

Country Experience with using the Country Assessment Tool (Lessons learned)

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Difficulties in completing the CA concerned the availability of data and quality of data, also complicated by complex government structures. UK-level data are collected by various agencies and are often unavailable at Welsh level. Data on migrant health is not collected, apart from the Office of National Statistics scoping collection at UK level. There was no data available regarding refugees after they have been granted leave to remain, and the numbers in Wales not known. Research on migrant health is largely limited to people seeking sanctuary, and there is an ambitious cross-sector plan to make Wales the world's first Nation of Sanctuary. While there is limited visibility of migrants in health-related policies, rather references to 'diverse communities' or 'black and minority ethnic groups', Welsh policy in devolved areas e.g. Health are generally more inclusive of migrants than UK policy.

Lessons learned: It is difficult to retro fit data systems and trying to gather from mainstream information will vastly underestimate the underserved population groups such as migrants. Especially when sanctions against individuals and mistrust of officialdom may mean an unwillingness to engage. For asylum seekers these stakes are very high eg deportation. Hence specific bespoke systems of data capture are needed. Often using trusted others eg third sector organisations that support health, legal advocacy and other service reports are important.