

Number: WG33901



Llywodraeth Cymru
Welsh Government

Welsh Government

Consultation – Summary of Responses

Policy Implementation Guidance on Health and Wellbeing Provision for Refugees and Asylum Seekers

December 2018

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

1. Introduction

On 6 April 2018, the Cabinet Secretary for Health and Social Services launched a 12 week consultation on the draft Policy Implementation Guidance on Health and Wellbeing Provision for Refugees and Asylum Seekers builds on and replaces earlier 2009 guidance on healthcare issues for asylum seekers in Wales.

The guidance aims to address issues and concerns raised in relation to the provision of primary and secondary services to Refugees and Asylum Seekers (RAS) and sets out a range of advice designed to assist healthcare practitioners in their interactions with Refugees and Asylum Seekers. The advice relates to how changes to practice could encourage increased participation in health services and examples of how cultural awareness of Refugees and Asylum Seekers can be demonstrated.

The purpose of the guidance is to improve access to healthcare and health outcomes for Refugees and Asylum Seekers and in so doing, help to improve the cultural competence of the healthcare practitioners working with them.

The guidance is split into the following sections:

1. Why this guidance is needed
2. What we know about the RAS population of Wales
3. Implementation, governance and accountability
4. Providing for the healthcare needs of RAS
5. Good Practice
6. Managing Risk.

2. Consultation

The consultation period ran from 6 April 2018 to 29 June 2018. Online versions of the consultation document and response forms were provided. Some late responses were also accepted to ensure the widest possible range of responses were considered.

Five questions were set out in a document which was available online and which could be returned either in hard copy or by email. The five questions are as follows:

1. Do you think that the draft guidance covers the main health issues which impact on the lives of Refugees and Asylum Seekers?
2. Are there other health issues which should be included? If so, which and why? Please provide evidence?
3. Will the key actions help support the implementation of the guidance? Do they cover the right issues? If not, please provide evidence.
4. Is the Care Pathway at annex 1 appropriate in delivering the healthcare services to RAS? If not, please provide evidence?

5. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

We received 28 written responses to the consultation from organisations and individuals, 26 of which are listed below. The remaining two chose to remain anonymous.

Written Respondents	
Mind Cymru	Cardiff University School of Medicine
Public Health Wales	Equality and Human Rights Commission
Cardiff and Vale of Glamorgan Community Health Council	Betsi Cadwaladr University Health Board
ASH Wales	Wales Strategic Migration Partnership
Displaced People in Action	National AIDS Trust
Applied Psychologists in Health National Specialist Advisory Group	Oxfam Cymru
Healthcare Inspectorate Wales	Royal College of Nursing
Abertawe Bro Morgannwg University Health Board	Samaritans
British Red Cross	North Wales Community Health Council
Powys County Council	Royal College of General Practitioners
Carmarthenshire County Council	Hywel Dda University Health Board
Betsi Cadwaladr University Health Board	Public Health / Community Health Visiting Service
Public Health / Community Health Visiting Service	CHAPS Cardiff
The Hazels Community Mental Health Team, Llandrindod Wells	

3. Responses to the consultation questions

3.1 Do you think that the draft guidance covers the main health issues which impact on the lives of Refugees and Asylum Seekers?

The respondents, on the whole, agreed that the draft guidance covered the main health issues that impact the lives of Refugees and Asylum Seekers. A few minor changes, mainly offering clarity where applicable, have been made to the guidance.

3.2 Are there other health issues which should be included? If so, which and why? Please provide evidence?

Again, the majority of responses were largely supportive that the guidance is comprehensive; of good quality and that it fully reflects all health issues. There were some concerns on how the guidance will be implemented and regarding vaccination and immunisation which has now been strengthened in the guidance. Clarification on how the standard healthcare assessment relates to the Blue Book and the ION Assessment was also requested. Whilst we have made this particular section clearer, we also do not wish to replicate or duplicate existing assessments, but to ensure they work together and take account of the most up to date information and intelligence. We have provided clarity that the guidance is seeking to establish a baseline through a standard dataset by undertaking health needs assessment and by promoting collaboration against which activity can be measured going forward, including outcomes for RAS.

The view from many practitioners is that supporting vulnerable refugee and asylum seekers with mental health needs should be a specialist service function, to ensure that specialist mental health services are available for refugee and asylum seekers that have experienced torture or organised violence, for instance. We have explored the feasibility of setting up a national trauma service that will include the needs of RAS. Additional information on modern slavery and trafficking was also requested.

Additional information and/or strengthening existing sections has been undertaken in the guidance, this includes having access to an interpreter; requiring health boards to put in place training and support so that service providers are able to meet the complex needs of RAS; additional sections on Unaccompanied Asylum Seeking Children and Refugee Children and age assessment; and clarifying the role of the community health councils. In addition, references to associated best practice guidance have also been added to the guidance.

3.3. Will the key actions help support the implementation of the guidance? Do they cover the right issues? If not, please provide evidence.

Responses were broadly supportive with a number confirming that the key actions are appropriate and wide ranging, and if fully delivered would provide a robust inclusive and comprehensive framework to underpin the implementation of this guidance. However, one response commented that this alone will not ensure effective implementation as implementation of the actions is dependent on effective governance arrangements in health boards. We have strengthened the reference to the Homeless People and Vulnerable Groups' Health Action Plan (HaVGHAPs) process ensuring health boards provide an update on the health needs of RAS every six months. In addition, the key action to ensure a lead co-ordinator for the RAS agenda within each health board should serve to streamline action and ensure

resources are targeted effectively when implementing the guidance with the health boards.

3.4. Is the Care Pathway at annex 1 appropriate in delivering the healthcare services to RAS? If not, please provide evidence?

A number of comments were made about the appropriateness of the care pathway delivering the healthcare services to RAS. The majority of responses stated that the pathway is appropriate, clear and helpful in describing the relationship of services to support RAS. The initial assessment is key to providing proper care, and there was some concern that people may miss out on care if this is not done. Communication between those undertaking initial assessment on entering the UK with health board contact is crucial and the key action to nominate a lead contact in the health boards should provide a clear point of contact to ensure communication happens.

Support to RAS is a partnership activity and comments were made to ensure the flow diagram makes reference to other services provided to RAS such as housing and social services. This has now been reflected in the pathway. An additional footnote has been added to the pathway to ensure those who are diagnosed with HIV should be referred into secondary care as quickly as possible and RAS who have already been prescribed anti-retroviral therapy (ART) without adequate supply of medication, should have (within 24 hours) immediate access to ART.

3.5 Additional comments

In the main, the guidance is welcomed, and offers a comprehensive narrative of the situation, linking with existing policy areas and highlighting key issues not least those around children. The broader international perspective is also well covered, appropriately citing various legal frameworks as they relate. A few responses commented on implementing the guidance could be challenging. Many areas across Wales have been engaged in this work for many years so practices and partnerships are already established.

A respondent commented that some elements of the guidance need further strengthening which have been addressed where possible. One comment has stated that in many cases practices are not the most appropriate places to meet RAS healthcare need. Short appointments, language barriers and potential difficulties in understanding the system can cause difficulties for RAS patients. Whilst these issues should be addressed by staff training, we would expect health boards to decide how best to meet the local need and ensure services are appropriate. We have therefore added a new key action to address this.

4. Concluding remarks

Overall the consultation responses demonstrate substantial support for the draft Policy Implementation Guidance. The issues raised above have provided the Welsh Government with many opportunities to improve the final version of the document.

We would like to thank all respondents who have taken the time to respond to the consultation and we are very grateful for their contributions.

5. Next Steps

The Welsh Government will utilise the consultation responses to consider what changes should be made to the draft document. It is anticipated that the final guidance will be published in late 2018. A copy of this consultation summary will be published on the Welsh Government's website.