Welcome to The WM Migrant Health Networks Briefing Bulletin

The West Midlands Migrant Health Network is a network of migrant health leads from across the Public Health, NHS and Voluntary Sector of the region. The network is brought together and facilitated by a partnership between the West Midlands Strategic Migration Partnership and Public Health England and provides a forum for discussion and closer working around migrant health.

This bulletin is produced on a quarterly basis and aims to provide latest news, events, legislative and policy developments for stakeholders, as well as funding and partnership opportunities. In this issue we have information on the following topics:

- The Immigration Health Surcharge
- Child Migrant Rights
- Key Health Issues from ‘Drs of The World’
- Regional Research Findings & Good Practice
- Opportunities for Networking

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**Current Issues . . .**  **Current Issues . . .**  **Current Issues . . .**

**The Immigration Health Surcharge**

The Facts & How it affects people with No Recourse to Public Funds.

**Migrant Childrens Rights**

- UNICEF’s 10-point plan to protect child migrants
- Safeguarding Children from Destitution

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West Midlands Strategic Migration Partnership

Public Health England
Facts about The New Health Surcharge

From 6 April, all nationals from outside the European Economic Area (EEA) coming to the UK for longer than six months will be required to pay a ‘health surcharge’ as part of their visa application. The Surcharge aims to ensure those coming to work, study and join family in the UK make an appropriate financial contribution to the cost of the health services they may use whilst in the UK.

It Costs £200 a year for temporary migrants & £150 for students, dependents will be charged the same amount as the main applicant. The Surcharge is not a visa fee … payment will collected by the Home Office and directed straight to the NHS, giving migrants equal access to the NHS as a permanent UK resident. The Surcharge will be paid by non EEA nationals who apply to come to the UK to work, study or join family for a limited period of more than 6 months who apply to extend their stay. (SOME EXEMPTION RULES WILL APPLY)

The Surcharge allows payers access to the NHS in the same way as permanent residents, and similarly may be charged for services a permanent resident would also pay for … I,e dental treatment / prescription charges.

The Surcharge must be paid upfront on the time of immigration application. Certain groups are exempt including:

• Children looked after by Local Authorities
• Migrants making an application for asylum
• A person applying for leave to remain relating to their ID as a victim of human trafficking / or
• Under the Concession known as : Destitute Domestic Violence Concession.*

Migrant Childrens Rights
UNICEF’s 10-point plan to protect child migrants:

The death toll from seasonal Mediterranean crossings is already more than 50 times the number during the same period last year. The risks to children caught up in the flood of migrants also will increase, not only during perilous crossings but also upon arrival on European shores.

At greatest risk are migrant children travelling alone without parents or adult family members.

In the best interests of children UNICEF is urging the EU to be guided by a 10-point plan to protect child migrants:

1. Recognize and treat all migrant children always, first and foremost as children with rights as set out in the UN Convention on the Rights of the Child.

2. Apply existing laws and policies to safeguard and protect the rights of children affected by migration.

3. In all decisions, authorities should be guided fundamentally by the Convention on the Rights of the Child.

4. Protect migrant children by reinforcing integrated national child protection systems and taking EU-wide action to drive up protection standards and address cross-border protection needs as proposed by the European Commission guidelines on ‘Integrated Child Protection Systems’.

5. Children should not be put in detention centres and or separated from their family for migration purposes.

6. In search and rescue operations at sea, uphold International Maritime Law and long-held custom to save and protect lives.

7. At all times during and after search and rescue operations, children and pregnant women must receive special care and attention.

8. All children – regardless of their or their parents’ legal status – must have equitable access to quality education, health care, including mental health, social protection and justice.

9. All children should receive equal and consistent protection, without any discrimination based on their or their parents’ nationality, residence or migration status, or race.

10. Invest in tackling the root causes for people fleeing their homes through comprehensive approaches addressing risk reduction, emergency response and development.
Safeguarding children from destitution:

The Centre on Migration, Policy and Society (COMPAS) released a briefing in June 2015 to present the findings of an 18 month study that explored the implications of a tension between two areas of policy concerning the welfare of children: a requirement in immigration law that excludes some families from mainstream welfare benefits and a provision in the Children Act (s17) that requires local authorities to safeguard and promote the welfare of any child ‘in need’. The study involved a large survey of local authorities and of the voluntary sector; 8 local authority case studies and 92 interviews.

While central government determines who may access ‘public funds’, and has to resolve the immigration status of families with applications pending, local government provides a safety net for destitute children whose parents have no other means of support. The study provides data on families, the practices of local authorities that assess and provide support, the nature of the support provided, the role of the voluntary sector and challenges in the working relationship between the two tiers of government with responsibility for these families.

Recent Reports from ‘Drs of The World’

The Extent of migrant disadvantage in health care needs.

International health charity Doctors of the World/ Medecins Du Monde (DoW/MdM) published a new report in June 2015 which surveys the access migrants have to healthcare services in 12 countries, including nine in Europe.

Of those who approach DoW/MdM-run clinics after arriving in their destination countries 68.7% were found to have no healthcare coverage from mainstream services.

The authors of the report found that the most important reason for the exclusion of people in need of healthcare from access to the care services of the national systems was restrictive national laws. These operate with the explicit intention of withholding healthcare from groups of residents on the basis of their nationality and immigration status.

The charity hopes that the report will function as a tool for healthcare professionals, researchers, NGOs, policy makers and other stakeholders to better understand the legal and administrative barriers that stop people from taking care of their health.

The Extent Legal Migrants are “Too scared of arrest” to seek Healthcare - a problem that may be worsened by the introduction of the immigration health charge and changes to eligibility for secondary healthcare

• Migrants who have permission to be in the UK are avoiding seeking vital medical treatment for fear of being arrested, a charity has warned. Doctors of the World said the vast majority (83 per cent) of the patients it spoke to for its annual survey had no access to the NHS. Administrative and legal barriers, lack of knowledge or understanding of the healthcare system and their rights, and language barriers were cited as reasons for not pursuing conventional healthcare routes.

To access the full Report CLICK HERE

Useful fact sheets around Health of Migrant Children

Click the link below to access some useful factsheets on:

• Access to primary healthcare for migrant children, young people and families
• Access to secondary healthcare for migrant children, young people and families
• Access to mental healthcare for young refugees and migrants

Networking & Sharing Good Practice

The Bulletin aims to share examples of innovation & good practice in the field, building a resource of shared information for members as well as creating networking opportunities.

If you involved in a programme and/or deliver a service and feel its is worth sharing, in particular the lessons learnt and impact, please get in touch by emailing wmhnm99@gmail.com

Research from Across The Region

What are the Health Needs of Migrant Communities?

**Dudley Public Health** recently commissioned research on the health needs of migrant communities in the borough of Dudley. The final report offers a clear and insightful overview in understanding and identifying the key issues and gaps in existing health & wider social provision for migrant communities in Dudley Borough.

Although Migration in Dudley is not on the same scale as other Black Country authorities the emerging issues from this qualitative research are transferable, offering commissioners and providers of health & social care providers clear guidance and recommendations for action to respond to the diversity of health needs of all migrant communities.

For further information on the report and the impacts its findings have had for future action contact:
Amarjot Birdi : Programme Manager for Health Inclusion
Amarjot.birdi@dudley.gov.uk

**Wolverhampton** have also undertaken a health needs assessment for migrant communities with attention also focusing on the health needs of new communities.

A range of issues have emerged that reflect the emerging issues identified in Dudley’s research in particular that Improvements in communication with new communities on health and other services are needed.

For further information on the report and the impacts its findings have had for future action contact: Dave.Newall@wolverhampton.gov.uk

Forthcoming Network Events

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**Healthy Lives Healthy Cities - Protecting the Nations Health 2015**

3ppp (Public-Private-Partnerships)

Tuesday, 20 October 2015 from 09:00 to 17:00 (BST)

Solihull, United Kingdom

A national conference aimed at strategic leaders representing the public sector, third sector and the private sector. Places are free for the public and third sector delegates of the right calibre, delegates representing the private sector will be required to pay. The aim of the event is to provide an opportunity for inter professional networking, sharing of good practice and explore the role of the different sectors and industry in making our cities and towns healthier places to live and work in. Please visit the website for further information [www.healthyliveshealthycities.co.uk](http://www.healthyliveshealthycities.co.uk).

**Registration link:**
[https://www.eventbrite.co.uk/e/healthy-lives-healthy-cities-protecting-the-nations-health-2015-tickets-17762370729](https://www.eventbrite.co.uk/e/healthy-lives-healthy-cities-protecting-the-nations-health-2015-tickets-17762370729)

**Well Being & Migrant Communities**

The Partnership are pleased announced that they will be hosting a Regional Seminar in November to explore the issue of Well Being & Mental Health for Refugees & Asylum Seekers.

BVSC, Digbeth Birmingham.

12th November 2015

Further information & Booking Details will follow in early September.
The Refugee and Migrant Centre in Wolverhampton takes a pro-active approach to engaging with new arrivals to the city. All new clients are supported by a volunteer who speaks their language to complete a CNAT (Client Needs Assessment Tool). The CNAT provides a holistic assessment of each client’s vulnerability, and enables case workers to negotiate an action plan with them that reduces that vulnerability. The CNAT has proved particularly successful in supporting clients to achieve stability in the area of health, as clients are signposted to other services or access health provision at the centre itself.

RMC’s success can in part be attributed to the number of services provided on site. The centre has an excellent reputation with migrants in the city and is considered by many to be a ‘safe space’ to be given confidential advice and guidance in their own language. Examples of onsite service provision include:

- Health checks for clients over 40 with Wolverhampton’s Healthy Lifestyles team, and access to a health coaching over the course of several weeks.
- An appointment with a health visitor for any client with a child under 5 years old.
- Direct referrals to vulnerable women’s midwife team.
- Safety presentation to new arrivals from West Midlands Fire Service.

Another innovative project that benefitted from RMC’s positioning in the community has been the piloting of the Latent TB screening model. Engaging 100 clients involved volunteers making approximately 1,000 phone calls/text messages to clients. 33% of those tested were positive and have moved on to successful treatment. This model is now being rolled out at RMC to include Hepatitis testing.

Facilitating GP registration is an important aspect of how RMC supports clients to access health care. Migrants (and particularly asylum seekers) often lack the documents that GP surgeries require for registration such as photographic identification and proof of address, and may be denied registration in spite of being legally entitled to it. Language barriers can also make communication with receptionists and the filling out of registration forms prohibitively difficult. The RMC have cultivated relationships with a number of Wolverhampton-based GP surgeries to raise awareness of the barriers that migrants face in accessing health care, and have developed an agreement that a letter from the RMC confirming status, address and whether the client needs an interpreter will be accepted in lieu of the usual documents.

### The A&E project

Seeks to address resilience in Emergency Department. Aspiring Futures, Age UK, and the RMC worked in partnership with Wolverhampton Voluntary Sector Council. The project aimed to provide a testing ground for the methods and processes used and hopefully lead to outcomes which have a positive impact on the current stressful conditions which most A&E departments are experiencing. RMC currently has two staff situated in New Cross A and E, and our role has been to support patients not registered with GPs to register and sharing with them the NHS ‘Choose Well’ tool.

### Health Champions

There are currently 8 Health Champions from client communities who are trained to spread the message about local health services and healthy style choices to people who find it difficult to access services in places such as local community centres, clubs and places of worship.

### Last but not least:

We are looking for ways to develop strong pathways for referrals for a variety of levels of mental health issues- work in progress.

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