



Home Office

The Home Office response to the Independent Chief Inspector of Borders and Immigration's report:

An Inspection of the Vulnerable Persons Resettlement Scheme.

August 2017– January 2018

The Home Office thanks the Independent Chief Inspector of Borders and Immigration for his report.

The Vulnerable Persons Resettlement Scheme (VPRS) is one of four resettlement schemes operated by the Home Office. The resettlement schemes offer a safe and legal route to the UK for the most vulnerable refugees. The Scheme purposefully targets those greatest in need of assistance, including people requiring urgent medical treatment, survivors of violence and torture, and women and children at risk. This is why the Department works closely with the United Nations High Commissioner for Refugees (UNHCR), which is uniquely placed to identify those living in formal refugee camps, informal settlements and host communities who would benefit most from resettlement to the UK.

Resettlement of those displaced by the conflict in Syria is one part of the UK's response to the refugee crisis in the region and is complemented by the UK's significant humanitarian aid programme and diplomatic efforts to end the Syrian conflict. The Government's position is that this is the best way to ensure that the UK's help has the greatest impact for the majority of refugees who remain in the region and their host countries, whilst recognising that for some vulnerable people the only solution is to bring them to countries like the UK.

The Department is pleased that the Independent Chief Inspector of Borders and Immigration (ICIBI) recognised the considerable achievements of the scheme, in particular having resettled the first 1,000 refugees before Christmas 2015 and having resettled over half of the target of 20,000 by the end of December 2017. The Department welcomes recognition that the processes on which the Scheme relies are essentially effective and that there is every reason to believe that the Scheme will achieve its target by the deadline. Furthermore, the Department welcomes the finding that the flexibility in allowing Local Authorities to decide how best to spend the funding that is provided for each refugee has enabled some to participate in the Scheme who may not otherwise have been able to do so.

The Department continuously reviews the operation of the scheme and uses feedback from delivery partners and stakeholders to drive improvements. This report acknowledges some positive elements and progress of the scheme, and also highlights areas where the ICIBI believes improvement could be made – some of which are already in progress. The Home Office has accepted two of the recommendations and partially accepted five of the recommendations.

The Home Office response to the recommendations:

1. Review the Scheme's staffing, ensuring that roles are clearly defined (to avoid duplicated and/or misdirected effort) and set at the correct grade, and ensuring staff receive training that enables at least some of them to be deployed flexibly, as required.

1.1 Partially accepted

1.2 The Department believes that roles in the team are set at the correct grade and already deploys staff flexibly within the team. The Department will review caseworker and senior caseworker activities in terms of case sign off and categorisation when staffing levels allow. Any changes in process/responsibilities will be reliant on securing the necessary changes to our IT systems.

2. Ensure that the data required to support the efficient and effective management of each stage of the resettlement process, including the identification and referral of "the most vulnerable" and the evaluation of integration efforts and outcomes, is defined, captured, shared and processed/analysed, and the results shared with all relevant

parties.

2.1 Partially accepted

2.2 The monitoring framework contains seven high-level integration outcome areas, with a detailed set of indicators beneath each area. Early integration outcome data on a considerable number of refugees resettled under the VPRS has already been captured and a detailed analysis undertaken. This information has been shared with Strategic Migration Partnerships who were encouraged to pass it on to local authorities. It is hoped this will promote continued engagement with the underlying data collection exercise - in which local authorities are playing a very valuable role - and encourage a focus on how services are being delivered and whether they might be adapted to further support refugees' integration. Service delivery is also a key focus of the comprehensive qualitative evaluation being conducted by Ipsos Mori and the Department is very keen to share the outputs of their work with partners once available.

The Department has a suite of internal management information and progress reports to enable the effective management of the VPRS. The Department is working with Home Office Digital, Data and Technology to develop new digital tools to enhance automation and increase efficiency of casework, allocations and arrivals processes. The management information that is collated is appropriately and securely shared with relevant bodies involved in the resettlement of vulnerable individuals under the scheme, and is used by Home Office analysts in monitoring and publicly reporting the operation of the scheme. The Department relies on UNHCR to identify and refer the most vulnerable cases and would not wish to change that approach. The Department does not believe a more granular approach to the recording of this information would make any material difference to the cases that are referred or accepted for resettlement.

3. Through monitoring, analysis and evaluation, and calling on the expertise of others as appropriate, determine what constitutes 'best practice' at each stage of the resettlement process, and produce (and update as necessary) the Scheme's guidance documents, ensuring they are comprehensive, coherent and drive towards consistent 'best practice'. These should cover, as a minimum:

3.1 Partially accepted

a. Documentation accepted by the Home Office as proof of identity and nationality, and how to treat forged or fraudulent documents

3.2 The resettlement process relies on UNHCR to undertake identity and nationality checks when registering cases as refugees and the Department sees no reason to change this approach. The report acknowledges that UNHCR's screening processes are effective in this regard. The dossier approach provides UNHCR with flexibility and allows people to be resettled more quickly.

The Department will continue to monitor and assess UNHCR processes through assurance work including whether to trial additional interviewing as part of our commitment to keep processes under review and our approach to security dynamic. Any wholesale change to our ways of working would need to weigh up the costs against the added benefit/value. This will be taken into account in our future resettlement (post 2020) planning. The Department will review internal processes in terms of the documentation required to facilitate the issuing of UK visas in resettlement cases.

b. Credibility questioning (including use of DNA testing)

- 3.3 The caseworker guidance is clear that further questions (including the commissioning of DNA testing) should be used where the conclusions reached by UNHCR in the RRF (a document which summarises UNHCR's interviews and other relevant activities) is not adequately evidenced. Internal guidance and staff training will be strengthened on this issue. However, in reaching their determination that an individual has met the criteria required of the 1951 Refugee Convention, we know that UNHCR have conducted their own assessment of credibility which we rely upon. UNHCR are well versed in this area. Their resettlement handbook, their refugee status determination guide and their own internal standard operating procedures provide clear guidance to their caseworkers on credibility assessment. In addition, they have produced guidance on credibility assessments for EU asylum systems.

On DNA testing, UNHCR's position is that this should only be done 'where serious doubts remain after all other types of proof have been examined'. The Department takes regard of UNHCR's view on this and will commission DNA testing where it is considered to be appropriate.

c. Treatment of 'exceptional' cases, for example families of more than 6, and cases deemed "too complex to be considered on paper"

- 3.4 The Department does not accept that there are no processes in place on how to deal with referrals of families over size 6 and those which are too complex or difficult to deal with on paper. The Department does accept however, that these could be clearer and more comprehensive so will make sure this is immediately addressed in the standard operating procedures.

d. Treatment of pregnant women, including how their resettlement may be expedited to avoid 'fit to fly' concerns

- 3.5 Wherever practicable, existing processes seek to ensure that resettlement takes place while those who are pregnant are fit and able to travel, but a number of factors will impact on the feasibility of this. The Department will however strengthen internal guidance and staff training on how to deal with cases that involve pregnant women, to further emphasise that there should not be an automatic assumption that they should not travel.

However, the Department does not accept that such cases should be expedited or prioritised before other vulnerable cases simply on the basis of the pregnancy. Cases that involve a pregnancy will only be prioritised where UNHCR categorise it as urgent or an emergency.

e. Migration Health Assessments (MHA), particularly how these can better inform accommodation and support requirements

- 3.6 This is already happening. As acknowledged in the report the Department has recently agreed a new health protocol in conjunction with International Organisation for Migration (IOM) and Public Health England. This incorporates use of a revised assisted daily living form which covers issues around accommodation requirements. The Department speaks regularly to IOM about how to implement process improvements based on feedback from partners about the content and quality of MHAs.

f. Financial Instructions for Local Authorities and the NHS, including use of tariff payments to 'top up' rents, claims for primary and secondary health care, and use of the 'exceptional costs' budgets

3.7 The local authority funding instruction sets clear expectations on what is expected of local authorities. We also have clear arrangements and documentation which sets out how Clinical Commissioning Groups and Public Health Boards will be funded for refugees in their respective areas. We conducted a review of year 1 finance processes and sought feedback from stakeholders on how to improve these. We will as far as possible clarify issues around, for example, exceptional costs but it is difficult to provide guidance which covers each scenario that might be raised. We will continue to deal with these on a case by case basis.

g. The benefits and risks of different integration delivery models, including an assessment of the Northern Ireland 'Welcome Centre' reception model

3.8 The scheme has been successfully established on the basis that local areas implement the model which works best for them and we see no justification for changing this now. The Department will, however, consider this as part of the future resettlement planning (post 2020) and will use information obtained from the evaluation to further understand the benefits and risks of different models.

The Department has mechanisms in place to identify and share best practice and will continue to do this. As part of the consultation on the Integrated Communities Strategy the Department will be consulting with NGOs and other stakeholders on best practice for refugee integration, including resettled refugees. There are a number of other mechanisms in place such as the Refugee Employment Network and Reset, the new capacity building organisation for Community Sponsorship, which as part of its work will gather best practice and share it as part of its training programme

4. Explore with IOM, and other 'upstream' partners if appropriate, how to make more effective use of the period between a refugee's acceptance onto the Scheme and their departure from the 'host' country, to improve their integration 'journey' (for example, providing pre-departure English language tuition), to manage expectations and improve the geographical matching process, and to reduce anxieties while awaiting a departure date.

4.1 Accepted

4.2 The Department will consider whether there are any changes that could be made to make more effective use of the time between a refugee's acceptance onto the scheme and their resettlement in the UK. Implementation of any changes, however, will depend on the establishment of a credible evidence base for changing the current process and timescales as well as an assessment of the benefits of any changes, which would need to outweigh any additional costs. The Department will review the feasibility of options to help reduce the anxieties of those waiting for an arrival date.

5. Maintain closer, more continuous contact with participating Local Authorities, either by refocusing Contact Officers or reinforcing the Allocations Team, so that time is not lost in turning firm offers of accommodation and support into arrivals.

5.1 Partially accepted

5.2 The Department does not accept that time is lost turning firm offers into arrivals but will ensure that there is continued engagement between Contact Officers and the Allocations team to make sure that they are all clear on their roles and functions.

6. Review the Scheme's communication strategy, paying particular attention to:

6.1 Partially accepted

a. UNHCR and IOM, clarifying as far as possible the Home Office's requirements of both after sufficient refugees have been referred to the Scheme to meet the 20,000 target

6.2 The Department is aware of the need to keep our operational partners involved in discussions and notified of our plans regarding resettlement beyond the current VPRS. This is happening already through a series of workshops and targeted consultation and communications.

b. Local Authorities, clarifying whether further pledges are required, including from 'new' Local Authorities, and dealing with concerns about the fair distribution of 'complex' cases

6.3 The Department is doing this already through reminding local authorities of the need to deliver against pledges and encouraging new ones to come on board. There are well established ways of communicating with local authorities participating in the VPRS. On a day to day basis this includes through Strategic Migration Partnerships and for more strategic messaging – through the local government associations.

The Department has been clear that while over 20,000 pledges have been received from local authorities for the VPRS we are not complacent and there is still a significant amount of work to be done in working with regions and local authorities to turn these pledges into arrivals. The Department welcomes offers of support from any local authority which is able to assist.

c. Clinical Commissioning Groups and Local Health Boards, so that available funding is utilised to provide specialist medical provision for refugees

6.4 The Department will provide more sessions to educate the appropriate bodies on the funding instruction where the need is identified.

d. Resettled refugees, providing reassurance about continued support (at least until Year 5) with their integration, especially with accommodation, English language tuition, access to employment, and any special health or educational needs

6.5 The intention of the integration support provided to resettled refugees is to ensure they are empowered to be independent as quickly as possible. The tailored support is provided for a 12-month period and there is no expectation that this must be provided beyond that point.

7. Ensure that where the Scheme is dependent on support from, or affected by the decisions of, other government departments (for example, Department for Work and Pensions and Department of Health and Social Care) that ministers are sighted on any misalignments, and that where these exist practical solutions are found.

7.1 Accepted

7.2 The Department has good connections across government departments and engages with officials regularly on a bilateral basis and through officials' groups. The Department is also aware of the need to engage ministers from other departments. Various inter-ministerial

groups to do that have been used in the past and consideration is currently being given to the best inter-ministerial forum for these discussions going forward.