NOTES FROM IRISH STREET MEDICINE SYMPOSIUM WORKSHOP

"WHAT CAN WE LEARN FROM EACH OTHER ABOUT IMPROVING MIGRANT HEALTHCARE IN THE COMMUNITY?"

Date of workshop: 19.05.2023

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Introduction

The content of this document is based on both verbal and written feedback by attendees at the workshop entitled "What can we learn from each other about improving migrant healthcare in the community?" held as part of the Irish Street Medicine Symposium in University of Limerick in May 2023.

The workshop ran over 90 minutes with approximately thirty attendees in the room. The attendees who signed up for the workshop were from diverse backgrounds including medical, nursing and community support workers. Most attendees were actively working with migrants in the community. The workshop could have gone on another 90 minutes such was the energy and enthusiasm from all. Due to lack of time, only the first two cases (see below - International Protection Applicant and Refugee case) were covered in detail in discussions on the day. As such, the feedback from the last case of Beneficiaries of Temporary Protection is shorter. You will note, though, that there is a lot of overlap between issues facing people who have different statuses within the international protection system in Ireland.

Since the workshop, the facilitators have reviewed the content and shared it with various stakeholders who have helped to provide context and details to the discussion points raised.

The document is divided into four sections based on the questions asked during the workshop.

In the context of migrant healthcare provision in the community in Ireland:

Section 1: What is working well?

Section 2: What are the challenges?

Section 3: How have the challenges been addressed?

Section 4: What else could be done?

We see the purpose of this document as an initial 'mapping exercise' to improve clarity on how health care to migrants is currently being delivered in Ireland. Many thanks to all contributors for this effort.

We hope it will enable us to truly learn from each other and in the process improve migrant healthcare for all.

LIST OF ACRONYMS

ACRONYM	FULL FORM
BoTP	Beneficiary of Temporary Protection
CHO	Community Healthcare Organisation
DP	Direct Provision
FDM	Forcibly Displaced Migrants
GMS	General Medical Services
HCW	Healthcare Worker
HSE	Health Service Executive
IHI	Individual Health Identifier
IPA	International Protection Applicant
IPAS	International Protection Accommodation Service
IPO	International Protection Office
ISMS	Irish Street Medicine Symposium
NGO	Non-Governmental Organisation
NRM	National Referral Mechanism
PCRS	Primary Care Reimbursement Scheme
PPS	Personal Public Service

THREE SUGGESTED CASES ON THE DAY (TO GET THE CONVERSATION GOING)

In the context of healthcare provision to IPAs/Refugees/BoTPs in the community in Ireland, consider the following:

1. **ZAID (INTERNATIONAL PROTECTION APPLICANT (IPA)**

A support worker brings in Zaid, who is Algerian, and says he is aged 16. He arrived alone in Ireland 2 months ago. He was put into a hotel for adults on arrival as the authorities decided he was 18 years old. He is frightened of going to sleep and wakes with nightmares. He wants to go to school and learn English.

2. **PRECIOUS (REFUGEE)**

Precious is a 34-year-old refugee who arrived in Ireland 3 years ago. She has been moved through three different accommodation centres and has a medical card with a GP 120km away. She has had problems with waist pain, tiredness, dry skin and dizzy spells for 5 years. She had infectious disease screening in the first town she lived in and doesn't know the results. She starts crying.

3. **IRYNA AND SOFIA (BENEFICIARIES OF TEMPORARY PROTECTION (BoTP)**

Mrs Atkins, on your list for many years, is participating in hosting Ukrainian BoTPs and has been hosting Iryna and her five-year-old daughter, Sofia for the past 2 weeks. She has asked for an urgent appointment. Expressing nothing but gratitude, Iryna has been weeping most of the time, responding poorly to Sofia, and coming out of her room less and less. Sofia has mild dyspraxia, and usually sees a neurologist every month in Ukraine.

SECTION 1: What is working well?

1.1 If in Dublin

- Safetynet access https://www.primarycaresafetynet.ie/standaloneclincs
- "Health-links Team" referenced in one of the workshop groups. We know there are **two Healthlink teams** in Dublin funded by HSE Social Inclusion (we think). They are in CHO 9 and CHO 7. They offer multidisciplinary and social care to groups such as homeless people, BoTPs and IPAs. https://www.hse.ie/eng/services/list/1/lho/dubncentral/social-inclusion-/
- **BoTP specific response team** in CHO3 (Limerick, Clare & North Tipperary) – we have two clinic locations that are staffed by GPs, HSE nursing staff and interpreters from Ukraine and one central office location staffed by GPs and interpreters from Ukraine who act as administrators. We also have a GP lead and a nursing lead, along with a relationship manager

1.2 NGO supports

- Akidwa - activities focus on helping migrants to participate fully in all aspects of social, cultural, economic, civic and political life in Ireland
- Cairde - Challenging Ethnic Minority Health Inequalities - working to tackle health inequalities among ethnic minorities by improving ethnic minority access to health services and ethnic minority participation in health planning and delivery
- Crosscare - Migrants, Refugees and Emigrants - works to provide increased stability and quality of life for vulnerable and marginalised people.
- Doras - Promoting and Protecting Human Rights - working to promote and protect the rights of people from a migrant background in Ireland
- Irish Refugee Council - mission is to promote and protect the rights of people seeking protection and those recognised as refugees in Ireland.

  Good digital resource on local supports in different areas in the country: https://www.irishrefugeecouncil.ie/map

- Irish Council for Civil Liberties - monitors, educates and campaigns in order to secure full enjoyment of human rights for everyone
- Immigrant Council of Ireland - support and advocate for the rights of immigrants and their families and act as a catalyst for public debate, legal and policy change
- Irish Red Cross - to enable refugees in Ireland to integrate into Irish society and achieve their potential

- Jesuit Refugee Service - mission to accompany, serve, and advocate on behalf of refugees and other forcibly displaced persons, that they may heal, learn, and determine their own future
- Migrants Rights Centre Ireland - working to advance the rights of migrant workers and their families at risk of exploitation, social exclusion and discrimination
- Movement of Asylum Seekers in Ireland - independent platform for asylum seekers to join together in unity and purpose - seeking justice, freedom and dignity for all asylum seekers
- Muslim Sisters of Eire - a voluntary organisation with the purpose of providing support to women (Muslim women in particular), encourage integration and work together to benefit the wider society
- NASC - Migrant and Refugee Rights - working towards a vision of an inclusive and equal Ireland that realises the rights of all refugees and migrants
- Ruhama - Fighting Sexual Exploitation, Prostitution and Human Trafficking - offers nationwide support to women impacted by prostitution, sex trafficking and other forms of commercial sexual exploitation
- Safetynet Primary Care - medical charity that delivers quality care to those marginalized in society without access to healthcare
- Spirasi - National Centre for Survivors of Torture - offers rehabilitation services for those who have experienced torture, as well as medico-legal reports for the international protection service and English-language classes
- New Communities Partnership NGO in Dublin providing a wide range of supports to migrants
- Migrant Health Alliance Ireland is a new group led by Lora Ruth Wogu. They don't have a website as yet but are on the X platform (@mhaireland). They are interested in migrant involvement in service, policy and research.

1.3 Secure stable accommodation for most forcibly displaced migrants

- https://asylumineurope.org/reports/country/republic-ireland/reception-conditions/housing/types-accommodation/. Accommodation managers (of transit/direct provision centres) can be supportive and helpful. Anecdotally, accommodation services are conscious of child protection, vulnerable women, gender-based exploitation and violence. Rooms are gender specific. Single men (and sometimes young adult sons who have arrived with their parents) are housed in separate accommodation. Families and single women are in family accommodation. Currently, BoTP women and families with children have their paperwork processed at National Transit Centre (City West, Dublin) and are transferred the same day on to more definitive accommodation. Some BoTPs are housed with or by host families and have more privacy/space/safety compared to the congregated settings of accommodation centres. At this time only male IPAs are accommodated at

the Transit Centre, including unaccompanied minors whom IPAS have deemed to be adults.

1.4a Being linked to support worker

- There are multiple different titles that may be given to support workers e.g. key workers, case workers, project workers etc. The title is chosen by the organisation employing them. Almost always it's through an NGO that works in the area e.g. for a woman affected by sex work, if they contact Ruhama (or healthcare worker (HCW) refers them to Ruhama), Ruhama will allocate a support worker to them.
- At the Irish Street Medicine Symposium (ISMS) there was a talk given by Limerick-based Ukranian peer support workers. A peer support worker is a peer of the people they're working with i.e. they are, or have been, an IPA/BoTP themselves. The Healthlink team have peer support workers in City West hotel in Dublin (1200 BoTPs) including a Ukrainian doctor who is working as a health support worker. The Irish Refugee Council, Jesuit Refugee Service and Irish Red Cross also provide direct support to individuals.

1.4b Being linked to 'cultural mediator'.

- Capuchin clinic in Dublin has Roma 'cultural mediators'. The International Protection Office (IPO) is starting to use them too. There is a training course in Dublin City University and Dublin City Council ran a programme. The cultural mediators explain to the client 'how things work in Ireland' and they explain to the GP 'where the client is coming from' e.g. mother-in-law will expect to see evidence of menstruation every month or it's rude to look someone in the eye if you are younger than them, etc. They have proven enormously helpful in building bridges of trust and helping with engagement with medical services e.g. Safetynet have doubled their childhood immunisation rate since they've gotten a cultural mediator. Capuchin clinic can also offer chiropody, optician and dental services.

1.4c Being linked to family support worker. As discussed earlier with support workers, some NGOs will focus on families and assign an individual (family support worker) to work with families. Tusla can also allocate a family support worker if there are child welfare concerns.

1.5 Sharing, collaborating and networking amongst those working in the area e.g. with attendees at the ISMS, GP Migrant Health Special Interest Group. The National Roma Network is a network of organisations that work with the Roma community (in health, housing, employment, education, accessing entitlements etc.) The Refugee and Migrant Health Partnership is designed to improve refugee and migrant health involvement in decisions about their health. It relies

on input from and interaction with health care providers and service planners. https://www.ul.ie/news/university-of-limerick-and-department-of-health-to-collaborate-on-migrant-and-refugee-health

1.6a Medical card access for all but see Section 2.5a for challenges with same.

1.6b Social welfare supports on arrival for BoTPs

- https://www.gov.ie/en/publication/abf3e-social-welfare-supports-for-ukrainian-citizens-arriving-in-ireland-under-the-temporary-protection-directive/?referrer=http://www.gov.ie/dsp/ukraine

1.7 Health screening/Health and social issues addressed by NGOs (e.g. Safetynet) in Balseskin/City West

- A National Strategy for Infectious Disease screening of newly arrived IPAs and BoTPs has been drafted and is awaiting sign-off. Each Community Healthcare Organisation (CHO) around the country will be expected to put together a team that will carry this out in their area. The principles will be the same for both groups. The actual infections screened for will depend on the prevalence of particular infections in the person's country of origin. To date there have been some issues with linkage to care (particularly for those who are screened and then moved to an area where there is no specialist infectious disease care available).
- Most, but not all, IPAs and BoTPs go through two separate facilities at City West complex. The National Transit Centre is where most IPA new arrivals are processed. IPAs tend to be there from a few days – months; the time depends on availability of accommodation "downstream" i.e. the time is less in June when student accommodation becomes available for people to be transferred on to. The second floor of the Transit Centre at Citywest, is where BoTPs pass through; their processing takes a few hours. Currently there is voluntary Individual Health Assessment/Infectious Disease screening on arrival with about 40-70% uptake. This questionnaire is being used with BoTPs in City West, administered by the HSE. https://www.hpsc.ie/a-z/specificpopulations/migrants/publichealthresourcesformigrants/rapidhealthriskassessment/IndividualHealthAssessmentQuestionnaire.pdf
- Safetynet are doing the Individual Health Assessments with IPAs in City West transit centre as a pilot. Anecdotally the health screening done with IPAs is loosely based on this questionnaire but doesn't include varicella questions https://www.hpsc.ie/a-z/specificpopulations/migrants/guidance/File,14742,en.pdf (Pg 18-22).
- If screening questions suggest any medical issues, patients are referred to a GP.

- Once IPAs are re-located around the country, GPs get a one-off payment when registering an IPA patient to compensate for the extra work involved at onset of care e.g. long initial consultations, catch-up vaccines etc.

1.8 Orientation

- Explanation of Health System available in 16 other languages https://www.hse.ie/eng/services/mhml/english.html
- BoTPs staying with host families may have additional support in understanding health system

1.9a Availability of **accredited** trained interpreters

- The communication gap between a doctor and a patient without shared language and culture is optimally addressed using accredited training interpreters, not the use of bilingual family, friends, healthcare workers etc. Some CHOs have interpreters on-site who are employed directly. These interpreters are paid and may have received some short training courses but many do not have accredited training. The Capuchin Clinic which has a big Roma cohort has had a directly employed on-site Romanian interpreter for more than ten years. The City West hotel have an onsite Ukrainian interpreter employed by the HSE through the Healthlink team. These are bilingual Ukrainian BoTPs who, generally, do not have training qualifications as interpreters. CHO 9 HSE Social Inclusion now provide access to interpreters for GPs. GP phones company either Access, Interling or Lingua – the company bills the HSE directly. Again, interpreters in these companies may not have accredited training. There is no monitoring or evaluation of interpreting practice in Ireland.
- There is further information about interpreter availability for GPs in CHO 1, 2, 5 and 8 on the ICGP website: https://www.icgp.ie/go/in_the_practice/clinical_hub/social_inclusion
- It is important to highlight the patient's right to confidentiality. Ad hoc interpretation, or use of interpreters within very small minority groups, means patients and interpreters may know each other, or other staff e.g. cleaning staff, kitchen staff may be used inappropriately for this purpose.

- Safety Net have been using a UK based telephone interpreting company with a lot of success

1.9b Training for Healthcare providers on working with interpreters

- https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/hse-announces-new-training-working-with-interpreters.html

- There are excellent short videos on YouTube, mostly from USA medical schools, on Good and Bad practice working through interpreters.
- These resources offer some guidance for Health care providers about some of the basics but they cannot provide the comprehensive knowledge and skill set required by interpreters or health care providers to work effectively in interpreted consultations.
- A new collaboration between Dublin City University and the University of Limerick with funding support from the Department of Health ('23-24) is designed to build a new graduate diploma in interpreting. When developed, this will be the only accredited training programme in Ireland. The current work is focused on developing short courses (micro credentials courses) that can be taken one by one. The vision is that people can use these as building blocks to accrue credits for the full Diploma.
- https://www.ul.ie/gps/courses/communication-and-interpreting-om-the-irish-healthcare-system-0: suitable for healthcare providers, service planners and interpreters
- https://www.dcu.ie/humanities-and-social-sciences/healthcare-interpreting-practice
- https://www.dcu.ie/humanities-and-social-sciences/the-ethics-of-interpreting

SECTION 2: What are the challenges?

2.1 Differences of how BoTPs are being treated compared to IPAs in Ireland and Europe

- e.g. https://www.irishtimes.com/ireland/social-affairs/2023/05/22/eus-protection-of-ukrainians-offers-asylum-policy-lessons-but-what-is-the-exit-strategy/

2.2 Language issues/limited use of accredited trained interpreters by GPs

- Poor access to accredited trained interpreters in primary care due to a low supply of same because of current lack of accredited training (see 1.9b) and low demand for same. GPs do not always recognise the need for interpreters and those who do find it challenging to incorporate interpreted consultations into their daily routines. There is a lack of time and system level support (i.e. finances) to enable GPs to do this. (See Section 3.4)

  https://pubmed.ncbi.nlm.nih.gov/22377550/

  https://www.readkong.com/page/report-of-hse-working-group-to-develop-a-model-for-the-2480294

  https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-020-01314-7%C2%A0

- Communication issues due to lack of appropriate interpreter services in primary care.
- Education – finding English language teaching for new arrivals.

2.3 Accommodation issues

- Instability of living circumstances for IPAs and refugees e.g. can be moved at short notice around country
  - Lack of consultation with IPAs/refugees and local community
  - Affecting access and continuity in health, education and integration
- Use of tents/tented accommodation
- Poor sleep and impact on health
- Safety and security e.g. due to number of people in room etc.
- Social isolation
- Lack of privacy
- Lack of housing/stable accommodation affecting physical and mental health

Anecdotal evidence of IPAs opting to leave IPAS accommodation rather than take up mandatory transfer to another location. This is resulting in homelessness in some cases when temporary arrangement breaks down.

2.4 Stigma/cultural differences

- There may be a sensitivity to stigma related to mental health amongst FDMs

2.5 Access to trauma and mental health support services very limited

- Due to conditions of funding, Spirasi's remit is limited to survivors of torture (as defined in UN Convention Against Torture); those who could not get protection in country of origin (e.g. due to lack of state structures; militant organisation as de facto government in area; poor protection of women's rights in country, etc.) - waiting time for initial assessment with Spirasi is 6-8 months currently, with 12 month waiting time for individual therapy. Open to referral from all over country and both in-person and online assessments and therapy available. NB medico-legal report referrals can only be accepted from the client's solicitor.
- The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of human trafficking so that they can access a range of legal, protection, accommodation and health supports. Currently, An Garda Síochána has the remit to identify victims of trafficking, however The Criminal Law (Sexual Offences and Human Trafficking) Bill 2023 which is due to be enacted by the end of 2023 expands the number of bodies that can identify a victim. The Bill places the identification and protection of victims of human trafficking on statutory footing and provides victims with access to the range of support services available through the NRM. Further information may be found on https://www.citizensinformation.ie/en/justice/crime-and-crime-prevention/human-trafficking/ and https://www.blueblindfold.ie/
- There are a number of HSE services for BOTP and IP applicants. Psychologists from many different CHOs have created a network called **The International Protection Applicants & Refugees (IPAR) Psychology Network** which consists of HSE Psychologists who are working directly and indirectly (via staff training and support) with adults and children who are IPAs, BoTPs or Refugees. The IPAR Psychology Network is a national forum who meet online to share best practice, learning, experiences and resources in our work with this cohort. Included in the network are a range of highly experienced Clinical/Counselling Psychologists delivering services across the country. The IPAR Psychology Network welcomes any new psychologist members who work in the HSE. They hope to hold some meetings in the future which are open to people across organisations and NGOs working in this field and will disseminate information on this when relevant.
- Helpful resources on mental health:
  https://www.psychologicalsociety.ie/source/SIGHRP%20-

%20Rapid%20Response%20Psychology%20Tool%20Time%20of%20War%20Resources%20(Final).pdf

- The Trauma Response Network Ireland team have been engaged in the provision of Trauma Therapy training on-line directly to Ukrainian Therapists.

2.6 Health issues

2.6a Access

- Lack of access to GPs – due to capacity issues e.g. General Medical Scheme (GMS)/ lists closed around the country (public patient (Medical Card) lists in GP services).
- Mixed reporting suggesting that the Primary Care Reimbursement Scheme (PCRS) may have suspended their '3 refusals' system' (Sept 2023). https://www.citizensinformation.ie/en/health/health-services/gp-and-hospital-services/gp-services-to-medical-card-holders/
- **Medical Card Unit (Primary Care Reimbursement Scheme) have changed procedures.** All medical card applications received since the **1st August 2023** must have page 19 of the medical card application form signed, stamped and dated by a GP in order for the application to be processed. Generic GP refusal letters are no longer being accepted; and PCRS are no longer allocating GP's to persons refused by 3 GPs. The advice to persons trying to find a GP is to look on the HSE website www.hse.ie for the list of GPs who are currently on the GMS scheme and type into the Search bar 'GPs who accept medical cards or GP visit cards'; Click on that link; Click on 'Medical Card GPs' which gives a national list; and scroll through to find the county/town required.
- Ireland's bureaucracy around access to healthcare is considerably more complex than other European countries. However the HSE has introduced a fast track process for BoTP to get a medical card within days, with no GP name on it. The process is different and slower for IPAs who often experience delays getting a Personal Public Service (PPS) number which in turn delays their application for a medical card.
- There is a suggestion that perhaps a 'generic' medical card could be issued to IPAs/BoTPs on arrival while waiting for their medical card application to be processed (similar to what is used in the homeless service).
- Lack of access to appropriate psychology/mental health services – see Section 2.5

- Delayed access to PPS numbers can delay medical card provision along with other necessary social supports which are dependent on this registration

2.6b Screening

- Lack of integrated health and social services/national database/individual health identifier affecting physical and mental health
  - Duplication of work due to segregation of services/different departments/NGOs involved
  - Lack of national database for childhood vaccines
  - Lack of national database for infectious disease screening results also an issue. To the best of our knowledge there is no actual system regarding holding/managing results of this type of screening. People often can't tell you if they've even had screening, never mind who did it or where it happened. Safetynet has started giving people a card with Safetynet and a "records@" e-mail address so they can e-mail from wherever they end up and results can be sent on. There's talk of all Screening teams using one GP electronic health record system e.g. Socrates (Clanwilliam Health).
  - For IPAs, screening for infectious diseases is carried out on an opt-in basis – denominator figures are not available to be able to assess the proportion of IPAs who are being screened. IPAs do not have a routine blood screen. If a patient tells the screening team they have a chronic medical issue, the patient is booked in with the GP to be seen. The GP can then request routine blood tests as necessary.

2.6c Care provision

- Lack of knowledge of structure and capability of primary and secondary care in Ireland leading to over-dependence on Emergency Departments/Out-Of-Hours GP services for medical care. This is despite the availability of 'My Health, My Language' resource. https://www.hse.ie/eng/services/mhml/
  - There are anecdotal reports of the Out-Of-Hours GP service, WestDoc (Galway/Mayo/Roscommon), being used by forcibly displaced migrants (FDMs) without appointments who are looking for referrals to secondary care (which are impossible to arrange due to the constraints of the service). Cultural factors can be a factor here, as well, in that for example, in Ukraine, people have easy and quick access to radiological investigations and secondary care and possibly expect the same service here.

- Another anecdote is of members of three different Emergency Department groups being spoken to by a member of this team and being unaware of the 'My Health, My Language' resource in the very recent past. An Infectious Disease Consultant in Dublin also told us neither they nor their team were aware of it either. It needs to be better sign-posted and advertised.

- GPs who don't specialise in migrant health may be unaware of local supports/services for migrants in their local area. One member of this team who has worked as a GP for over a decade in Ireland only learnt of the existence of most of the NGOs listed in Section 1.2 by getting involved with the GP Special Interest Group.
- Health system was already creaking under pressure (trolley crises, waiting lists, etc.) before the arrival of large number of FDMs in the past year. The lack of knowledge of the system by FDMs can lead to multiple and often futile presentations to different Emergency Departments. None of the information is centralised anywhere. The patient is often ill-informed due to limited explanations due to language barriers. In homeless services, they are working on an IT solution to follow patients through all services. Is there an opportunity to create a parallel system or could this one system service both homeless and FDM populations?

2.7 "Disputed Minor" cases

- Zaid is at risk due to age issue – risk is of minors being sent to congested accommodation centres for adults if age is in dispute by authorities
- Limits access to education/social support/etc.
- Individuals being bounced between adult and children services in acute and chronic settings - not receiving the support required
- Question raised during the workshop – Is the approach of the state based on the "worst case scenario"? e.g. Avoiding adults being sent to a setting for minors (how often has this actually happened?)
- Age assessment is fraught with wide margins of error e.g. if you have wisdom teeth you are an adult, everything else (including bone age) is give-or-take 5 years. It is completely impossible to tell the difference between someone who is 17 and a half years old and someone who is 18 years old. Despite this, during the workshop, one attendee mentioned that bone age assessment was arranged to obtain rough estimation of age in the case of a disputed minor in the mid-west.

- No-one else knows how to contact the IPO other than through the info@ipo.gov.ie generic e-mail or by contacting the International Protection Accommodation Service (IPAS). These are the routes for queries/concerns about disputed minors. E-mailing IPAS directly results in them contacting the IPO. Could one escalate to Children's Ombudsman too?
- Anecdotal reports :
    - "We e-mailed the Mental Health Commission regarding an unaccompanied minor who required psychiatric review. CAMHS declined to see him because TUSLA said he was not eligible for services under the childcare act, and the adult services had declined to see him because of his age. We cc-ed both CAMHS and adult services for the email, and the adult services responded quickly by arranging an appointment for him. We did not contact the Children's Ombudsman."
    - "We had a young man (probably a minor but deemed an adult claiming to be 16) who was acutely psychotic and very hard to organise care for. Psychiatry services are more inflexible than adult medical services."
- https://dublininquirer.com/2023/03/01/still-no-guidelines-for-assessing-the-age-of-young-asylum-seekers-when-there-s-a-dispute/
- How is it assessed in other jurisdictions? e.g. https://ilpa.org.uk/wp-content/uploads/resources/13267/Executive-Summary-Age-Dispute.pdf and https://www.refugeecouncil.org.uk/projects/age-disputes-project/

2.8 Fear of police. There is a concern about this in Spirasi if there are welfare concerns for clients and a welfare check is indicated. The concern is that the client may not answer or engage with uniformed Gardaí due to traumatic experiences with state agents/police/army in countries of origin. Anecdotally, a doctor working in the service has stated they are not aware of clients having reacted negatively to the presence of a uniformed Garda, when welfare checks have been conducted.

SECTION 3: How have the challenges been addressed?

3.1 Creation of resources

- In Cork – Integration Booklet: Migrant Information and Support Pathways to Essential Public Services – person can use as diary and bring with them if they are moved and can see where they have been and what has been done with medical/social services → took 2 years to develop and involved service users → people feel empowered by this.
- Limerick-based NGO Doras have multiple useful resources https://doras.org/publications
- Cork/Kerry colleagues also developed Emergency Healthcare Card to help migrant patients communicate summary of health history to new healthcare professionals they meet. https://ahlan.ie/ehr-card-project/#1
- Another excellent resource from our Cork/Kerry Colleagues to support communication with patients who are Arabic or Ukrainian speakers is found at this link: https://ahlan.ie/learning-english/ and caring for a Muslim patient https://ahlan.ie/wp-content/uploads/2020/12/caring-for-a-muslim-patient.pdf
- Using animation/videos to explain services/concepts (consider people for whom literacy/language an issue) e.g. Cork Kerry Refugee Resettlement Initiative https://www.youtube.com/@refugeeresources2172
- Document of interest re medical care entitlement of IPAs: https://www.iccl.ie/2022/iccl-launches-know-your-rights-a-guide-for-international-protection-applicants/(page 40-42)
- Policy document on information needs of migrants: https://www.citizensinformationboard.ie/downloads/social_policy/socialpolicy-information-needs-migrants-june2022.pdf

3.2 Development of Migrant Health Teams

- Being developed around the country. Purpose is to do Infectious Disease/Health Screening, Catch-up vaccinations, link IPAs and BoTPs with appropriate health services. Will be employed by Health Service Executive (HSE), composition to be decided by each CHO. Expected to be nurses and Health Care Assistants but exploring using IPAs who are doctors/nurses etc.

3.3 Advocacy

- Organisations offering to use their address (as part of a legal application) if person applying for legal status who does not have a permanent address – this was brought up by attendee at workshop in the context of undocumented migrants seeking amnesty under 'Regularisation of undocumented migrants' scheme in 2022

https://www.citizensinformation.ie/en/moving-country/moving-to-ireland/rights-of-residence-in-ireland/permission-to-remain-for-undocumented-noneea-nationals-in-ireland/#:~:text=Decisions%20and%20appeals-,Introduction,open%20until%207%20August%202022.

3.4 Services

- Services being reactive/responsive/adaptable. See 3.3 for an example of this.
- HSE Department of Social Inclusion working on collecting information from each CHO on how interpreters can be accessed at primary care level. Work in progress. This information is available to GPs through the ICGP Website (NB need log in details to access) – 4 CHOs listed to date: https://www.icgp.ie/go/in_the_practice/clinical_hub/social_inclusion
- Irish Human Rights Equality Commission invited CHO2 to develop an equality action plan about implementing accredited trained interpreters in general practice services. A pilot project to support the implementation of that equality action plan is underway in Co. Roscommon.
- Direct and clear pathways to services/supports for host families and BoTPs though HSE link https://www.hse.ie/eng/services/healthcare-in-ireland/english/ukrainian-nationals.html

SECTION 4: What else could be done?

4.1 Improve accredited trained interpreter services

- Despite being in the National Intercultural Health Strategy since 2007 https://ec.europa.eu/migrant-integration/library-document/hse-national-intercultural-health-strategy-2007-2012_en, there are no fully resourced national standards for accredited trained interpretation services. There is a need for:
  - Longer-term accredited training
  - Skill based training
  - Professional development and Care for interpreters; the Irish Translators and Interpreters Association is a key agency for this – https://www.translatorsassociation.ie/
  - See examples from UK and Australia: Creation of a good practice guide for interpreter use across primary and secondary care in Ireland e.g. https://www.migrantsorganise.org/app/uploads/2023/03/Good-Practice-Guide-Interpreting-English.pdf and guidelines for clinicians working in this area in Ireland e.g. https://culturaldiversityhealth.org.au/wp-content/uploads/2019/10/Guide-for-clinicians-working-with-interpreters-in-healthcare-settings-Jan2019.pdf

4.2 Improve state organisation/cross agency cooperation.

- Improve networking between similar organisations/agencies - this workshop is a case in point. See long list of NGOs, Section 1.2 and section 1.5, the aforementioned new Refugee and Migrant Health Partnership is a case in point too. Better co-operation will ultimately improve healthcare of migrants.
- Improve co-ordination of services/organisations. Could the National Social Inclusion Office website https://www.hse.ie/eng/about/who/primarycare/socialinclusion/ be better resourced/developed to provide easier access for IPAs/BoTPs to health and social supports and have these translated in to different languages/in video form as well as written information, etc?
- Escalate local initiatives to national strategy e.g. blue sky thinking....imagine the Cork Integration Booklet (Section 3.1) was adapted and available to all IPAs across Ireland – in digital form, video form, multiple languages, etc?

4.3 Empower people to participate in their own integration

- e.g. Sanctuary Runners https://sanctuaryrunners.ie , the Great Care Co-op https://www.thegreatcarecoop.ie/

4.4 Appropriate intervention based on medical needs

- See section 1.7 and 3.2. Continued collaboration/advocacy will help streamline appropriate screening/early intervention.
- Active implementation of Individual Health Identifier (IHI) when it is rolled out nationally will help improve quality of care and avoid unnecessary duplication. https://www.hse.ie/eng/about/who/national-services/individual-health-identifier/questions-regarding-the-individual-health-identifier-ihi-number.pdf

4.5 Risk assessment

- of accommodation, as well as individual risk assessment to be considered

4.6 Addressing sleep issues and nightmares

- Primary care – trauma counselling ideally, but limited services available See Section 2.5.

4.7 Advocacy

- Campaign for more state funding for groups/NGOs supporting migrants in the community
- Pressure from the professions (e.g. GPs/Allied Health Professionals) will complement and amplify pressure from the community and NGOs.
- Based on findings from workshop, when enough evidence gathered, consider letters to TD/Tusla/IPO to advocate for help with:
    - Communications tailored to specific language needs
    - Improved access to GP services nationwide
    - Better support for GPs for FDM patients who present for frequent medical appointments
    - Better management of patient records when going through system e.g. for now patients keep their own medical records until they are settled OR stays with first GP service they used. When one IHI comes in, this should help immensely.
    - Improved training and supports for those providing healthcare
    - Counselling support
    - Community support/social networks
    - Support for child and mother/child relationship via family therapy
    - Stable and supported accommodation for IPAs and BoTPs
    - Consideration of single dedicated national website for up-to-date information and supports for all involved in delivering health care to this vulnerable population (e.g. National Social Inclusion Office website)

4.8 Setting up network for health and social care professionals working with migrants

- Advocacy is more powerful coming from a group such as this rather than individual stakeholders? Consideration of mission statement of such a group/how it would meet/function could be considered by interested stakeholders.

CONCLUSION

This workshop, held as part of the ISMS 2023, provided a snapshot of how healthcare and social supports are being delivered to FDMs in the community in Ireland in May 2023. Thanks to the honest and enthusiastic participation of attendees and contributions from facilitators, we now have an outline of how these services are working and the challenges they face.

The development of Migrant Health Teams around the country is to be welcomed and will hopefully help bridge some of the care gaps that frequently arise for this vulnerable population. In addition, improved access to GPs, social supports and mental health supports is needed.

Training and support for GPs and allied health and social care professionals in the care of FDMs, whose care needs are often complex, is also needed. The lack of national standards on accredited trained interpretation services is a particular concern. It is a fundamental barrier to people's right to access healthcare. It was recently identified as a priority area for research by refugees and migrants. Access to accredited trained interpreter services in the community is patchy at best. The HSE National Social Inclusion Office are beginning to address this but there is much to do.

There are multiple NGOs working along with state agencies in this area. Many are unknown to healthcare providers in the community and to FDMs. More transparency and opportunities for networking, sharing of resources and development would be of benefit to all.

Better education, co-operation and the development of services along with special interest groups will lead to stronger advocacy and improvement of healthcare provision to migrants in the community in Ireland.

OTHER USEFUL RESOURCES

- https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/ There's an Intercultural Awareness e-learning programme on HSE land, that anyone can access (not just HSE staff), that includes a section on working with refugees/IPAs, there's a bit about being trauma-aware, migrant mental health, etc.
- Safeguarding_Providing-effective-care-for-refugees-and-people-seeking-asylum_November-2022_1.pdf (tortureid.org) Summary resource from Red Whale UK (excellent quality medical education for primary care). Although there are cultural and contextual differences between the provision of migrant healthcare in Ireland and the UK, there are a lot of similarities also and this article provides useful links/strategies etc.
- https://www.primarycaresafetynet.ie/standaloneclincs
- https://www.hse.ie/eng/services/list/1/lho/dubncentral/social-inclusion-/
- https://ec.europa.eu/migrant-integration/country-governance/governance-migrant-integration-ireland_en (see bottom of page)