

Sanctuary Seekers

NRPF and Resettlement Service & Public Health
(April 2025)

Introduction

This JSNA has been prepared alongside the forthcoming Borough of Sanctuary Strategic Workplan which has been developed through co-production with Sanctuary Seekers and a comprehensive range of local stakeholders, including the Local Borough of Sanctuary Network. The workplan is constructed around key areas of need identified by stakeholders and aligns with the Borough of Sanctuary Principles of ‘Learn, Embed, Share’ as highlighted in the Council’s Borough of Sanctuary policy. The workplan therefore serves as the reference point for defining the actions that will be taken in relation to this assessment. The Workplan will be a live document which will be subject to ongoing monitoring, review and development based on any emerging global issues. This will be a core function of RBG’s Borough of Sanctuary Partnership Board.

This chapter includes:

Introduction

Services currently available to Sanctuary Seekers in Royal Greenwich

Access to Health

Voices of people with lived experience

Recommendations

This JSNA chapter has been written by NRPF and Resettlement Service & Public Health with contributions from Children’s Directorate and Housing team.

Introduction

Sanctuary Seekers – the national picture

The UK's sanctuary landscape is continually developing. Since 2017, when the Syrian Vulnerable Persons Relocation Scheme (VPRS) started, the UK's approach to helping people seeking safety has shifted. The UK Government has been asking local authorities to play a bigger role in resettling new residents who are being welcomed in cohorts from a variety of locations. The UK government is providing some financial support in the form of ringfenced funding. At the same time, it should be noted that each successive resettlement scheme has been of significantly different design with widely varying duties for support and shortages,, significant variation in funding. This has resulted in the risk of inequalities across different groups of sanctuary seekers due to varying service provision.

Global events mean that the future of the Homes for Ukraine scheme is unclear, but the number of arrivals continues to grow at a very consistent rate across the lifespan of the scheme. As a consequence, the Borough must continue to monitor service provision and consider the continuation of services and council staffing to support the scheme. For Afghan families, the need to find accommodation is ongoing, with thousands in other countries. Greenwich has met its duties under the Afghan fair-share schemes and remains committed to meeting the needs of future arrivals as further quotas under the newly revised single Afghan scheme are expected in 2025.

The cost of helping people with nil recourse to public funds (NRPF) went up by £4.2 million from 2023 to 2024. Each family gets about £24,500 a year, and this money often comes from already tight social

care budgets. In 2024, there were 25% more people coming to the UK to seek asylum compared to 2023. In Greenwich a specialist NRPF team has been established, funded by central council budgets.

The current government plans to continue with ideas from the Illegal Migration Act, even though they're stopping the use of barges like the Bibby Stockholm in 2025 and cancelling flights to Rwanda. There are talks with other countries like Turkey, Vietnam, and Iraq to make new deals. The contract with the company that takes care of housing asylum-seekers (Clearsprings), is scheduled to end in 2029, and the government is exploring options for local authorities to assume these duties.

Against the problem of housing shortages, the number of people who become homeless after leaving asylum accommodation went up by 251% in one year. Many of these people are under 35 and on their own. They often don't have the same help from friends and family as others, so they end up on the street.

Even though we know some changes are coming, local governments might still have to act quickly with little warning. Across the UK, councils are creating permanent services to support these people. Help for those from specific countries like Syria, Afghanistan, and Ukraine will come in waves, but the need for support for all asylum-seekers and those with NRPF will continue. Having services that can adapt to the changing situations is working well.

Introduction

Timeline of National Policy

The Nationality, Immigration and Asylum Act 2002

Denied access to NASS* support for those deemed not to have made their asylum claim 'as soon as reasonably practicable' after entering the UK.

2002

Gateway Protection Programme 2004

Launched to provide a resettlement route for vulnerable refugees wanting to settle in the UK

2004

Immigration Rules 2008

Introduction of the Points-Based System of immigration that admits migrants based on their qualifications and potential benefits

2008

Health and Social Care Act 2012

Change to data sharing rules to allow Home Office access to GP data on individuals without permission

2012

New Plan for Immigration (NPI) 2021

Proposed the relocation of some asylum seekers to Rwanda while their claim is processed

Afghan scheme (ARAP) 2021

Offered relocation for former locally employed staff in response to the Taliban takeover in Afghanistan

2021

Asylum Support Regulations 2015

Revises support available to asylum seekers to flat rate of £36.95/week

2015

UK Resettlement Programme 2021

All previous resettlement Programmes merged into one

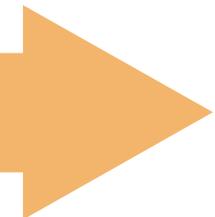
Homes for Ukraine 2022

Offered a pathway for those fleeing Ukraine to seek protection in the UK for up to 3 years

2022

Amendment to the Asylum Support Regulations 2022

The flat rate of support for asylum seekers increased to £40.85/week



Introduction

Sanctuary seekers is a catch-all for the following groups:

Asylum Seekers

Asylum seekers are people who have claimed asylum under the 1951 United Nations Convention on the Status of Refugees, on the grounds that if they returned to their country of origin, they have a well-founded fear of persecution based on race, religion, nationality, political belief, or membership of a particular social group. They remain an asylum seeker whilst their application (or appeal against refusal of their application) is pending. If an application for asylum is successful, they are granted “Refugee” status.

Unaccompanied Asylum-Seeking Children (UASC)

These are children who come to the UK to claim asylum but are not accompanied by an adult. These children are accommodated by local children’s services as Children in Care. The ages of UASC are assessed according to guidance provided by the Home Office, with reference to relevant case law when applicable. This assessment is conducted by the Local Authority

Refugees

Refugees are people fleeing armed conflict or persecution for whom it would be too dangerous to return to their home country. Refugees are defined and protected by the 1951 Refugee Convention and the 1967 Refugee Protocol. In the UK, refugees are people whose asylum claims have been granted. They may be entitled to remain for a time-limited or indefinite period, depending on their circumstances. Refugees are legally permitted to work and access welfare services and benefits including housing, education, and other public services.

Migrants

Migrants choose to move to a new country (without the risk of threat from their country of origin) and often this decision will be made to improve their quality of life. Migrants do not experience the same risks associated with returning home as refugees and are subject to UK immigration laws and processes. As a result, whilst many migrants are living in the UK legally, some may not have the legal right to be in the UK. The latter do not have rights to public services, housing, or employment

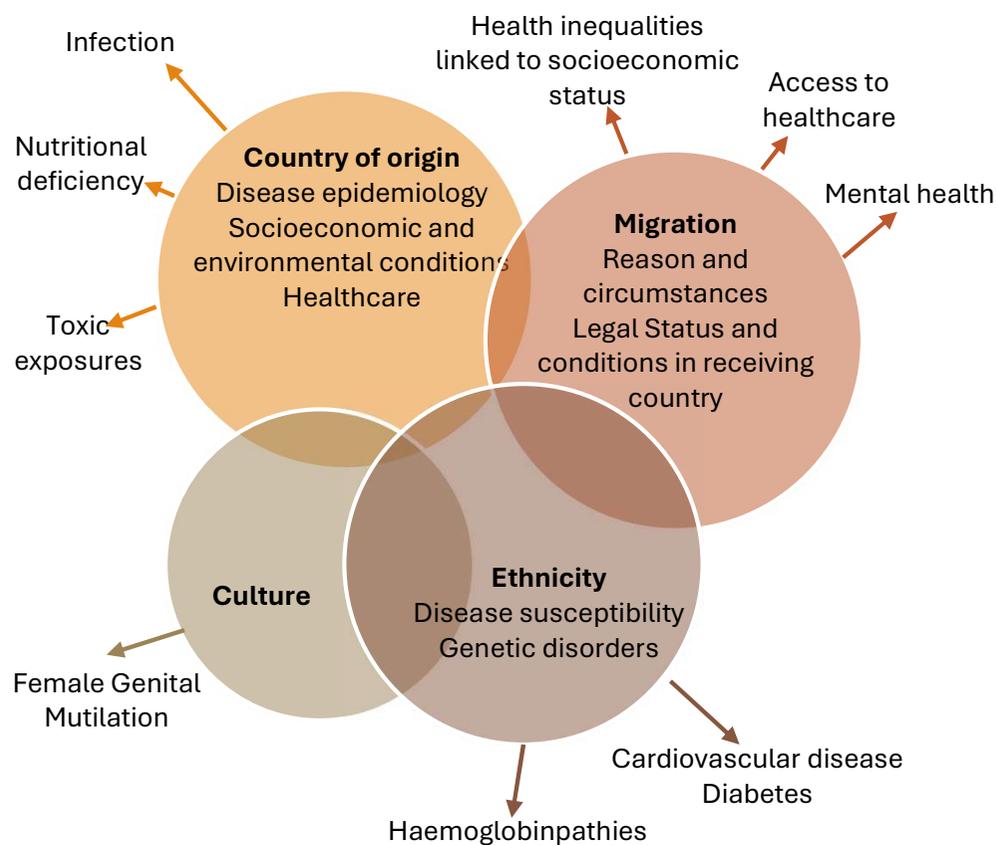
Nil Recourse to Public Funds (NRPF)

a type of condition placed on visas which limits a person's ability to access benefits and other types of financial support. Many migrants in the UK have an NRPF condition on their visa

Sanctuary Seekers – Health and wellbeing overview

Sanctuary seekers in the UK are a diverse population of people from a broad range of places with significant diversity relating to ethnicity, socio-economic background, faith, language, culture, politics, and education. A person’s circumstances will be shaped by multiple factors, including conditions in their country of origin, their migration journey, and their experiences on arrival in the UK. People seeking asylum and refugees are generally young, compared to the UK population, and there is a large body of evidence that this population faces increased risks in many forms and additional barriers to accessing services and support. There is generally a low level of recording of health needs of this population at a local level, however, there are a large number of studies which outline some of the key health risks, and the main barriers to accessing support.

Factors influencing the health of people seeking sanctuary



Summary of additional risks associated with people seeking sanctuary

Mental Health

Increased rates of Post Traumatic Stress Disorder
High levels of stress
High levels of mental distress

Physical Health

Communicable diseases
Untested chronic conditions
Poor Oral health
Reduced level of immunisation

Women’s Health

Poor maternal health outcomes
Increased prevalence of Female Genital Mutilation
Sexual and Gender based violence

Wider Determinants of Health

Inability to work Discrimination Destitute
Homelessness Insecure and poor housing
Exploitation and trafficking Poor access to services
Poor social integration

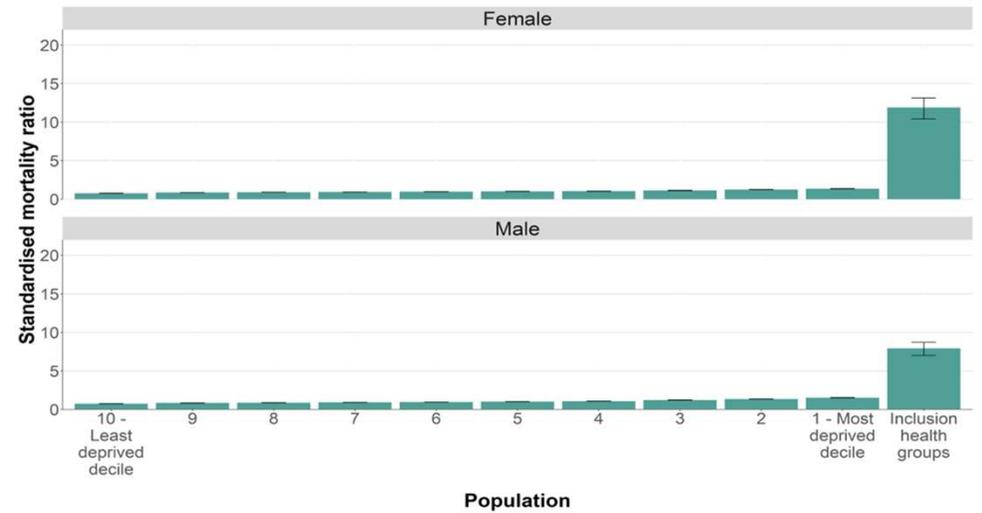
Introduction

Sanctuary Seekers are an inclusion health group

This graph illustrates that the relative mortality of people in inclusion health groups far exceeds that of people from the most deprived communities in England – the inequality of outcomes among inclusion groups is extreme.

They typically experience multiple interacting risk factors for poor health such as stigma, discrimination, poverty, violence and complex trauma, which is especially relevant for asylum seekers & refugees, and also relevant for those locked into spousal/partner visa where domestic violence may occur.

Standardised all-cause mortality ratio for inclusion health groups, compared to the general population by deprivation decile



Source: [Office for Health Improvement and Disparities \(2022\)](#).

Inclusion health groups face a range of barriers in accessing healthcare services including

Discrimination & stigmatisation

Intersectional discrimination in healthcare system through **unconscious bias** & the effect of **negative media** & **political** messaging

Logistical challenges and service design

Invisibility in health datasets

Not all sanctuary seekers fall into a health inclusion group, but much of the data is **categorised too imprecisely**

Digital exclusion

Lack of empowerment

Introduction

Greenwich as a Borough of Sanctuary

In May 2023, the Royal Borough of Greenwich was fully awarded Borough of Sanctuary status. The award is granted for three years and is due for renewal in 2026.

This means it is recognised as a place that welcomes and values the contribution of refugees, migrants and those seeking sanctuary.

[More about our status as a Borough of Sanctuary](#)

Royal Greenwich's corporate strategy, Our Greenwich, sets out objectives and priorities to develop our services and improve the lives of residents. This includes new arrivals and migrant communities.

Royal Greenwich is committed to supporting refugees, asylum seekers and migrants by:

- providing a welcoming environment for them on arrival
- helping them settle and integrate into our borough for the benefit of the wider community
- encouraging partnership working and networking across areas
- Identifying opportunities to work on common issues that create positive change in and across communities
- Engaging people looking for sanctuary in decision making and in activities that help people understand issues that affect asylum seekers and refugees and helping get their voices heard

Download the [Borough of Sanctuary policy](#)

The Borough of Sanctuary policy is being refreshed in 2025 to sit

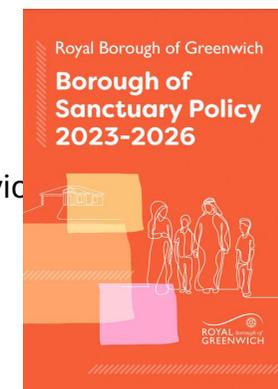
alongside the Borough of sanctuary Strategic Workplan which is under development and scheduled for approval by the Council's Cabinet in June 2025.

Our work as a Borough of Sanctuary

So far Royal Greenwich has:

- joined the National City of Sanctuary Network and the local Borough of Sanctuary Council Network
- encouraged individuals and organisations to [sign our pledge of support](#)
- published a [Borough of Sanctuary policy](#) to support refugees, migrants and asylum seekers
- set up the Greenwich Refugees, Asylum Seekers and Migrants Group (GRAM) which gives oversight of the support we provide for people arriving in the borough
- [helped migrants get advice and support](#) about money, food, housing, benefits, employment and training and social activities
- set up the Homes for Ukraine scheme
- set up the Syrian Resettlement Scheme
- set up the Afghan Resettlement Scheme

There are also a range of local partnerships and organisations who provide advice and support to refugees.

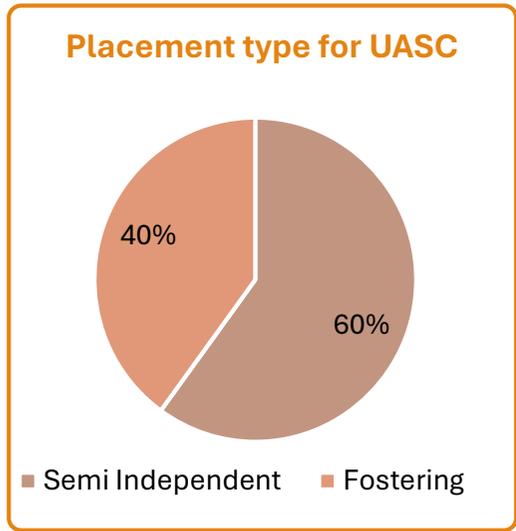
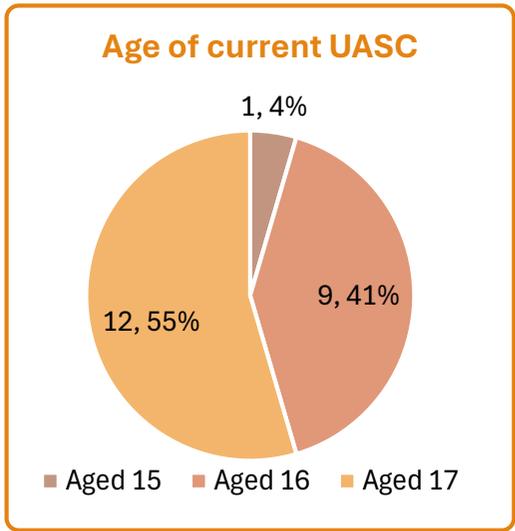
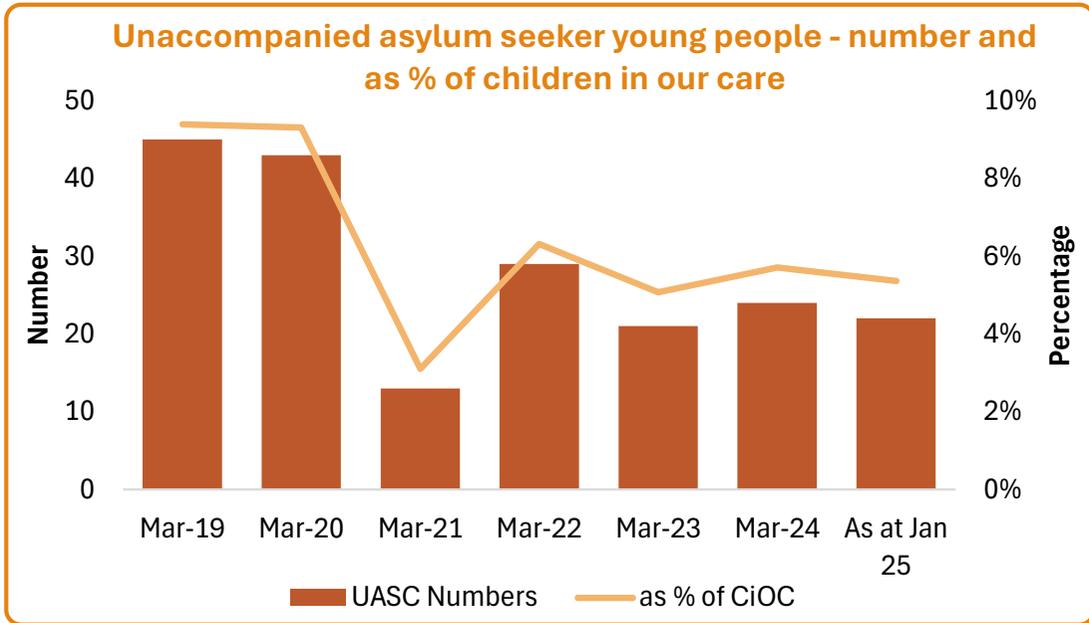


Unaccompanied asylum seeking (UASC) young people

Unaccompanied asylum seeking (UASC) young people

All UASC under 18 will enter the care of and be accommodated by the Local Authority they are placed within, the legal basis being absent parenting. Some young people will come direct into an LA area but most are placed via the Pan London rota arrangements; a small number will also come via the national transfer scheme to support LAs that are at their threshold capacity which is 0.1% of the 0-17 population. For Greenwich that would currently reflect c.65 young people.

disproportionately skewed to males 60% compared to the almost 50:50 balance within the wider 0-17 population. This is even more marked within the UASC cohort – all 22 young people as of January 2025 are male. The majority (96%) of UASCs supported by Royal Greenwich are aged 16-17 years old.



The National Transfer Scheme quota for UASC (created to ensure equitable distribution of UASC across local authorities) in Greenwich was increased in August 2022 from 0.7% to 0.1% of the overall child population of the borough, which currently represents 60 individuals.

As of January 2025, 22 UASC were looked after by Royal Greenwich.

The sex balance within our Children in Care cohort is

Former UASC young people:

- Of our 431 care leavers (those receiving a service) as of Jan 25, 80 (19%) are former UASC young people
- 67 (84%) are male compared to 59% of the overall care leaver cohort being male
- 90% are in a mix of independent or semi-independent accommodation

Unaccompanied asylum seeking (UASC) young people

Support for UASC young people:

We have a dedicated UASC team within our social care service to ensure practitioners are well placed to support the specific needs of this cohort and have expertise in conducting age assessments when required. Examples of the type of support in place include:

- Age Assessments – Conduct Merton-compliant assessments to determine eligibility for services.
- Care & Transition Planning – Develop tailored care and pathway plans addressing legal, educational, housing, and emotional needs
- Immigration Support – Assist with asylum claims, appeals, and immigration status resolution, working closely with legal representatives.
- Trauma-Informed & Cultural Support – Provide specialist care addressing emotional well-being, integration, and cultural identity.
- Independent Living & Post-18 Support – Guide young people through education, employment, housing, and life skills

Support is also in place from wider services, particularly in relation to ensuring UASC have access to education opportunities. Initiatives include:

- UASC young people are given the highest priority for school admissions
- We try to ensure that children are matched wherever possible to attend schools with children who may be from the same country of origin. This is something we also take into consideration when placing out of borough UAS children into Royal Greenwich schools
- Inclusion have an allocated UAS Officer who has a good understanding of the challenges faced by UASC; they work closely with social care to ensure a support plan is in place to minimise any gaps in education/training
- The Virtual School will ensure a Personal Education Plan is in place (as per all school aged children in care) with particular focus on

language needs

- The Virtual School will use funding streams available to access suitable mentoring and counselling if required
- The UASC cohort are actively included in events such as tri-borough sports days, holiday clubs etc that give opportunities to engage in sporting, cooking and wider learning which can enhance their knowledge of the English language.

Support for former UASC young people:

As with other care leavers, former UASC young people are supported by our Care Leaving Service; support includes:

- Personal Advisor allocated at age 16 or once they have met the criteria for a leaving care service
- Pathway Plan developed to support their transition to adulthood
- Holistic support including support around addressing asylum and immigration needs, independent living, integration, mental health and wellbeing
- Ongoing leaving care support until at least age 21 or up to age 25 should they not opt out of the care leaving service

Homes for Ukraine Scheme

In Royal Greenwich (as of March 2025) there are currently 2,018 individuals (from 835 households) registered under the Homes for Ukraine scheme.

- The average age of those in Royal Greenwich under Homes for Ukraine is 34 years old.
- The average household size was 1.7 Ukrainian guests per host family.
- 68% of Ukrainian guests in Royal Greenwich are female.

A small number of people from Ukraine have also arrived through family reunion visas or tourist visas (followed by an extension). However, they do not qualify for 'Homes for Ukraine' benefits, so their situation tends to be more complex

Guidelines produced by the [Office for Health Improvement and Disparities](#) describe a number of potential health needs for healthcare staff to be aware of, when seeing patients recently arrived from Ukraine, including:

- The incidence of TB in Ukraine is high at approximately 73 per 100,000 population
- There is a moderate risk of anaemia in adults and pre-school children
- The prevalence of hepatitis C is considerably higher than the UK
- A high risk of vitamin A deficiency
- There may be a risk of mild iodine deficiency due to inadequate iodine intake

A [2022 study](#) on the effects of the 2014 Russian invasion of Eastern Ukraine found that adolescents in the war-torn Donetsk region had significantly increased risks for PTSD, severe anxiety and severe depression.

- The risks of these mental health conditions is likely to be even higher as a result of the recent escalation of the situation in Ukraine.

Before the war, vaccination rates in Ukraine were among the [lowest in Europe](#).

- In 2021, 20% of children in Ukraine were not fully vaccinated against measles and 13% were not protected against poliovirus.

All Homes for Ukraine recipients were quickly registered with a GP, mainly by their sponsors responsible for those under Homes for Ukraine together with support from Ukraine Support Greenwich.

- Their role includes carrying out welfare and safeguarding checks, helping signing up for ESOL classes, benefits and education services, and registering with a GP

Overview of the Homes for Ukraine Scheme

Opened in March 2022 for individuals or households fleeing from Ukraine who have hosts in the UK willing to sponsor them.

Administered and overseen by the Home Office, with councils responsible for carrying out housing and safeguarding checks to ensure accommodation is of suitable standard and guests are safe, as well as arranging payments to local hosts.

Unaccompanied children under 18 can apply for the scheme subject to parental approval and safeguarding checks on hosts.

Hosts, who were usually strangers offering accommodation, were asked to commit to 6 months providing accommodation and can receive £350/month support towards living costs, rising to £500 per month in the second year of hosting.

Homes for Ukraine visas will allow a stay of up to 3 years, with full access to public funds.

As of [December 2024](#), 227,200 visas have been issued under the Homes for Ukraine scheme.

Slide 11

SC1

[@Deirdre McDaid] Could you have a look at this slide and the next one please re data on Homes for Ukraine Scheme and fill in the bits highlighted in Yellow?

Is there anything else you have which we can ad to these slides?

Thanks

Sally Church, 2025-03-03T15:49:34.271

Homes for Ukraine Scheme

Children in the borough under Homes for Ukraine scheme

261 children are listed in Royal Greenwich (as at March 2025) as living in the borough under Homes for Ukraine, including:

- 31 children aged under 5
- 119 primary school aged children aged 5-11 years old
- 111 children aged 12-17 years old

Access to funds, hosts and employment

While those arriving under the Homes for Ukraine scheme have full access to public funds, the application process for these is complex and in English. For those with little host support and/or limited English or digital skills, the application process may be challenging.

- The Royal Borough of Greenwich has been uniquely placed to commission specialist support for Ukrainian Guests from Ukraine Support Greenwich (USG), which is staffed by Ukrainian and Russian-speaking support staff. This has resulted in a successful scheme with very few placement breakdowns. USG has provided support across a range of key areas including: **Wellbeing and integration checks, Immigration, Employment, Health, Education/Children's Activities, Finance/Welfare benefits, Housing, Transport, IT/telecommunications, Safeguarding/Wellbeing**

Anecdotal evidence suggests that guests have been relatively self-sufficient in finding employment after arriving in Greenwich, with support provided as necessary by USG, Sponsors and the RBG resettlement Team. USG has also been proactive in promoting mutual support arrangements in which parents assist with each other's childcare to facilitate employment.

Additional support has been commissioned through Beam to enable access to work and housing. The relatively low uptake of this service from Ukrainian nationals supports the assertion that the support outlined above has been effective in enabling access to employment.

Syrian Vulnerable Persons Resettlement Scheme (VPRS)

In Royal Greenwich (as of March 2025) there are currently 78 individuals (from 19 households) registered under the VPRS scheme

Guidelines produced by the [Office for Health Improvement and Disparities](#) describe a number of potential health needs for healthcare staff to be aware of, when seeing patients recently arrived from Syria, including:

- Polio (wild polio or cVDPV) has been reported in the past in Syria, and the country remains vulnerable to reinfection
- There is a moderate risk of anaemia in adults and in pre-school children
- There is a high risk of vitamin A deficiency in Syria

A [2020 study](#) on mental health and well-being of Syrian refugees and their coping mechanisms towards integration in the UK identified four major key themes; loss and separation, struggling for connectedness in a culturally divided world, health beliefs and practices and barriers to healthcare access impact on their sense of well-being.

Children in the borough under VPRS

There are 19 families with a total of 40 children listed in Royal Greenwich (March 2025 data) as living in the borough under Syrian Vulnerable Persons Resettlement Scheme, including:

- 12 children aged under 5
- 26 primary school aged children aged 5-11 years old
- 12 children aged 12-17 years old

1% of children or families under the arriving from Syria have had contact with Royal Borough of Greenwich's Family Early Help (FEH) team.

- All families have experienced issues with isolation
- All families have required support accessing public funds
- 0% have referrals for children missing education (CME)
- 11% have referrals for children with health conditions
- 0% have referrals for children with behavioural difficulties.

Overview of the Syrian Vulnerable Persons Resettlement Scheme

The scheme was launched in January 2014 and has helped those in the greatest need, including people requiring urgent medical treatment, survivors of violence and torture, and women and children at risk.

The scheme was intended to provide sanctuary to several hundred vulnerable Syrians over three years and with 216 cases resettled as of June 2015, we were on track to do that.

The then Prime Minister announced on 7 September 2015 that the scheme would be expanded to resettle 20,000 Syrians in need of protection during this Parliament.

In July 2017 the decision to expand the scope of the scheme to include other refugees who have fled the conflict in Syria but do not have Syrian nationality was made. This is in addition to those we resettle under the Vulnerable Children's Resettlement Scheme, Gateway and Mandate and the thousands who receive protection in the UK under normal asylum procedures.

Local authorities and partners have played a vital role in helping those arriving here to settle into a new life in the UK.

Afghan Relocations and Assistance Policy (ARAP)

In Royal Greenwich (as of April 2025) there are currently 92 individuals from 13 households registered under the Afghan Relocation and Assistance Policy (ARAP).

- The average age of those in the Royal Borough of Greenwich under the Afghan Relocation and Assistance Policy is 21 years old.
- The average household size is 8 Afghani guests per host family.
- 57% of Afghanistan guests in the Royal Borough of Greenwich are female.

Guidelines produced by the [Office for Health Improvement and Disparities](#) describe a number of potential health needs for healthcare staff to be aware of, when seeing patients recently arrived from Afghanistan, including:

- The incidence of TB in Afghanistan is high at approximately 40-499 per 100,000 population
- There is a moderate risk of anaemia in adults and pre-school children
- The prevalence of hepatitis C is higher than the UK
- Polio is endemic in Afghanistan
- There is a high risk of typhoid infection
- A high risk of vitamin A deficiency

A [2023 study](#) on Afghan Refugee Populations' Mental Health highlights this as an already traumatized and vulnerable group who are challenged in coping with various stressors in the host country: language barriers, social isolation, perceived discrimination, limited employment opportunities, family separation, fear of asylum application rejection, prolonged asylum procedure, mandatory detention, and uncertainty about their future.

Overview of the Afghan Relocations and Assistance Policy (ARAP)

The Afghan Relocations and Assistance Policy (ARAP) is for Afghan citizens who worked for or with the UK Government in Afghanistan in exposed or meaningful roles and may include an offer of relocation to the UK for those deemed eligible by the Ministry of Defence and who are deemed suitable for relocation by the Home Office.

Afghan citizens who are eligible for relocation to the UK under the ARAP may relocate with a partner, dependent children and additional family members who are also deemed eligible for relocation under the ARAP by the Ministry of Defence and suitable for relocation by the Home Office.

The ARAP was launched on 1 April 2021 and remains open. It follows the former intimidation policy (in place from 2010 to 2013), and ex-gratia scheme (in place between 2013 and 30 November 2022).

Afghan Relocations and Assistance Policy (ARAP)

Children in the borough under ARAP

There are 20 families with a total of 62 children listed in Royal Greenwich (March 2025 data) as living in the borough under Afghan Relocations and Assistance Policy , including:

- 14 children aged under 5
- 26 primary school aged children aged 5-11 years old
- 22 children aged 12-17 years old

- No children or families under the arriving from Afghanistan have had contact with Royal Borough of Greenwich Council's Family Early Help (FEH) team.
- All families have experienced issues with isolation
- All families have required support accessing public funds
- 0% have referrals for children missing education (CME)
- 0% have referrals for children with health conditions
- 0% have referrals for children with behavioural difficulties.

Housing

The Housing Act 1996 as amended by the Homelessness Reduction Act 2017

The Act requires Local Authorities to give free information and advice on:

- Preventing homelessness and securing accommodation when homeless
- The rights of people who are homeless or threatened with homelessness
- How to get help

Information on tenants' rights, rights to benefits, advice on debt, rent and mortgage arrears, help for people at risk of violence and abuse and advice on how to obtain accommodation in the social and private rented sector.

Prevention

Local authorities must take reasonable steps to prevent homelessness for any eligible applicant, at risk of homelessness within 56 days, regardless of priority need. This can involve assisting them to stay in their current accommodation or helping them to find a new place to live.

Royal Greenwich will negotiate with landlords on securing either a twelve or twenty-four month Assured Shorthold Tenancy (AST) and we will make provisions to support residents where they are affected by the Total Benefit Cap (TBC) or Local Housing Allowance (LHA) shortfalls by way of recommending a Discretionary Housing Payments (DHP). The Housing Inclusion Service have a strong working relationship with our colleagues in Advice & Benefits.

A Personalised Housing Plan is completed with the resident to explore all options, and steps both they and Royal Greenwich will take. The 'Prevention' duty is often referred to as a Section 195. The prevention duty can exceed 56 days.

Relief

Local Authorities must take reasonable steps to help the applicant to secure suitable accommodation. Help could be, for example, providing a bond guarantee, funding a rent deposit or working with a private landlord to make properties available. Local Authorities must carry out a holistic assessment of the applicant's housing needs, support needs and the circumstances that led to them becoming homeless.

A Personalised Housing Plan is completed with the resident to explore all options, and steps both they and Royal Greenwich will take. 'Relief' duty is referred to as a Section 189b. The relief duty should not exceed 56 days, and the legislation allows a maximum of 15 working days beyond this where there are special circumstances.

Interim Accommodation (TA)

Where Royal Greenwich has reason to believe that a person is homeless, eligible and has a priority need, interim accommodation will be provided. This remains unchanged from the Housing Act 1996, Priority Need and Intentionality will remain part of the assessment process for the Council when dealing with a full homelessness application if the Prevention or Relief duties, do not resolve an applicant's homelessness.

'Interim Accommodation' is referred to as Section 188 accommodation and cannot be challenged by way of a review under Section 202 of the Act, however, with legal representation a Judicial Review (JR) may be lodged with us before Court. Where a customer refuses a TA offer, we may end the Section 188 duty to accommodate, however, Section 189b remains.

Interim Accommodation is short term temporary and is likely to be anywhere in or outside of the borough.

Housing

Who has 'Priority Need'

A Priority Need is a special reason why Royal Greenwich must give more help if a person is:

- Homeless now
- Could be homeless in the next 2 months

If the person is homeless, Royal Greenwich must usually give emergency housing if needed and the below have an **automatic**

Priority Need:

- Pregnant or have children
- Homeless because of domestic abuse
- Aged 18 to 20 and were in care when aged 16 or 17

Applicants should be mindful that eligibility must be satisfied and homelessness in the first instance before being offered Section 188 accommodation.

Those who are **not automatic Priority Need** who approach stating they have mental health do not have automatic Priority Need and the Council will look at their vulnerability.

Vulnerable has a special meaning in housing law, it means people are more at risk if they become homeless than most other people.

For example, because of:

- An illness, disability or serious health condition
- Another special reason

A customer will have to provide supporting documents to show they're vulnerable, if they're not in automatic Priority Need.

Asylum Hotels

As of 13.03.25 there are no Asylum contingency hotels in the Royal Borough of Greenwich and there have not been any since April 2024. In 2024 RBG successfully supported the closure of two asylum hotels by commissioning a specialist assessment service from Action From Refugees in Lewisham, to assess any hotel residents who might be deemed vulnerable.

Based on previous experience, the borough would be well-placed to respond and offer support in the event of an asylum hotel being established in the borough in the future, with existing links to the home office and a framework of engagement from Adults and Children's social care and Public Health, together with input from the local voluntary sector.

No Recourse to Public Funds

No recourse to public funds (NRPF) is an immigration condition restricting access to certain welfare benefits and council housing.

Who has NRPF?

- People 'subject to immigration control'
- Visitors Visa
- Student Visa
- Visa over-stayer and illegal entrants
- Limited leave to remain e.g. spouse or family private life. Granted leave to work but not access public funds
- Spousal Visa
- British Overseas territory passport holder.
- EU National who has pre-settled status and are not in employment
- Hongkongers or Hong Kongese
- Asylum Seekers

Asylum Seekers

The local authority has no duty to provide accommodation and subsistence to Asylum Seekers. Section 95 of the Asylum Act 1999 places this duty on the Home Office, however all above categories are eligible for a Care Act Assessment regardless of their status.

EEA Nationals

The UK has now left the European Union and free travel from those countries ended on 31/12/2020 and European Nationals now fall into one of the following categories

1. Permanent Residence – If a person has resided in the UK for over 5 Years, they are then granted full settled status with access to public funds including Housing support. The cut off for these applications was 30/06/2021 but extensions have been allowed in extenuating circumstances.
2. Pre-Settled Status – If a person had lived in the UK less than 5 years when we left the EU they would be granted Pre-Settled

status which would allow them to claim benefits if they were in employment. Otherwise they would be restricted.

3. All new arrivals to the UK from 01/01/2021 are required to apply for their entry clearance before travelling, whether that be via the tier-based visa system or as a dependant of someone residing in the UK already. They would then fall into one of the earlier mentioned categories.

What does NRPF mean for social services?

Care Act 2014 – The NRPF Team has a duty to assess people who have care needs and also have no access to public funds. Included in this is mental health, learning disability, physical disability and older adults.

The Children Act 1989 – The NRPF Team has a duty to assess when parents are unable to provide essential needs for their children due to their restricted immigration status. Cases of domestic violence fall within this category.

The Localism Act 2011 – The local authority has the powers to provide services when the other criteria are not met. For example, an elderly person with no care needs but homelessness would adversely affect them.

Providing support

Accommodation (temporary accommodation similar to mainstream services but funded by social care)

Subsistence via prepaid cards

Care and support plan (only traditional care packages, NRPF service users are restricted from Direct Payments)

Advocacy

Signposting

No Recourse to Public Funds

NRPF In Royal Greenwich

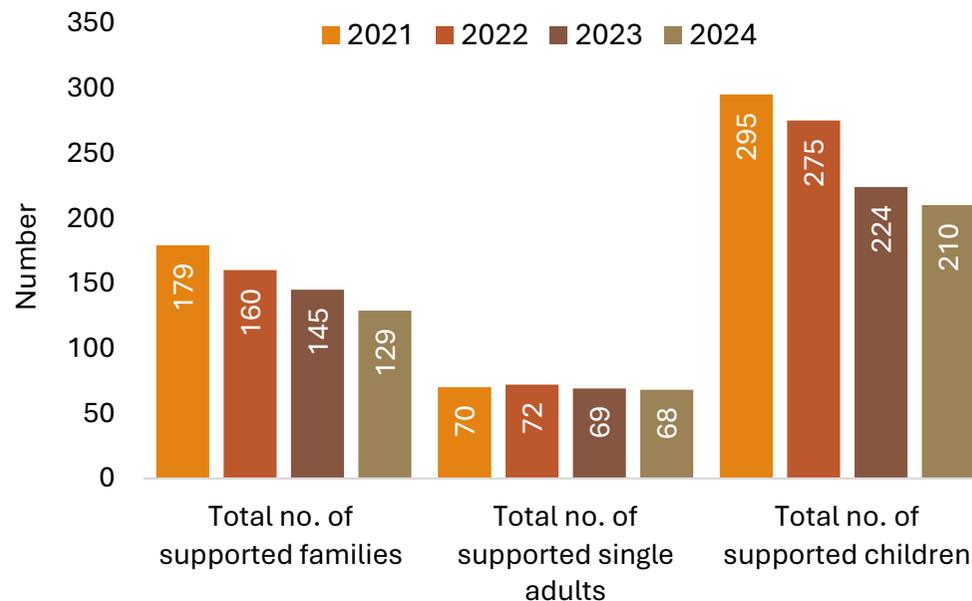
Between 2021 and 2024:

- the average number of families with NRPF was 153. The number of families has seen a reduction year on year with a total reduction of 28% in the 4-year period.
- The average number of supported single adults was 70. This number has remained steady over the 4-year period.
- The average number of supported children was 251. The number of supported children has seen a reduction year on year with a total reduction of 29% in the 4-year period.

Nigerian nationalities make up over 60% of those with NRPF in Royal Greenwich each year. Other nationalities make up much smaller proportions of those with NRPF, with Ghanaian, Jamaican and Bangladeshi featuring most in the top 4 each year.

Data for the current year (to March 2025) shows a total team caseload of 139, averaging 3 new cases each week.

Royal Greenwich NRPF data (2021-2024)



Royal Greenwich NRPF data by nationality (2021-2024)

2021	2022	2023	2024
Nigerians: 64%	Nigerian: 62%	Nigerian: 62%	Nigerian: 65%
Vietnamese: 3%	Ghanaian: 4%	Ghanaian: 4%	Jamaican: 4%
Ghanaian: 3%	Jamaican: 3%	Jamaican: 3%	Ghanaian: 3%
Jamaican: 2%	Bangladeshi: 2%	Bangladeshi: 2%	Indian: 2%
Remaining 29% other nationalities	Remaining 29% other nationalities	Remaining 29% other nationalities	Remaining 26% other nationalities

AF1

Supporting data from LRMN

The racialised impact of NRPF on health equity

- 18% of our clients are undocumented/have overstayed = likely to be ineligible for free healthcare
- Disproportionately affects Black communities - 45.4% of all clients are from a Black background, but 60% of our clients with insecure status are from a Black background
- In Greenwich this rises to 74% of our clients with insecure status being from a Black background, compared with 55.8% of all clients

Alexia Fergus, 2025-03-26T13:42:07.238

Accessing Healthcare

Accessing healthcare as a Sanctuary seeker comes with challenges.

Structural barriers to healthcare access

- Fear of data sharing with the Home Office and/or fear of being charged for using healthcare → Late presentation at healthcare services
- Higher than average levels of deprivation → Difficulty in travelling to healthcare centres & affording medication
- Frequent accommodation transfers → Continuity of care interrupted
- Negative experiences with healthcare providers → reluctance to seek care again
- Intersectional discrimination in healthcare system through **unconscious bias** & the effect of **negative media & political** messaging

Those with a lack of status may find it difficult to register with GP services because of lack of documentation, despite everyone living in the UK being entitled to register and consult with a GP

- There are added challenges including experiencing multiple forms of exclusion such as being unable to work, prevented from accessing housing, and being excluded from public funds. Rapid accommodation transfers results in poor continuity of care and the mental health impact of long wait times results in loss of agency and purpose. There is also a gendered dimension to the asylum-seeking experience. These add to the pressures resulting from poor healthcare outcomes such as long-term conditions going untreated and people not accessing healthcare until they are sicker.

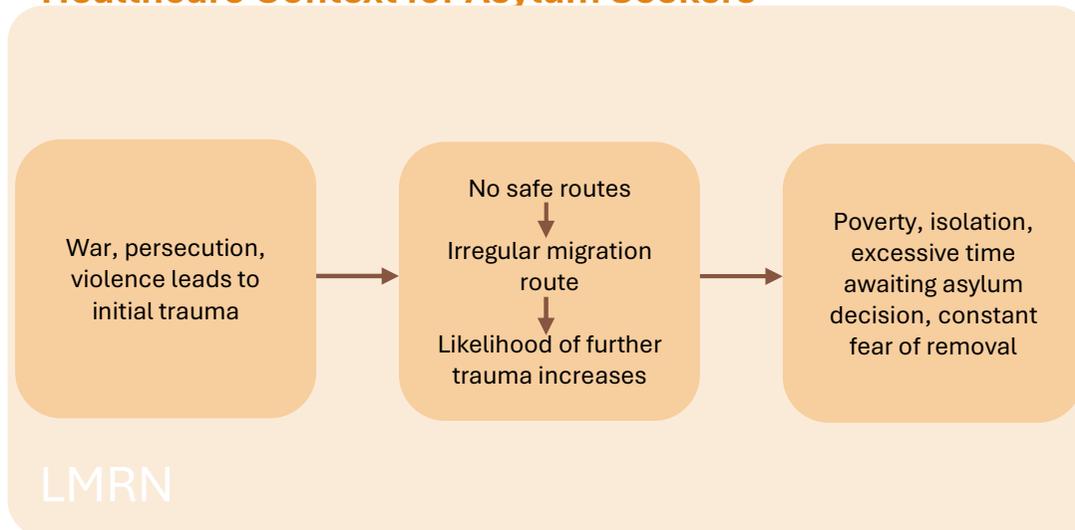
Impact on Healthcare Providers

Primary care providers are forced to manage complex conditions without referrals into specialist care and hospitals are unable to discharge patients due to absence of accommodation. Patients who are fearful of accessing healthcare due to charging and data sharing may not present until they are sicker. There is also a public health risk of communicable diseases being left untreated. This creates an impossible situation for treating clinicians as they may be only treating half the problem.

What can be done about this?

Advocating no borders in the NHS – healthcare staff should not be immigration enforcers. Supporting GP surgeries to become safe surgeries in the borough. Health initiatives can be developed which target at risk communities and wider campaigning to support good quality housing and anti-poverty measures.

Healthcare Context for Asylum Seekers



Accessing Healthcare



Safe Surgeries

Everyone living in the UK is entitled to register and consult with a GP. It means illnesses can be prevented and treated early and creates a healthier society for everyone.

At their London clinics, [Doctors of the World](#) help almost 2,000 people every year who have been unable to access NHS services. On average, their patients have been in the UK almost 6 years, without ever having seen a GP. Most of these are migrants in vulnerable circumstances, who are often prevented from registering with a GP by administrative, language or other barriers. They include pregnant women, survivors of trafficking and people who have fled war, and others unable to get the healthcare they need.

Until recently, the Home Office was using information held in primary care records to track down migrants. This meant many patients were too frightened to register with a GP. While this policy has changed, data sharing can still take place if patients access secondary care and there are no legal safeguards against non-clinical information being shared with the Home Office for immigration enforcement.

A Safe Surgery is an initiative created by Doctors of the World and [City of Sanctuary](#).

A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring a practice as a 'Safe Surgery' for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration.

There are a set of commitments which any GP practice can make to ensure their services are available to everyone in their community, along with proactive provision of professional interpreters, aiming to

make primary care centres inclusive and welcoming environments.

Doctors of the World provide a Safe Surgeries toolkit with 7 steps to help make General Practices Safe for everyone. General practices can take concrete steps, both at reception and in consultations, to improve equity of access to their services.

1. Don't insist on proof of address documents
2. Don't insist on proof of identification
3. Never ask to see a visa or proof of immigration status
4. Do what they can to protect patient information
5. Use an interpreter, if needed
6. Display posters to reassure patients that their surgery is a safe space
7. Empower frontline staff with training and an inclusive registration policy

As at March 2025 there are 9 Safe Surgeries in the Royal Borough of Greenwich.

In 2024 a "Secret Shopper" exercise was undertaken by Lewisham Refugee and Migrant Network in collaboration with the local Borough of Sanctuary Network. A summary of key findings are as follows:

- 7% of practices had safe surgeries posters visible.
- **56% of practices allowed for registration without proof of address.**
- **44% of practices allowed for registration without ID.**
- 89% of practices offered interpreters.
- 59% of practices confirmed immigration status would not need to be disclosed.
- **44% of practices confirmed physical forms were available.**

The published results of the exercise can be found [here](#).

Food security

Someone is classified as being food secure when they "at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life" (FAO, 2008). Vulnerability to being food insecure increases when people experience shocks like conflict, disease, or civil unrest (FAO, 2012). In a January 2025 survey of UK households, 7.3 million adults (13.9% of households) reported being food insecure. While 12.6% of households without children reported being food insecure, 17.9% of households with children reported being food insecure and all those households said that children were directly affected (Food Foundation, 2025).

Current Food Aid Provision for Adults

There are a few food aid providers specifically tailored to Sanctuary Seekers, such as the Lewisham Migrant Refugee Network. There are difficulties in determining exactly how many Sanctuary Seekers use food aid services – along with where and how often – as they are often reluctant to disclose their immigration status due to fears of repercussions from the Home Office. However, the main food aid providers in Royal Greenwich engage in wrap-around signposting, including signposting to Sanctuary Seeker services. In addition to the over 200 food banks within the borough, Royal Greenwich commissions Family Action to run three FOOD (Food On Our Doorstep) clubs in line with national priorities of moving away from a food bank model. Members pay £3/week and receive £20-25 worth of food. Additionally, various free community meals are run across the borough through GCDA, Food Cycle, Roots4Life, and the Lewisham and Migrant Refugee Network. It is also difficult to incorporate cultural foods into food aid (especially food banks) as many of them rely on donated food from places like Felix. Culturally appropriate foods (for example, yams) are not often donated to Felix.

Current Food Aid Provision for Children and Young People

In addition to the services listed above, Royal Greenwich offers grab-and-go meals to all school children during every holiday and half-term. RBG also oversees the Holiday Food and Fun programme (HAF) which is a free holiday programme with a hot meal and physical activities for children who are eligible for Free School Meals (FSM) during school holidays and half-terms. RBG's emergency infant feeding pathway is a same-day service where

families who do not have access to formula can receive an emergency supply and signposting to further support.

Mothers with a child under 4 and pregnant women are eligible for Healthy Start if they already receive Universal Credit. This has been extended to mothers who have no recourse to public funds and a child under 4 who was born in the UK. Healthy Start is a monthly voucher for fruit, vegetables, milk, and formula. It also comes with free maternal and child vitamins.

Current Cultural Food Education and Training

Royal Greenwich commissions GCDA to deliver free, 5-week cookery clubs throughout the borough. These include special provision clubs that are tailored to specific target groups. All cookery clubs teach participants how to cook healthy and tasty food using the Eat Well Guide. Royal Greenwich Public Health also offers a train-the-trainer cookery course. This accredited 5-week course trains Greenwich residents to run their own cookery clubs. Royal Greenwich Public Health also offers free, evidence-based weight stigma training and hunger safeguarding training to relevant professionals.

In a recent interview series with asylum seekers, Sustain stated that asylum seekers found it "**very difficult or impossible to meet their nutritional needs and those of their children** in all accommodation contexts" (Sustain, 2024). All interviewees reported difficulty accessing cooking spaces and fresh food. **Experiences of food in the asylum system** were largely deemed to **have a direct negative effect on asylum seeker's mental and physical health.**

Food security

FOOD Clubs and Pantries

RBG directly supports **6 pantries** across the borough. In 2024, there were **5,397 monthly attendees** across all three Family Action FOOD clubs. Over half of these attendees are **women with an annual household income of less than £10,000**. There are also three other pantries operating with similar models: Roots4Life, Coldbath and Orchard Pantry, and New Leaf Cabin.

Cookery Clubs

In 2024, there were **31 open-access cookery clubs** and **13 special provision clubs**. 91.5% of participants completed the full 5 weeks and received a recipe book at the end. **Roughly 37% of the total participants were from BAME groups**. The special provision clubs targeted various populations such as women in prison, older residents, and residents with additional needs.

HAF Programme

In 2023, **2,866** unique children and young people aged 4-16 registered for HAF. 2,671 of these children attended at least one programme. **91.5%** of these children were identified as entitled to FSM. **52.7%** of those registered lived in the two most deprived quintiles in Greenwich.

Food Banks

There are over **200 food banks** in the borough. These include The Greenwich Food Bank, Central Eltham Youth Project, Avery Hill, and World of Hope.

Community Food Growing

RBG currently has **18 allotments** with no more space for new ones. There is a current waiting list. RBG commissions GCDA to operate **5 community gardens** through the Growing Greenwich project. GCDA also partners with schools and estates to help facilitate multiple additional growing spaces.

Holiday Meals

Since 2016, more than **70,000 meals** have been provided to CYP in the borough. In 2024, there was a total of **11,955 meals** distributed (7,530 during Summer holidays, 1,259 over Christmas and New Year holidays, and 3,166 meals over the October and February half terms). **6,700kg of surplus fruit/vegetables** were distributed alongside the meals during Summer.

Community Meals

Royal Borough of Greenwich funds **13 community meals** each year throughout the borough. Residents have the opportunity to volunteer in cooking and serving each meal. The food is often surplus food.

Free School Meals (FSM)

As of 2024, **4.6% of nursery aged children** are eligible for and use FSM. For **primary-aged children**, the eligibility and uptake percentage is **24.8%**, **21.7% for secondary pupils**, and **46.8% for SEND pupils**.

Healthy Start Vitamins and Infant Formula

In 2024, **331 bottles of Healthy Start Children's Vitamins** were distributed through Children's Centres. Roughly **6,485 bottles of Healthy Start Maternal Vitamins** were distributed by Children's Centres and Midwifery teams. There were **5 referrals** into the emergency infant formula pathway.

Slide 23

- KN1** [@Sally Church] Should I only put the Healthy Start vitamin distribution totals in here because the DWP data is wonky?
Kelly Novak, 2025-03-25T16:00:14.323
- KN1 0** I could also add in the number of referrals into the emergency infant formula pathway (same-day, emergency service for families who cannot afford formula)
Kelly Novak, 2025-03-25T16:03:21.156
- SC1 1** [@Kelly Novak] yes, totals would be good - can you add anything about who is eligible eg are sanctuary seekers included?
Sally Church, 2025-03-25T16:38:06.951
- KN1 2** sounds good! i put the bit about sanctuary seekers getting healthy start in the main text
Kelly Novak, 2025-03-25T16:54:41.592
- KN2** [@Claire Bennett] does this look alright to you?
Kelly Novak, 2025-04-07T14:23:39.479

University of Greenwich Listening Report 2022

The Making Greenwich into a Borough of Sanctuary report was produced by the University of Greenwich with close collaboration with Lewisham Refugee and Migrant Network (LRMN) in April 2022. The aim of this research project was to increase knowledge of the issues faced by migrants, refugees, asylum seekers and residents in the Royal Borough of Greenwich, and increase citizens' participation and commitment to the Greenwich Borough of Sanctuary project.

People living in the community of Royal Greenwich were "listened" to both formally and informally.

- Formally (112 persons): contacted and asked to attend specific venues to take part
- Informally (around 300 persons): unstructured conversations that do not have the 3 questions defined, spontaneous and organic conversations that supplied answers to these questions

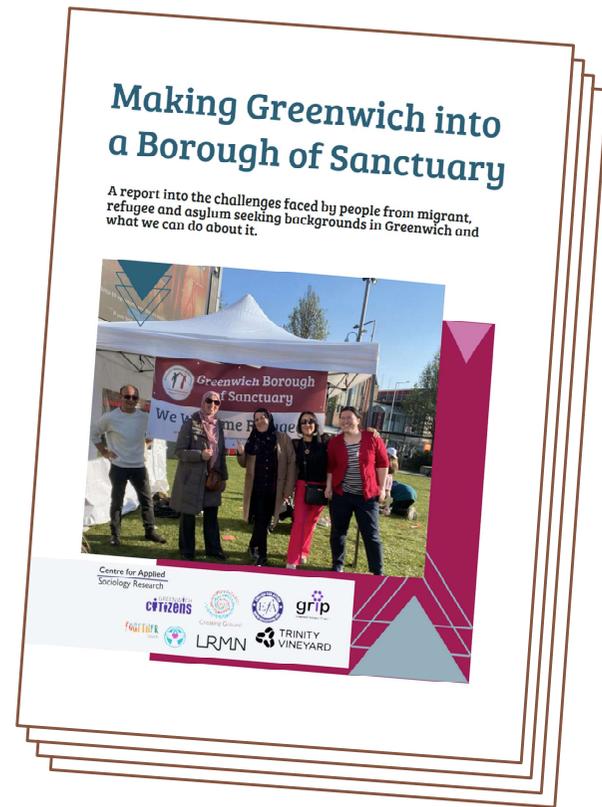
The three questions asked formally were:

1. Do you feel like you and your community have been able to build the life you wanted in Greenwich?
2. What has helped? What has made it difficult?
3. What would help in the future?

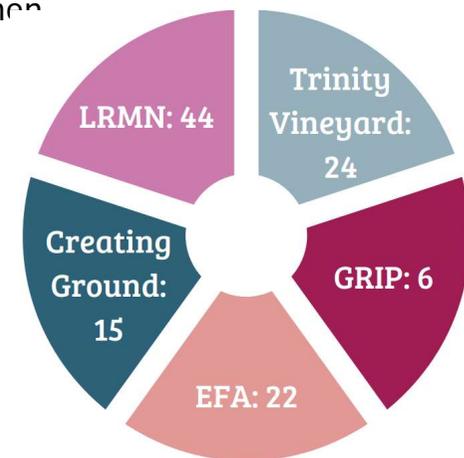
The participants who participated formally include:

- resettled Syrian refugees and other friends of Lewisham Refugee and Migrant Network (44),
- the Trinity Vineyard Church (24),
- the Greenwich Inclusion Project (6),
- English for Action (22) and
- Creating Ground (15).

The participants of the group were mainly either West African or of Arab origin. In addition to these groups, we listened to people from Syria, Nigeria, Iraq, Pakistan, Bangladesh, Hong Kong, France and



Uzbekistan. Most of the listening participants were women although some were men. Typically, it is migrant women who often access services, as opposed to men



University of Greenwich Listening Report 2022

Findings from the report

What works well in Royal Greenwich

Responses varied - ranging from those who were grateful for the safety they felt in the Borough, to those who were impressed by the Council's action in putting their children into school and providing accommodation.

Particular attention was drawn to schools as a helpful resource. They were identified as a good opportunity to grow a network and community, that free school takes pressure off parents, and that

many schools offered support during lockdown that went above and beyond what was expected.

People felt able to develop a sense of independence in Greenwich. Some participants commended the volunteer opportunities available to them to allow them to integrate into their new communities. Services were often highlighted as well-connected, meaning they were able to access support when they needed it, and also commended Greenwich's transport system, which made it easier to travel and get to work.

Areas for improvement

Rights	Healthcare	Housing	Cultural and Language Barriers	Work
<ul style="list-style-type: none"> No Recourse to Public Funds (NRPF) Lack of clear information Right to work Uninformed staff Disproportionate injustice 	<ul style="list-style-type: none"> Fear of accessing healthcare Lack of communication between GPs and hospitals Mental health 	<ul style="list-style-type: none"> Temporary accommodation Housing Lack of clarity over service providers 	<ul style="list-style-type: none"> English to Speakers of Other Languages (ESOL) classes Cultural insensitivity Social isolation Lack of trust for local authorities Inter-generational support Gender differences in accessing service 	<ul style="list-style-type: none"> Deskilling

Voices of Nigeria Community Greenwich

Many refugees and migrants, including families and vulnerable individuals, continue to face severe financial hardship due to their NRPF status, restricting their access to housing, social welfare, and essential services.

Many new arrivals, including skilled workers, students, and asylum seekers, face difficulties navigating the UK's complex immigration system. Hostile environment policies often create additional obstacles in securing legal status, work permits, and family reunification.

Many new arrivals struggle to integrate due to cultural differences, social isolation, and a lack of tailored support. The absence of structured orientation programs leaves many migrants disconnected from essential services and local communities

Many migrants work long hours in low-paying jobs to meet rising living costs, impacting their physical and mental well-being. A lack of financial support, employment rights awareness, and access to career progression opportunities further exacerbates their struggles.

Many refugees and migrants experience significant difficulties in securing GP appointments, mental health support, and specialist healthcare services. Long waiting times, language barriers, and lack of awareness about healthcare rights contribute to these challenges.

Many migrant families struggle to navigate the UK education system, leading to increased school exclusions and referrals to social services. Language barriers, unfamiliarity with the school system, and cultural misunderstandings contribute to these challenges.

Local community organizations, including those providing direct support to refugees and migrants, face significant funding constraints. Without sustainable financial backing, critical services such as legal aid, housing support, and integration programs remain limited

Refugees and migrants in Greenwich face poor housing conditions, prolonged stays in temporary accommodation, and exploitation by rogue landlords. Overcrowding, lack of safe housing options, and inadequate support from housing associations continue to affect many families.

Healthwatch Greenwich: Maternity care for asylum-seeking and migrant women in southeast London

Healthwatch Greenwich's [report](#) provides insights into maternity care challenges for migrant and asylum-seeking women in southeast London.

This research project used a peer research model to understand the maternity care experiences of migrant and asylum-seeking women and birthing people living and using services in southeast London. The co-researchers all lived in the six boroughs of southeast London, and had both recent experience of using maternity care services and recent experience of migrating to the U.K. Co-researchers were important partners in this research study, contributing to the design and development of the project, reaching out to their peers, and conducting 24 interviews to explore maternity care experiences among migrant and asylum-seeking women.

The experiences of migrant and asylum-seeking women and birthing people often marked by variations in care and barriers to access. This group of women and birthing people encounter challenges related to language and communication, limited understanding of the healthcare system and entitlements, inconsistent access to antenatal and postnatal care, and a general lack of culturally sensitive and linguistically appropriate services. The impact of these barriers can lead to delays in seeking care, incomplete care, and the potential for increased health risks for both mothers and their newborns.

Key Findings:

- **Quality of care:** The research identified a mixed experience regarding the quality of care provided by services. While some praised the compassion and support of health and social care staff, particularly midwives, others experienced what they felt were discriminatory differences in treatment based on their ethnic backgrounds and migration status.
- **Perceptions of maternity services:** Before migrating to the U.K., women had high expectations of NHS maternity services and the health system more broadly. Many found these expectations unmet, with care and treatment falling well below expectations and anticipated levels of care and support.
- **Access to care:** Access to maternity care for migrant and asylum-seeking women was shaped by ambiguity regarding healthcare costs and entitlements. Immigration status affected eligibility for welfare benefits and the ability to work, leading to financial insecurity.
- **Postnatal experiences:** Caring for newborns was demanding and overwhelming, particularly for migrant and asylum-seeking women who lacked traditional support systems to help manage these new responsibilities.
- **Support networks:** The networks of support found in partners, friends, and family are crucial as a source of pregnancy/baby advice and information in addition to providing emotional and physical support for migrant and asylum-seeking women and birthing people. In the absence of these networks, women found themselves isolated and struggling to manage the demands of pregnancy and young children.

Recommendations

Royal Borough of Greenwich is committed to working with Sanctuary Seekers. In order to gain an understanding for what the needs of Sanctuary Seekers are, Royal Greenwich needs to work with local teams and people with lived experience prioritise actions that will help to enhance and sustain the borough's status as a Borough of Sanctuary.

By working with Sanctuary Seekers and local service providers a policy and action plan should be produced to include effective outcomes for those seeking sanctuary in Greenwich including the following recommendations:

1. Communication, Information and Engagement:

- Create a generic welcome/information pack to all Sanctuary Seekers arriving in Royal Greenwich including accommodation, health, education, welfare benefits, and other relevant local information in a variety of languages and platforms e.g. paper/website
- Promote the City of Sanctuary Pledge and encourage organisations and business to sign up to the pledge
- Establish BoS Partnership Board with membership from Senior representatives from member organisations of the local network as well s representatives from council departments including Public Health, Health and Adult Services, Children's Services, Housing, and Communications from Royal Greenwich.

2. Education, Employment and Training:

- Provide training for sanctuary seekers – housing applications, private rentals, GP access, health services, job applications, digital literacy, bank accounts, NI numbers, schools applications, welfare benefits and income
- Address concerns that colleges/FE/HE will share info with home office.
- Developing specialist English sessions for speakers of other languages (ESOL)

3. Housing:

- Review Allocation Policy to ensure fairness and more suitable property offers.
- Identify and address risk factors for eviction
- Create a single point of contact for housing matters for Sanctuary Seekers

4. Health and Wellbeing:

- Encourage GP practices within RBG to sign up to be a Safe Surgery
- Food banks: Managing expectations around demand vs. availability
- Provide classes on how to cook the types of foods available in foodbanks
- Mental Health: Review of how trauma is addressed/supported
- Raise awareness of Hate Crime Services and monitor data on referrals to specialist services (e.g. GriP)