**WM Migration Network Health Thematic Meeting**

**4th May 2023 (10:30 – 11:30 )**

**Chair: Andy Hoole**

1. **Introductions**

AH welcomed everyone and explained the purpose of the meeting as providing a forum for those either working with migrants, or wishing to support the sector to discuss strategic issues affecting integration and settlement. It is intended to provide advocacy around key issues, collaborative solutions and agree priority areas of work for the sector.

A wide membership is encouraged so that the group, and wider network can represent the migration sector in discussions with statutory partners and the wider VCS.

Attendees introduced themselves and gave brief information around their work to the group.

1. **Previous Activity**

AH gave an update on the discussions at the previous meeting . AH also noted that he is currently involved with the Integrated Care Pathway in Birmingham and Solihull as the migration lead for the voluntary sector and also linked with the Black Country Health and Care Partnership Alliance which may provide an avenue to support outcomes from this meeting.

Discussions at the previous meeting highlighted a number of areas where the group could develop responses

* + Maternity Services
  + Mental Health Provision and Support
  + Support for those in hotels and temporary accommodation

AH emphasised that discussions and direction for the group were to be influenced by discussions with other priorities to be developed if needed. He had recently attended the newly launched WM Mental Health Collective to talk about the network with a view to collaborative working in order to develop a mental health response to support migrants.

1. **Mental Health Support for Migrants**

RJ gave a presentation on current provision and an offer of support from St. Martins Counselling. They currently have around 150 members of staff able to offer a broad range of counselling and psychotherapy. Many speak a second language and therefore able to offer potential support for migrants. There referral systems mean that individuals would be able to access treatment quicker than on NHS waiting lists. They are keen to explore how best to support the migrant community as a compliment to other forms of treatment.

DN asked if this support was limited by geographical area, RJ confirmed that as the majority of their funding came from charitable trusts they would be able to offer support across the region, but with NHS funding for specific routes. Services could also be provided to those with no recourse to public funds.

HT asked about the potential to train those with lived experience as therapists to support reducing barriers into communities. RJ said that this is something that they are keen to develop.

All agreed that there was great potential for development of a support pathway and that interested parties should meet separately and report back at the next meeting.

**ACTION – AH to arrange meeting to discuss Support Pathway**

1. **Healthcare Support in Initial Accomodation**

MA and AS gave an input on the Creative English programme developed by Faith Action. It uses a drama based approach, improvising and acting out real world scenarios in order to improve confidence in spoken English. A pilot in conjunction with Public Health England has demonstrated significant success and could easily be adapted to a number of client groups.

They are currently working with 10 groups in the city and have capacity to work with others. MD highlighted that she had attended one of the courses and emphasised the practical outcomes that was gained by participants. MA stated that groups would be starting again soon and members were invited to attend and see how the course could be adapted to support those in hotels.

1. **Any Other Business**

DN highlighted that Brushstrokes have recently been working with newly arrived groups from Sudan and it would be useful to provide further updates on provision as the situation develops.

1. **Date of Next Meeting**

. Date was set for **Thursday 15th June** at **10:30am**.