Dispersal Areas Provision Summaries, Recommendations and Key Findings

Review of Healthcare for Asylum Seekers in Wales
Background:

In 2012/2013 as part of their programme level agreement with Welsh Government, Public Health Wales was requested to undertake a review of health services for asylum seekers in the four dispersal areas that sit within Wales. This review would aim to identify best practice, opportunities for service improvement and dissemination of information.

This review was completed on 29th May 2013, providing a review of current healthcare provision and access to healthcare for asylum seekers living in Wales, culminating with a set of findings and recommendations. It was based on interviews with key respondents and informed by a literature review.

The contributors (both NHS providers and other key stakeholders) to the review were an integral part to the whole review process with them providing baseline information of what is available and what is being delivered.

Due to capacity and clarification issues surrounding the Review, the Welsh Asylum Seeker and Refugee Health Advisory Group (WASRHAG) was unable to meet a consensus around the content of the document and therefore it was never approved in a revised version and subsequently was not delivered to Welsh Government. As the Review was completed over 12 months ago, a process of updating the key information gathered from contributors within the four dispersal areas was undertaken.

A request to update key sections (Key Findings, Recommendations, Provision of Healthcare, Gaps in Healthcare and Language and Interpreter Services) of the original Review was sent out on the 11th of August 2014 by Public Health Wales (see appendix), accompanied with reporting template documents for:

- Newport
- Cardiff and Vale
- Wrexham
- Swansea
- Wales Migration Partnership

Public Health Wales received several responses from members of WASRHAG which were then included into this abridged version of the original Review. The contents of the document were then reviewed collectively as a group at the 13th October 2014 WASRHAG meeting with contents being finally agreed.
Key Findings

- This review shows that a comprehensive range of health services are provided for asylum seekers living in Wales and suggests that overall access to healthcare for this group in the four dispersal areas is good.

- The number of asylum seekers arriving in Wales fluctuates but has shown an upward trend over the last 3 years although the number of asylum seekers arriving in the UK has fallen since peaking in 2002. Changes in the age and sex profile of the asylum seeker population dispersed in Wales may have implications for the provision of healthcare. In particular there has been an increase in the numbers of women of child bearing age and children aged 0 to 5 years.

- This review suggests that the health problems facing asylum seekers living in Wales are comparable with those identified in similar populations elsewhere. Problems include communicable disease, sexual health issues, chronic diseases such as diabetes and hypertension, common mental health disorders, dental disorders and the physical and mental health consequences of injury, rape and torture including post traumatic stress disorder (PTSD).

- Women seeking asylum in Wales are for various reasons often late in presenting to antenatal services. They may also have poor general health, anaemia, high parity, closely spaced pregnancies, HIV, hepatitis B and female genital mutilation. It is reported by the Cardiff Health Access Practice (CHAP) that as many as 100 pregnant women who are seeking asylum may be seen in Cardiff each year.

- Since July 2009 under the provisions of the National Health Service (Wales) Act 2006, failed asylum seekers have been able to access free healthcare in Wales. Despite this the health and associated needs of those who have been refused asylum may not currently be adequately addressed and those providing health services may not be aware of their right of access to services for failed asylum seekers.

- Access to mental healthcare is problematic in Wales. Both specialist assessment and care appear to be inadequate. This could be addressed by greater access to community psychiatric nurses with an interest and training on the specific issues faced by asylum seekers. Agencies who are dealing with asylum seekers at times of particular stress, for example asylum application interviews, report that they do not have sufficient timely information, support and intervention for mental health issues.

- Access to treatment for those with PTSD and access to counselling and other support services for people who have experienced rape needs to be addressed and strengthened even though there are a number of projects across Wales who provide specialist support for those who have been rape.

- The service provided by healthcare professionals with a specialist interest in working with asylum seekers appears to be good but in some instances sustainability may be an issue. Services in some circumstances are more sustainable where they are provided for a range of vulnerable groups, including asylum seekers, and are delivered by a range of staff. Some of the services in Wales already use this model, for example the Cardiff Health Access Practice (CHAP). In some cases services are dependent on the individuals, for example health visitors, who deliver them. This can represent a risk to maintaining the safety and quality of services when individuals leave or are unwell. It also places a significant burden on the individuals delivering the services, many of whom are often working in demanding environments.

- A range of interpretation services are available to asylum seekers living in Wales. Language Line and WITS (The Wales Interpretation & translation service) are the most used. There are concerns about access to and the quality of interpretation services. Further consideration should be given to developing a service model that better meets the specific needs of asylum seekers. Language Line was highlighted by a number of respondents as problematic however, those health professionals using the service regularly reported fewer problems.

- Concerns have been raised in relation to child protection and human trafficking and these fall mainly outside the remit of this review. Concerns with regard to human trafficking are primarily an issue for the police and Home Office. Where there are concerns about trafficking, a referral can be made using the National Referral
Mechanism. Where there are child protection concerns these should be addressed within existing local procedures.

- Joint working between agencies, particularly the Cardiff office of the Home Office, its contracted service providers and healthcare providers seems relatively undeveloped. This might be enhanced by better information sharing between these agencies.

**Recommendations**

- Welsh Government should work with the Home Office to ensure that up to date information on the number, age, sex and country of origin of asylum seekers in the dispersal areas in Wales is available to health boards and other service providers. This would enable service providers to be aware of changes in the profile of asylum seekers that may have implications for their health needs.

- The health and other needs of those who have been refused asylum and who have no recourse to public funds and who are living in Wales should be given further consideration. Welsh Government should ensure that healthcare providers in Wales are aware of the rights of failed asylum seekers.

- Welsh Government and healthcare providers should consider whether the current arrangements to meet the mental health needs of asylum seekers are adequate. In particular greater access to CPNs, treatment for PTSD and the sequelae of rape and torture need to be addressed.

- Consideration could be given again to the setting up of a Freedom from Torture service in Wales. The charity does not accept Government funding so as to remain completely impartial. In England the Department of Health has provided funding to support production of guidelines for assessing torture survivors and for the training of health professionals. (Freedom from torture have been approached a number of times over the last few years regarding setting up services in Wales, and have not been interested in providing these.)

- The appropriateness of the current interpreting services available to agencies that work with asylum seekers should be further considered by service providers and efforts made to identify the most effective service model. Any service model developed will need to recognise that a range of services, for example face to face, telephone and online and better training for healthcare staff in the use of language and translation services may be needed to more effectively meet the needs of asylum seekers. There may be a role for the Welsh Asylum Seeker and Refugee Health Advisory Group in facilitating this work.

- There is a need to look at how more effective cross agency working between the Home Office in Cardiff and those providing healthcare and other services to asylum seekers could be encouraged. There are multi agency arrangements in place but the key current issue is the lack of capacity in the asylum accommodation, contracts and concomitant lessening of support. An information sharing protocol should also be considered. There may be a role for the Welsh Asylum Seeker and Refugee Health Advisory Group in facilitating this discussion.

- The future role, function and contribution of the Welsh Asylum Seeker and Refugee Health Advisory Group (WASRHAG) should be reviewed by Welsh Government, the Group and key stakeholders, as set out in the Groups original terms of reference. With a view to expanding it’s terms of reference to incorporate migrants, in view of increasing diversity in Wales.
Newport Provision of Healthcare:

Newport has a clinical nurse specialist (CNS) for asylum seekers and refugees who is informed of any new asylum seekers dispersed to Newport. Asylum seekers are seen by the nurse specialist within five days and given a full health assessment/check up. Some people require full assessment because they are dispersed before they have had their initial health assessment from CHAP or other areas such as London/Birmingham/Bournemouth/Manchester etc. This may be because they are sent to a dispersal area quickly or they did not turn up for their initial appointment.

After their assessment or check up the CNS will refer asylum seekers on to specialist care if this is needed. This includes for chest/TB care, maternity services, HIV services, school nurses, mental health, genito-urinary medicine, dentists, opticians and the young asylum seeker support service. The CNS will also provide support throughout the asylum process.

In Newport asylum seekers are allocated to a GP. The GPs get paid for this as an enhanced service. There is a specialist midwife who cares for all pregnant asylum seeker and refugee women in the Aneurin Bevan Health Board area. The midwife is notified by the housing provider, undertakes a home visit and expedites their booking in to the maternity service. The midwife reports good partnership working in the Newport area and with colleagues undertaking similar roles elsewhere in Wales.

There is good multi-disciplinary and partnership work which includes all the key services and agencies from the public, private and third sector who work with asylum seekers.

Newport Gaps in Healthcare Provision:

It was suggested that all 4 dispersal areas should have a similar service model and that a specialist multi-disciplinary practice i.e. the CHAP model would benefit asylum seekers and all vulnerable groups. It was notable that Newport had a similar number of asylum seekers to Swansea but a less well developed service model, services being more reliant on individuals. Information and understanding about the Primary care system was patchy amongst asylum seekers particularly the concept of appointment times. For asylum seekers attendance at Home Office meetings takes priority over any other appointment which results in failed to attend healthcare appointments. A flexible appointment system operated by a ‘one-stop’ health centre would be able to accommodate the more chaotic lifestyles of asylum seekers and other vulnerable groups.

Mental health care is problematic. Mental health assessments should be done by a CPN with specialist skills in working with asylum seekers or an asylum nurse with a mental health background. Newport has previously had a service provided by a CPN with this skill set, this individual has now moved and this has left a gap in service provision. If acute mental health issues are raised in the health assessment, a direct referral into secondary mental health services is made along with the consultation of the GP. If the problem is chronic in nature, this problem is highlighted to the GP for further assessment and treatment. So although there is no longer a Community Psychiatric Nurse in post, Asylum Seekers mental health needs still get addressed.
Information exchange and communication with the local Home Office was also identified as an aspect that could be further developed. Notification of dispersal could be timelier and the quality of information disclosed on asylum seekers could be improved.

**Newport Language and Interpreter Services:**

Some concerns were expressed with regard to interpretation services but WITS was seen as very good. Language Line can be good if the same person is asked for so that there is some continuity. There were specific concerns about the quality of Language Line and face to face interpreters provided by the Health Board when conducting a mental health assessment because of the lack of knowledge around mental health issues and cultural representations of distress and specific mental illness behaviours. For example a face to face interpreter translated *auditory hallucinations as daydreams*. Language Line is a general interpreting service and there were concerns regarding the quality and depth of the training of interpreters.

**Cardiff and Vale Provision of Healthcare:**

Cardiff Health Access Practice (CHAP) a service located at Cardiff Royal Infirmary and provided by Cardiff and Vale HB provides asylum seekers and refugees arriving and living in Cardiff with:

- Access to nurse led primary care services, including temporary registration for newly arrived asylum seekers and permanent registration for asylum seekers and refugees who are offered accommodation in Cardiff.
- Six GP clinics per week and access to a clinician at all times during core GMS hours.
- Initial public health screening for all newly arrived asylum seekers and a comprehensive screening programme and GMS for those remaining in Cardiff. The uptake of basic health screening by newly arrived asylum seekers is around 68 per cent.
- Access to interpreters.
- Patient advocacy services to support asylum seekers in accessing mainstream services including dentistry, opticians and also registration with mainstream GP practices if this best meets their needs.
- Full maternity and child health services – health visitor/children’s nurse provides drop in clinic.

Screening includes TB, blood borne viruses, STI's, immunisation history, past medical history and family medical history, country of origin, obstetric history, female genital mutilation (FGM), forced marriage, abuse, and honour based violence, trauma, torture, mini mental assessment, sleep and PTSD.

Staffing establishment is currently 7.58 staff members which is a mix of clinical and managerial/administrative posts. (including GP’s, practice nurse and health visitors)

Those with complex medical problems tend to remain in Cardiff after initial assessment, includes women who are 36 or more weeks pregnant.

Cardiff and Vale health board employ a specialist midwife who provides care and support to asylum seekers.
Cardiff and Vale Gaps in Healthcare Provision:

The CHAP team reviewed the needs of asylum seekers in relation to accessing mental health services as part of the implementation of the Mental Health (Wales) Measure (2012). They considered that the appointment of a full time CPN would best serve the needs of their patient group and would reduce the high number of referrals made to mainstream mental health services. No rape services, for example specialist counselling is available. There is also an 18 month wait for PTSD treatment. While the service model helped to develop pathways in line with the measure, when the post holder resigned it was felt by both CHAP and Mental Health that this post no longer represented the most effective use of resources

The 30+ per cent of adult asylum seekers who do not take up initial assessment health screening (as a result of DNA and delays in assessing patients whilst in IA) is a concern and there may be public health implications if they are dispersed without appropriate assessment and treatment and/or care planning. CHAP have attempted to address this by reviewing the service model, the information provided to asylum seekers regarding screening and by meeting with stakeholders including the UKVI and the housing provider to discuss improvements in terms of communication, appointment, data and DNA management. The service is resigned that as screening is not obligatory, they will never reach 100% of the patient population

TB screening for new entrants has been reviewed by Public Health Wales. New NICE guidance on this was issued in and this may have significant resource implications for CHAP. The need for additional resources needs to be quantified. NICE guidance has also been recently issued on promoting testing for hepatitis B and C and this may have implications for services.

Training, information and key contacts related to safeguarding children and vulnerable adults are being reviewed.

Problems with urgent sexual health screening have been identified. Attendance rates of those referred to Sexual Health services have been poor and it has proved difficult to get results to dispersal areas. CHAP directly screens rape victims only (pregnant women are referred to Department of Sexual Health). CHAP no longer provides full sexual health screening due to resources and expertise within the team.

Asylum seekers who have complex and varied health and social care needs require a co-ordinated multiagency response. CHAP recognises that continuity of care could be improved and there is a need to share and/or transfer appropriate clinical information.

Travel to appointments was highlighted as an issue. The cost of transport and problems with childcare were barriers and may explain some instances of did not attend (DNA).

Cardiff and Vale Language and Interpreter Services:

A telephone service is considered better for women where rape, or issues related to sex or honour based violence are involved. It is seen as more confidential and women are thought to be more open when using it. Telephone services are generally perceived as more confidential, possibly because they are anonymous. WITS interpreters sign a confidentiality agreement but there is a perception that because the interpreters may be from the same community as the asylum seeker the service is not confidential and they may know of the people for whom they are interpreting. For mental health problems face to face interpretation may be better because using the telephone service loses facial expression, eye contact, body language and behavioural clues.
Wrexham Provision of Healthcare:

In Wrexham the following services are provided specifically for asylum seekers;

- Health Visiting 29 hours (2 health visitors) are provided a week for vulnerable groups, this includes all asylum seekers (adults and children). Some ongoing support is provided to those who are given refugee status. The health visitors also support trafficked women (some with children) who are placed in a safe house in Wrexham. There is also a second safe house in Flintshire managed by BAWSO. They also provide BCG and Mantoux testing for children who are new immigrants.

- In addition the 2 health visitors teach asylum seekers how to use the primary care health service; symptom recognition and how to get a prescription.

- Three GP Practices provide an enhanced service and receive additional payments for registering asylum seekers. This means that the health visitors can pre-arrange GP appointments to fit their schedule where asylum seekers need their support during GP consultation. There is an awareness that this creates dependency but it gives flexibility and it means that there is a successful outcome for patients and professionals. Currently though, on GP practice is situated too far away from where the clients are currently based.

- Dental – One full day per month dedicated session

- There is direct access to Genitourinary Medicine (GUM)

It is reported that generally the services in Wrexham work well. Local multi-agency liaison is seen as good. Health and Wellbeing meetings in partnership with BAWSO will commence in autumn 2014.

Wrexham Gaps in Healthcare Provision:

Mental health support is limited apart from in acute situations. Access to mental health services is reported to be poor and it is very difficult to get any sort of professional assessment or support other than that provided by health visitors. A named community psychiatric nurse with an interest in asylum issues would be beneficial to support asylum seekers and other health professionals. The CPN remaining in the CMHT would enable the HV to make a direct referral to a named person for action.

Two GP practices provide services for asylum seekers in Wrexham. Both are small – one is a branch surgery of a practice whose main site is six miles away. Capacity is a problem. Consultations for asylum seekers can be longer than for others, particularly when using Language Line. They also have some health problems that are described as demanding. The Betsi Cadwaladr University Health Board (BCUHB) reports that some practices can be hostile to those from other countries because of the misperceptions around the numbers of asylum seekers; this may be slowly changing as numbers of migrant workers and other foreign nationals in the locality increases. Concerns have been expressed that incomers are placing excessive demands on health services.

BCUHB is concerned that if they are left with only one practice providing the enhanced service they may not be able to meet the needs of asylum seekers unless they can allocate them to other GP practices. A third GP practice offering an enhanced service in the area could provide a more locally based service and save travelling long distances (6 miles) for appointments. Accommodation in Wrexham is dispersed across a wide area and this can make access
difficult. UKVI stipulate that dispersal to Wrexham should be around the town centre within the 3 mile radius of the main post office.

**Wrexham Language and Interpreter Services:**

Use of interpreters within the hospital settings (especially in out patients) has improved with more face to face interpreters pre booked for appointments, this does rely on the Health visitors requesting interpreters when arranging appointments for clients. BCUHB have an interpreting policy with guideline of how and when to book interpreters. GP practices vary depending on which GP is seeing the client

**Swansea Provision of Healthcare:**

The Health Access Team is a nurse led service in Swansea which provides high quality and effective service for asylum seekers regardless of their immigration status. Our aim is to offer a service for asylum seekers, focussing on primary prevention and early intervention. This includes a comprehensive health needs assessment and the delivery of interventions according to identified health needs.

The team provides a seamless service through working in partnership with many other disciplines in health, local authority, and voluntary services to make a contribution to the delivery of a client centred public health service. There are a range of multi agency groups such as the health and well-being group who work together to ensure that the needs of the clients are met. The aim is not to provide a separate service but to provide a specialist service that supports and compliments mainstream services

The service is designed to:

Increase health access for asylum seeking by offering a new arrival health assessment, and facilitating registration to mainstream GP services. Where necessary, clients are referred to specialist care if appropriate.

All GP’s In Swansea have signed up to the enhanced service specification for asylum seekers. Copies of all health assessments, interventions, and immunisations are sent directly to the clients’ allocated GP to ensure continuity of care.

Improve physical health, mental and emotional wellbeing and ensure access to local primary care health services.

Protect public health by reducing the risk of spread of communicable diseases. All adults and children over 5 are offered immunisations to bring them in line with the UK immunisation schedule. All Childhood immunisations are entered directly on to the Child Health Computer.

Tuberculosis screening is undertaken as per All Wales Tb Screening Guidelines. Where applicable, clients are referred to sexual health services for specialist screening services.

Children under 5 years of age will be receive ABMU Child Health Promotion Programme, via the allocated Health Visitor.

To promote public health in the community by working with other statutory and voluntary agencies in order to reduce inequalities in health.
Provide evidence based and clinically safe services consistent with national policy, clinical guidelines and NHS Standards.

The team provides information to clients using a variety of resources such as maps of the clients GP surgery/Dentist, local support group locations, city centre map etc...In addition the team provide on-going support for clients with complex needs and are available on a drop in basis at the clinic for advice and signposting.

All children are referred to Community Dental department for assessment of their dental health.

All pregnant women have their need assessed by the Specialist Midwife who is employed by AMBU Health Board to address the needs of pregnant women with communication difficulties.

The team also undertake indirect intervention by providing telephone advice and signposting for clients, colleagues and partner agencies, and liaise with partner agencies to facilitate provision of appropriate and ‘seamless’ service. We provide training for pre registration students in the University, and also provide short placements for student health visitors and school health nurse students, as well as cultural communication training for Health Visitors.

Good joint working is reported, particularly between health and housing. There is good clinical support for people with disabilities. The focus of healthcare provision is on supporting the autonomy of asylum seekers.

Swansea Gaps in Healthcare Provision:

As the Health Access Team (HAT) is not a GP practice it does not currently hold previous health records. Only GP practices will hold the health records of asylum seekers and problems can arise when all the necessary information cannot be passed on. However if a client had been registered at a previous GP the current practice would request the records in the normal way. There is reported to be a lack of continuity for people who need psychotherapy and there is no specialist support for those with PTSD.

Asylum seekers and refugees consulted for the baseline study of the Swansea City of Sanctuary People and Places project highlighted the following service gaps.

- Very few rape counselling services are available: either in the government or civil society sectors. There is a waiting list for Victim Support in Swansea

- Refused asylum seekers are entitled to healthcare, but may find it difficult to gain access, especially when they are unable to give a fixed address, or are scared of the authorities. They may be dependent on voluntary services, such as the Cyrenians. However, not those who went to the Cyrenians to eat/ use the shower there, appeared to know about the health services available there

The health team in Swansea experience similar challenges to their colleagues in other dispersal areas. In particular difficulties in appointment keeping, high numbers of clients with dental caries. In addition to women presenting in the late stages of pregnancy, and have not made an application for asylum, but have been in the country for many years.

Whilst mental health has been quoted as an issue, often client’s perceptions (and 3rd sector agencies) differ to that of mental health professionals, through lack of understanding. Mental illness can be treated in primary care, depending on the severity. However, psychological distress may not require medical intervention, and can often be alleviated by non-medical intervention.

There are a number of support services for women who have been raped in Swansea. There may be a waiting list but that applies to the indigenous population.
There have been a number of issues which has placed additional pressure on the service.

- The quick turnaround of client’s receiving their decisions, has placed extra pressure on the service, as this has greatly increased the workload.
- A large increase in the numbers of people dropping into the clinic for signposting and advice since the Welsh refuge Council lost it contract to provide one stop services for asylum seekers.
- There has also been an increase in the numbers of complex child protection issues.

It has been identified that individuals who are reunited with the family member in the UK following a positive asylum decision are not routinely offered immunisations. Therefore if HAT is made aware of the clients they will provide advice re GP registration and offer all appropriate immunisations to bring them in line with the UK schedule.

**Swansea Language and Interpreter Services:**

The Swansea City of Sanctuary base line study reported that both the HAT and asylum seekers themselves felt that language is a barrier to accessing health services. Language Line is available, but clients had a mixed reaction to this and to other translation services. It was noted that the education sector and the Welsh Refugee Council (WRC) do not use Language Line as they find it unreliable. Some asylum seekers reported that their inability to speak the language makes them feel scared and uncomfortable in health services. They felt they could not express what was wrong with them. The HAT reported that language can also be a barrier for asylum seekers making GP appointments because clients have to ring the GP clinic first thing in the morning to get an appointment; they may not be able to make themselves understood.

Despite this the HAT coordinator states that HAT will always ensure failed asylum seekers access health care, if they are made aware of the client, and not all failed asylum seekers seek help and advice for the service.

In terms of language barriers. ABMU Health Board are now in partnership with Wales Interpretation and Translation Service (WITS) to provide face to face interpretation services, in addition ABMU fund language line.

Over the past 6 months, HAT coordinator has attended practice manager and network meetings to provide advice about the service and health entitlement s to GP’s & practice mangers

**Wales Migration Partnership (WMP):**

The Wales Migration Partnership (WMP) identified the following that have implications for asylum seekers access to healthcare and other services.

Asylum seekers and refugees may not understand how the NHS works. They may be used to paying for immediate access and treatment and may not understand the need to register with a GP, make appointments or the need for referral to hospital and to wait for an appointment.

There may be a different view/understanding of mental health in asylum seeker and refugee communities. Mental ill health may be understood in terms of evil spirits or witchcraft. Those managing these services and/or providing care will need appropriate cultural awareness, knowledge and language skills.

Being able to trust health services is a major issue. Asylum seekers are reluctant to disclose important health information including personal details and details of their experiences and may end up discussing only those things that they believe will help their asylum claim – these may not be as valid in supporting their claim as their actual health and personal issues. The initial health assessment undertaken by CHAP is key in identifying health issues – asylum seekers may be concerned that what they disclose will result in them being returned to their country of origin. When asylum seekers are sent for tests they may not attend because they are afraid it may affect their claim.
An asylum seekers interview with the Home Office may be the first interview they have ever had. Disclosure of rape is a particularly difficult issue, disclosure may take a very long time and they may only disclose superficial details. It is often the case that details of rape and/or female genital mutilation are only disclosed when individuals are refused asylum. At this point they may not be believed. CHAP however; report that 12% report rape at their initial assessment, so this may be an issue about the sharing of information that might support asylum claims.

It is reported that there can be a clash between health and Home Office appointments. Asylum seekers will give priority to their asylum application over their health needs.

In general the specialist health visitors have made good relationships with asylum seekers and have gained their trust – this supports disclosure and direction to appropriate services. The WMP feel that services are built on a small number of highly motivated individuals and this is problematic because services may not be sustainable when these individuals leave their posts. Having an on-going training and development programme in place for all those providing services to asylum seekers or other vulnerable groups would spread the expertise (knowledge, skills and cultural competence) to, for example, other nurses or healthcare assistants.

WMP are concerned about the sustainability of specialist services if the number of asylum seekers falls, although in most cases services are provided for vulnerable groups rather than asylum seekers alone. Services also need to recognise that the needs of asylum seekers will vary over time depending on their country of origin.
Dear WASHMAG Members,

As promised at the last meeting (16/07/14) I have produced 5 reporting document templates for:

- Swansea
- Newport
- Cardiff
- Wrexham
- Welsh Migration Partnership

As a group could you please reference your relevant document and please make any amendments or updates that may be needed.

These will then be discussed at the next WASHMAG meeting before being added in the agreed abridged/resumed version of the Review.

Please also refer to the Findings and Recommendations (pages 6-1) within the Healthcare Review as these will be included in the planned final reference document. So it is important that any inaccuracies or updates within these lists should be highlighted. (Any comments can be included under the “Any further comments please add below” section within the Update Templates attached)

Thank you all for your continued support in this piece of work.

Regards,

John

John Bradley
NHS Senior Public Health Practitioner