

Health and Social Care Committee
Inquiry into Stroke Risk Reduction

SRR 21 – Welsh Refugee Council



Stroke Risk Reduction Consultation Response 2011

Stoke Risk Reduction Consultation Response

Henry M Lassie

Policy & Research Officer

Address: Welsh Refugee Council, 389 Newport Road
Cardiff CF24 1TP.

Email: henry'lassie@welshrefugeecouncil.org

Date: 16/09/2011

Our Organisation

The Welsh Refugee Council has over twenty-one years experience of working with refugees, asylum seekers and refused asylum seekers. It provides confidential and independent advice services across Wales, advocates for the rights of refugees and asylum seekers, supports capacity building for refugee community organisations, and promotes good community relations. Its vision is to ensure that refugees and asylum seekers are safe, and that they get the support they need to rebuild their lives in Wales.

The Welsh Refugee Council's work is guided by the core principle that the right to seek asylum is a fundamental right. This year marks the 60th anniversary of the 1951 UN Convention Relating to the Status of Refugees, an international standard that has provided the essential protection to save hundreds and thousands of lives since it was established.

1. What is the current provision of stroke risk reduction services and how effective are the Welsh Government's policies in addressing any weaknesses in these services?

The current provision of stroke risk reduction services includes the provision of information on the causes and symptoms of stroke to the general public within the healthcare system. The Welsh Government considers Stroke as the leading cause of adult disability in Wales and the third common cause of death after cancer and heart diseases. In addition, the World Health Organisation (WHO) considers high blood pressure as the most common cause of stroke in many countries. Although stroke is predominantly a disease affecting older people, it can affect people of any age.

The Welsh Refugee Council has needed to advocate on behalf of asylum seekers, failed asylum seekers and refugees regarding their entitlements to health services such as registration with GP surgeries, following the dispersal of asylum seekers into more outlying areas of Cardiff, Swansea, Newport and Wrexham, and access to SARC'S and

mental health services. Thus providing information about the rights and entitlements of asylum seekers, failed asylum seekers and refugees to both health professionals and new arrivals to Wales in a format which they can understand will enable them to access basic health services addressing any weaknesses in these services.

We would therefore like the Health and Social Care Committee of the National Assembly for Wales to ensure that these issues are considered in their current inquiry.

2. What are your views on the implementation of the Welsh Government's Stroke Risk Reduction Action Plan and whether action to raise public awareness of the risk factors for stroke has succeeded?

The implementation of the Stroke Risk Reduction Plan of Actions is perceived as a way of raising public awareness of the risk factors for high blood pressure, atrial-fibrillation, transient ischaemic attack and stroke in Wales, and is aimed at supporting health professionals in diagnosis and treatment.

In order for the implementation of the Welsh Government's Stroke Risk Reduction Action Plan to be successful and more ethnically inclusive, the Welsh Refugee Council therefore recommend that the Committee consider the circumstances and needs of refugees and asylum seekers in their inquiry. For example, refugees and asylum seekers arriving in Wales may feel isolated or disoriented and their prior experience of seeking asylum can be extremely stressful due to loss, trauma, anxiety, loneliness, and displacement. These issues will need to be considered for possible links to stroke risk reduction.

3. What are the particular problems in the implementation and delivery of stroke risk reduction actions?

Refugees and asylum seekers come from diverse backgrounds and cultures where English is not their first language. Linguistic barriers may therefore create difficulties in the implementation of the Risk Reduction Action Plan as many cannot read or write English or Welsh. WRC would therefore like the Health and Social Care Committee of the National Assembly for Wales, to ensure that information is provided that is accessible to refugees and asylum seekers in the implementation and delivery of Stroke Risk Reduction Action in Wales.

4. What evidence exists in favour of an atrial fibrillation screening programme being launched in Wales?

WRC does not have specific evidence in favour of an atrial fibrillation screening programme being launched in Wales.

Response should be forwarded by email to: HSCCommittee@wales.gov.uk

