

St Augustine's March 2022 Engagement with Residents of the Wool Merchants Hotel

Report of Findings

12/04/2022

Version control			
Version	Name	Title	Status
v1	Emily Addison	St Augustine's March 2022 Engagement with Residents of the Wool Merchants Hotel	
v2	Laurence Larroache	St Augustine's March 2022 Engagement with Residents of the Wool Merchants Hotel	

Contents

St Augustine’s March 2022 Engagement with Residents of the Wool Merchants Hotel	1
Report of Findings	1
1. Purpose of the Report.....	3
2. Background.....	3
3. Principles of engagement.....	3
4. Methodology	3
5. What we already know	4
6. Findings from the engagement	4
7. Equality	11
8. Overall findings and common themes.....	13
Recommendations.....	13
Appendix 1 – Legislation.....	15
Appendix 2 - survey	16

1. Purpose of the Report

The purpose of this report is to present the findings from the engagement activity for adults living in the Wool Merchant Hotel who are currently seeking asylum in the United Kingdom. This report describes the background to the engagement, the process followed to deliver the engagement and the findings, which include equality monitoring.

The report also sets out the legal obligations for engagement and equality and the principles the CCGs must follow as set out in the local strategy for 'Patient Engagement and Experience'.

2. Background

The Wool Merchant Hotel in Halifax has been commissioned as a site for contingency accommodation for people seeking asylum in Calderdale since December 2021.

This piece of engagement took place in March 2022, and was delivered to listen to people's views and experience of living in the Wool Merchant Hotel, and to gather their ideas on how the experience of living in contingency accommodation could be improved in the future.

3. Principles of engagement

As a place, Calderdale has a joint [Involving People Strategy](#) with a shared set of principles for involving people across Calderdale – supporting the delivery of Calderdale Cares, the Wellbeing Strategy and Vision 2024.

The strategy has been developed with all partners and is central in helping embed the voice of patients, carers, families, staff and the public in everything we do. This is a key part of being able to uphold our legal requirements and ensuring we have taken the time to consider all insight and feedback.

Through this strategy the aim is to create strong collaboration across Calderdale and the principles of strategy are the foundation by which local people can expect to be involved by any organisation in Calderdale. This process needs to preserve these principles to ensure public expectations are met.

The principles state that we will:

- Keep local people informed
- Develop solutions together
- Demonstrate active listening
- Creating opportunities for everyone to be involved
- Responding and providing feedback

4. Methodology

The St Augustine's Centre support team carried out interviews with 15 individuals living in the Wool Merchant Hotel. A questionnaire was developed as an interview tool with input from Jill Dufton (Calderdale CCG, Senior Engagement Manager) and Emma Bownas (Calderdale CCG, Deputy Director of Improvement - Primary Care). The interviews were carried out by two members of the St Augustine's Centre support team along with two

voluntary translators (who spoke Kurdish) from the St Augustine's community, in two interviews with people who did not speak Kurdish or English the support team used a paid translator via the crystal clear phone translation service. Please find the questionnaire used and the accompanying equality monitoring form at Appendix 1.

The purpose of these interviews was to gather views and experiences from individuals and families living in the hotel.

The survey addressed a number of key areas: the first section of the interview focused on how long people had been living at the hotel along with their experience of living there, how they came to be at the hotel, and how easy it had been to form friendships in the hotel. By using open-ended questions where individuals could share their experience freely, interviewers were able to understand their journeys and their current feelings towards the situation.

The second section of the interview asked what was most important to each individual on their arrival to the hotel, whether it had been easy to find the advice they needed and access health and other services. Finally, interviewees were asked about their prior knowledge of the UK.

5. What we already know

St Augustine's actively discusses current issues with refugees and people seeking asylum who are currently living in the Wool Merchant Hotel. Thanks to emergency funding, funding was found to pay for a support worker from St Augustine's three days a week for 6 months. She works predominately from the hotel supporting families and individuals. The Mears housing manager is also based at the hotel on a part-time basis.

There are activities and volunteering opportunities based at St Augustine's which are open to those currently living in the hotel. Staff and volunteers from St Augustines have been running English classes, as well as health and asylum process presentations in situ. Most residents have been to St Augustines to access clothes and shoes from the 'Free Shop' and take part in sports and arts activities and some have become volunteers. The St Augustine's support worker at the hotel will shortly start organising further activities on and offsite specifically for hotel residents.

The St Augustine's support team help people living at the hotel along with our wider community in 4 key areas: health, housing, immigration and family issues. This has allowed us to understand the current issues residents are facing. However, this piece of work has allowed us to gather information directly from individuals as to what they feel is most important to them at this time and what can be done to improve residents' experience of contingency accommodation in the future.

6. Findings from the engagement

The engagement process started on the 8th March 2022 and was due to finish on the 30th March 2022. However, due to difficulties arranging interviews with people living in the hotel, the end date was extended to the 8th April 2022 to gather the 15 responses required.

St Augustine's support workers carried out **15 semi-structured interviews** with individuals currently living in the Wool Merchant Hotel. These interviews produced mostly qualitative responses. Themes and findings are set out below under each of the interview questions.

Q1 How long have you been living in the Wool Merchant Hotel?

	Responses	
1 Month	1	7%
2 Months	1	7%
3 Months	13	86%

Q2 What has your experience of living at the Wool Merchant Hotel been like? (Additional prompts included: what were the staff like? How was your arrival into the hotel? Did you feel safe when you came to the hotel? Do you feel safe now?)

The responses have been broken down into 5 key themes: food, families, safety, staff and culture. Responses and quotations have been included below.

Food

Some of the residents who had been living in the hotel since it had opened as contingency accommodation (for three months) commented on the improvement in the quality of food since their arrival. Initially the food was too spicy; residents complained and this issue was resolved.

Some residents still feel the food could be better: sometimes the same thing - or leftovers - are served on consecutive days or reheated, which gets boring.

Two of the women interviewed would like to be involved with cooking. They cooked at home and it was a large part of their social lives.

Families

People with young children have found it difficult to manage in the hotel as there is very little space for children to play as the hotel has a lack of communal areas.

There are many children living in the hotel and two people with young families commented on older children playing at night, which often disturbs younger children.

The hotel rooms can also be quite full, with up to four people from a family in one room.

One single mother felt that having people around was a helpful support system for her and her child and that other people in the hotel helped her.

Safety

Twelve of the people we spoke to felt safe living in the hotel and had felt safe since arriving.

Three of the single women we spoke to did not feel safe due to factors such as living in mixed accommodation, feeling trapped/jailed, feeling other people were judging them or they would tell others in their home country where they were.

One single female commented: "the hotel is very loud, the smoke alarm also goes off a lot, which is stressful and is contributing to my high blood pressure".

Another said that "the hotel feels safe but our freedom has been taken away living here, and it is like a jail".

Staff

Eight of the people we spoke to found the security guards, the Mears staff and the kitchen staff to be very polite and friendly. One person said that "the staff go over and above for people who live here"

One woman highlighted an issue with a particular member of the security staff. However, they were worried that this person may be able to influence their asylum claim, so were afraid of complaining. Another two people mentioned an issue with members of the security staff.

One person said “staff are friendly but housekeeping come into the rooms while we are out; this sometimes makes me worried as everything I have is in the room”.

One person highlighted a fear of discussing issues with staff as people worried it might impact on their claim or quality of life in the hotel.

Two people didn't find the Mears staff very friendly. They thought they were sometimes difficult to talk to.

Culture

Two individuals highlighted cultural difficulties in living with many people from different countries and different backgrounds.

Many remarked that they felt the hotel was safe but it wasn't comfortable. Some interviewees felt it was improving and staff were listening to them when they reported issues.

Q3 How did you get to the hotel? (What was your journey into the UK like?)

Residents' journeys were all different, but the majority had entered the UK by crossing the Channel. It is worth noting that four of the interviewees were uncomfortable with disclosing details of their journey to the UK.

Seven people described long journeys of up to four months using different methods of transport across Asia and Europe. Two of the interviewees seemed very unaware of what the journey would involve, and many individuals described being terrified.

One person had been travelling across Europe since 2018 before entering the UK three months ago.

One person remarked: “I thought it would be a lorry journey, I didn't know about crossing the Channel”. Another remarked: “I was very scared for my life when traveling by boat, especially on the crossing to Italy”.

Three individuals entered the UK in different ways. One came to the UK to study after accepting an interview at a UK university, then went to the police and claimed asylum. Another had been in the UK for four years in a house in Bradford, the family had re-entered the UK after going back to their home country and had been placed in the Wool Merchant Hotel; this was a very different experience to the house they were in previously. One person came to London on a tourist visa then claimed asylum.

Once people entered the UK, they were placed in a quarantine hotel, many in the south of England, then were moved to the Wool Merchant Hotel, often with little warning and without knowing where they were going. Many reported being met by police at the entry point to the UK (usually Dover) who took them to the quarantine hotel. Some single people reported that families received better treatment than them when arriving at the border. One individual reported police taking some of the phones of members of the group they were with and the police were not very kind to them. Another said “when I arrived, I fell over and the police asked other people to carry me/drag me. I had to sleep on a floor until the next morning”.

Q4 How easy has it been to form friendships in the hotel? (Knowing you may not be here for long)

Nine of the residents reported difficulties forming friendships. One person reported this as being due to the length of stay in the hotel. Six of the women we interviewed reported this was due to a lack of trust of others and being judged for their situation, such as being a single mother or a single woman. One also spoke a different language to the majority of people living in the hotel, which made communication difficult.

In addition two other people reported difficulties forming connections due to language barriers.

One person said that they had difficulty making friends as they were too busy taking care of their spouses or families to make friends.

Five people said they had found it easy to make friends in the hotel. Three of these people were male and speak Kurdish, which is the language the majority of people living in the hotel speak. Two of these people were women with a good level of English.

One person said “I am on good terms with a lot of people but I have no real friends here”.

Q5 What were the most important things to you when you arrived at the Wool Merchant Hotel?

Interviewees were given 11 options as to what were the most important things to them. Some participants gave multiple answers. “Other” was an option in case the prescribed answers were not appropriate for them.

Answers	Amount of people who rated this as of high importance to them
Safety	9
Schools	4
General Practice (a family doctor)	4
Hospital Services (emergency)	1
Money	1 Aspen Card
Housing	4
Specific Medical Care for Conditions (such as pregnancy, HIV, Diabetes, Arthritis)	2 – Chronic heart disease, hormonal issues
Other (please specify)	3 – Studying 1 – Learning English

Safety was a theme in the majority of these answers. Many interviewees said they currently felt safe at the hotel, but on arrival that was their main concern.

One person did not provide a “straight” answer to this question, implying that they didn’t have one single priority as “we are worried about everything, because we have risked everything to come to the UK”.

Q6 Did you manage to get advice on the things that were most important to you? What would have made it easier for you to access these services?

GP

Many residents highlighted issues with GP registration, Mears had informed some people they were registered but it took up to two months to be able to make appointments with the GP. Some people weren't warned of the long wait times.

One person shared their experience of waiting a long time to see a GP (over 3 months). After seeing the GP, they were given medication, but they weren't able to pick it up from the pharmacy as their name wasn't on the system. This was an ongoing issue at the time of interview and this person was awaiting a call from the GP. Another highlighted similar difficulty in getting medication and understanding the system, not knowing the names of medications or what they are for in English, and the fact that the clinic is far away. One person said that the GP gave painkillers to their wife without performing any tests. This person found the interpreter to be very unprofessional because they didn't just translate - they said they shouldn't ask for certain things.

Many interviewees reported that Mears staff had been very helpful in arranging appointments and transport to appointments, making access much easier.

Schools

One person reported "my child has been registered with a school but they have been very unwell so are unable to go and the school is very far away and the school can't provide transport".

Many of the children in the hotel have been registered with schools now, but some were unregistered for up to two months after arriving. It was difficult to access schools initially, it was very difficult to keep children entertained in their rooms and it was very noisy.

Three families said that the school their child had been registered with was very far away and difficult to get to. This is even more difficult for families with children at different schools or who have young children they need to take with them.

Housing

Three single women did not want to be housed with people from the same city as them, citing the importance to them of protecting their safety and identity.

Some people did not understand the system or why they couldn't have their own houses, and asked the interviewers when a house would be available for them. Many residents said that having their own house would improve their quality of life, especially those with children. The freedom of cooking their food of choice was cited as a reason.

One person said there should have been more explanation around moving people from different hotels. According to one lady, "in the previous hotel I was near my daughter in Hemel Hempstead, I was then moved to here without any discussions".

Studying

Three people said they wanted to take up further study or placement opportunities, they had not managed to get further information on how they could go about this. For the person who named learning English as a priority they were aware of classes at the hotel however there is a language barrier as they do not speak the language as the majority of other residents.

Q7 Have you had a health check/initial health assessment with your doctor? (What would have made it easier to access this?)

Yes, I have had an initial health assessment	8
No, I haven't had an initial health assessment	7

When asked what would make it easier to access a health check, two interviews thought that the GP coming to them would have improved their experience, and that other GPs had done this for their patients in the hotel. One person commented “I had to go to the clinic for my health assessment, it was far to walk to and my pram was broken.” One person had been to the GP for a health check as their GP is close to the hotel they said “I went to the surgery in person and had a check, they referred me to hospital and I am having treatment, I am happy with the service I received.”

For those who had not received an initial health assessment, many felt it was important and would improve their quality of life. One person said “it would have been good to have one (a health assessment) as we have been through a lot, causing stress, skin problems and stomach pain; these could have been detected straight away. A lot of people in the hotel have been through the same”.

Q8 Have you used health services in the UK (GP, hospital, maternity, dentist, counselling)? If so, what would have made it easier for you to access these services?

GP

One person had been to the GP for blood tests for their child. They were able to access the service, but a translator would have made the process easier.

One person had tried to call the GP but was on hold for a long time and didn't have enough balance on their phone to wait for an appointment.

Three interviewees reported administrative issues, two of whom said that it had taken a long time to register with the GP, and another sharing that their files hadn't been moved from their previous GP. One person said “I booked an appointment with the GP but they didn't ring when they said they would”. Another said “The GP was very rude to me and they wouldn't get me an interpreter.”

Two people were booked into the GP for kidney checks: one said the GP was very helpful, but the other said they had been waiting for results for over three weeks. They also commented that there wasn't an interpreter when they rang for their results, so it was difficult to understand.

One person had a GP appointment and was referred to other services, but “other things are currently a priority above my health”.

Two people weren't informed that they needed to call the GP to get test results.

One person said “I found it very strange that health related matters took so long in the UK as in Iraq things were much quicker, such as injections.”

Ambulance service

“The ambulance came to get me at reception, it was not very private and everyone in the hotel knew I was unwell.”

Health visitor

One individual had been in contact with the health visitor, who had given her child jabs - they were very good.

Calderdale Royal Hospital

One individual said “I used the hospital and had a very positive experience”.

Another person attended A&E and was sent home after waiting for four hours, and then had to pick up medication the next day.

"I used A&E as my daughter was unwell and her teeth were falling out. I was told there were no dentist in A&E so they couldn't help me. They didn't provide interpreters at A&E and I wasn't aware I was entitled to one."

Leeds Teaching Hospital

One of the interviewees' children was taken into to hospital for three days; the child was very well cared for in hospital.

Dewsbury Hospital

"The surgeon at the hospital was very nice and sympathetic."

Dentist (emergency dentist through 111)

Four residents had accessed emergency dentists, two of the people who go appointments did not have an interpreter, which would have been helpful. One individual was told by the dentist that they would make another appointment with an interpreter but this wasn't arranged. One person rang 111 as they had painful teeth but was told that an appointment could take up to 2 years to book - there may have been some confusion due to language barriers. The final person who had accessed the dentist needed to have a tooth out, they managed to receive care and said "the dentist was very helpful".

Some people said they would like to access services such as counselling, but they didn't know how to access them.

Q9 Have you accessed other services (education, charities, activities)? If so, what would have made it easier for you to access these services?

All of the interviewees had used St Augustine's for English lessons, the free clothes shop or the drop-in. One person who was a qualified translator had started volunteering at St Augustine's, and another two residents also wanted to volunteer in the near future.

One person said "I would like activities or support outside of the hotel, but I am not aware of what's available, I would like to know more about what is happening. I find it very frustrating to be stuck indoors with young kids."

Two families reported having difficulty accessing services with young children, including St Augustine's as it is quite far and public transport is too expensive. Some people are dealing with more urgent matters which prevent them from having time to access services. One person reported they were not ready to access services yet as they had been through a lot and needed time to rest.

Q10 Did you use a translator? (Which services for? Was it important to you to have a translator?)

Five interviewees said the GP didn't provide a translator at their appointments, which led to difficulty understanding. One interviewee used a friend to translate as the GP told her they couldn't provide an interpreter. One person said "no (we didn't use a translator at the

GP) but the GP knows a bit of Arabic, so we managed like that. I was not aware we had a right to request and interpreter, that would have made a big difference”.

Three people commented that Migrant Help provided a translator, which made things much easier.

Four residents commented on the translation services at Calderdale Royal A&E: three said that the phone translators didn't translate correctly/accurately, didn't understand medical terms, and sounded like they were distracted or on the street. One person wasn't offered an interpreter on their visit to A&E.

All of the people interviewed, apart from the four who spoke English, highlighted the importance of having a translator and how much easier things would have been if one had been available. People who had translators emphasised the need for them to be well trained and focused, and the fact that interpreters were sometimes clearly outside was mentioned as a barrier.

Two people said that the dentist didn't provide an interpreter; it would have been helpful so they could describe their issues, instead of which they had to use things such as phone apps to translate.

Q11 Did you know about systems in the UK (health, asylum, housing) before coming to the UK? (Would you like more information on UK systems?)

Some people reported knowing a little before coming but most knew nothing. All of the interviewees said it would be helpful to know more about health, housing and schools.

All of the interviewees said they would like more information on UK systems. Two residents commented on the awareness sessions that St Augustine's had set up (on health and the asylum system) being helpful, but other than that said there was no information at all. One person said that they found the Mears booklet helpful.

Q12 Do you have anything else you would like to say?

Some people requested additional activities at the hotel such as cooking and sporting activities.

One person said “I thought people in Halifax would be racist but they are not and I think minorities can keep their own identities here.”

7. Equality

The engagement was carried out among 15 individuals who were living in the Wool Merchant Hotel in March 2022.

Given the small number of people who took part in the survey, relevant equality data has been analysed where possible, to understand if service users were representative of the population living in the hotel. All of the respondents chose to complete the equality monitoring form.

Locality

All of the individuals lived in the **Wool Merchant Hotel, Halifax Central, HX1**

Sex

Sex	No.	%
Male	6	40%
Female	9	60%
Prefer not to say	-	-

Age

Age	No.	%
21-30	2	13%
31-40	10	67%
41-50	2	13%
51-60	1	7%
61+		

Religion or belief

Religion	No.	%
Buddhism		
Christianity	1	7%
Hinduism		
Islam	14	93%
Judaism		
Sikhism		
No Religion		
Other		
Prefer not to say		

Ethnicity

	No.	%
Asian or Asian British	13	87%
Black or Black British	2	13%
Mixed or multiple ethnic groups		
White		
Any other ethnic group		
Prefer not to say		

Country of birth can sometimes be used as a proxy for ethnicity.

Iran	2
Iraq	11
Sudan	1
Nigeria	1

Disability

Disabled	No.	%
Yes	2	13%

No	13	87%
Prefer not to say		

Type of impairment:

Long term condition (chronic heart disease)

Long term condition (diabetes)

Carers

Carers	No.	%
Yes	2	13%
No	13	87%
Prefer not to say		

Pregnancy and maternity

	No.	%
Are you pregnant		
Yes		
No	15	100%
Prefer not to say		
Have you given birth in the last 6 months?		
Yes		
No	15	100%
Prefer not to say		

Sexual orientation and transgender status

Sexual orientation	No.	%
Bisexual (both sexes)		
Gay (same sex)		
Lesbian (same sex)		
Heterosexual/straight (opposite sex)	15	100%
Other		
Prefer not to say		
Do you identify as transgender?		
Yes		
No	15	100%
Prefer not to say		

8. Overall findings and common themes

- Safety
- Importance of interpreters (at the dentist, GP and A&E)
- Importance of kindness extended by local charitable organisations, Mears and hotel staff
- Importance of sharing knowledge of how systems work in the UK

Recommendations

- Ensuring hotel staff are aware of challenges to people seeking asylum – *this could be something MEARS or other asylum dispersal providers offer, OR a local organisation depending on what is available in the area.*
- Setting up training about UK systems when people enter the UK/on arrival at hotels – ensuring people are aware of their rights, of what services are available to them

locally, of how to book a GP appointment - *this could be something a local third sector organisation could offer.*

- Organising orienteering sessions so that hotel residents know how to walk to the services they need (since they cannot afford public transport) - *this could be something MEARS or other asylum dispersal providers offer, OR a local organisation depending on what is available in the area.*
- Carrying out health assessments at the hotel, with interpreters – *In Calderdale one of our GPs attended the hotel to carry out these health assessments, this was very well received by people living in the hotel and the GP found it very beneficial.*
- Ensuring wider use of interpreters, e.g. at A&E and systematically at GP surgeries, and better training of those interpreters – *This should be the responsibility of all of the health services in the local area as this is a right of asylum seekers and refugees.*
- Advocating for initial accommodation that takes into account the needs of families with young children (communal spaces, access to outside space) - *this needs strong advocacy at a national level by MPs and national immigration organisations, in partnership with dispersal accommodation providers.*
- Advocating for separate accommodation for single women - *this needs strong advocacy at a national level by MPs and national immigration organisations, in partnership with dispersal accommodation providers.*

Appendix 1 – Legislation

Health and Social Care Act 2012

The [Health and Social Care Act 2012](#) makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. The [duty to involve local people](#) is set out in [section 14Z2](#) and for NHS England the duty is outlined in [Section 13Q](#) of the Act. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Act includes the CCGs **Health Inequalities** duties to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved

The Equality Act 2010

The [Equality Act 2010](#) unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement activity and in the review as a whole.

The NHS Constitution

The [NHS Constitution](#) came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

Appendix 2 - survey

1. How long have you been living at the Wool Merchants Hotel?

2. What has your experience of living at the Wool Merchants Hotel been like? (How was the hotel? What were the staff like? How was your arrival into the hotel? Did you feel safe when you came to the hotel? Do you feel safe now?)

3. How did you get to the hotel? (What was your journey like to the UK – if they're comfortable)

4. How easy has it been form friendships in the hotel (knowing you may not be here for long)?

5. What were the most important things to you when you arrived at the Wool Merchants Hotel?
 - Safety
 - Schools
 - Necessities (such as a bed, clothes, food, water)
 - General Practice (a family doctor)
 - Hospital Services (emergency)
 - Money
 - The progress of your asylum case
 - Housing
 - Specific medical care for a condition such as pregnancy, HIV, Diabetes, Arthritis or other Please specify which condition
 - Other (please specify)
.....

6. Did you manage to get advice on the things that were most important to you? Tell me more. What would have made it easier for you to access these services?

7. Have you had a health check / initial health assessment with your doctor? Tell me more. What would have made it easier for you to access this?

8. Have you used health services in the UK (GP, hospital, maternity, dentist, counselling)? What happened? Tell me more What would have made it easier for you to access these services?

9. Have you accessed other services (education, activities, charities)? What would have made it easier for you to access these services?

10. Did you use a translator (who did you use)? Was it easy for you to be understood? Was it important for you to have access to a translator? What would have made it easier for you to access these services?

11. Did you know about the systems in the UK (such as health, asylum and housing) before coming? Would it have helped if you had known more about the UK systems?

12. Do you have anything else you would like to share with us?

Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules.

If you would like help to complete this form or would like a form in a different format (such as large print) please contact

1. What is the first part of your postcode?

HX1

2. Are you:

- a) Female
- b) Male
- c) Prefer not to say

3. How old are you?

4. Which country were you born in?

5. Do you belong to any religion?

- a) Buddhism
- b) Christianity
- c) Hinduism
- d) Islam
- e) Judaism
- f) Sikhism
- g) No religion
- h) Other (Please specify)
- i) Prefer not to say

6. What is your ethnic group?

Asian or Asian British:

- a) Indian
- b) Pakistani
- c) Bangladeshi
- d) Chinese
- e) Other Asian background (please specify)

Black or Black British:

- a) Caribbean

- b) African
- c) Other Black background (please specify)

Mixed or multiple ethnic groups:

- a) White and Black Caribbean
- b) White and Black African
- c) White and Asian
- d) Other mixed background (please specify)

White:

- a) English/Welsh/Scottish/Northern Irish/British
- b) Irish
- c) Gypsy or Irish Traveller
- d) Other White background (please specify)

Other ethnic groups:

- a) Arab
- b) Any other ethnic group (please specify)
- c) Prefer not to say

7. Do you consider yourself to be disabled?

- a) Yes
- b) No
- c) Prefer not to say

Type of impairment:

Please tick all that apply

Physical or mobility impairment

(such as using a wheelchair to get around and / or difficulty using their arms)

Sensory impairment

(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

Mental health condition

(such as depression or schizophrenia)

Learning disability

(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)

Long term condition

(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Prefer not to say

8. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long-term physical disability, mental ill-health or problems related to age?

Yes

No

Prefer not to say

9. Are you pregnant?

Yes

No

Prefer not to say

10. Have you given birth in the last 6 months?

Yes

No

Prefer not to say

11. Please select the option that best represents your sexual orientation?

Bisexual (both sexes)

Gay (same sex)

Heterosexual/straight (opposite sex) Lesbian (same sex)

Lesbian (same sex)

Other

Prefer not to say

12. Are you transgender?

Yes

No

Prefer not to say