**RESPONSES FROM NHS BOARDS IN RELATION TO REFUGEE/ASYLUM SEEKERS**

In March 2017 all NHS Child Health Commissioners (CHC) were asked to respond to four questions in relation to the European Association for Children in Hospital (EACH) charter resolution on the continuity of care of sick children of refugee and asylum-seeking families (ASR). That is:

1. that the enforced relocation of refugee/asylum seeking families with a sick child is avoided to provide continuity of care and avoid separation from parents. It also applies to children under the age of 18 who have arrived unaccompanied, and to those who have a trusted carer(s);
2. that all health care professionals are informed by their own national health system of the specific practice in place for children who are refugees/asylum seekers. In turn, this practice should be explained to these children and their parents / carers;
3. that sick children and their health records are systematically traceable within and across countries;
4. that extra efforts are made to communicate with refugees/asylum seekers in a clear, understandable way (by oral and written translation) in a manner appropriate to age and understanding.

**Policy and Legislation**

All boards have legal obligations to asylum seekers and refugees under the Dublin III regulation, a European Union law, [Regulation (EU) No 604/2013](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013R0604&from=EN) and unaccompanied children (including trafficked) have separate protections under the Immigration Act and the ‘Dubs’ amendment [section 67 of the Immigration Act 2016](http://www.legislation.gov.uk/ukpga/2016/19/section/67/enacted). In 2017 the UK government announced that it will stop the scheme, as councils are unable to find homes for more children and that the scheme encourages children and young people to make the journey alone, placing them in a vulnerable position from human traffickers and exploitation.

In Scotland, The Syrian Refugee Resettlement programme 2014-2017, led by Scotland’s local authorities with COSLA <http://www.migrationscotland.org.uk/our-priorities/current-work/new-scots-strategy> has shaped the receipt and settlement of ASR’s under the ‘New Scots’ initiative. Syrian refugee families are now spread across Scotland (as at January 2017 over 1,300 people across 29 council areas). Historically, Glasgow has been the sole asylum dispersal area in Scotland, other councils have been responsive to smaller scale humanitarian protection schemes.

* The NHS has been responsive to meeting different needs through its person-centred approach, GIRFEC, the Equality Act 2010, the Race Equality Framework 2016-2030 and the issuing of Health Directorate CELs (Chief Executive Letters) to prioritise approaches within an overarching aim of addressing health inequalities. CEL 16 (2009) was cited in this exercise. Issued to ensure all children receive a health assessment and support with any identified needs.

**Response summary**

All NHS boards responded with most having had some direct contact with asylum seekers and refugees families, with different numbers and experience accounting for their different responses. Each evidenced knowledge of their obligations and practice to meet ASR children’s health needs, including taking into account the views of the child and family if relocation for health services was necessary.

The use of the term ‘sick’ limited some responses to the complex and/or long-term conditions, including for example, a child’s distress being separated from a parent and the trauma of forced migration. Other boards responded to the term ‘sick’ in terms of the broader health context and assessments, setting out health promotion and practice in relation to GP registration and dentistry. This interpretation of the term may have limited the response.

From the information indicated that the following is happening to ensure the continuity of care of sick children of asylum seeker and refugee families (ASR) :

**Partnership approaches:** Each health board, in one capacity or another is involved in local multi-agency or integrated service groups. Local authorities were charged with leading the Syrian Resettlement Programme, housing cited as a key department. Joint working is taking place to address both the strategic and operational requirements through local resettlement groups, integrated children’s services, community planning partnerships, and health and social care partnerships. One board reported that the local mosque is involved in this work and its representative attends meetings.

**Health practice:** NHS lead teams include primary care who plan, assess and provide health services. Joint home visits by the health visitor and school nurse take place; and a public health registrar co-ordinates health checks. One board mentioned new co-ordinator posts being established, whilst in others a lot of work is undertaken by the Looked After and Accommodated Children nursing teams, with a lead doctor for child protection for unaccompanied children in place in one board. NHS staff support GP registration, liaise with clinical colleagues where necessary; complete immunisation checks; register and accompany children and families into the child smile programme; and had contact with ASR’s through midwifery and optician services. Boards indicated staff guidance and child pathways are in place to inform and support staff in their clinical practice. Specifically:

* Unaccompanied asylum-seeking children (UASC) Pathways for under 16’s.
* Development of Pathways for unaccompanied asylum-seeking Children (UASC) 16-18 years – subject to age assessment, and
* Several resources available to assist staff working with UASC including pathway documents.

**Patient health records:** Health records were not routinely available from the departing country and were usually formed from the medical assessment undertaken by the UK Home Office. Boards are not able to influence this. In partnership with the Home Office, health assessments allowed a board to plan to meet the child’s health needs before relocation where an ongoing medical need existed. In exceptional circumstances there may be some health records from the departing country. The practical challenges of sharing information across countries, despite accepting this as desirable, was also raised.

**Translation and Interpretation services:** All boards were aware of their duty to ensure translation and interpretation needs were met. This included the use of language line, printed materials in different languages, and the provision of English lessons as part of partnership work. Some of this information is included on staff pages and available as required to guide practice. No specific examples were given of this service to children per se.

**CHC involvement:** As anticipated Child Health Commissioners are not involved in the day to day settlement of asylum seekers and refugees. One respondent stated that relevant information is exchanged at the National Child Health Commissioners group; this information is then disseminated to local services. Lead officers attend local partnership and staff meetings and report to CHC’s, keeping on top of the work and reporting on their boards involvement/actions and sharing practice.

**Conclusion**

The UK response to take in, and resettle asylum seekers and refugees, specifically the Syrian resettlement programme, has necessitated considerable joined up work between local agencies, including NHS boards.

It is encouraging to see that each board is aware of their role and developing strategy and changing operational practice as required to ensure ASR children’s health needs are met and/or anticipating meeting those needs.

Based on the information provided and the honesty of boards, there is an indication that meeting the health needs of ASR families, children and young people has flagged up some gaps between the strategic intention and operational delivery despite good practice and knowledge of responsibilities. These include capacity, funding, interpretation and translation, staff skills, knowledge, responsibilities, age assessment for child services,

consultation and feedback.