

Invitation to Provide a Quotation

Service	Syrian Refugees – Orientation, Accommodation & Support Services
Delivery Period	March 2016 – March 2017

1. Background

1.1 National Policy context

- 1.2 The UN estimates that as of February 2015, 12.2 million people are in need of humanitarian aid in Syria. At least 7.6 million people in Syria have been forced to flee their homes. On 29 January 2014, the Home Secretary made a statement to Parliament outlining the Government's intention to relocate to the UK some of the most vulnerable Syrian refugees, displaced to neighbouring countries by the ongoing conflict. The Prime Minister recently announced that the United Kingdom will accept 20,000 Syrian refugees, for the period of this Parliament, under the terms of the Syrian Vulnerable Persons Relocation (VPR) scheme
- 1.3 The VPR scheme in its first phase has been has now been significantly expanded and the humanitarian criteria broadened to include other vulnerable categories previously excluded but still focusing on the most vulnerable.
- 1.4 The Syrian VPR scheme prioritises those in the greatest need who cannot be supported effectively in the region by giving them protection and support in the UK. The scheme prioritises people requiring urgent medical treatment, survivors of torture and violence, and women and children at risk. All applicants (including accompanying family members) are subject to the usual immigration checks and screening prior to a visa being granted. Those with a criminal past or links to war crimes or extremism are excluded from the scheme.
- 1.5 Individual refugees relocated under the Syrian VPR scheme are identified by the United Nations High Commission for Refugees (UNHCR) and are allowed to bring their immediate family with them. This is limited to one spouse / partner (who must be over 18) and their children. There is no provision to allow applicants to bring other dependant relatives unless they also meet the vulnerability criteria in their own right or the Home Office is satisfied that there is an existing dependency.
- 1.6 Those who are accepted under the VPR Scheme are granted humanitarian

protection giving them leave to remain for 5 years with full access to employment and public funds and rights to family reunion comparable to refugees. They are required to enrol their biometrics in order that a Biometric Residence Permit can be issued. At the end of 5 years if they have not been able to return to Syria, they may be eligible to apply for settlement in the UK. Settlement may be refused if the person is convicted of a criminal offence during their leave and will be refused if they pose a danger to the public, or to national security. Leave to remain can also be curtailed if such evidence comes to light during the initial 5 year period. Settlement can also be revoked if evidence emerges after it has been granted.

- 1.7 Unaccompanied minors are not included in the locally agreed VPR scheme as the government is looking to establish a national system.

1.8 Local Policy context

- 1.9 The Home Office has asked all local authorities to take at least 50 individuals under the Syrian VPR scheme. Shropshire Council has agreed to participate in the scheme and to take part in Year 1 of the resettlement programme. Year 1 is 2015/16 and is split into 2 phases. Phase 1 being pre-Christmas and Phase 2 post-Christmas. Shropshire has committed to take part in Phase 2 and indicated that it will be in a position to accept refugees from around March 2016
- 1.10 Shropshire Council has committed to accept up to 10 families of refugees in 2016. The typical family unit is 6.
- 1.11 Central government have confirmed funding for one year with discussions currently taking place on future years funding up to a maximum of 5 years.
- 1.12 Shropshire Council will not know the make up of those families until the referrals come through from the Home Office. The provider will need to consider this mix of referrals when planning and delivering the service.
- 1.13 Shropshire Council will take the lead and facilitate working with key local partners such as the Clinical Commissioning Groups, NHS England Area Team, Public Health England and local housing providers to secure access to healthcare, education and housing. However, the provider will ensure the coordination and delivery of orientation services so that the arrivals are provided with accommodation that is fit for purpose and the specific needs of these vulnerable individuals are met.
- 1.14 Shropshire Council has established a Cross Party Working Group to respond to the Syrian refugee crisis and to support the Syrian resettlement programme. The group consists of Councillors representing each of the political parties, Shropshire Council Adult, Children, Safeguarding and Housing services, IP&E Ltd, Voluntary and Community Sector Assembly, West Mercia Police, Shropshire CCG and Shropshire

Fire and Rescue service. The Cross Party group will seek overall assurance and governance of the programme from the Provider.

- 1.15 This Service needs to be provided independently of any local authority commissioned accommodation and housing related support services

2. Scope

- 2.1 This service specification covers all adults, children and young people accepted by the local authority under the Syrian VPR scheme. (except for an unaccompanied minor) see section 1.7
- 2.2 The provider must ensure either directly or in partnership that the following needs are met of the new arrivals under the VPR scheme:
- Reception Service
 - General Orientation – promoting independence
 - Support Planning
 - Key working
 - Identified housing is fit for purpose
 - Housing related support
 - Health Care – including access to Primary and Secondary care
 - Education – both adults and children
 - Benefits Advice
 - Social Care
 - Employment & Training
 - Wellbeing Care – Clothing , food , including integration into local communities
- 2.3 A large number of practical and generous offers of help and volunteering has been received from the public. These will need to be co-ordinated and utilised by the provider.

3. Acceptance Criteria

- 3.1 The United Nations High Commissioner for Refugees (UNHCR) will identify people in accordance with section **(1.4)** and refer cases to the Home Office, who will check that they meet the eligibility criteria, carry out appropriate security checks and conduct an initial screening.
- 3.2 Once the initial screening is completed the International Organisation for Migration (IOM) will conduct a full medical assessment and report in the host country which will then be forwarded to the local authority in advance of any arrival.
- 3.3 A referral form with details of the individual(s), family make up, age, and specific needs will be forwarded to the local authority for consideration.
- 3.4 The local authority has the veto to either accept or reject the referral.

- 3.5 We may reject a referral if the individual(s) health and / or social care needs are of a specialist nature and cannot be met locally or the funding allocated is insufficient to meet their needs.
- 3.6 Where the local authority accepts a case, it will communicate the details within 24 hours to enable the provider to commence reception arrangements. Once a referral has been communicated to the provider it may not be rejected.

4. Geographical Settlement of Syrian VPR

- 4.1 All arrivals must be settled/housed within the Shropshire local authority boundary.
- 4.2 Health care access will be provided by GP practices within the Shropshire boundary.
- 4.3 The provider must ensure that support is provided in ways that ensure that migrants have the best chance of integrating into local communities and able to make a positive contribution to the county.

5. Service Delivery and Location

- 5.1 The service provider will ensure that the service is easily accessible and provide telephone support including arrangements for out of office hour's provision.
- 5.2 The provider will offer a step up and step down approach to delivering support including floating housing support. This means that an individual may require intensive support at the start of re-settlement and then as orientation takes place require a step down approach. Equally an individual may only require a step down approach from the outset but have periods of intensive support to assist with certain issues that they may find difficult e.g. accessing education, mental health provision etc. As such the service needs to be flexible for the user.
- 5.3 The service must be delivered in accordance with the individual(s) needs identified within the initial support plan and tailored off as and when the individual(s) is able to become self-sufficient and independent of requiring extensive support.
- 5.4 We expect a person to become self-sufficient and independent within 12 months. Any cases over this period will need to be reported back to the commissioner evidencing why a person has not managed to achieve independence and what ongoing service support may be required.
- 5.5 Referrals accepted under the VPR scheme in addition to housing and housing support needs individual(s) are also likely to have multiple issues, including poor health and possible significant mental health issues due to the trauma of what they

- have experienced. Therefore it is essential that the service provider is able to meet these needs through partnership or sub-contracting arrangements.
- 5.6 Design a pathway that address the person(s) whole needs and promotes independence rather than reliance on long term service provision.
 - 5.7 The service provider should be culturally competent in delivering services to these arrivals and have a workforce that is trained and sensitive to their needs.
 - 5.8 A named keyworker must be allocated to the individual(s) that can support them where possible until the individual(s) needs are met. This will help to build trust and reduce distress caused of new environment.
 - 5.9 The service provider must ensure that it provides services as appropriate to those who may not speak or able to read English. e.g. interpreting services
 - 5.10 The service must ensure equal access for all, irrespective of age, disability, gender reassignment, marriage and civil partnership, sex or sexual orientation, race – this includes ethnic or national origins, colour or nationality, religion, belief or lack of belief.

6. Support & Care pathways

- 6.1 The service provider will have developed high quality fully integrated support & care pathways that will be holistic, person centred and evidence based.
- 6.2 The service provider will develop, implement, monitor and review these pathways as the service develops and more referrals are accepted by the local authority.
- 6.3 Supports plans will be developed in agreement with the individual(s) to identify any targeted provision and referral to specialist services where required.
- 6.4 The following are mandatory needs that must be met:

Housing Accommodation & Support

- Furnish to a modest standard
- Floating tenancy support
- Provide emergency utilities connection & help set up permanent arrangements.
- Maintaining tenancy skills
- How to use appliances
- DWP – benefits claims
- Budgeting
- Health and Safety issues
- Details of emergency services and how to access
- Assist with modest furnishings

Health Needs (Mandatory)

All individuals must have access and be registered with a GP, dentist and pharmacy and screened for any health issues.

Health Needs (as appropriate)

Substance Misuse

United Nations Office of Drug Control states as of 2011 opiates abuse in Syria was at 0.02% (2011) with trauma experienced by individuals it is likely this figure has increased. Therefore support and access to treatment should be offered in partnership with Crime Reduction Initiative (CRI) the commissioned substance misuse service.

Health Screening

All individuals aged 40-74 should be offered a health check via their GP practice, where there is no pre-existing condition; this will ensure early prevention and detection.

Vaccinations & Screenings

The provider must work with primary care and the Support Plan must identify and ensure individual(s) have up to date vaccinations and screening i.e. breast/TB screening and relevant blood test to reduce the risk of spreadable disease and improve individual health and reduce reliance on secondary care in the long term.

Mental Health

There is evidence that people who have been subject to trauma and violence in areas of conflict are significantly likely to suffer Post –Traumatic Stress Disorder (PTSD) as well as general poor mental health. NICE has produced guidance on access and treatments. This should be addressed as part of the support plan and referrals to appropriate agencies made.

Maternal Health

United Nations Population Fund (March 2013) have identified that nearly half a million Syrian women including refugees are pregnant or have given birth without access to adequate maternal health and may still be suffering the ill effects of this. Therefore this should be addressed with the individual woman who may have had children even if they are not accompanying her or included in the VPR scheme, in partnership with primary and secondary care.

Sexual Health & Violence

Women and young girls fleeing areas of conflict may be subject to both sexual and physical violence. The provider will need to work in partnership with Shropshire's sexual health services to support vulnerable women as appropriate.

Children and Young Persons Health

Immunisation and Vaccinations

The provider should ensure the support plans address any gaps in this provision.

School Nursing Service

The provider must work with the Nursing Service and Primary Care so that any Children and Young peoples' needs, both medical and emotional are identified and addressed. This should be supported via a joint plan specific to the individual child.

Health Visiting

All children 0-5 years old should be referred to the health visiting service. Any issues or concerns identified should be address in a joint plan to achieve the best outcomes for the child.

Children's Centres

Families with children under 5 should be introduced to the local Children's centre. This will provide access to universal drop in sessions, play opportunities and resources for families with young children and will assist with support that early education provision and health will provide.

Wellbeing Care

The provider should assist individuals to become integrated into local communities and avoid being isolated. This includes helping them access relevant faith communities groups and develop other non-professional support networks. This may include befriending services.

To help individuals improve their physical health and wellbeing as well reduce social isolation and further integration, the provider will assist individuals access Health and Wellbeing services, which includes access to leisure services.

Where other health and wellbeing need is identified i.e. The individual(s) i.e. wants to stop smoking then referrals should be made to the appropriate public health lifestyles services.

General Orientation

- Local amenities
- Tour of local area
- Book appointment with DPW for benefits and NINo processing
- Integration into local communities
- Provide food or funds to purchase until the individuals DWP benefits have been processed.
- Registration with GP
- Provide an initial one off clothing allowance

- Provide an initial one off baby pack where relevant
- Provide a limited pre-paid SIM card so individuals can contact their families
- Provide a limited initial cash support where required
- Meet and greet at the airport and provide airport pick up

Social Care

To be identified as per the support plan and agreed with the local authority in advance of accessing any service provision.

Children's Education

The provider will work with the local authority in securing primary and secondary school places for any eligible children. The local authority will identify schools capacity. The provider will then lead on supporting individual(s) to secure a place within the selected schools and identify any additional support needs that can't be met through the school nursing service, i.e. English as an Additional Language or disability needs. The additional costs of specialist provision in school must be calculated and approved by the local authority.

Adult Employment, Education & Training

The provider will support the individuals to identify their aspirations and support them to relevant pathways into the labour market working in conjunction with DWP, education and training establishments, including but not limited to ESOL providers. The Home Office have listed ESOL access and provision as a mandatory core service this will need to be delivered for all individuals that require it.

7. Safeguarding

- 7.1 The service provider will work in partnership with other key stakeholders to safeguard and protect adults, children and young people coming via the VPR scheme.
- 7.2 The service provider will ensure that policies and procedures relating to safeguarding of adults and children are followed and staff undertake training appropriate for their role.
- 7.3 This may include liaison and attendance at meetings with social care and other partners, as appropriate.
- 7.4 All Staff engaged in the delivery of this service and who have direct contact with vulnerable adults / children or access to patient records must have the appropriate DBS / Barring Checks, no less than 3 years old.
- 7.5 The provider must at all times in addition to their own safeguarding policies comply

with Shropshire's Adults and Children's Safeguarding Boards procedures.

8. Applicable Service Standards

- 8.1 Applicable local standards – The Provider will adhere to any local agreed standard and demonstrate that these are consistently applied.
- 8.2 Clinical Governance - The Provider will ensure that it has appropriate clinical governance arrangements and procedures and it can demonstrate these are consistency complied with across relevant parts of the service. (where appropriate)
- 8.3 The provider will comply with the outputs activity and outcomes targets set out in Appendix 1 and 2 and report on these as specified.

9.0 Referral Route

- 9.1 All referrals will come directly from the local authority.
- 9.2 The referral form will have all of the individual(s) details and any health issues.
- 9.3 Where possible the local authority will provide timescales of when the individual(s) are likely to arrive from their host country to Shropshire. This can be anything from 42 days to 3.5 months.
- 9.4 Once the local authority has made the referral to the provider it may not be rejected.
- 9.5 The provider will provide an update on each case every two weeks to enable the local authority to monitor and inform the Home Office.

10. Record keeping, data collection systems and information sharing

- 10.1 The service provider will have will have agreed data sharing protocols with partner agencies including other health care providers, adults and children's social care to enable effective holistic services to be provided.
- 10.2 The Provider must provide assurance at all times that it has a robust security and back-up system to negate any risk to the loss of data or security breaches.
- 10.3 The Provider and its partners must ensure that there is at all times a secure and safe method of electronic data recording and transfer / exchange of information
- 10.4 The provider must keep an audit trail and records of all transactions and expenditure to enable the local authority to report back to the Home Office and claim any expenditure as appropriate.

11. Community Cohesion

11.1 Newly arrived individuals are especially vulnerable and the provider in partnership with the local authority needs to ensure that strong, supportive and integrated communities are formed. This will be in the form of induction sessions into local communities and orientation of the local areas.

11.2 The provider will need to work with services, communities, third sector and other public bodies to understand any current and emerging tensions so that these can be addressed at an early stage and strive to understand and sustain community cohesion and to promote positive integration of newly arrived individuals.

Appendix 1

Activity	Delivery Timescales
All referrals from Shropshire Council will be accepted and confirmed by the provider.	Within 2 working days of receipt
Vaccinations & Immunisation Screening	Within 2 months of arrival
Adult Health Checks	Within 2 months of arrival
All children under the age of 5 must be referred to the health visitor service	Within 2 weeks of arrival
All school aged children found a placement in school or sixth form	Within 2 months of arrival
All school age children must be referred to the school nursing service and a joint plan agreed.	Within 1 week of the child starting school
Where a safeguarding or child protection matter is identified a referral must be made.	Immediately
Following assessment where a single / multi agency specialist need has been identified the provider must refer into the appropriate service	Within 10 working days of arrival
Registration with a GP	Within 2 weeks of arrival
Registration with a Dentist	1 month of arrival
Access to a pharmacy and Public Health services	Within 2 weeks of arrival
Book appointment with DWP for Benefits & NINO processing	Telephone appointment on arrival and follow up appointment as required
Make suitable property/accommodation	Within 2 weeks of referral being made.

Arrange connection of utilities for the property	1 week before arrival
Arrange for property to be furnished	1 week before arrival
Arrange for housing and council tax benefit	As soon as accommodation occupied
Develop initial support plan identifying initial needs	Within 1 week of notification of arrival date
Final support plan agreed with individual(s)	Within 2 weeks of arrival
Allocate case worker	3 days before arrival
Carry out a tour of the local area	Within 3 days of arrival
Carry out an induction to the area sessions (these may be carried out with groups of refugees)	Within 3 days of arrival
Introduction to local police and fire services	Within 3 weeks of arrival

Appendix 2		
Outcomes		
Definition	Successful outcome measure	Reporting Frequency
Promote independence	Individual signed off from receiving additional support within 12 months	Quarterly
Improve Health and wellbeing	Health and wellbeing needs met as evidenced from the support plan	Quarterly
Attain academic/vocational qualification/skills	Minimum completion of ESOL Undertaking training or study	Quarterly
Achieved general orientation	Individual is able to navigate the area and access services without support. Evidenced from support plan and personal statement.	Quarterly
Employment	Individual has accessed the labour market and taken up employment.	Quarterly

Quotation Process

A formal quotation must be provided that contains the following:

- Description of organisation/s that will be involved in delivery
- Details of past experience of delivering similar services
- Demonstration of cultural competence
- Details of workforce that will be used including volunteers - training and experience
- Details on how you will access and manage volunteers
- Approach that will be taken to safeguarding (adults and children)
- Details of how you will deliver the support required i.e. implementation plan with timetable.
- Any added social value you will bring whilst undertaking the work.
- Insurance details – including employers and public liability insurance held and the value of cover.
- Your costs – including a total cost and a breakdown of your hourly rates (broken down by both tasks and per family) and any other costs charged.

The quotation received will be evaluated against the following criteria not listed in any order:

- Relevant experience
- Cost
- Implementation plan
- Social Value contribution

The Council's General Terms and Conditions within the Invitation apply.