

Guidance: Rights to access healthcare

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Who is this guidance for?

Any healthcare professional throughout the UK can use this guidance, which discusses relevant policy in England, Wales, Scotland and Northern Ireland. Some content is specific to child health.

Why this guidance?

This guidance has been written to highlight the barriers that currently exist for certain migrant and/or undocumented children with regards to access to healthcare and attainment of a healthy life. This is in the context of recent increase in efforts to charge certain migrant and/or undocumented groups using NHS services.

Aim of the guidance?

Provide healthcare professionals with the knowledge and tools to advocate for migrant children and their families. It provides tools for clinicians to recognise those most vulnerable and provides advice on how to best advocate and support. RCPCH guidance is supplementary and clinicians should use this in conjunction with their local Trust policy.

Contents

Guidance: Rights to access healthcare	2
Background	4
Definitions	4
Health context	5
Charging regulations: Who do they apply to?	6
People exempt from charging	7
Services exempt from charging	8
When does charging occur?	8
Information sharing with the Home Office	10
Practical considerations	11
Children & Young People’s rights to other public services	13
Vulnerable groups	15
Resources	18
Author information	24
References and bibliography	25

Background

The NHS was founded on the principle of universal healthcare. However, recent NHS charging regulations have increased restrictions to healthcare access for many migrant children, their families and other undocumented patients. These regulations apply to the estimated 144,000 undocumented children currently living in the UK¹. There are many reasons a child may be undocumented. Some examples include: children that have an irregular immigration status due to the status of their parents; unrecognised survivors of modern slavery and human trafficking; those who have been refused asylum.

Healthcare professionals are seeing an increased number of children facing barriers to healthcare access and are increasingly asked to play a role in the implementation of charging regulations². There is significant concern that the NHS charging regulations are leading to delays in and denials of care, as well as eroding trust between healthcare professionals and patients. The RCPCH is one of a number of medical colleges which have called for [suspension of the regulations](#), subject to a full review of their impact on individual and public health.

Definitions

Refugees and Asylum Seekers

People granted or seeking protection from the state as a result of fleeing persecution in their own country. Asylum seekers are people who are in the process of making a claim for asylum and have not yet had a decision made on their claim^{3,4}.

'Undocumented migrants'

This is a very broad category that includes any person that is in breach of immigration rules. It can include: refused asylum seekers, EEA citizens who are not exercising their 'treaty rights', people that previously had leave to remain which has now run out (often known as 'overstayers'), people working outside the terms of their visa - a student working too many hours per week for example, the children of people without leave to remain that are born into 'illegality', and people that are entitled to citizenship but have no papers - many of the Windrush generation for example⁵.

Unaccompanied asylum seeking children

An Unaccompanied Asylum Seeking Child (UASC) is a child or young person seeking asylum without the presence of a legal guardian. The definition for immigration purposes of an unaccompanied asylum seeking child is given by the Home Office as "a person under 18 years of age or who, in the absence of documentary evidence establishing age, appears to be under that age" who "is applying for asylum in their own right; and is separated from both parents and not being cared for by an adult who by law or custom has responsibility to do so"⁶.

Trafficked victim / survivor

Human trafficking is defined as the movement of an individual by force, deception or coercion with the aim of exploiting them. For children, the definition recognises that consent is irrelevant and therefore any movement of a child for exploitative purposes qualifies as trafficking⁷.

For the purpose of charging, only those referred to the National Referral Mechanism (see trafficking section below) who have received a reasonable grounds decision or a conclusive grounds decision on their claim, are exempt from charging. All retrospective bills should also be scrapped and paid bills refunded. The spouse/civil partner and dependent children of those exempt under this regulation are also exempt from charges in their own right, as long as they are here lawfully.

Health context

The available research suggests that undocumented children's engagement with healthcare follows the trend of adults with under use and worse health outcomes compared to the host populations⁸. Charging is likely to be exacerbating this trend. Charging, and the fear of charging, leads not only to delays in seeking care, but also to delays or denials in receiving it even once accessed⁹. Reduced contact with health services is likely to in turn lead to decreased opportunities to identify children at risk, exacerbating their vulnerabilities. This means children that are current or potential victims of slavery, trafficking, child abuse and sexual exploitation are less visible, undermining the prevention and identification strategies in place to protect these children. These considerations also apply to pregnant women with evidence of resulting poorer health both for women, and their unborn and newborn children.

In addition to the direct impacts of charging, undocumented children frequently suffer additional stressors including crowded housing, risk of poverty, the uncertainty of status, schooling difficulties, and difficulties accessing social⁸. They are also at risk of psychological symptoms related to prolonged asylum processes, challenges of being excluded, and parental difficulties.

There are further additional health considerations for children who have recently migrated, including health risks in the country of origin, psychological and physical impacts of their migration journey, and barriers to access preventative healthcare such as vaccines. An approach to these young people is discussed in a separate [RCPC guideline on refugee and unaccompanied asylum seeking children](#).

Charging regulations: Who do they apply to?

Since 2014, there has been an expansion of charging regulations for NHS healthcare in England, including the National Health Service (Charges to Overseas Visitors) Regulations 2015. This means that certain patients - including children - are now charged up-front for most secondary care services and certain community services, if they do not meet specific criteria. In Wales, up-front charging is not mandated, but may occur. In Scotland, and Northern Ireland, up-front charging has not been introduced, but children may still be charged retrospectively.

In the guidance below, regulations apply to all nations of the UK except where otherwise specified.

Primary care

All patients, regardless of immigration status, have the right to access free primary care, including registering with a GP, urgent care centres, and walk-in centres. NHS 111 is also free to all.

There is no legal obligation to provide proof of ID or address in order to register with a GP, and families registering with GPs do not have to state their immigration status. Many migrant families do however face barriers with registration, and subsequently have no GP. Government guidance on registration can be found [here](#). Doctors of the World have created a [toolkit](#) which supports GP surgeries to ensure everyone in their community can access the healthcare they're entitled to.

A&E care

Treatment in A&E/emergency departments, or by ambulance services, is free to access, and patients should not be charged for treatment received in these services. Emergency treatment that takes place outside of an A&E department (e.g. emergency surgery) is chargeable.

Secondary care

Children and young people who are deemed not "ordinarily resident" in the UK may be charged for secondary healthcare received, unless they meet a specific exemption. This includes inpatient and outpatient hospital care, and many community services.

In England, chargeable patients can be charged at 150% of normal NHS tariff. This does not apply in Wales, Scotland and Northern Ireland. In the case of under 18s, whoever has parental responsibility is liable for the child's healthcare charges.

Exemptions to these regulations apply and may be on the grounds of their legal status, or on the grounds of the specific treatment received or services used - see the list below.

Community health services

Services that are provided at community level are chargeable, unless they are specifically designated as being part of primary care. This may mean that in some instances families are charged for care provided by community paediatric services and community nursing services.

People exempt from charging

- People ordinarily resident in the UK, with citizenship or a legal right to remain (indefinite or temporary).
- Exempt through the Immigration Health Surcharge:
 - Those who have paid the surcharge with their visa application
 - Children aged 0 - 3 months who were born in the UK to a parent who has paid the immigration health surcharge, and who have not left the UK since birth
 - Note: some treatments, such as IVF are not covered by this exemption
- EEA nationals in possession of EHIC or Provisional Replacement Certificate (and their children aged under 18) until the end of the transition period; after Britain exits the E.U this will depend on future agreements.
- People from countries with reciprocal care arrangements e.g. Australia. The level of free care which can be received varies depending on the specific country.
- Specific vulnerable groups:
 - Asylum seekers
 - Failed asylum seekers receiving s4 support (see below)
 - Refugees
 - Children looked after by the local authority
 - Victims of Modern Day Slavery (recognised by the National Referral Mechanism) and their dependent children
 - Prisoners and immigration detainees
 - Those receiving compulsory treatment under a court order or detained under the Mental Health Act
- In some cases, children may be exempt because their parent meets one of the above criteria. Rules around this vary between nations of the UK.

In Wales and Scotland only:

- All failed asylum seekers are exempt from charging

Services exempt from charging

- Family planning (excluding termination of pregnancy, which is chargeable)
- Diagnosis and treatment of specified infectious diseases (HIV, viral hepatitis, and all notifiable diseases, including Covid-19)
- Diagnosis and treatment of sexually transmitted infections

In England only:

- Palliative care services provided by a registered palliative care charity or community interest company
- Treatment required for a physical or mental condition caused by:
 - o Torture
 - o Female genital mutilation
 - o Domestic violence
 - o Sexual violence

Services that fall outside of the charging regulations remain free to all children and young people. This includes:

- School nursing
- Health visitors
- Dental care. Free to under 18s, and under 19s in full time education.
- Sight tests, and NHS optical vouchers. Free to under 16s, and 16-18 year olds in full time education.
- Prescriptions dispensed in the community (i.e. on an FP10 form) or in A&E. In England, these prescriptions are free to under 16s, and 16-18 year olds in full time education. Community prescriptions are free to all in Scotland, Northern Ireland and Wales. Note that hospital pharmacy prescriptions would be billed as part of the chargeable care they form part of.

When does charging occur?

The legal obligations for charging patients differ between UK nations.

England and Wales

In England, up-front charging is a statutory duty placed on Trusts. In Wales, Health Boards are 'encouraged' to check eligibility for charging up-front, but this is not a statutory duty, and some trusts may be choosing to charge retrospectively only. Data from a survey carried out by the RCPCH demonstrates that there is frequent confusion over the application of up-front charging criteria, which can lead to treatment delays.

It will usually be an Overseas Visitors Manager (OVM) or similar non-clinical role who administers the charging process. Patients are charged before care can be received, unless treatment is deemed to be "urgent or immediately necessary", in which case the patient should be billed retrospectively.

Determining immediately necessary/urgent care

Immediately necessary treatment is deemed as that which a patient needs promptly to:

- save their life
- prevent a condition from becoming immediately life-threatening
- prevent permanent serious damage from occurring

Urgent treatment is that which clinicians do not consider to be immediately necessary, but which nevertheless cannot wait until the patient can be reasonably expected to leave the UK. This may be because of the pain or disability that the condition causes, or because of a risk of deterioration. Maternity services are always deemed immediately necessary, i.e. they should never be billed up-front.

The longer a child is expected to remain in the UK, the greater the range of their treatment needs that are likely to be regarded as urgent. Establishing when a patient can be “reasonably expected to leave the UK” is the job of the Overseas Visitors Manager. Clinicians should not sign forms until this estimate is provided as it is a factor in assessing whether care is ‘urgent’. The Department of Health states that if there is no clear planned leaving date, a minimum estimate of six months may be used, therefore if you consider that delaying treatment beyond six months will cause harm, you can deem the care urgent. In the case of settled migrants, a longer estimate can be used, and therefore the bar for deeming care as ‘urgent’ is likely to be very low.

The government guidance states that the final decision regarding whether treatment is “urgent or immediately necessary” lies with the lead treating clinician. Consultants should sign the form from the Department of Health and Social Care, and also document the decision in the patients’ notes. There is no guideline on what kind of conditions and treatments should be deemed urgent or not so decisions need to be made on a case by case basis. You may wish to give reference to the specific risks of the condition in order to justify why delaying treatment would lead to pain, disability, or deterioration. Any decision to deem care “non-urgent” should also be similarly justified in the child’s notes, and a plan made to review this decision at an appropriate time period. If a decision to deem care “non-urgent” has been made on the basis that the child has an expected leave date from the UK (and could therefore seek care elsewhere), it would be prudent to arrange follow-up so that the decision can be revisited if they actually remain in the UK. If there is disagreement within the team about the classification of a patient’s care, consider a second opinion. In some cases you may wish to discuss with hospital safeguarding lead and/or ethics board.

Remember that the decision to deem care ‘immediately necessary or urgent’ does not exempt the family from charging, it simply means that they can be treated first, and will receive the bill retrospectively. There is further detail below about supporting families with unaffordable healthcare bills.

Scotland & Northern Ireland

There is no specific legislation dictating when in the course of a patients’ care they should be billed. Unlike in England, there is no statutory expectation placed upon Health Boards to withhold care prior to payment of bills.

Information sharing with the Home Office

There are a number of ways through which NHS services may share information with the Home Office with regards to specific patients.

- A trust or Health Board may contact the Home Office to verify a patients' immigration status when they have been unable to obtain that information directly from the patient
- Trusts and Health Boards have a duty to report all unpaid healthcare bills of >£500 (when unpaid for >2 months). This can highlight this particular patient to the Home Office and has a negative impact on any future immigration applications
- Until 2017, a Memorandum of Understanding was in place between the Home Office and NHS Digital to allow for sharing of personal details of patients at the request of the home office for immigration enforcement purposes. This was suspended after an outcry from various organisations and healthcare professionals. The Department of Health and Social Care, the Home Office and NHS Digital are in discussions to determine how future information requests can be lawfully processed.

Practical considerations

Pre-registration forms

Many NHS trusts, particularly in England, have pre-registration forms that they require patients to complete to assess their entitlements, which may be sent out with appointment letters, or at the reception desk. This may mean that your patients have been informed of charging prior to your first encounter with them as a clinician. These forms alone may deter someone from seeking healthcare.

Receiving a pre-registration form may lead a family to decide not to attend their appointment due to fear of charging. Please consider this being a possible deterrent or barrier for those who do not attend their clinic appointments. If you suspect this to be the case, consider the following actions:

- Liaise with primary care to ensure they have access and health needs can be met there
- Liaise with safeguarding leads
- Use local harm reporting mechanisms to report potential harms from non-attendance

What to do if you think your patient is being wrongfully charged

Clinicians are often left out of the charging process, with OVMs and their teams visiting patients on wards without the clinical team's knowledge. Where possible, clinicians should encourage OVMs to engage with a patient's clinical care team to discuss their entitlement before approaching patients and their families.

If you are aware of a patient who has been charged, approached about charging or denied care inappropriately then you can advocate on their behalf to the overseas visitor team. There are appeal processes for those who believe they have been charged in error, with details usually provided on communications accompanying billing or available through contacting the overseas visitor officer. Becoming aware of a chargeable patient should also prompt you to assess their health needs and social circumstances in more detail in case they meet [exemption criteria](#) and certain vulnerabilities.

If they believe patient safety and quality of care has been impacted by the charging regulations or related discrimination then clinicians should follow established local risk management procedures, such as submitting a Datix (or other incident reporting system) or submitting to the [RCPCH reporting mechanism](#).

Ethical considerations

There is no clear guidance from governing bodies, such as the General Medical Council (GMC), or from medical indemnity providers as to the consequences doctors may face should they make the wrong decision in situations where charging means care is denied or delayed. GMC guidance outline duties of care, confidentiality and clinical practice that they expect healthcare professionals to uphold. However, healthcare charging may bring a scenario where clinicians feel they must violate these duties, or where they are in conflict with each other. The psychological toll on any healthcare professional of denying an unwell child medical care should not be underestimated - and staff should be encouraged and supported to seek counselling. You may wish to ask your employer what support is in place for this.

Communication, consent, and confidentiality

Not only is good rapport needed for delivering high quality care, but is pertinent for identifying possible exemptions to charging, particularly if there is concern of domestic violence, torture or trafficking. Communication with patients around their entitlements is also vital for empowering them to understand if and when they have been charged inappropriately, and appeal against any erroneous billing.

Many patients subject to charging will be concerned about their information being shared with the Home Office or other parties. Where information needs to be shared beyond the immediate clinical team, this should be clearly communicated to the patient and their family.

For children and young people with English as a second language, any assessment should be undertaken with the support of a culturally appropriate, registered interpreter (considering ethnic and gender issues). An interpreter telephone service can be used where access to a face-to-face interpreter is not possible.

There may also be children who are true temporary visitors to the UK, who will need to be appropriately handed over to medical teams in their country of residence upon return.

Supporting chargeable patients to access healthcare

It is vital that migrant families are aware of the NHS services that they are able to access free of charge (i.e. GP and A&E services), and of the local and national organisations that provide health and care support to this population. GP services remain free for all to use, however many people still struggle to access their GP because they are incorrectly asked to provide proof of address or immigration status. A number of charities and non-governmental organisations exist to advocate for migrant health rights, as well as providing wider support to migrants, such as with immigration status, housing and education. Further information on these is provided in the [resources](#) section.

Where payment is required for NHS care a child has received, patients and their families should be supported to negotiate an affordable payment plan. It is also explicit in the charging regulations, that debt may be “written off” and not pursued when the person is genuinely without funds and therefore it would not be cost effective for the Trust to pursue them.

Children & Young People's rights to other public services

In general, children's access to welfare & housing support, depends on the parents' entitlement to those services. Undocumented families, therefore, are generally unable to access any of the mainstream welfare and housing support services. There is also a growing number of migrant families with a legal right to remain in the UK, who have No Recourse to Public Funds (NRPF) as a condition on their right to remain. This means they are also unable to access mainstream welfare and housing support, although they are able to access the NHS and not be charged. There are some forms of statutory support that children and families are entitled to access, including:

“Children in Need”

Local authorities have a duty under The Children Act 1989 & related devolved legislation to support 'children in need' in their area, and for many destitute migrant families this is the only option they have for access to food and housing. Support for 'children in need' is normally provided on a temporary basis to meet basic needs for families where there is no alternative in the private sector, until such time as families can access mainstream support. However, a recent report by the Children's Society has highlighted how local authorities are increasingly putting barriers to this support with families and children becoming increasingly destitute and homeless.

Those not automatically eligible for local authority support include: EEA nationals, most refused asylum seekers and people who are unlawfully present in the UK. The local authority can support a child directly but not an ineligible family as a whole, unless it is necessary to avoid a breach of the family's human rights.

The local authority has an obligation to inform the Home Office if an ineligible person approaches them for support. Families may refuse social care referrals for support as they fear being reported to the Home Office and being deported.

Local authority support can be very complex to access and may have unintended consequences. We therefore advise that you refer your patient / family to one of the specialised services set up to support those families (see below):

Further information on these is provided in the [resources](#) section.

Immigration and Asylum Act 1999

Section 4 – provision of support for destitute asylum seeking families

Section 4 of the Immigration and Asylum Act 1999 allows for the provision of support to refused asylum-seekers. The Home Office gives support to refused asylum-seekers who are destitute and meet a narrow set of criteria. The support consists of accommodation and £35.39 a week via a payment card (not cash). Dependents of refused asylum-seekers may also qualify for s4 support.

Section 95 – housing for destitute asylum seeking families

People seeking asylum are excluded from claiming mainstream welfare benefits and in most cases from working. They can access support in the form of housing and/or basic living expenses while in the UK through a scheme administered by the Home Office. Section 95 support is aimed at asylum seekers whose claims are ongoing, who are destitute or about to become destitute, and their dependents.

Access to Education

Local authorities have a duty to provide suitable full-time education for all children of compulsory school age resident in their area. Being undocumented or having a 'no recourse to public funds' (NRPF) condition on a visa does not prevent a child from accessing education.

Note that families will be asked for a child's ID to confirm name and date of birth and for proof of address. This can prove problematic for many undocumented migrant families. However, the school does not need to know the child's immigration status or nationality.

Children who have NRPF or are undocumented will be ineligible for means-tested free school meals (infant school age children qualify for universal free school meals regardless of status). This may mean children go hungry, affecting their ability to learn and thrive.

Vulnerable groups

Within migrant groups, certain children and young people may have particular vulnerabilities that paediatricians should be able to identify, support, and, where necessary, refer to appropriate services. Identifying these vulnerabilities is also important because it may make the child eligible for free secondary NHS care.

Child trafficking and modern slavery

Trafficking is the movement of a person within or to/from the UK, for the purpose of exploitation. Exploitation may include sexual abuse, domestic servitude, criminal activity, labour, or forced marriage. Child trafficking is child abuse. In 2018, there were 6,993 potential victims referred to the National Referral Mechanism (NRM), the UK's identification and support system for victims of modern slavery. Of those, 45% (3,137) were children¹⁰. These numbers are likely to be only a fraction of the true scale of modern day slavery in the UK.

- Traffickers may use grooming techniques to gain the trust of a child, family or community.
- Trafficked children often experience many forms of abuse as part of their trafficking experience, including neglect, emotional abuse, sexual abuse, and physical abuse.

Identification of victims:

Identification is very difficult but suspicion is the first step and is enough to make a referral to social care services (specifying the concern about possible trafficking).

- Suspect trafficking if a child or young person appear fearful or apprehensive and/or they are accompanied by an adult who insists on remaining with the child and speaking for them
- Other risk indicators include:
 - Not being enrolled in school
 - Not being registered with a GP
 - Appearing to be withholding information or using rehearsed stories
 - Spend a lot of time doing household chores
 - Rarely leave their house, are not allowed to leave or have no time for playing
 - Do not know which country, city or town they're in
 - Are reluctant to give details of accommodation or personal details
 - Alcohol and drug abuse (this is a method of control used by traffickers)

Remember to speak to children on their own and not use accompanying adults as interpreters if you have any suspicions or concerns about the welfare of the child. Use trusted interpreting services if those are needed. Trafficked victims can be highly traumatised and will find it very hard to trust others.

Potential trafficked children will need multidisciplinary assessment and support and should be assessed by the local children and social care department following discussion with the designated doctor for safeguarding or those with a similar role, who will then coordinate with national trafficking services. Additional advice and support can be found on the [NSPCC Child Trafficking Advice Centre](#).

You may also encounter parents, including new mothers, who have risk indicators for being victims of trafficking or modern slavery. You should discuss these cases with the adult safeguarding lead and seek advice from the [Modern Slavery Helpline](#).

For the purposes of exemption from NHS charging, the potential victim of trafficking must have been referred to the National Referral Mechanism, the framework used for identifying victims of human trafficking and ensuring they receive the appropriate protection and support.

Unaccompanied asylum seeking children

Unaccompanied children have full access to all healthcare in the NHS and, when identified, are under the protection of social care services. They may face particular health challenges associated with their home situation, flight, and separation from their family. The health of unaccompanied asylum seeking children has been discussed in our [related RCPCH guideline](#).

Maltreated children and children experiencing domestic abuse

Your duties to report safeguarding concerns, and local authorities' duty to provide support, are not altered by a child's eligibility to NHS care, however the types of support available may be restricted by the family's status ([Children & Young People's rights to other public services](#)) above.

If there are concerns about neglect/late presentation, you should consider whether fear of charging or Home Office intervention may have contributed to this.

There are significant, wide varying variations in the cultural norms of raising children, and the ongoing development of cultural 'competence' at individual and institutional levels is essential for those working with migrant children and identifying safeguarding concerns to be able to advocate with and/or on behalf of children from diverse communities(11). It is also important to be aware of potential institutional differences in the response to families from different backgrounds, for example there is evidence that black and minority ethnic children are at increased risk of being taken into care.

Families facing destitution

A destitute family are those who have no access to secure accommodation or public funds. Families that are destitute are at substantial risk of extreme poverty, lacking the basic necessities of life, and having families separated and children placed into social care.

Drivers of destitution¹²



Free legal advice and representation to resolve immigration issues



Relationship breakdown and domestic violence



Low income or not legally able to work



A crisis in the family eg a death



Inadequate and precarious housing which leads to homelessness



lack of access to public funds, including for parents who have leave to remain

Assess families for risk of poverty, using open ended inquiries about routine, access to food, housing instability, parental employment and financial resources, and assess the child for evidence of developmental delay, reduced access to good nutrition and adequate clothing¹³.

For further details of government and third sector support available, see [resources](#) section.

The charging regulations allow for debts to be “written off” when the person is genuinely without funds and therefore it would not be cost effective for the Trust to pursue them. Please consider advocating to the OVMs for such destitute patients.

Children with complex needs

Undocumented children, and children on the move, depending on their socioeconomic background and experiences of journey, may have complex and unmet chronic health conditions. Many countries screen for physical conditions including a comprehensive medical examination on arrival. The U.K. does not currently perform comprehensive health assessments of acute and chronic health needs, but this should be considered when meeting a newly arrived migrant child, regardless of their immigration status.

With early referrals to appropriate mental health support, children with complex mental trauma have a good recovery and a CAHMS referral, and/or signposting to third sector support should be considered early if any signs of trauma, depression, anxiety, or suicidal ideation are present¹⁴.

Resources

Support to access healthcare

Doctors of the World

www.doctorsoftheworld.org.uk

Remit:

Support for people excluded from NHS healthcare

- Clinic and advocacy programmes in London that provide medical care, information and practical support to excluded people such as destitute migrants, sex workers and people with no fixed address.
- Training & guidance for healthcare professionals
- National advocacy for access to health

Contact:

- Clinic advice line for patients: 0808 1647 686 (10am to 12 midday, Monday to Friday, translation available)
- clinic@doctorsoftheworld.org.uk
- Clinic office (for organisations): 0207 0789 629

Support for destitute families

Together with Migrant Children

<https://togethermigrantchildren.org.uk>

Remit:

Support for migrant families:

- Individualised family support including mentoring, signposting, support with safeguarding, help to access services
- Casework for families at risk of destitution, including those with No Recourse To Public Funds
- Face to face support at community centres in London

Contact:

- Anonymous advice line for professionals: 01865 528658 (weekdays 9am - 5pm)
- referrals@togethermigrantchildren.org.uk

Project 17

www.project17.org.uk

Remit:

Support for migrants with no recourse to public funds:

- Advice & advocacy
- Emergency short term accommodation funds

Contact:

- For families: 07963 509 044
- For professionals: 07701 330 016

British Red Cross

<https://www.redcross.org.uk/get-help/get-help-as-a-refugee>

Remit:

- Emergency provision of food, toiletries & baby items
- Support for 15-25 year olds in Birmingham, Glasgow, Hampshire, Kent, Leeds, Leicester, London and Peterborough

Contact:

- 0344 871 11 11
- contactus@redcross.org.uk

No Recourse to Public Funds Network

<http://www.nrpfnetwork.org.uk>

Remit:

Advice for professionals on supporting families with no recourse to public funds

Legal assistance

Migrant Help

www.migranthelpuk.org

Remit:

- Independent advice and guidance to assist asylum seekers in the UK move through and understand the asylum process, including finding legal representation and help with payments & housing
- Support for survivors of human trafficking
- EU settlement support for vulnerable people
- Interpreting services

Contact:

- Asylum helpline (24/7): 0808 8010 503
- Asylum advice email: as@migranthelpuk.org

Law Centres Network

www.lawcentres.org.uk

Remit:

Signposting to local law centres, which offer legal advice, casework and representation to individuals and groups.

Contact:

- Local law centres listed here: www.lawcentres.org.uk/about-law-centres/law-centres-on-google-maps/alphabetically

Coram Children's Legal Centre

<https://www.coram.org.uk/>

Remit:

Runs Migrant Children's Project which:

- Offer email advice from a specialist solicitor on all issues affecting migrant, asylum-seeking and refugee children and young people (separated or in families).
- Provides fact sheets on relevant legal issues
- Offers training on the rights of children in the immigration and asylum systems

Contact:

- Migrant Children's Project advice email: mcpadvice@coramclc.org.uk

Right to Remain

<https://righttoremain.org.uk/toolkit/>

Remit:

Guidance on the UK immigration & asylum system (in multiple languages)

Joint Council for the Welfare of Immigrants

<https://www.jcwi.org.uk>

Remit:

Legal advice on asylum & immigration law, including provision of solicitors

Contact:

- Irregular migrants helpline: 020 7553 7470. Mondays, Tuesdays and Thursdays 10am - 1pm

Mental health

Young Minds

www.youngminds.org.uk

Remit:

Support for young people's mental health:

- Campaigning & training
- Online resources for young people
- YoungMinds Welcome project - training on the mental health needs of refugee & migrant children in East Kent, Croydon and NE England

Contact:

- Parents helpline: 0808 802 5544
- Crisis messenger for young people (24/7) - text 85258

Unaccompanied asylum seeking children

Refugee Council

www.refugeecouncil.org.uk

Remit:

Support for unaccompanied asylum seeking children:

- Help to access education, healthcare, and claim asylum, including face to face support services throughout England
- Counselling & group therapy
- Support with age dispute claims
- Specialist support for trafficked children

Access to healthcare:

- Health-related English classes
- Peer befrienders to support with forms, registration, and appointments

Other services:

- Support for newly recognised refugees (face to face in East London & Barnsley)
- Support for refugee health professionals in London to join NHS

Contact:

- General enquiries 02073466700
- Contact details for specific support services: www.refugeecouncil.org.uk/get-support/contact-a-service-team/

Children's society

www.childrenssociety.org.uk

Remit:

Support for unaccompanied asylum seeking children:

- Counselling and mental health support
- Mentoring and befriending schemes
- Education and life skills support
- Orientation and prevention programmes
- Social and creative activities

Other services:

- The 'Rise Project', for young men aged 11-17 years who have been trafficked or at risk of being so
- Extensive regional projects supporting refugee & migrant young people in London, Greater Manchester, Birmingham & Coventry, Lancashire, Merseyside, Cheshire and Yorkshire.

Contact:

- Referral details for specific services here:

<https://www.childrenssociety.org.uk/what-we-do/our-work/young-refugees-migrants>

Support for torture survivors

Freedom from Torture

www.freedomfromtorture.org

Remit:

Support for survivors of torture:

- Specialist psychological therapy (for all ages), based in London, Manchester, Birmingham, Newcastle and Glasgow.
- Medico-legal reports to support individual asylum claims
- Survivor activism, including youth activism for 16-25 year olds
- Organisational training on working with torture survivors

Contact:

- 020 7697 7777
- Referral form for psychological therapy (patients can self-refer): <https://www.freedomfromtorture.org/help-for-survivors/therapy-and-practical-help>

Survivors of trafficking/modern slavery

Unseen

www.unseenuk.org

Remit:

Support for survivors of modern slavery & trafficking, including:

- Confidential Modern Slavery reporting helpline
- Resettlement, integration and outreach (RIO) project offers a range of practical & support services for survivors in SW England
- Safehouses for adult survivors

Contact:

- Modern Slavery Helpline (24/7): Phone - 08000 121 700
- Online reporting - www.modernslaveryhelpline.org/report

NSPCC Child Trafficking Advice Centre

Remit:

Free guidance and training to professionals concerned that a child or young person has been or is about to be trafficked into or out of the UK, including:

- Telephone and email advice to professionals
- Co-ordinating multi-agency responses, focused on protecting the child
- Training and awareness-raising presentations
- Attending child protection meetings and producing child trafficking reports for courts
- First responder for child referrals into the National Referral Mechanism (NRM) – a framework for identifying victims of human trafficking and ensuring they receive appropriate care

Contact:

- 0808 800 5000
- help@nspcc.org.uk

Every Child Protected Against Trafficking (ECPAT)

www.ecpat.org.uk

Remit:

Support for trafficked children and young people:

- Peer support & activity groups for young people aged 15-23
- Staff training & e-learning
- Advocacy & campaigning

Contact:

- 020 7607 2136
- info@ecpat.org.uk

General practical support/advocacy

Migrants Organise

www.migrantsorganise.org

Remit:

Platform for refugees and migrants to connect and speak out on shared issues

Contact:

- info@migrantsorganise.org

Local refugee & migrant centres

Remit:

Many UK cities have local refugee centres offering practical support to asylum seekers and migrants, including signposting, housing support

Scottish Refugee Council

<http://www.scottishrefugeecouncil.org.uk>

Remit:

Telephone Advice Line for individuals and professionals in Scotland on refugee and asylum issues.

- Family Keywork for families with children aged 0-8
- Support for destitute asylum seekers
- Support for unaccompanied asylum seeking children

Contact:

- Telephone advice: 0141 223 7979 (Weekdays 10-12am and 2-4pm)

Welsh Refugee Council

<http://wrc.wales/>

Remit:

Practical support for refugees and asylum seekers in Wales, including casework, links to other supporting organisations, and English classes

Contact:

- 0300 303 3953

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Legislation

England:

<https://www.gov.uk/government/publications/overseas-nhs-visitors-implementing-the-charging-regulations>

Wales:

<http://www.wales.nhs.uk/governance-emanual/overseas-visitors-and-the-nhs>

Northern Ireland:

<http://www.legislation.gov.uk/nisr/2015/27/made>

Scotland:

<http://www.legislation.gov.uk/uksi/1989/364/contents/made>

No recourse to public funds:

<https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements>

Guidance on charging and toolkits for advocacy

Medact & Patients not Passports briefing:

<https://www.medact.org/2019/resources/briefings/patients-not-passports/>

Patients not Passports toolkit:

<https://patientsnotpassports.co.uk/support/advocacy-guide-for-healthcare-workers>

DOTW and JCWI toolkit:

<https://www.jcwi.org.uk/nhs-charging-toolkits>

Guidance for GP Registration

NHS England Guidance on GP registration

<https://www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/>

DOTW Safer Surgeries initiative:

<https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/>

Guidance on migrant health

Migrant Health: A tool for everyone in UK primary healthcare working to support new migrant patients, and a community to ask and respond to colleagues.

<https://migrant.health/>

RCPCH - Refugee and unaccompanied asylum seeking children and young people - guidance for paediatricians

<https://www.rcpch.ac.uk/resources/refugee-unaccompanied-asylum-seeking-children-young-people-guidance-paediatricians>

UASC Health

<https://www.uaschealth.org/>

Section 17 support:

Guidance for families on accessing support:

<https://www.nrpfnetwork.org.uk/information-and-resources/rights-and-entitlements/support-options-for-people-with-nrpf/social-services-support-for-families/overview>

Safeguarding:

RCPCH Child Protection Portal

<https://childprotection.rcpch.ac.uk/>

Guidance: Rights to access healthcare

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