



<b>Report Title</b>	<b>Improving Services for Refugees and Asylum Seekers</b>
<b>Organisation</b>	<b>Support for Wigan Arrivals Project (SWAP)</b>
<b>Dates:</b>	<b>16<sup>th</sup> September 2016</b>
<b>Research Team</b>	<b>Report Anne Burgess and Alice Tligui (Healthwatch Wigan and Leigh)</b>
<b>Contact details:</b>	Healthwatch Wigan and Leigh, Ashland House, Ince, Wigan, WN2 2DX

### **Acknowledgements**

Healthwatch Wigan and Leigh would like to thank service users and staff at Support for Wigan Arrivals Project (SWAP) for sharing their views and experiences, and for the attendees at the event in September 2016.

### **Disclaimer**

This report relates verbatim comments gathered during the time of the event.

### **Background**

This report is the final output of a process of work done by Healthwatch Wigan CIC. During March and April 2016, TS4SE conducted a research project on behalf of Healthwatch Wigan, working with the local Refugee and Asylum Support Group, SWAP about the experiences of refugees and asylum seekers of health and social care since arriving in Wigan. The report was presented to key stakeholders and responses to the report were requested at an event in September 2016.

Healthwatch Wigan and Leigh have decided to publish the comments if those present for the sake of completeness.

### **Who attended**

61 people attended the event in September 2016 from the local authority, healthcare, voluntary and community groups, and service users.

## **Method**

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Participants attending the showcase event were asked to reflect on the research and to offer practical suggestions. These suggestions have been collated under a number of headings below.

## **Topics/Themes**

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**Asylum seekers; Refugees; Interpreting services; Language; Digital resources; Information; Volunteering; Peer Support; Service Transformation; Coordination; Information; GP's;**

## **The Comments**

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### **Practical Approaches and Suggestions**

#### **Transformation agenda**

- Providers and commissioners chance to improve services - to involve GP clusters, work around de-registering, knowledge and awareness of existing services and their remit - MAPPING, SCOPING.
- Agencies could be involved - HOIS, EMAS (already involved), SERCO, Multi-agency forums, Child Health, Red Cross, City Hearts.
- Use what we already have and mould it.
- Targeted localities for process.
- Need to be better monitored to monitor progress.
- Collaboration and mapping.
- Training for GPs - maybe a "super hub".
- GP champions around this agenda.
- Are there "champion" practices?

#### **Language support**

- Community interpreters (central/joint/integrated system).
- Review interpreters in borough. Pool budgets.
- Local commissioned interpreter service? Why not? Many voluntary organisations simply cannot afford Language Line. This results in having to use Google Translate, which is a very poor substitute!  
Use individual strengths and work with people - use current refugees/asylum seekers who can speak English and build on their skills
- Getting mums into the schools when taking children to school in order to learn English.
- Women's group - English classes.
- Have forms available in several languages for people to use so they can understand what is being asked.
- Increase ESOL within the borough.
- Co-ordinating English classes and sharing models.

- Provide an opportunity for women to learn in the schools with their children - classes in school for mothers to learn English with child.
- Language courses - everything needs to start with development of language.
- Language.

### **Volunteering and community groups**

- Peer support.
- Promote the self-care approach.
- Self-help groups within the community.
- Refugee and migrant forum to move issues forward. Previously had forums - now commencing again.
- Tap into what's already there!
- Gearing up -> reward volunteering in community with a gift, e.g. a bike!
- "Volunteering helped me remain sane"
- More trained volunteers who can facilitate 'local knowledge' workshops for asylum seekers. Former asylum seekers helping community. Serco do this but can be expanded on and reinforced.
- Moving refugees and asylum seekers into "supported work" to utilise their skills and develop language.
- Allotment -> health and wellbeing, community activities.
- Get funding for SWAP to co-ordinate group development - language skills, confidence, and self-esteem. Example of group development - Buy a house and renovate it, utilising all the skills - sell it, buy another, use existing asylum seekers/refugees with skills to mentor new arrivals and share skills and knowledge - develop as a family.

### **What can local health and care commissioners and providers do**

- School nurses can help families.
- GP practices as community champions - champions also in different areas.
- Information pack to GPs re: illnesses - public health role?
- Link with other Healthwatch across the UK and find out what is going on there.
- More time afforded to initial consultation with relevant teams available, like one stop shop.
- More "joined up" approach to registration with local services (school, health, housing etc)

### **Harness the technology/Better Management of information**

- Home visit to learn about the area where they are living (orientation service). Use technology.
- Raise awareness /training on "The Deal" approach - what does this mean to refugees and asylum seekers?
- Send out further information to GPs
- Service information cards.
- REF-AID-APP (Provider information)
- Use of the community book for agencies and GP practices.
- Include services in Community Book/Asset maps.
- Provide literature to be delivered to particular people with ref app RefAid (free).

- Technology to support.
- Download free REF-AID-APP
- Priority: welcome, including access (right at the beginning before distribution) and health care booklet/a national leaflet.
- Information sharing event (regularly) WORKSHOP.
- Support local communities and agencies to better understand the needs and culture of asylum seekers and refugees in order to debunk perceptions.

#### **Ideas for further information / research**

- This research to be fed back to GPs.
- GP understanding of numbers within the borough.
- Mental health needs.
- Women's experiences.
- Involve established people and new arrivals.
- True reflection → involve more women and service providers (key stakeholders - GPs, NHS, 5BP, Bridgewater, Council).
- Greater understanding of health needs.
- More research needed on experiences of people in initial/emergency accommodation - very difficult to access health care at this time and again dependent on communication.
- Give agencies chance and then do annual mystery shop to see how things put in place are working.
- Better understanding of figures within the borough.
- Can research be done with health services to get their view.
- GP surgeries/frontline staff research providers - find their experience and what they think they know.

## **Recommendations**

This snap shot report to be considered by Wigan Borough Strategic and Operational groups for asylum seekers and refugees. Who can use them to develop a local action plan.

Wigan Borough Council and Wigan Borough CCG should give consideration to a pooled budgets approach to commissioning interpreting services.

Healthwatch Wigan and Leigh to consider further regarding a system of 'GP experts'.

Healthwatch Wigan and Leigh to explore other work done on this subject within the Healthwatch network.