



Asylum seeking children housed in initial accommodation centres (IACs) and contingency accommodation across England: A briefing on safeguarding, healthcare and education provision

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Purpose

The purpose of this brief is to:

1. Provide an evidence base for stakeholders across the health and social care system to advocate for actions to address safeguarding concerns and ensure all children seeking asylum who are housed in initial/contingency accommodation have access to education and healthcare;
2. To inform Home Office, accommodation providers, local authorities and healthcare commissioners of their responsibilities in ensuring this.

Background

An [asylum-seeker](#) is a person who has left their country and is seeking protection from persecution and serious human rights violations in another country, but who hasn't yet been legally recognised as a refugee and is waiting to receive a decision on their asylum claim. In the PHE 2020 report [‘No child left behind. Understanding and quantifying vulnerability’](#) a vulnerable child is defined as any child ‘at greater risk of experiencing physical or emotional harm and/ or experiencing poor outcomes because of one or more factors in their lives’. Asylum seeking children should be considered particularly vulnerable due to the traumatic circumstances which forced them to flee their country of origin and seek asylum here. Many

have experienced physical and sexual violence, persecution, torture, human rights abuses and extreme poverty. They may be victims and survivors of human trafficking and modern slavery. Their life experiences both in their country of origin and during their long and often dangerous migration journey put them at risk of [physical and mental health problems](#). Once in the UK their precarious immigration situation continues to contribute to their experience of trauma. Language barriers and poor information provision can mean they are unable to access the services they need for support. These vulnerabilities are compounded for asylum seeking children experiencing destitution and housed in temporary accommodation.

The Home Office has a statutory obligation to provide support including accommodation to destitute asylum seekers whilst their claims are being considered. Initial accommodation centres (IACs) are usually the first accommodation for any asylum seeker who asks for support. Capacity issues in IACs has led Home Office accommodation providers to use contingency accommodation to house asylum seekers. Contingency accommodation currently includes use of hotels, repurposed MoD facilities, student and other self-contained accommodation. The length of stay in initial accommodation before being moved to dispersal accommodation is expected to be less than 35 days but due to lack of dispersal accommodation length of stays has increased to many months.

There is [evidence](#) that staying in hotel-type accommodation for lengthy periods has a significant [impact](#) on the health and wellbeing of asylum seekers. Many children in initial/contingency accommodation struggle to access education, healthcare, nutritional food, clothes, toys and activities, and safe outside space for play. They may be [exposed to racism](#) and abuse as the presence of people seeking asylum living in hotels has featured in the news, attracting the attention of people with anti-migrant and racist views. Silo working between agencies, lack of data sharing, healthcare access challenges, disruption in continuity of care and failures in education provision all contribute towards heightened safeguarding concerns for these children. In addition, the process of irregular migration puts children at [risk of exploitation](#), human trafficking and modern slavery, with occurrences reported in Home Office accommodation. Of particular safeguarding concern is the temporary [housing of unaccompanied asylum seeking children \(UASC\) in hotels](#) in Kent. [The National Transfer Scheme has become mandatory for local authorities](#) to enable ending of hotel accommodation for UASC but there remain significant safeguarding risks while this continues.

Concerns about the length of hotel stay of any family with children [should be reported](#) to Migrant Help who will inform UK Visas and Immigration so that they can be prioritised for more semi-permanent accommodation. However, for the duration of their stay in initial/contingency accommodation the safeguarding of children must be a priority for all responsible for their care and their healthcare and education needs must be addressed.

Safeguarding

The UK government has defined the term 'safeguarding children' as:

The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.

Safeguarding children and young people is a collective responsibility. Whilst parents and carers have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area as set out in the [Children Acts of 1989](#) and [2004](#). In the context of asylum-seeking children housed in contingency accommodation local authorities must work closely with the Home Office, accommodation providers, police and healthcare commissioners. The government's guide to inter-agency working to safeguard and promote the welfare of children '[Working Together to Safeguard Children](#)' states co-operation should exist and be effective at all levels of an organisation, from strategic level through to operational delivery.

[Section 55 of the Borders, Citizenship and Immigration Act 2009](#) requires the Home Office to carry out its existing functions in a way that takes into account the need to safeguard and promote the welfare of children in the UK. The [Arrangements to Safeguard and Promote Children's Welfare in the United Kingdom](#) sets out the key principles to take into account in all immigration activities and is modelled on the guidance which supports section 11 of the Children Act 2004.

The [Home Office statutory duty to children](#) includes the need to demonstrate:

- Fair treatment which meets the same standard a British child would receive;
- The child's interests being made a primary, although not the only consideration;
- No discrimination of any kind;
- Asylum applications are dealt with in a timely fashion;
- Identification of those that might be at risk from harm.

Home Office commissioned asylum accommodation providers [must comply with the duties imposed on them](#) by section 55 of the Border, Citizenship and Immigration Act 2009, and the children's duty, to safeguard children from harm and promote their welfare. If providers have reasonable grounds to suspect that the safety and wellbeing of asylum seekers are at risk, they are obliged to take [appropriate action](#) including contacting the police, ambulance or local authority services or making an onward referral to the Home Office safeguarding team. The accommodation providers also have their own [safeguarding policies](#) that their staff must adhere to.

Information sharing

There have been reports that shortcomings in information sharing by the Home Office and its commissioned accommodation providers have hindered local authorities' and healthcare services' ability to deliver on their safeguarding duties. [Home Office guidance](#) clearly states that information that enables agencies to safeguard and promote the welfare of children they are responsible should be shared:

Effective information sharing by professionals is central to safeguarding and promoting the welfare of children. It is therefore essential that effective arrangements for sharing information about a child and their family within each agency and between agencies are in place. This will usually be set out in the form of a protocol or information sharing agreement setting out the process to be followed and the legal and security issues that need to be considered. However, the lack of an information sharing agreement between agencies should never be a reason for not sharing information that could help a practitioner deliver services to a child.

UK Border Agency staff should work with other statutory agencies, including but not limited to, LSCBs, children's services, the police and other relevant agencies. UK Border Agency staff should ensure that they share information appropriately with those agencies and with due regard to the provisions of the Data Protection and Human Rights Act 1998 and any duty of confidentiality which may exist. There should be clear responsibility within the agency for putting in place, and ensuring that all staff are aware of and follow procedures for ensuring that relevant information is passed to those other agencies where necessary.

[Government publications](#) state that the Home Office and its accommodation providers may share information:

- with local councils so that social care, specialist housing or property adaptations can be made;
- with health services to make sure the right healthcare provisions are in place;
- for safeguarding purposes;
- with education authorities to enable service delivery.

Recommendations: Safeguarding
<ul style="list-style-type: none">• All stakeholders should be aware of their safeguarding responsibilities to this population and be familiar with local safeguarding referral pathways.• Local authorities, the Home Office, accommodation providers, police and healthcare commissioners should work closely together to safeguard child asylum seekers housed in initial/contingency accommodation. Strategic Migration Partnerships may be well placed to facilitate this.• All agencies with safeguarding responsibilities should ensure effective arrangements for information sharing within each agency and between agencies are in place. This could be overseen by the Strategic Migration Partnership.• The Home Office and accommodation providers should proactively share vital information (including name, date of birth, parent's name, languages spoken, any identified health/social care/special education needs or disability, and safeguarding concerns) about the children arriving in initial/contingency accommodation with relevant agencies including local authorities, healthcare providers and health visiting services to enable them to carry out their safeguarding duties and ensure health and wellbeing needs are met. Routine sharing of this

information e.g. weekly lists of children in current residence would account for the high turnover of children housed in contingency accommodation. Families should be assured that the purpose of this information sharing is solely to safeguard and promote the wellbeing of children and enable effective service provision; the NHS and local authority services should ensure that information sharing is not a bidirectional communication channel that could be used for immigration enforcement.

- The Home Office should ensure that initial/contingency accommodation provides a safe and supportive environment for children and their families with resources and facilities to encourage play, development and learning including access to safe outdoor space for exercise and play.
- The Home Office should ensure children and their families are provided with nutritious meals that meet their dietary requirements.

Access to healthcare and health information

The life experiences of child asylum seekers and undocumented migrants through all stages of migration make them more vulnerable to [physical and mental health problems](#) than children in the host population. Everyone in England is [entitled](#) to access primary care services free of charge irrespective of immigration status. CCGs are responsible for commissioning health services for asylum seekers in initial/contingency accommodation. NHSEI has [advised commissioners](#) to support full GP registration of asylum seekers housed in contingency accommodation alongside initial health assessment services. [Guidance](#) published by the Office for Health Improvement and Disparities (OHID) states that migrant families should be supported to register all infants and children with a GP as soon as possible. The [guidance](#) identifies accompanied and unaccompanied asylum-seeking children as vulnerable migrant children who should be seen by a healthcare professional to assess for any safeguarding concerns to enable [appropriate actions](#) to be taken to prevent harm.

[Requirements](#) are placed on accommodation providers to undertake specific actions to meet the medical needs of their service users including:

- supporting the registration of individuals with GPs;
- taking direct action to ensure obvious and urgent health needs are met;
- passing any health information on service users that has been made known to them to a relevant healthcare provider and staff responsible for the health screening of service users, so that health care for the most vulnerable new arrivals can be prioritised and acted upon without delay.

Government [guidance](#) states that staff working in accommodation settings for asylum seekers should be aware of the [specific health needs in this population](#) and should make health information available in languages that residents can understand. A list of translated health information resources is provided in the Appendix.

Recommendations: Access to healthcare and health information

- Healthcare commissioners and accommodation providers should work together to support all children and their families to fully register with a local GP practice and access initial health assessments.
- All children housed in initial/contingency accommodation should be seen by a healthcare professional for an initial health assessment and an assessment of safeguarding risks. All families with a child under 5 years of age should be reviewed by a health visitor.
- Accommodation providers should support children and their families to access healthcare when needed.
- The Home Office and accommodation providers should share any relevant health information about children and their families (e.g. medication needs, acute and long term conditions, disabilities, pregnant mother) with healthcare providers to ensure their health needs are met and enable triage for IHAs. A designated oversight group could provide joint accountability and governance between the NHS and Home Office at a regional level and (i) support the development of a data sharing agreement; (ii) take responsibility for managing and reviewing the data sharing process over time.
- The Home Office, accommodation providers, healthcare commissioners and healthcare providers should make health information available in all required formats and languages and provide interpreters when required. Provision of an information session to new arrivals in contingency accommodation on how to navigate the NHS and get support and advice to protect and care for children would empower families to access the healthcare and support they need.

Access to Education

A child's right to education is enshrined in the [Convention on the Rights of the Child](#) and conveyed in [England's Education Act \(1996\)](#) which states that all children are entitled to free education and that this is compulsory for all children aged between five and eighteen. This legal duty applies irrespective of a child's immigration status or right of residence. All three and four-year-olds in England are [entitled](#) to free early education or childcare for 15 hours a week during term time for (38 weeks per year) or a total of 570 hours spread over the full year. Some migrant children, for example in asylum seeking families who are on [certain types of asylum support](#), are entitled to free early years childcare provision from the age of two.

Education is a key lever for economic growth, poverty reduction, inclusion and gender equality, empowerment and health. Schools have the potential to provide stable social support and encourage resilience by developing personal capabilities and self-belief. Schools may facilitate integration and the building of peer relationships, empower child asylum seekers with the ability to communicate in English, recognise children-in-need and coordinate early intervention, and provide skills and qualifications which

may ultimately lead to employment and financial security in adult life. School attendance offers another means of accessing healthcare via the school nursing service, who have a responsibility to provide public health for all school-aged children. It is widely accepted that lack of access to education and training can cause a deterioration of mental health.

Local authorities have education duties in relation to all children living in their area either temporarily or permanently. They have a duty within the Education Act 1996 to provide suitable education for all children in their area and to provide sufficient school places. The [School Standards and Framework Act 1998](#) outlines an additional duty to assist parents in expressing their preferences for a school. Local authorities have a duty to provide extra support for unaccompanied children in their care as [Department for Education guidance](#) states that a health plan and a personal education plan should be produced as part of the overall care plan. The [Department for Education](#) also states that school admission authorities must not refuse to admit a child on the basis of their nationality or immigration status nor remove them from roll on this basis.

Asylum accommodation providers are [required](#) to enable parents of school aged children to register for a school place:

Within seven (7) calendar days of the Service User's arrival in the Dispersal Accommodation or Temporary Dispersal Accommodation, the Provider shall provide an additional 'move in' briefing service [...] This additional briefing shall, as a minimum, include: [...] b. information to assist the Service User to register their children (where applicable) with appropriate schools in the area.

Recommendations: Access to education
<ul style="list-style-type: none">• The Home Office and contracted accommodation providers should work with local authorities to ensure children receive appropriate and timely education provision. On a child's arrival into initial/contingency accommodation providers should provide the LA (e.g. Education Access Team) with the details of children of school age including name, date of birth, parent's name, information about their language needs and any SEND/Access requirements.• Parents of children aged 2-4 years should be made aware of their entitlements to free early education or childcare and be supported by accommodation providers to access this if they wish to uptake the offer.

Continuity of care

The challenge to provide suitable accommodation for newly arrived asylum seekers has resulted in individuals and families being moved frequently from one contingency site to another. Sometimes this can be to another area or a very distant part of the country. People may be given as little as two hours

notice before being moved. This constant movement affects continuity of health care, education and social support. It also impedes any ability to integrate or develop networks of support.

Recommendations: Continuity of care

- To facilitate effective management of health issues these should be considered when moving individuals as it may be more beneficial to continue care in the current location as movement is likely to create a delay or disruption in management.
- If movement is absolutely necessary then consent should be obtained from the young person/parent/guardian to share necessary clinical information with health providers in their new location to facilitate healthcare transition.
- With patient/parental/guardian consent, ensure health and social care providers are involved in dispersal decisions where appropriate. This could include: health and social care providers being given advance notice of movement so that they may provide a challenge on health or safeguarding grounds if necessary; development of a process that enables health and social care to proactively notify the Home Office if they are supporting a child who is receiving ongoing treatment/support and would benefit from remaining in the area for health reasons.
- On movement to other contingency accommodation or dispersal accommodation, children and families should be directly supported to register with a GP and given information on local health services.
- Ideally once established in education children should not be moved to allow continuity of education with no disruption.

Appendix: Translated Information resources

Doctors of the World UK: <https://www.doctorsoftheworld.org.uk/translated-health-information/>

NHS: <https://www.nhs.uk/about-us/health-information-in-other-languages/>

Public Health England: <https://campaignresources.phe.gov.uk/resources/search>

Migrant Info Hub: <https://migrantinfohub.org.uk/multilingual-resources>

Home Office guidance on Asylum support: UK rights and expectations:

<https://www.gov.uk/government/publications/asylum-support-uk-rights-and-expectations>