

Pwyllgor Rhanbarth Gorllewin De Cymru

SWaWR (2)-01-07 (p.6)

Dyddiad: Dydd Gwener 2 Mawrth 2007

Lleoliad: Canolfan Gymunedol Gogledd Corneli, Gogledd Corneli, Pen-y-bont ar Ogwr

Teitl: Gwybodaeth ddilydol am faterion a godwyd yn y cyfarfod ar 20 Hydref 2006.

Diben

Aeth Edwina Hart MBE AC, Y Gweinidog dros Gyfiawnder Cymdeithasol ac Adfywio ar ôl rhai o'r materion a godwyd yn y cyfarfod ar 20 Hydref, pryd y trafodwyd cam-drin yn y cartref. Mae copiâu o'r llythyrau a anfonodd yn dilyn hynny at Janice Gregory, Cadeirydd y Pwyllgor Rhanbarth wedi'u hatodi.

Gwasanaeth y Pwyllgorau
Chwefror 2007

Edwina Hart AM MBE

Minister for Social Justice and Regeneration
Y Gweinidog dros Gyfiawnder Cymdeithasol ac Adfywio



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Our ref: MB/EH/0854/06

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16 November 2006

Dear Janice

FOLLOW-UP ACTION FROM SOUTH WALES WEST REGIONAL COMMITTEE MEETING ON 20 OCTOBER 2006

As you know there were a number of concerns, about domestic abuse issues, that arose at the South Wales West Regional Committee meeting on 20 October 2006.

I have written to Dr Gibbons, Minister for Health and Social Services, about three of the issues that were raised. These concerned women in refuges having difficulties in accessing GP and dental services; the Vale of Glamorgan Council proposal to withdraw £100k Social Services Partnership Grant from the local WWA Group and the issue of BME women including asylum seekers using their children as interpreters when they access medical services. I will write to you again once I receive a reply from Dr Gibbons.

On the issue of rent arrears arising in domestic abuse cases my housing officials will be reissuing guidance to Local Authorities during this month.

Edwina Hart



Edwina Hart AM MBE

*Minister for Social Justice and Regeneration
Y Gweinidog dros Gyfiawnder Cymdeithasol ac Adfywio*



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11 January 2007

Dear Janice

ACCESS TO GPs AND DENTISTS TO WOMEN IN REFUGES

During the South Wales West Regional Committee meeting of 20 October a number of concerns about domestic abuse/health issues were raised. I subsequently wrote to Dr Gibbons, Minister for Health and Social Services, about these matters and following his response I am now in a position to provide you with a detailed response.

I would expect Women's Refuges to have made contact with their nearest practice or practices to consider the General Medical Service (GMS) requirements of the women and children at the refuge. The Local Health Board (LHB) is responsible for the provision of health services in their particular area and would also be aware of the need to provide GMS for the refuge's residents. Health officials are not aware of any specific problems of access in the South West Wales areas. If there are issues, the LHB should be advised so that they can take any necessary action.

Dentists, as independent contractors, are not required to see any patients that they have not been contracted to treat. Under the circumstances, it is likely that refuge residents would be most likely to be unregistered as coming from outside the area. One route to available services may lie with the Community Dental Service who may be able to provide domiciliary visits. The type and level of dental services available would be a matter for the LHB to determine and the Women's Refuge could find out more information from their LHB. In the Swansea area they should write to:



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Sue Heatherington
Chief Executive, Swansea LHB
Kidwelly House
Charter Court
Phoenix Way
Swansea
SA7 9FS
Tel: 01792 784800.

The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 sets out the procedures for applying for inclusion on a practice's list of patients. A practice which accepts an application for inclusion in its list of patients must notify the LHB in writing as soon as possible. The LHB then include the person on the practice's list of patients and notify the applicant to confirm acceptance. This procedure must be followed as set out in the regulations and does take some time.

A possible option that Refuges might want to consider – which is also set out in the above regulations – is that the women and children at the refuge may apply to register with the practice as temporary residents. A practice can accept a person as a temporary resident immediately if they are satisfied that the person is:

- Temporarily resident away from their normal place of residence and is not being provided with essential services under any other arrangement in the locality where they are temporarily residing;
- Moving from place to place and not for the time being resident in any place.

Temporary residents can only be registered for a maximum of three months. The advantage of registering as a temporary resident is that women and children who encounter domestic abuse could be registered straight away. The three months as stated is set out in the regulations.

I discussed the issue about possible changes to Social Services Partnership Grant by the Vale of Glamorgan Council with Elen Pierce, Director, Welsh Women's Aid, WWA, in a meeting on 20 November. I suggested to Elen that it was very important for her to engage with Local Authorities at a strategic level about local funding concerns. In this particular instance if there are ongoing issues I would suggest that WWA raise these direct with the council's Chief Executive. WWA may write to John Maitland Evans at Vale of Glamorgan Council, Civic Offices, Holton Road, Barry CF63 4RU.

Health officials are currently revising the "Resource Manual for Health Care Professionals in Wales," in line with new government policies. The revised manual

will ensure that health staff has access to up to date information on giving advice to women who may have suffered domestic abuse and will ensure that families in Wales have access to appropriate information and the support they require. All professionals in the health service need to be able to deal with domestic abuse and the manual draws together and builds on all existing guidelines issued by the Department of Health and the Royal Colleges in recent years. Its purpose is to serve as a practical, working guide for professional healthcare staff throughout the health service and can be supplemented with local information and data to inform policy and implementation.

The resource manual provides a starting point for LHBs and Trusts to review policies and practices for responding to actual and suspected domestic abuse. It is intended to stimulate and inform the development of good practice principles which cover how staff should respond to domestic abuse cases. These principles cover a range of issues which health care professions must consider such as sensitivity, dignity and respect of the person, the need of privacy and confidentiality in dealing with such matters, the welfare of any children involved and the need for interpreters. In addition, recent Assembly guidance issued to the newly established Local Safeguarding Children Board states that "if a child and/or family member has specific communication needs, because of language or disability, it may be necessary to use the services of an interpreter or specialist worker, or to make use of other aids to communication. Particular care should be taken in choosing an interpreter, having regard to the language skills, their understanding of the issues under discussion, their commitment or confidentiality, and their position in the wider community. There can be difficulties in using family members or friends as interpreters.

In my view there must be a protocol will all Local Health Boards, and I have written to the Minister for Health & Social Services accordingly.

A handwritten signature in black ink, appearing to be 'A. E.', located at the bottom left of the page.

Edwina Hart AM MBE

*Minister for Social Justice and Regeneration
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Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Our ref: EH/00076/07
Your ref: BG/00089/07

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8 February 2007

ACCESS TO GPs AND DENTISTS TO WOMEN IN REFUGES

The issue of access to general medical services for women in refuges has been raised on several occasions. I wrote to you on 11 January suggesting that a protocol for Local Health Boards (LHBs) is developed so that they and refuge providers are clear about what general medical services can be expected to be provided in every part of Wales.

I subsequently wrote to Dr Brian Gibbons, Minister for Social Services seeking his agreement to the development of a protocol.

I can confirm that we will be shortly appointing a health and homelessness facilitator who will be responsible for developing and disseminating a protocol to LHBs which, once in place, will provide a better understanding of what can be expected in terms of delivery of general medical services to women in refuges.



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