



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

An Oifig Náisiúnta don Chuimsiú
Sóisialta
Rannóg Cúram Príomhúil
Feidhmeannacht na Seirbhíse
Sláinte
Lána an Mhuilinn
Baile Phámar
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25th September, 2017

Deputy Róisín Shortall
Dáil Éireann
Kildare Street
Dublin 2.

PQ 37831/17

* To ask the Minister for Health the health, social care and psychological supports in place to address the specific needs of those living in the direct provision system; and if he will make a statement on the matter.

Dear Deputy Shortall,

The Health Service Executive has been requested to reply directly to your above Parliamentary Question which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position:

Most people seeking asylum/ living in Direct Provision are in receipt of medical cards that entitle them to the same range of health services available to others living in Ireland. These services include GP services, medication, women's health services, dental services, psychological services, vision and hearing screening and provision of essential aids and appliances.

The vulnerable circumstances of many asylum seekers place obligations on the health service to provide an additional range of targeted interventions and associated supports. It is in this context that the recommendations in 2015 of the Working Group to improve the Protection process ("McMahon report") are particularly relevant. A number of agencies from the Community and Voluntary sector are funded by HSE Social Inclusion towards delivery of a range of such identified targeted actions/ interventions on its behalf. This is effected in line with the acknowledgement that NGOs offer much expertise in working with vulnerable groups, have capacity to be adaptable and flexible in responding innovatively to identified needs and might be best placed to deliver services to various cohorts such as people who experience barriers in accessing statutory services, mistrust government agencies etc. Examples of such funded interventions include provision of information and awareness raising around Female Genital Mutilation (Akidwa), delivery of specialised services to people who have survived torture (Spirasi), support and assistance to those accessing health services (Cairde), establishment of a specialised clinic for those who have suffered Female Genital Mutilation and development of a "Tranquillity Garden" at Baleskin Reception Centre.

People living in Direct Provision are now exempt from paying prescription charges for medication. This measure was implemented in acknowledgement of the unique circumstances of members of this cohort for whom such payment would prove significant and problematic.

At the same time, HSE Social Inclusion – with its remit for vulnerable groups – provides ongoing input to development and monitoring of a range of cross government strategies, and to Department of Health and HSE policies and Action plans. This acts as a strategic means of ensuring consideration of the health and care needs of service users from vulnerable groups – including people seeking asylum - in such documents. Examples of such documents, where input has been submitted and synergies promoted in their implementation, include Healthy Ireland, Ireland's National Action Plan on Women, Peace and Security, National Maternity Strategy 2016-2026, Connecting for Life, Mental Health Promotion plans, National Strategies on Domestic, Sexual and Gender based Violence and the National Sexual Health Strategy 2015 – 2020.

The many unique and diverse health and support needs of people in Direct Provision demand effective collaboration between statutory agencies as a means of identifying emerging issues and addressing these appropriately. As a general context around interagency cooperation, the HSE participates actively in a High Level group that is led by the Department of Justice and comprises representation from Reception and Integration Agency (RIA), Irish Refugee Protection Programme (IRPP), Dept of Social Protection, Dept of Education, TUSLA and HSE Social Inclusion. This regular forum allows for sharing of relevant information, discussion of emerging issues, and collective understanding and addressing of same.

Other areas of work are continuing to be progressed within a context of available resources – in respect of both financial and staffing capacity. Examples here include enhancement of interpreting services, training of staff around working with service users who have experienced trauma, development of a “Vulnerability Assessment”, provision of translated health materials and so on. It is also worth noting that a second HSE National Intercultural Health Strategy is currently being developed – this strategy is expected – inter alia - to outline a comprehensive response to addressing the care and support needs of people in the Direct Provision system.

I trust the above information is helpful. Should you require further detail, please contact me.

Yours sincerely,



Diane Nurse
National Lead: Social Inclusion