

Briefing note: Update on Operation Oak

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Date: 15th February 2022



1. The Current Position

1.1 The purpose of this briefing is to provide an update on Operation Oak, a programme initiated by the Home Office in 2020 to disperse asylum seekers accommodated in contingency hotels across the country.

1.2 On the 4th of February 2022 there were 703 Asylum seekers occupying 4 hotels in the borough acquired as part the programme.

1.3 Up until July 2021, 3 hotels had been commissioned by Home Office agents Clearsprings in different parts of the borough. An additional hotel was procured in mid-July transferring 328 Asylum seekers to the site from a Dover “holding” facility, taking the total at that time to 761.

1.4 The number of occupants can fluctuate on a daily basis as service users (SUs) are either moved for up to 1 year to (to Overflow Dispersal Accommodation); dispersed within the community following a positive asylum claim; removed from the country; or new SUs moved in depending on the number of asylum seekers requiring accommodation.

1.5 Current occupancy levels at each site are as follows:

- 263 in Hotel A
- 64 in Hotel B
- 87 in Hotel C
- 316 in Hotel D

1.6 There was little movement in the overall number of occupants throughout the latter part of 2021 although in January 2022, Clearsprings informed the Council that Hotel B would be decommissioned from 12th February 2022 and the transfer of SUs began with immediate effect. The remaining SUs were relocated on the 11th of February.

1.7 Due to restrictions in the Home Office Data Sharing Protocol, Officers are not informed where SUs in Hotel B are being moved to, although Clearsprings have advised they will be relocated to alternative contingency hotels. Officers have been encouraged to provide information on any SUs they believe to be vulnerable or have mitigating circumstances that require them to remain in the borough.

1.8 Clearsprings’ strategy to source properties across the country to disperse the remaining occupants continues, but is hampered by the lack housing supply and mild weather conditions that encourages channel crossings and the need to accommodate those that do so successfully. There have been no recent dates issued when all the contingency hotels are expected to be decommissioned.

2. Service Provision

2.1 All appropriate services are engaged and continue to work with SUs to provide the required levels of service with Primary Care and Education colleagues being the main contributors, supplemented by the voluntary sector.

2.2 Primary Care & health related services

2.3 In terms of primary care support, all the Asylum seekers are registered at the earliest opportunity with a local GP (either the specialist homeless practice, which is run by ELFT, a specialist mental health provider) or a neighbouring practice (for family units). There are also outreach primary care services in place where GPs / Nurses visit the hotels in person to address immediate health needs and support people to register and navigating the system.

2.4 Covid vaccinations have been progressing well, with regular clinics booked at each hotel and engagement delivered to support people with questions/concerns to help them to make informed decisions around vaccination.

2.5 For those experiencing mental health difficulties, the first line of treatment is social prescribing and practical support from organisations such as Doctors of the World, Care for Calais, and Migrant Health to help SUs understand the system they are in, navigate it as well as possible, and to feel safe. Asylum seekers who are very distressed or psychotic have also been accessing their local Community Mental Health Team and Home Treatment Team, for urgent psychiatric support.

2.6 For this cohort of asylum seekers, the social prescribing input from primary care and the organisations mentioned above are key to reducing distress and constitutes the mental health support appropriate for them.

2.7 Asylum seekers who have settled accommodation in Tower Hamlets can be referred, or self-refer, to talking therapies with interpreting services if required. Unfortunately, there is a long waiting list for all patients requiring Psychological Therapy Service due to covid related backlogs, and once treatment has started it can take many weeks making it unsuitable for those in contingency hotels as they are often moved away within a few weeks of arriving.

2.8 This type of therapy is more likely to be successful where the recipient feels safe and secure and the uncertain nature of living in the hotels means such therapy is unlikely to be effective.

2.9 There are no separate treatment pathway for asylum seekers in any of the local mental health services.

2.10 Additional challenges for healthcare professionals include:

2.11 - GP capacity to cope with additional work and respond to complex needs of patients

2.12 - Turnover of SUs and lack of updated hotel occupancy information available to all in real time due to the Data Sharing Protocol

2.13 - Access to dentists, which is a national problem but becomes more challenging as patients are frequently being moved from one hotel to another.

2.14 - No specific safeguarding pathway for unaccompanied minors with age dispute claims.

2.15 - Lack of private space to consult with patients in some hotels which means health professionals having to seek additional external space.

3. Education

3.1 Early Help colleagues are ensuring all children of school age are offered a place in local schools. Once a place has been allocated, either the case worker or the school submit a request for a uniform grant to the Council ensuring this assistance is accessible to all.

3.2 Where mental health needs are identified, each school has their own mental health service provision in place - this could range from an employed learning mentor/counsellor, or a service bought in from a charity such as Place2Be. The NHS are also offering low level mental health support to schools from the Education Wellbeing Service -currently run by colleagues in Child and Adolescent Mental Health Service (CAMHS). Alternatively, a referral to CAMHS could be made via the GP.

3.3 Challenges for the Early Help service include:

3.4 - Large numbers of people arriving in hotels without being adequately screened so unable to apply for S95 funding

3.5 - High numbers of young people claiming to be children without age assessments from the receiving borough/port

3.6 - Communication barriers with hotel staff /Clearsprings regarding evidence of age assessments which slows down the process and can result in adults being accommodated

4. Voluntary sector

4.1 Care4Calais continue to be the main advocate for the asylum seekers providing hands on assistance and information regarding all aspects of the asylum journey as well as supporting with accompanied appointments and sourcing ESOL classes.

4.2 East London Mosque, TH Volunteer Centre and the Womens Inclusive Team also support with advice, hot food, and sourcing goods outside the remit of Home Office provision e.g., toys for children.

5. Programme co-ordination

5.1 Existing liaison arrangements are embedded and ongoing with various forums in place for monthly meetings with representatives from the Home Office, Clearsprings, the GLA as well as other Local Authorities hosting Asylum seekers, to engage on areas of concern and share good practice.

5.2 At a local level, fortnightly meetings are organised with health care professionals and a separate multi agency forum meets regularly enabling third sector organisations to liaise with similar officers around problems on the ground.

5.3 The Co-ordinator, now located in Place Directorate, Strategy Policy, and Improvement Team, attends these forums to maintain an overview of the operational and strategic issues

affecting service delivery and to escalate issues raised by the various services areas with Home Office Clearsprings and GLA representatives at London Councils meetings.

6. Next steps

6.1 Efforts to streamline existing processes, develop protocols to improve service delivery to SUs and improve communication with key personnel from Home Office and Clearsprings will continue until such time as all the contingency hotels have been decommissioned.