

Y Pwyllgor Cydraddoldeb, Llywodraeth Leol a Chymunedau
Equality, Local Government and Communities Committee
ELGC(5)-13-16 Papur 6/ Paper 6

Thank you for the opportunity to provide comments with regard to the Committee's inquiry into the above. I should be grateful if you would find below the Health Board's response to the key questions which form the Committee's enquiry, which are outlined below.

- The pace and effectiveness of the Welsh Government approach to resettling refugees through the UK Government's Syrian Vulnerable Persons Relocation Scheme (SVPRS);
- The effectiveness of the Refugee and Asylum Seeker Delivery Plan;
- The support and advocacy available to unaccompanied asylum seeking children in Wales;
- The role and effectiveness of the Welsh Government's Community Cohesion Delivery Plan in ensuring the integration of refugees and asylum seekers in Welsh communities.

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The Health Board would like to make the following comments:

- It is considered that the organisation of the Syrian Resettlement Programme (SRP) in Wales has been well supported by the National Delivery Group and Wales Strategic Migration Partnership.
- In relation to the SRP we would like to suggest an amendment to the Home Office Statement of Requirements, which would require local authorities to routinely notify health boards of any referrals. This would ensure that health boards are able to clinically review the Medical

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Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

Assessment Forms received from the International Organisation for Migration (IOM) to ensure that the specialist healthcare needs of refugees can be met. It would also facilitate appropriate and timely registration and assessment of refugees within primary care on arrival to Wales.

- There appears to be a difference between the post arrival support offered to Syrian refugees arriving through the SRP and the support offered to other refugees and asylum seekers. As part of the Home Office Statement of Requirements local authorities are required provide suitably furnished accommodation and a case worker service for Syrian refugees arriving through the SRP. The case workers ensures that families receive timely advice and assistance with registering for mainstream benefits and services (e.g. GPs, schools, Job Centre Plus, etc.) and signposting to other advice and information giving agencies. It is suggested that this case worker support approach would also be valuable to asylum seekers.
- There is a need to ensure that specialist mental health services are available for asylum seekers that have experienced torture or organised violence. We welcome the inclusion of this as a specific action within the *Together for Mental Health: Delivery Plan* (2016), indicating that Welsh Government (Health and Social Services) will issue a care pathway, to ensure access for refugee and asylum seekers to general mental health and specialist Post Traumatic Stress Disorder (PTSD) provision by January 2017.

We are aware that the charity *Freedom from Torture* have regional centres in Glasgow, London, Manchester, Birmingham and Newcastle, which provides individual and group support for mental health professionals and other practitioners who work with asylum seekers and refugees that have survived torture and organised violence. We would like to suggest that consideration is given to establishing an equivalent regional centre for Wales. It would also be helpful for a review to be undertaken to ensure that appropriate access to interpreters and translation services is

available to asylum seekers and refugees accessing psychological therapies in Wales. This review should also consider the psychological well-being and support available to interpreters as part of de-briefing process.

- Following the implementation of the Immigration and Asylum Act 1999 the Home Office designated four areas within Wales as dispersal areas for asylum seekers: Cardiff, Swansea, Newport and Wrexham, although asylum seekers are located in other parts of Wales. As part of the GMS Contract in Wales 2008-09 an *Enhanced Service for Asylum Seekers and*

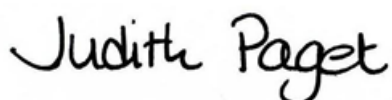
Refugees Specification was developed for health boards to assist them when commissioning primary medical services for asylum seekers and refugees in their area. This Enhanced Service aims to ensure equitable access to general medical services by overcoming barriers such as language and allowing extended consultation time to address complex issues. The Welsh Government *Refugee and Asylum Seeker Delivery Plan* (2016) highlights the need for training in a number of areas. This includes the provision of training for medical students and standardised, accredited units on a variety of issues, including Female Genital Mutilation (FGM), Honour Based Violence (HBV) and Forced Marriage. It also highlights the need for generic training for all frontline services about how to 'ask and act' appropriately, along with specific training for maternity services and first responders. We would therefore welcome the development of a national training framework for NHS staff to cover the diverse and complex needs of asylum seekers and refugees. This could include the training required by primary care staff providing the Asylum Seeker and Refugee Enhanced Service, the healthcare response to routine recommendations from the Asylum Seeker Key Worker Nursing Service (e.g. patients with unknown or incomplete vaccination status, blood borne viral hepatitis, tuberculosis) as well as for those providing more specialist services (e.g. patients that have experienced sexual violence, FGM or survivors of torture).

- The Wales Strategic Migration Partnership (WSMP) has produced an *Age Assessment of Unaccompanied Asylum Seeking Children: All Wales Multi-Agency Toolkit* (2015) which was commissioned by UK Visas & Immigration (UKVI) and financially supported by Welsh Government. The toolkit includes a section on multiagency working and the consideration of medical reports (including paediatric assessments) as part of the assessment process. However, it is unclear whether there has been paediatric contribution to the age-assessment process and/or formulation of the toolkit. If there has not been paediatric involvement, we would suggest that this is considered in future iterations. We note that the WSMP welcomes comments and feedback on the toolkit, which will be updated annually.

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I hope these comments are helpful. If you require any additional information, please do not hesitate to contact me.

Yours sincerely



Judith Paget
Chief Executive/Prif Weithredwr

