

RAS 39

Ymchwiliad i ffoaduriaid a cheiswyr lloches yng Nghymru

Inquiry into refugees and asylum seekers in Wales

Ymateb gan: Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Response from: Cardiff and Vale University Health Board



## **CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

### **Response to the Equality, Local Government and Communities Committee Inquiry into Refugee and Asylum Seekers Wales.**

#### **1 Introduction**

Cardiff and Vale University Health Board is pleased to provide a response into the Inquiry into Refugee and Asylum Seekers Wales and will primarily respond in relation to Health and Wellbeing and Social Care.

This response will include reference to:

- 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; and
- 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.

#### **2 Pace and Effectiveness of the Syrian Vulnerable Person Relocation Scheme. (SVPRS)**

Cardiff and Vale University Health Board (UHB) is involved the relocation Syrian families at both strategic and operational level, working closely with other partner organisations. The approach taken has been inclusive with all partners working to ensure the best possible experience for these vulnerable people. Prior to arrival there is a robust process in place between the Local Authority and the UHB to ensure that relevant health information is shared securely. This allows the UHB to have some indication of potential health needs prior to arrival. Both primary and

secondary care have been engaged in this process and to date all family members have registered with a local doctor in the first few weeks of arrival. From this initial health assessment, a subsequent treatment plan can be developed. The UHB has developed a referral pathway from primary to secondary care for these patients.

The Local Authority has a robust support system for all families and this appears to have been invaluable in assisting people to settle into a new country and navigate through our systems.

### **3 The effectiveness of the Refugee and Asylum seeker Delivery Plan.**

Cardiff & Vale UHB is the provider of the Cardiff Health Access Practice (CHAP) which is a dedicated facility based in Cardiff Royal Infirmary. CHAP is an Initial Assessment centre for the dispersal centre in Cardiff. The service operates 5 days a week and undertakes Initial health assessments for all new arrivals.

This initial assessment ensures that all newly processed arrivals are screened for any potential public health issues. There are close working relationships with the housing provider and Home Office (UKVI). The multi disciplinary team also provide midwifery service for pregnant women and health visitor service for children. This is particularly important to ensure multi agency management of any safeguarding issues for this group.

As a main provider of primary care services, Cardiff & Vale UHB is aware of the rights and entitlements of asylum seekers and refugees to access primary health care services. Those asylum seekers and refugees that have been granted the right to remain are assisted to register with local General Practitioners where they are able to obtain primary healthcare. For those that are awaiting dispersal, their primary healthcare is delivered within the CHAP service.

The UHB would consider providing support for dental screening for this client group providing funding was available.

In addition to the above the local Cluster of GP practices are engaging with 3<sup>rd</sup> sector groups to gain a better understanding and awareness of the services that are available for asylum seekers and refugees e.g. Oasis, Migrant Help. Where English is not widely understood/spoken, interpretation services are used.

There is an increasing demand for secondary care services for this group but not statistically significant, however the impact on

language line in terms of increase access may need to be reviewed while ESOL services are limited.

Cardiff & Vale UHB recently worked with the Local Authority and other key agencies in the resettlement of children from Calais. Support was extensive and the multi agency approach ensured that the children had initial assessments from each agency at a single reception in CRI. The children were supported by various agencies such as Red Cross and the entire operation was very successful.

The Health Board has close links with other agencies that support Violence against women, domestic abuse and sexual violence. These links are both internal and external to the UHB and provide education and training for staff across the organization to better manage victims within this group. Training is available and has been provided to UHB staff.

#### **4 Role and Effectiveness of Community Cohesion Delivery Plan**

The Community Cohesion Strategy is a National Delivery Plan that works across Wales and is supported by the appointment of local coordinators. The UHB is engaged with the Local Community Cohesion Coordinator for Cardiff and Vale with particular reference to the SVPRS.

Also close working with neighbourhood partnerships provides an opportunity to support local communities by multi agency working. This provides a better understanding and increases knowledge and skills in relation to this client group. This will ultimately help to support a cohesive population with better health and wellbeing.

#### **5 Additional Comments**

From a healthcare perspective, there has been a considerable difference in the planning and provision of services for those relocated via the Syrian Scheme compared with refugee and asylum seekers. The former has had a much more structured approach, with good engagement among stakeholders. Additionally, having information in advance has enabled us to plan our services/responses accordingly. The very planned/unpredictable nature of the other arrivals is more difficult to manage with peaks and troughs in demand throughout the year. This has led to an inequitable provision for these 2 specific client groups.

