers. There are a number of programmes in place to support the dispersal and/or resettlement of both groups around the country. This paper will inform the Governing Body about these programmes and identify those issues related to health and wellbeing that the CCG will need to be aware of.

2.0 Background:

As the term asylum seeker and refugee are used interchangeably it is worth noting the definition of each of these groups.

A refugee is “A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.” *The 1951 United Nations Convention Relating to the Status of Refugees*

In the UK, a person is officially a refugee when they have their claim for asylum accepted by the government.

An asylum seeker: A person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded.

A refused asylum seeker: A person whose asylum application has been unsuccessful and who has no other claim for protection awaiting a decision. Some refused asylum seekers voluntarily return home, others are forcibly returned and for some it is not safe or practical for them to return until conditions in their country change.

Economic migrant: Someone who has moved to another country to work. Refugees are not economic migrants.

3.0 Programmes:

There are a number of programmes in operation that provide process and policy for the dispersal of refugees and asylum seekers throughout the UK.

3.1 Syrian Vulnerable Person Resettlement Programme.

It was announced in September 2015 that Britain would resettle up to 20,000 Syrian refugees over the rest of the Parliament. These refugees will be taken from the camps in the countries neighbouring Syria. It currently prioritises those who cannot be supported effectively in their region of origin: women, children and young people at risk, people in severe need of medical care and survivors of torture and violence, refugees with legal and/or physical protection needs; refugees with medical needs or disabilities; persons at risk due to their sexual orientation or gender identity; and refugees with family links in resettlement countries. Refugees are granted a five year humanitarian protection visa. This will entitle them, access to the labour market and public services including NHS healthcare. At the end of five years refugees can apply to settle in the UK or they may choose to return to Syria.

The local programme is managed by upper tier Local Authorities. Both Lancashire County Council and Cumbria County Council have been working with the District Authorities to identify potential accommodation for resettlement. To date Lancaster City Council, South Lakes District Council and Barrow Borough Council have agreed to take a number of refugees from April 2017.

3.2 Vulnerable Children's Resettlement Programme – it was announced in 21 April 2016 that an additional 3,000 children would be resettled in the UK from the Middle East and North Africa region over the lifetime of the current Parliament. This programme will include refugee 'children at risk' as defined by United Nations High Commissioner for Refugees (UNHCR) and if UNHCR deems the resettlement is in the child's best interest.

Following recommendations from UNHCR, the 'Vulnerable Children's Resettlement Programme' (VCRS) does not just target unaccompanied children deemed at risk, but also include children to be resettled with their family members or carers where appropriate. The 3,000 figure thus will include any adults resettled with children. It is expected that only a small number of this cohort will be unaccompanied children.

The programme is managed by upper tier Local Authorities, Lancashire County Council and Cumbria County Council have agreed to accommodate a number of children across Lancashire and Cumbria as part of this scheme.

3.3 Asylum Seeker Dispersal Programme – The support of, and responsibility for, asylum seekers sits with the Home Office and is managed by SERCO on their behalf. Once they arrive in the country they are taken to a dispersal centre where they are given access to a primary care examination and provided with appropriate identification. They are not entitled to work whilst seeking asylum and are provided with a daily allowance. They are not able to choose where they are housed.

The dispersal policy provides that, as a general rule, asylum seekers should be accommodated in areas where there is a greater supply of suitable and cheaper accommodation. Asylum seekers who need accommodation are housed across the UK according to an agreed ratio, based on various regional factors. The Home Office has voluntary agreements with 95 local authorities throughout the UK in accepting the dispersal of asylum seekers.

Local authorities volunteer to participate in the dispersal arrangements and Lancaster District Council has made 30 homes available, all in Lancaster. As most of these are houses of multiple occupation it is likely that there could be around 200 asylum seekers in the District at any one time once all the houses are fully operational. There will be some turnover in the houses as people receive their asylum decisions and move on, to be replaced by new residents. To date we do not have any information regarding asylum seekers in South Cumbria although Cumbria CCG believe there are currently none placed in Barrow or Kendal.

3.4 National Transfer Scheme for Migrant Children – this scheme was launched to encourage all local authorities to volunteer to support unaccompanied asylum-seeking children (UASC) so there is a more even distribution of caring responsibilities across the country. Under the scheme, a child arriving in one local authority area already under strain caring for unaccompanied asylum seeking children may be transferred to another council with capacity. The policy suggests that the number of UASC in any given locality should not exceed the ceiling of 0.07% of a local authority's child population.

A UASC definition:-

- is a child who appears to be under 18 years
- a child who is fleeing persecution from their own country
- a child who is applying for asylum in his or her own right

- a child who has no adult relative or guardian to turn to in this country

Clinicians are available to see the children on arrival at the dispersal centres to address any immediate needs. The children are then being placed into the care of their families or local authorities across the UK.

NHSE and the CCG are seeking assurances from the Local Authority regarding notification, placements and funding arrangements. For children who adopt Looked After status there is already an established notification process in place with health partners in accordance with statutory requirements.

3.4.1 Leaving Care and the Transition to Adult Services

Many UASC are aged 16 or 17 years and will quickly face the transition to leaving care services. This will require transition planning for each individual in order to help UASC to prepare for the new challenges and issues they are facing. According to the Children's Act 1989 local authorities have clearly defined responsibilities for the children who are leaving their care. Within the current legal framework, the immigration status of UASC aged under 18 years does not affect the support they are entitled to. So far, largely, immigration status has not affected the duty of a Local Authority to provide support to young people who are leaving care.

Once they have turned 18 years, former "looked after children" are entitled to accommodation, financial support, contact, a personal adviser, a regularly reviewed pathway plan, funding for education or training and 'staying put' with foster carers.

UASC leaving care may become vulnerable adults, e.g. owing to acute mental health issues. Local authorities have a duty to provide 'No Resource to Public Funds Support' to families and vulnerable adults under social services legislation. Given the high risk of mental illness in UASC, this means that Councils may be required to provide unfunded financial assistance to former UASC as vulnerable adults with community care needs.

4.0 Lancashire North and Cumbria

As of December 2016, Lancaster District has 23 houses in occupation by asylum seekers. More recently these have been families rather than single males or single females. Another 7 houses are due to come on stream. All the houses are in the south Lancaster area. Following a significant number registering at one Practice in Lancaster, the CCG and Lancaster Practice Managers have met with SERCO to ensure that all new asylum seekers are supported to register with a GP and that there is an equitable distribution across practices. This will ensure appropriate support can be provided.

The CCG has disseminated resources to aid identification of language and reviewed access to translation services.

There are currently no refugees or unaccompanied children placed within the Lancashire North area, however this situation will change from April 2017 when Lancaster City Council have agreed to make several properties available for refugees.

We have been informed that there are currently no asylum seekers in south Cumbria however we are aware that both Barrow Borough Council and South Lakes District Council have agreed to take refugee families later this year.

The safeguarding team are liaising with Lancashire County Council Equality and Cohesion Manager Coordinator; to ensure that relevant notification pathways are in place and following agreed process. This will need to be repeated for South Cumbria.

From April 2017, following boundary change to Morecambe Bay CCG, we will need to review the processes and potential health requirements across Morecambe Bay to ensure an equitable approach when refugee families are placed within the area.

5.0 Funding

There is no specific funding provided for health care provision for adult asylum seekers. Those who have an outstanding application for refuge in the UK are entitled to use NHS services without charge. However, failed asylum seekers, are not considered to pass the ordinary residence test so, therefore they are not exempt from NHS treatment charges. NHS Trusts have the discretion to withhold treatment pending payment and also the discretion to provide treatment where there is no prospect of paying for it.

Upper tier councils currently receive a daily rate of £114 (£798 per week) for UASC younger than 16 years and £91 for 16-17 year olds (£637) transferred under the new scheme. However, examples from Kent show that the average weekly cost for one UASC arriving in the Council has been as high as £1,211. This poses serious financial challenges to local authorities considering the health and wellbeing of UASC.

The Home Office has a health budget to provide additional health care funding for the first year of a refugee family's arrival. This is a per capita payment that is pooled for the family to form a health budget to support the family's needs in the first year. After the first year of a family's arrival, costs will be covered by the CCG healthcare system in the usual way for residents. The CCG has recently received guidance around claiming for treatment for refugees and will ensure that appropriate systems are in place in preparation for any refugee families that arrive.

6.0 Specific Health and vulnerability Issues to Consider for Asylum Seekers and Refugees

Asylum seekers and refugees are often from very different cultures, may not understand the principles behind the UK health system, may not speak English, and may have complex healthcare requirements. Therefore there are a number of issues to be considered.

- Help with registering with general practitioners, dentists and opticians and information about the health care system and how it works which will be unfamiliar and expectations of services may be different. Cultural adaptation will take time.
- Language interpreting. It is important to use qualified interpreters. Family members should not be used. There may be a need for extended appointment to facilitate communication barriers.
- Being aware of cultural factors and practices that may impact on women and children e.g. female genital mutilation.
- Awareness of country specific health issues – especially communicable and non-communicable diseases such as HIV, Hepatitis B and C, Tuberculosis and Malaria.
- Physical and mental health problems arising from past experiences of the conflict in Syria; for example, torture and abuse, war related injuries and psychological trauma, family disappearances and family separation. The need for specialist provision of practitioners experienced in trauma related mental health problems.
- Care of pregnant women, child health, family planning, Immunisations. Primary care services often break down in situations of armed conflict.

- Impact on health of poverty and poor living conditions that may have been endured through living in a country experiencing conflict e.g. poor nutrition, lack of sanitation, extreme weather conditions etc.
- Safeguarding issues that may arise due to abuse and neglect e.g. modern day slavery, human trafficking, forced labour, domestic servitude and sexual exploitation.
- Understanding the importance of organisations that can provide advocacy and social support.
- Allowing time and confidential space to discuss traumatic events. Consideration should also be given to ensure that professionals who are providing support in these situations continue to have appropriate supervision and debrief in place.

7.0 Summary

The Lancashire North area is already home to a number of asylum seekers who will be eligible for NHS care. Refugees will be placed in the Morecambe Bay area from April 2017 and a number of unaccompanied children. There are a number of health issues to be considered but as yet we are not sure of the impact to our local providers.

8.0 Recommendations

The Governing Body is asked to note the update and to be aware of potential impacts on local health care services in the future.

Jacqui Thompson
Senior Manager Planning and Partnerships

Jane Jones
Head of Safeguarding
Designated Nurse for Safeguarding Children