



Asylum Seeker experiences of living in West Berkshire

Contents

About Healthwatch West Berkshire	3
Project background and context	3
Methodology	7
Summary and key findings	9
Recommendations	11
Responses	21
Acknowledgments	28
Appendix 1: Survey results	29
Appendix 2: Reported incidents from Voluntary Sector	
Organisations	39
Appendix 3: Asylum Seeker Health and Social Care	
Services Survey	40

In collaboration with:



About Healthwatch

Healthwatch West Berkshire (HWWB) is the statutory local health and social care champion. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

We're here to listen to the issues that really matter to people in West Berkshire and to hear about experiences of using local health and social care services. We're entirely independent and impartial. Anything shared with us is confidential, unless we have permission to share.

Project background and context


As part of the Covid Testing and Vaccination programme from September 2021 until March 2022, Healthwatch West Berkshire became aware of two local places housing asylum seekers through the Home Office.

During this period, we received concerns about the living conditions locally for asylum seekers. We heard from Newbury Soup Kitchen and the West Berkshire Muslim Centre and the key refugee partner organisations who helped us with the report.

One of the themes that emerged was that asylum seekers were not getting enough to eat or offered the appropriate cultural food. We also heard from Migrant Help (a voluntary sector telephone helpline contracted by the Home Office) that there were difficulties in engaging with relevant services, including the Home Office itself and some local health services.

This feedback was shared with West Berkshire Council, who felt it was important to understand the needs of these unheard communities and how the statutory and voluntary sectors could work together to drive improvements. West Berkshire Council offered to co-ordinate a process to understand which of the asylum seekers' needs could be met by the voluntary sector and which could not.

The objective of the project, therefore, was, in conjunction with voluntary sector organisations regularly working with the residents, to gain a better understanding of asylum seekers' experience of keeping healthy and well and of using local services within West Berkshire.

 *"I'm not well enough with stomach ache and sleep turbulence last days... I stopped eating any frozen food at all, just dry food, biscuits and fruits."*

Resident Asylum seeker, HOCCIA


The UK asylum process

The UNHCR definition of an asylum seeker is:

“An individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which the claim is submitted. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee was initially an asylum-seeker.” ([UNHCR Glossary December 2022](#))

Asylum seekers are screened by a Home Office immigration officer who registers the claim. They will also assess whether the person needs emergency support (section 98; [Right to Remain 2023](#)). The Home Office says ‘claims will usually be decided within 6 months’ but ‘it may take longer if it’s complicated’ ([International Rescue Committee September 2022](#)). Home Office data published in August 2022 states that as of the end of December 2021 only 7.41% of asylum applications were being processed within 6 months ([Home Office August 2022](#)).

At the end of June 2022 there were over 117,000 people awaiting an initial decision ([Refugee Council 2022](#)).

 *“We are just waiting for residential status. I would like to be housed as have been here for over a year.”*

Resident Asylum seeker, HOCCIA



To begin with, whilst awaiting an initial decision, emergency support is provided by the Home Office in Initial Accommodation, which could be a hotel, flat, house, hostel or bed and breakfast. The asylum seekers have no say in where they can live in the UK, can be sent elsewhere at short notice and are not allowed to work.

Asylum seekers living in Initial Accommodation receive £9.10 per week ([Home Office 2023](#)) for expenses which is loaded onto a debit card – ASPEN – and full board (food, bed and toiletries). Asylum seekers are not entitled to any other benefits when they are living within Home Office Contracted Initial Accommodation (HOCIA).

Due to a lack of alternative accommodation in the UK, asylum seekers are often being housed in what are called Home Office Contracted Contingency Initial Accommodation (HOCCIA). Whilst these HOCCIA had often previously been hotels, they do not operate as traditional hotels with most guest facilities suspended.

Asylum seekers should then be moved to longer term ‘dispersal accommodation’, usually a flat or shared house, and become entitled to Section 95 support – housing and a weekly

allowance of £40.85 for food, toiletries and clothing ([NRPF 2022](#)).

However, the number of asylum seekers in hotels tripled in 2021, reaching 26,380 by the end of the year, of whom 42% had been there for more than three months ([Lives on Hold, Refugee Council 2022](#)). We met people in the HOCCIA who had been there for twelve months or longer.



“The UK law forget to ask the Home Office that we are not animals to stay 16 months just to eat and sleep?”

Resident Asylum seeker, HOCCIA



Asylum seekers' rights to NHS healthcare

People seeking asylum and their dependents in England are entitled to use the NHS services that are free of charge to UK residents ([Equality and Human Rights Commission 2019](#)):

- primary care, whether as a temporary or fully registered GP surgery patient
- hospital care, such as appointments with specialists (via GP referral), necessary operations and A&E facilities
- maternity care
- dental care, prescriptions and sight tests if they have applied to the NHS Low Income Scheme and received an HC2 certificate)
- testing and treatment for infectious diseases, such as Covid-19 and tuberculosis
- NHS 111, the NHS helpline and website.

In West Berkshire, two local medical practices support locally with GP registration and health checks offered to asylum seekers.

Asylum seekers placed in West Berkshire

There are two locations used by the Home Office as contingency initial accommodation for asylum seekers in West Berkshire – one in a rural setting a considerable distance from any facilities and one on the edge of an urban area in walking distance of most services. At the time of our survey, together they housed over 150 and 160 asylum seekers. We understand that this number remains fairly consistent as small numbers of people move on and new people arrive. Many have been there for nearly twelve months and do not know when they will be moved or indeed

their application for asylum processed. We heard that sometimes people are moved on with seemingly no reason and short notice.

Articles in the press about Home Office Contingency Initial Accommodation can give the public the impression that asylum seekers are benefiting from the facilities usually associated with hotels. However, it is important to note that when contracted by the Home Office, hotels *do not operate* in the usual manner of commercial hotels. In West Berkshire, we found that facilities are limited, with no communal dining space or leisure facilities (such as gyms and pools) and reduced domestic support services. Toiletries must be requested and in West Berkshire we heard reports of items such as toothbrushes not being available and deodorant is not provided.

We are therefore using the term Home Office Contracted Contingency Initial Accommodation (HOCCIA) rather than hotel to describe the nature of the accommodation.

Voluntary sector support for asylum seekers

There are a number of voluntary organisations supporting asylum seekers in West Berkshire, including:

- Care4Calais
- Community United
- Local churches
- Newbury Soup Kitchen
- Refugee Support Group Berkshire
- West Berkshire Action for Refugees
- West Berkshire Muslim Centre

Methodology

HWWB set out to better understand the lives of asylum seekers living in the HOCCIAs in West Berkshire. The project was not intended to provide an in-depth analysis of the situation, rather to gain insight into the pressing issues and common themes.

Together with its voluntary sector partners (Care4Calais, Community United, West Berks Action for Refugees, Refugee Support Group Berkshire), HWWB developed a survey to collect information regarding the wellbeing and welfare of the asylum seekers residing within the local HOCCIAs. With the help of our voluntary sector partners, we attempted to get as true a mix of responses as possible to reflect the demographics of the residents and with an even split of the two HOCCIAs, bearing in mind the numbers staying are very different at the rural and urban HOCCIAs.

Our voluntary sector partners were key to this report's findings, and it could not have been done without their help. They supported us to gain trust, understand the day-to-day workings, help find the best times to visit, actively help shape the survey questions, provide testimony and case studies and helped shape the recommendations. Their input deepened our understanding of language, cultural and other potential barriers, such as fear of recrimination and how best to overcome them.

We trialled the survey with two samples from each HOCCIA in May 2022, before finalising the language, wording, content and structure.

From May to September 2022, we visited both HOCCIAs in teams of two to build trust and undertake the surveys face to face, whilst ensuring safety and safeguarding policies were followed. We gave as much notice as possible to the HOCCIAs, and the staff accommodated us well.

We were able to enter the HOCCIAs, put up posters prior to the visits, use a private space and some of the staff encouraged the residents to participate.

Each participant was made aware of the role of Healthwatch West Berkshire and the reason for conducting the survey. Consent to use answers anonymously was obtained from every participant and they confirmed they had not done the survey before.

The surveys were conducted using a combination of:

- Interpreters
- Support from volunteers from the above organisations
- Google Translate of the online survey
- Emojis, pictures and visual prompts.

Several surveys were completed at a local church and Muslim centre, which enabled participants to talk more openly and without concerns of being overheard by staff and other residents.

We used paper and online versions of the survey, with paper ones later input online for data analysis and reporting purposes.

47 survey responses were gathered, of which 69% were from young male asylum seekers aged 19–34 years.

Project Limitations

The HWWB remit is to capture patient and public voice. We are primarily about qualitative content, but the survey also adds quantitative data.

One limitation of this project was the language barrier. At times, access to translators/interpreters proved difficult and the technology we used with built in translation sometimes struggled to translate back to English from all languages.

In a small number of instances, to ensure those who wanted to participate could participate, other residents translated which could have been open to misrepresentation.

We ensured we visited at suitable times. For example, outside of education classes.

We explored the possibility of meeting more residents outside the HOCCIA in a neutral space. However, this proved logistically difficult due to lack of transport and suitable venues nearby.

Note: Refugees, migrants or those refused asylum are not included in this project. The exception is that asylum seekers who are refused asylum can be accommodated in HOCCIA until they are returned by the Home Office. As far as we are aware, we did not speak to anyone in this situation.

Refugee Support Group Berkshire, Care4Calais and the Red Cross have been actively advocating for asylum seekers in Berkshire since June 2020 at the South East Strategic Partnership for Migration which brings together the Home Office, local authorities, education, health accommodation providers and the charity/voluntary sector (now including Healthwatch West Berkshire, West Berkshire Action for Refugees and Community United who have all also worked on this survey and report).



"More activities for ladies would be good, English classes basic. I am feeling unsafe when men are arguing, I keep away in my room."



Resident Asylum seeker, HOCCIA

Summary and key findings

The residents are predominantly young males between the ages of 19–34, with only a couple of families with young children staying in the rural HOCCIA. The residents have no idea how long their applications will take to be processed.

The uncertainty of this, and knowing they could be moved at any time, was cited by both asylum seekers and our voluntary sector partners as having a detrimental impact on their mental, emotional and physical health.

Added to this is there is a lack of meaningful mental and physical activity available to the residents.

We found that most of the asylum seekers we met wanted to be listened to. Some sought our help with things outside our remit such as asking us to contact the Home Office on their behalf, obtain food and other items for them and support to get medical help or a job.

There is a significant lack of information that is available to asylum seekers, not only about their progress in the asylum process but about life in the UK. We heard from our voluntary sector partners that isolation, boredom, anxiety and pre-existing trauma are of concern, with asylum seekers displaying increased hopelessness and despair. Steps could be taken to address this.

In terms of all health needs, there is a lack of clear information available to asylum seekers on arrival about how services operate in the UK: 45% of those asked didn't know about the minor Injuries clinic at West Berkshire Community Hospital, yet 21% had used the ambulance service. Being given the correct information when they arrive and finding out if it's been understood, would stop misinformed practice and misuse of services unnecessarily, for example, when 999 is and isn't appropriate and the alternative routes to seeking help such as 111 and the local GP surgery.

Clarity is needed for them about what services they have access to. Not just for immediate/urgent health needs, but also screening/prevention and wellbeing related needs. As over 70% do receive 'leave to remain', ensuring understanding of the UK system early will help reduce long term misunderstanding and confusion.

Relative to their previous life experience, the residents have a safe, secure haven in the UK. This is to be welcomed; we should also ensure that the asylum process is followed once they are here and that they are kept apprised to reduce anxiety and mental health issues.

“I don't understand about smear or breast checks. I struggle with English as services do not have interpreters.”

Resident Asylum seeker, HOCCIA



We hope this report will build on the remarkable work in West Berkshire by local services, voluntary sector, and the community, but also offer some help to residents to improve their present lives, impact on services and of course their health and wellbeing. A lot of these issues would never come to light or be resolved without support from the voluntary sector and wider local community, no doubt heightening anxiety and potentially tensions within the HOCCIA's.

We have tried to make recommendations that can be actioned in West Berkshire, but we do recognise the wider context of national and regional policy and decision making.



بدون عمل ولم ألتحق بالمدرسة وعندما أذه إلى الطبيب يصعب
ب

الطبيب أنني ل أجد التحدث باللغة الإنجليزية

“I have been psychologically tired for 8 months without work and I am not enrolled in school and when I go to the doctor my things are difficult to deal with the doctor because I am not fluent in speaking English” (translation)



Resident Asylum seeker, HOCCIA



Communal dining room in rural HOCCIA; no access for residents

Recommendations

1. Provide more useful Information

Better and more informed communication of how our health systems and other available services work. Local services should ensure this is done to avoid misuse of services and prevent existing issues or medical conditions worsening. Posters are part of the solution, preferably translated, but that assumes a good level of literacy, which is not always the case.

West Berkshire Council should consider seminars of introduction run jointly with statutory partners and voluntary sector organisations.



Example of 'use the right service' poster



Residents' information walls

2. Manage Migration Systematically

Consider the development of a Refugee, Migrants & Asylum Seekers (RMAG) Group, a Multi-Disciplinary Team (MDT), similar to the successful West Berkshire Homeless Strategy Group (HSG). This could bring together all key stakeholders (including Thames Valley Police who chaired HSG originally), with the voluntary sector, which reports regularly into the Locality Integration Board and West Berkshire Health & Wellbeing Board. This could include a regular wellbeing survey, monitoring of issues arising and other key performance indicators (KPI's) to be agreed. To avoid duplication and use existing expertise this could also include Afghan/Ukraine refugees, Hong Kong migrants in addition to asylum residents as so many partners work across all these groups.



"We heard from our voluntary sector partners that isolation, boredom, anxiety and pre-existing trauma are of concern, with asylum seekers displaying increased hopelessness and despair."



Sam Jonkers(she/her), Care4Calais

3. Improve food & nutrition

Food and drink should be nutritionally appropriate, of good quality, with suitable portion size and 'hot'.

The survey highlighted huge unhappiness with the food offered, 62% overall said food was very poor, and over 90% were dissatisfied at the Urban HOCCIA with greater number of residents. Food for residents is part of the Home Office contract and supplied daily to HOCCIA residents pre-prepared to be microwaved onsite by the staff - residents have no means of preparing food themselves - and served in plastic takeaway containers. It fails to offer choice, takes no account of the appropriateness for different cultural backgrounds, lacks nutritional quality. Others mentioned the portions were not adequate, hence why some asylum seekers have appeared at Newbury Soup Kitchen asking for food.

Having only tea, coffee, or water available is also not acceptable. The lack of communal dining means most eat in their rooms. 53% spend most of their time in their room.



"Initially there were concerns around sufficient fresh fruit and vegetables and as you mentioned 'culturally appropriate of food choices. There are also patients with specific dietary requirements, for instance diabetic patients who have requested for their meals to be adjusted. GPs have had to do letters for this to be considered. Some of the young men have also complained about portion size."



GP, local Medical Centre



Images of the pre-prepared food at the HOCCIAs

4. Health Services

Consideration should be given in Berkshire West NHS and perhaps across the Berkshire West, Oxfordshire, Buckinghamshire (BOB) NHS footprint for Primary Care of the residents to be subcontracted to a specialist all round mobile medical team, such as the Berkshire Healthcare Foundation NHS Trust's (BHFT) community Homeless Outreach Team (HOLT) team. Teams such as HOLT already deal with vulnerable groups in our community such as rough sleepers, are multi skilled and can offer support for general health issues, including vaccinations and wound care.

This could ensure unfair pressure is not added to already over stretched GP surgeries who have no say in large cohorts of asylum seekers being added to their patient lists. It would also potentially reduce pressure on secondary care and emergency services with regular visits scheduled at all locations. It could also mean that any new residents, who may arrive with a contagious condition, do not transmit it outside of the residence or compromise local GP services if seen at the surgery undiagnosed.

The team would need to be adequately resourced and trained, including knowledge of infectious conditions e.g. diphtheria, and cultural sensitivity.



Covid vaccination at Newbury Mosque



“Transport for hospital appointments is lacking, but also appointment notifications are coming late, leaving only a day or so to try and arrange hospital transport – so some appointments are being missed because the housing company cannot provide taxis – and they don’t provide bus or train tickets – I have seen 4 such appointment issues recently.”

Karen Reeve, West Berkshire Action for Refugees



5. Mental Health, anxiety and wellbeing

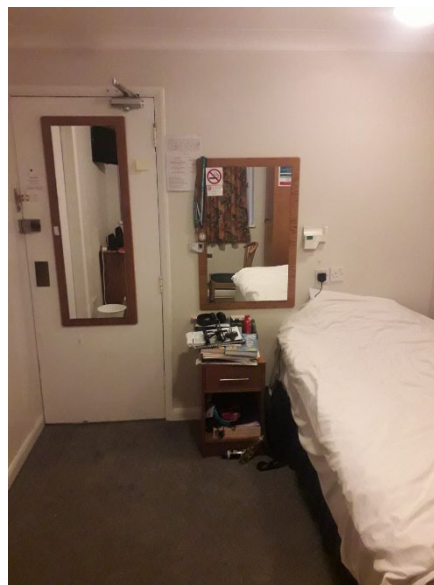
One of the major concerns expressed by the voluntary sector is around mental health. This is likely made worse due to the trauma many have suffered prior to coming to West Berkshire and with the survey finding that 53% spent most of their time in their rooms, with little access to activities, it should be a real concern for all.

Taking the HOLT model as described above, such a team could more easily deal with mental health issues which can often present as a ‘mixed bag’ of complex issues. This often includes serious trauma prior to arrival in the UK and many mental health issues.



We welcome the Home Office re-launch (after the survey was done) of the BOLOH telephone helpline with Barnardo’s for all adult asylum seekers with mental health issues. It should allay some issues, if well-publicised, and potentially gives access to therapists.

<https://helpline.barnardos.org.uk/asylum-seekers>



Images of the HOCCIA

"There is a lot of information about services, which is confusing because I do not speak English. I am very dependent on the staff at the hotel, church and charity. I am getting used to the food however I am not happy as it is not from my country. Not much activities for women."

Resident Asylum seeker, HOCCIA

6. Women's health and safety

Special consideration should be given to female asylum seekers, many of whom felt unsafe at the HOCCIAs. Consideration should be given to putting single women and families together. Bullying and intimidation was also an issue that needs monitoring carefully and an escalation channel available for residents or the voluntary sector. RMAG's creation might aid this as it did with HSG's creation.

Clarification is needed as to whether female asylum seekers are able to access prevention services such as screening and contraception.

Access to maternity services and health visiting should be monitored and scrutinized, especially in light of [Core 20+5 work](#) and that many will not be aware of how to access midwives when they arrive or fall pregnant. Considering the high percentage of residents likely to remain long term in the UK, women's health should also form a key part of the recommended quarterly survey and monitored at RMAG.

"I don't feel safe in hotel because too many men. English classes not to my level. Not easy to get appointment with GP. Need more information about services."

Resident Asylum seeker, HOCCIA

7. Activities / Access to services / Transport / Community cohesion

The local community has stepped up brilliantly to support residents with activities including cricket, football and access to bikes. However, the rural HOCCIA suffers from its isolation, with almost no services or facilities within walking distance and no access to transport - the transport support from the Home Office was removed. With residents having such a wide range of skills, it could make sense to help them to volunteer, thereby utilising these skills for the wellbeing of individual residents and benefiting the local community.



Activity timetable at urban HOCCIA

Whilst West Berkshire Council is not allowed to assist asylum seekers with public funds, it should be able to offer assistance via support for the voluntary sector around community cohesion and resilience, who would then be able to reimburse travel costs etc.

While facilities are in place for taxis (via the Home Office) to take residents to some medical appointments where required, this has proved problematic.

Some residents have missed appointments due to delays with taxis and others have been left waiting long after their appointment for taxis to arrive. If bus passes were available, it would reduce incidents like this.

"The hotel location is frustrating. No social interaction outside of the hotel. No friends or family at a near location. Transport is the worst and frustrating. Discouraging to take physical activity or commute to school as the location of the hotel is inconvenient/remote from the station. Bus runs every hour to commute to Reading College."

Resident Asylum seeker, HOCCIA

8. Education with transport and time off site

The rural HOCCIA has had some support from Reading College who are providing free bus passes to get to the College during term time. Not only does this allow residents to improve their skills but gives them access to Reading Town Centre. The urban based HOCCIA has not been given a similar offer. We are led to believe Newbury College offered to come to the site to offer English Classes. As one of the key concerns is the lack of activities and time already spent at the HOCCIA, we would suggest that Newbury College, with support from local statutory partners, looks to offer courses on their campus or within walking distance from the urban HOCCIA. Transport also allows residents to become more familiar with their local area and returns a level of dignity and freedom for them to choose to travel locally.



Rural HOCCIA car park

9. Children and schooling

Assistance might helpfully be given to families to ensure their children can continue in the same school for at least 6 months. Whilst the HOCCIA environment is largely unsuitable for the families with children, many have been reluctant to move into other accommodation because the children would have to move schools. Therefore, either accommodation closer to the schools or transport to get to the school would be ideal. This may require transport vouchers if moved out of the HOCCIA into alternative accommodation, which could be supplied via a voluntary sector organisation.



A solitary piece of play equipment for children outside the rural HOCCIA.



“Children are ripped from their schools with no heed to their welfare.”

Sam Jonkers (she/her), Care4Calais



10. Regular residents’ wellbeing survey

The local statutory partners involving the voluntary sector might helpfully collectively undertake a short Independent quarterly survey of residents of the HOCCIAs to ensure changes requested have been actioned, conditions are not causing negative changes in wellbeing and contractual obligations are being met by those managing the HOCCIAs on behalf of the Home Office.

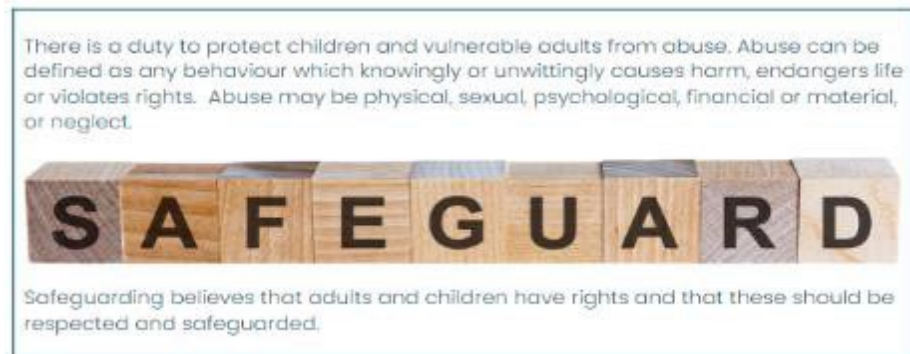


Multilingual survey posters

11. The effects of national issues and policy

Outside potentially negative influences on the residents should be noted and any negative reactions reported via appropriate channels, with risk regularly assessed to both residents' wellbeing and that of the local community.

The RMAG board could monitor the risk in conjunction with key partners such as Thames Valley Police, with information flowing from the partners such as specialist health teams and the voluntary sector.



Safeguarding should involve children and adults

"SESPM [South Eastern Strategic Partnership for Migration] is a neutral organisation, its role being to bring key partners together to enable dialogue and constructive engagement in a complex policy area. However, Non-Government Organisations (NGOs) are frustrated when they raise safeguarding, mental health or even basic issues like the quality of the food at SESPM meetings. For example, Refugee Support Group raised problems with the food at the rural hotel in March 2020. The same issues exist today.

From the perspective of the NGOs trying to advocate on behalf of asylum seekers, where actions or agreements from such interagency meetings are subsequently ignored by the Home Office or Clearsprings, NGOs have little effective recourse to further action. Where there is no process for NGOs to formally record their concerns, it could be argued accountability is avoided. This is a weakness that in our opinion, is leading to human rights abuses that remain unchecked."

Nick Harborne, CEO, Refugee Support Group Berkshire



Rural HOCCIA



"Please, you can help us in any way, so that we can be found soon.

The hotel is very boring. No one likes to migrate unless they have to."

Resident Asylum seeker, HOCCIA.



12. Community cohesion & utilising residents' skills

A huge positive of the survey was the high degree of satisfaction with interactions with local people, overall, some 80% positive or very positive (64%). If residents' skills and talents were proactively harnessed to help the West Berkshire community, it would undoubtedly improve community cohesion and reduce some of the negative stigma surrounding asylum seekers.

With 28% already doing voluntary work and over 98% wanting to work this should be thought of as a priority.

Joint communications could be produced highlighting any positive volunteering to ease concerns from the local population and offer a more balanced view of the contributions of asylum seekers, many who will end up staying in the UK.

Consideration should be given to the creating and training of volunteer Asylum Peer support workers, who can assist local services and charities to be more effective with resources employed for the asylum seeker cohort.

The recommendations relate to the situation on the ground in West Berkshire. In discussion with voluntary sector stakeholders it is clear there is a wider context which many are acutely aware of, particularly the impact national policy can have on local areas.

The impact of social isolation, anxiety, boredom, previous trauma and uncertainty on physical and mental health should not be underestimated or ignored. The Preventing Exploitation Toolkit states that social isolation can "increase vulnerability to exploitation, particularly if they are made to feel valued and are offered a sense of companionship" by those who set out to exploit and unstable housing can lead to abuse and exploitation ([Preventing Exploitation Toolkit](#), online December 2022).

If actions are taken to reduce feelings of uncertainty and improve service access for asylum seekers, including gender-appropriate support, the more likely they are able to maintain their resilience to cope with what lies ahead.

Responses

The draft report was shared with the following organisations for comment on the report and recommendations. These are their responses. We also wrote to Ready Homes, part of the Clearsprings Group, who are the contracted provider of HOCCIA (Contingency Initial Accommodation) to asylum seekers in West Berkshire. However, we did not receive a response.

West Berkshire Council

Thank you for the opportunity to feedback on the Healthwatch report on the Asylum Seekers experience in West Berkshire dated Dec 2022. The Council has reviewed the document and are making comments from a Council point of view since I also understand it has also been sent to NHS colleagues.

Our response covers both general comments and those focusing on West Berkshire Council, with the exception of points specifically relating to health which we trust they are feeding back on. We have set out our feedback as set out in the order set out in the report.

To summarise, whilst there is clearly value in the survey by highlighting the range of issues faced by asylum seekers and the voluntary sector in seeking to support them, the report's impact and its ability to deliver meaningful change is diluted by the lack of attention and recommendations toward engaging with the Home Office and Clearsprings. As they hold the responsibility for locating asylum hotels and managing the wellbeing and welfare of the asylum seekers.

Further there are numerous assertions made throughout the report including around the quality and quantity of the food provided. It would be helpful to know if Clearsprings were approached to be included in the drafting of the report or given the opportunity to respond across these matters, as many of these points could be clarified and/or qualified. Without this, the report paints an incomplete picture relying on the findings of the survey and commentary of third parties.

Comments provided by West Berkshire Council have been reviewed and considered by Healthwatch West Berkshire in preparation of this final report. As set out above, Ready Homes (Clearsprings) have been approached for a response. Healthwatch West Berkshire, in conjunction with Healthwatch Wokingham Borough and Healthwatch Reading are in contact with the Home Office as the same issues have been identified across the Berkshire West area.

Recommendation 1: Information There is information at the hotels in numerous languages – hence the number of posters on the walls of the reception centres in the hotels. Therefore the first comments are factually incorrect.

We understand the information is standard across the UK by the HO contractors therefore not for local services to change the information.

Part of the issue we would suggest is the information is mainly bland wording and in black

and white therefore not attractive and if there are literary issues then the guests may not understand. The Council has already raised this with the HO.

It is the responsibility of the HO and not the Council to ensure the information is clear and equalities in relation to understanding the information is clear to all.

Having regard to the NHS poster shown in the report this would again be for the HO working with NHS to provide the clear poster in colour.

Recommendation 2: Coordination

There is already an Asylum Group in West Berkshire which has a number of internal services, NHS representatives from UKHSA, BOB ICB and TVP. The services all have statutory responsibilities. Initial consideration of involvement of non-statutory volunteers in the group was considered inappropriate due to the nature of some of the conversations.

There are also Afghan and Ukrainian Groups in West Berkshire Council which operate on the same basis.

All of these groups are there to ensure the safeguarding of the guests within west Berkshire area, that statutory requirements are met and that any specific requirement as set out by the Government departments relating to each scheme are met. It should be noted however the schemes are very different and therefore there may not be sufficient synergies to provide for one migration group. Therefore an option may be to establish a Voluntary Sector Migration Group – to capture all voluntary sector concerns about any migration scheme.

The Council is taking the matter seriously and has recently been appointed a Strategic Migration Officer within the Council whose role is to oversee all migration issues. The officer has only been in post 3 weeks (22/1/23) and therefore any changes in coordination and addressing issues will be considered in the near future.

Recommendation 3: Improve Food & Nutrition

This is a matter for the HO to respond to since it is their contract however it is not clear what the recommendations are in relation to food and nutrition since there is no evidence by way of sampling/analysis to say the food is not of appropriate nutritional quality or appropriate for the guests culturally therefore the HO are unlikely to change the situation based on the information in the survey. The comments made by Sam Jonkers on page 24 relate to this too and appear to be her opinion in relation to the food and longer-term NHS impact.

It is understood the process is the same in all hotels and not just to the West Berkshire hotels.

It is noted in the survey that the urban hotel is less satisfied than the rural hotel with 88% to 42% finding it poor or very poor respectively. It is however understood to be from the same supplier and cooked in the same way therefore is it unclear from the survey results from the guests as to the issue.

There are some points we are aware of a Council as a result of our visits:

1. Contracts for food provision have changed over time at both hotels and therefore

depending on when the photograph was taken it may not now be valid.

2. Surveys are undertaken by the hotels weekly with menus changing in an attempt to accommodate the guests' requests.
3. The meals are cooked by staff and not guests in order to ensure they are heated to the correct temperatures with respect to food safety.
4. If there are nutritional or allergies relating to the guests then this should be raised with the GPs to ensure any changes are appropriate for the guest.

Recommendation 4: Health Services

NHS colleagues will feedback on this recommendation.

With respect to the comment made by Karen Reeve it should be noted that transport to hospitals and other health services is available. Sadly the issue with Taxis is not just in relation to Asylum seekers but it is a wider issue generally with taxis.

Recommendation 5: Mental Health, Anxiety and Wellbeing.

NHS colleagues will feedback on this recommendation.

It was however noted that the concerns were expressed by the voluntary sector and it is unclear from the information in the survey from the guests if this is being demonstrated at GP surgeries.

Recommendation 6: Women's Health & Safety

This para is slightly muddled in that it refers to safety of women and then health related matters. It would perhaps be better to put the health element into a different area – perhaps 4 relating to health services.

It should be noted that PCSOs from TVP visit at least weekly and we understand no issues have been brought to their attention. That is not to say there are not issues but it would appear they are not being reported.

The recommendation in relation to having single woman only and family facilities only should be directed to the HO and not as part of a 'RMAG' since these facilities are the HO decision and not the Council's.

Recommendation 7: Activities/Access to Services/Transport/Community Cohesion

It is suggested the topics in the title are broken down more clearly in the text to this section for clarity.

Activities:

This original request of Healthwatch by West Berkshire Council was to assess what people wanted to do based on previous work, hobbies and interests. Thereafter the aim was to match these with volunteering groups etc. At the moment the details in the report would need more work to allow this to happen.

Legally there is no recourse to public funds and therefore even via voluntary groups support may be limited but the Council was looking to support them as far as they could based on the needs identified.

Transport:

The point made about taxis has been referred to previously and is not only relating to Asylum seekers.

It is noted that those in the rural hotel do get transport to Reading College which perhaps should be reflected.

Access to services:

The point in relation to the rural hotel has been made by the Council to the HO.

Recommendation 8: Education with transport and time off site.

All children who are entitled to education are in school settings and are provided with transport to and from the school so hopefully this can be reflected in the report.

At least 40 adults have been provided with English Lessons at Newbury College – not funded by the Council.

Recommendation 9: Children and Schooling

The comment relating to children being ensured they are in the same school for at least 6 months is not in West Berkshire's gift to control. We do however engage early and ensure children are provided with schooling asap.

Requests have been made by West Berkshire to the HO not to accommodate children in the rural hotel due to its unsuitable location.

The comment made by Sam Jonkers is requested to be removed since this is not the situation experienced in any school in West Berkshire. They may have been moved from the hotel and therefore not able to stay at the school they were at with no notice but the comment sounds like the children were at the school at the time and just taken away which is not true.

Recommendation 10: Regular residents' wellbeing survey

This is noted however due to resources surveys are unlikely to be undertaken on a regular basis. Instead as officers undertake their statutory duties do monitor for issues reporting them to the HO as necessary.

Recommendation 11: the effects of national issues and policy

This is noted and is actioned already with services including TVP visiting the sites at least weekly with a TVP force wide review of concerns when there are issues raised at national or international level. In addition, the purpose of the Asylum group is to ensure the engagement is in place with the different agencies in relation to safeguarding and other matters – which is already in place as a result of normal statutory duties.

Recommendation 12: Community cohesion & utilising residents' skills

See feedback on recommendation 7.

Eric Owens

Interim Executive Director – Place, West Berkshire Council

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

I would like to thank you, on behalf of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), for providing us with advance sight of the report into the experience of asylum seekers accommodated by the Home Office in West Berkshire.

Feedback on residents' experience is an essential pillar in how we continuously improve services as an ICB and address health inequalities. The report provides a highly useful insight into the circumstances of this vulnerable group and captures their feedback and suggestions around areas where improvements could be made.

In addition to drawing conclusions from the 47 survey responses by the asylum seekers themselves, you have incorporated feedback from partner agencies with experience of supporting this population. This has led to a number of recommendations being suggested.

I have considered all of your recommendations and provided responses below to the recommendations which are pertinent to the duties of the NHS.

Recommendations 1: Provide more useful information

The report recommends better and more informed communication of how our health systems and other available services work.

BOB ICS commissions local GP practices to register the residents and provide health checks. Health education, signposting, and onward referrals where required are included as part of this service, with GP practices having access to translation services where required. In many cases the HOCCIA residents have access to care navigators and social prescribers who work in some GP practices, in line with the offer to local residents registered with these practices. Care navigators and social prescribers can provide further useful advice and guidance on how to use local health and social care services and can signpost people to voluntary organisations and other support services who can help.

To further raise awareness of these services our GP practices are also now planning to hold educational events at the HOCCIAs regarding access to primary care services, vaccinations, and other health services.

Supporting patients to better understand how to appropriately access NHS services is one of our focus areas, as seen in our 2023 Winter Communications Plan. I agree that we need to continue to do all we can to ensure all residents, regardless of their literacy levels or languages spoken, are able to access this information and we will continue to review this with our communications teams.

Recommendation 2: Manage Migration Systematically

The report recommends that a multi-agency strategic group or multi-disciplinary team is established to monitor issues and KPIs and conduct regular wellbeing surveys.

We will consider this recommendation with partners in West Berkshire as part of a review of our current governance arrangements, and we will ensure that the health system is appropriately represented in any additional group(s) established.

Recommendation 4 and 5: Health services; Mental Health, anxiety and wellbeing

The report recommends the introduction of a mobile community-based service to manage the primary care needs of the residents, both physical and psychological. Presently the BOB ICB Primary Care team in Berkshire West works to NHS England guidance and ensures asylum seekers accommodated in HOCCAs in this area are registered with local GP practices and have access to a health check. This allows early detection and access to interventions for any physical or mental health needs. Health checks also ensure there is personalised care planning in place, including psychosocial support, immunisations and vaccinations.

The local GP practices have reported issues with non-attendance at some of these vital health check and follow up appointments. As mentioned above, to help address this the GP practices are planning to hold educational events at the HOCCAs regarding access to primary care services, vaccinations, and other health services. Your report also highlights under recommendation 7 that some appointments have been missed due to delays with taxis; we understand that this issue has been raised with the Home Office who manage the contract for this service.

We also welcome the re-launch by the Home Office of the [Barnardo's BOLOH helpline](#) which is referred to in your report. This bespoke service supports the mental health and wellbeing of adult asylum seekers across the UK, offering advice, signposting, emotional support and up to 8 free sessions of therapy by qualified therapists. Sessions are offered in a wide range of languages.

NHS Talking Therapy services are also available via GP or via direct self-referral. This service is for anyone aged over 17 with common mental health problems such as low mood, anxiety and stress.

Finally, our Joint Commissioning Mental Health team's work on inequalities has identified that more needs to be done to support people from diverse communities and understand how stigma may be preventing them from accessing mental health support. Your report has been shared with this team to take into consideration when further developing these plans, and we thank you again for sharing these findings to inform this important programme of work.

Recommendation 6: Women's health and safety

The report refers to ensuring appropriate access to maternity services and health visiting. Residents are able to access these services via their local GP practice. In addition I would also mention the targeted work being done by the Women Seeking Sanctuary project being led by maternity services. A monthly clinic is held with transport and translation services available. Pregnant women can bring their children and partners and have

access to a Midwife, Obstetrician, health visiting services, antenatal education, sexual health services and voluntary organisations.

The findings in your report suggest that these access routes are not always understood and therefore we will provide additional information to highlight these services and to further promote their availability.

Recommendations 10 and 11: Regular Residents Independent Wellbeing Survey; The effects of national issues and policy

The report recommends further regular surveys to better understand the wellbeing of the residents. I welcome this recommendation. Regular feedback on patient experience is an essential part of how NHS organisations continually improve services so it would be beneficial for this work to be completed.

Thank you once again for sharing this report.

Sarah Webster
ICB Executive Director for Berkshire West Place

Berkshire Healthcare Foundation Trust

Thank you for sharing this report. It is very clear and insightful on the key issues. Berkshire Healthcare is supportive of the recommendations but would simply reinforce the fact that any HOLT expansion would need to be properly resourced and also staff skilled up to support what would be potentially very complex needs.

Julian Emms
Chief Executive

Thames Valley Police

Thank you for sight of the report.

I've have reviewed the report and the specific recommendation for the police to chair any meetings being established following this report. I have reviewed the report in view of the police engagement and crime and incidents reported to the police. I can state that no significant issues are surfacing that relate to the asylum seekers or premises hosting asylum seekers from a policing perspective. The report is entirely around health and wellbeing in line with its terms of reference.

It would not be appropriate therefore for the police to chair the meeting due to having no significant involvement.

I would suggest that one of the support services agencies directly linked to the asylum seekers may be better placed to chair the meeting. I would be happy to engage as a partner agency in any meetings from a crime perspective.

Zahid Aziz
Superintendent, Area Commander – West Berkshire Local Police Area

Acknowledgments

- Care4Calais, especially Sam Jonker, they shared the survey, encouraged participation and helped co-author.
- Community United, especially Alice Kunjappy-Clifton for being a driving force behind this project alongside her communication expertise/cultural knowledge, giving input into the survey, the report, bringing partners together and David Martin who supported with Portuguese and Spanish translation.
- Jackie Purtill and Julie Barker (The Advocacy People), thanks to both who were seconded to the project, helped construct, test and undertake the survey, working hard to get this project moved forward.
- Newbury Soup, Meryl Praill for the early warning of issues and their support for those in need.
- Refugee Support Group, special thanks to Nick Harborne and his team, who raised some of the issues initially, helped throughout and co-authored the report.
- Staff at the HOCCIA, in particular the urban HOCCIA, who encouraged the residents to participate.
- Local Baptist Church, who provided premises to do interviews.
- West Berkshire Action for Refugee, especially Karen Reeves – they supported us having the HWWB team at the hotels during their English lessons, encouraged participation.
- West Berkshire Muslim Centre, they translated and shared the survey which was shared as a link (helped us to collate more responses).

Thanks also to Samantha Cheeseman and Fiona Worby, HWWB, for their patience and skill in bringing the report together, Advisory Board Members Julie Nihouarn-Sigurdardottir, Martha Vickers, Mike Fereday and Adrian Barker for helping with survey completion.

Appendix 1: Survey Results

47 Asylum seekers participated in the survey. Not all answered all the questions. The data is based on those who replied to each question.

Percentage of surveys collected at each HOCCIA:

- Rural HOCCIA – 36%
- Urban HOCCIA – 64%

Demographics

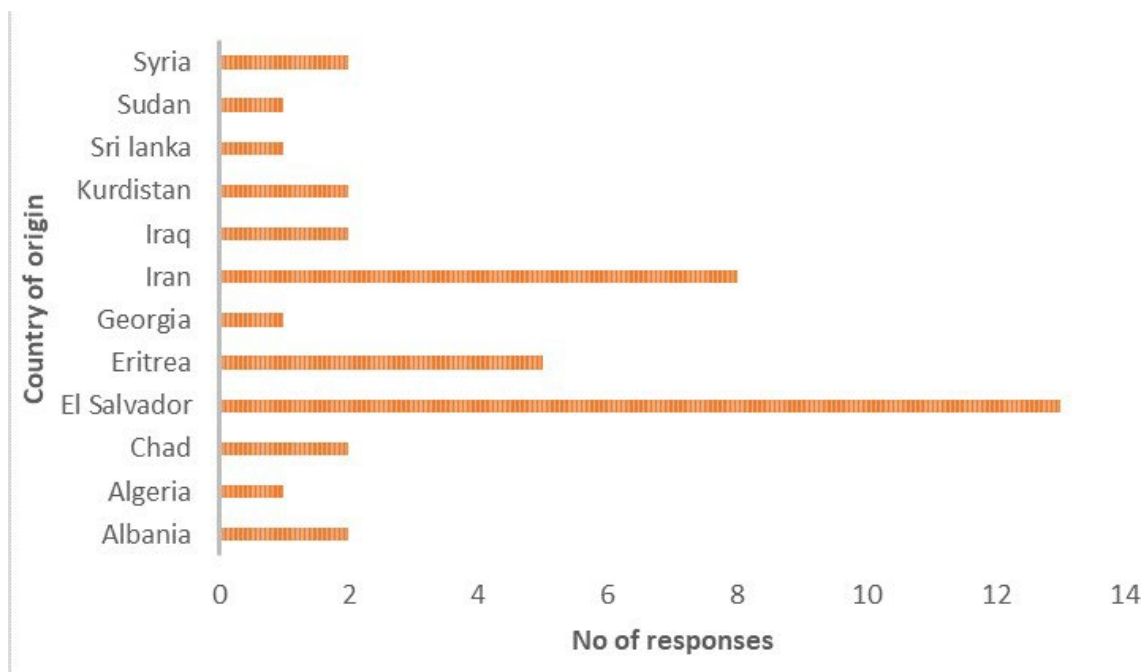
Gender of participants (45 responses):

Female 31%
Male 69%

Age of participants (46 responses):

17-18 years 4%
19-34 years 61%
35-54 years 35%

Country of origin (40 responses)



Time lived in West Berkshire (45 responses):

Less than one month 1
1-6 months 11

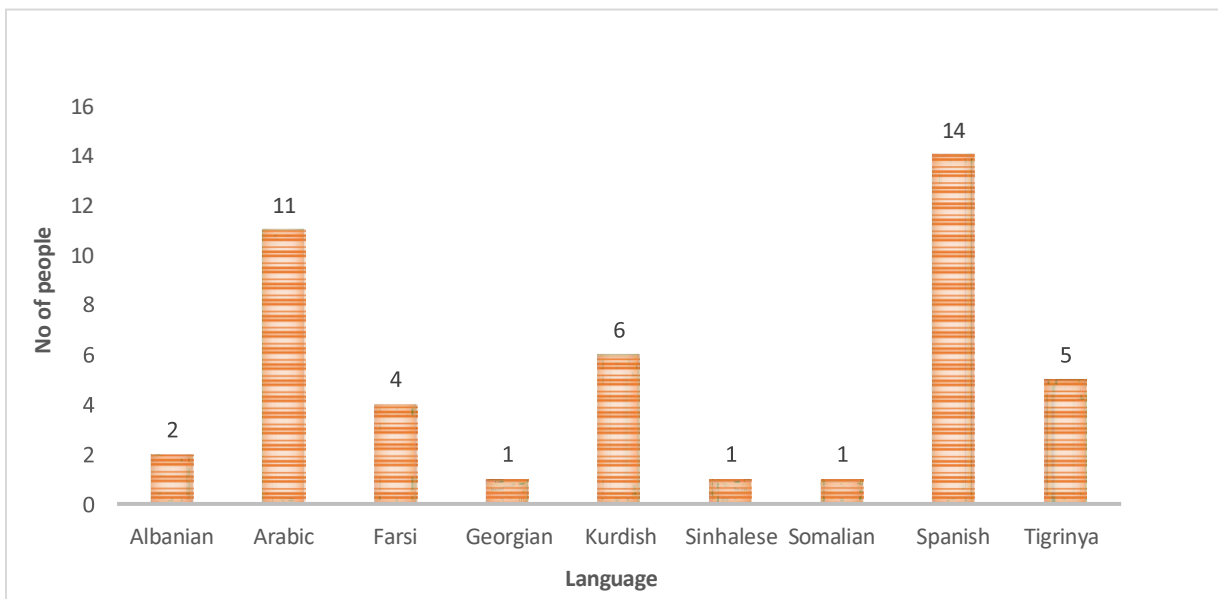
7-12 months 27
 More than 12 months 6

Of the 45 who answered this question, 80% had been residing in the HOCCIA for between 1 and 12 months and 20% had been there for over 12 months.

6 responded to say when they left their homeland and not how long they had been residing at the HOCCIA.

 *"No response from Home Office, section 95 related Migrant Help unable to get updates"*
 Resident Asylum seeker, HOCCIA 

Main language (45 responses):



Use of English (46 responses):

54% had some ability to read and write in English. The majority had gained this skill since living at the HOCCIA and also attending English classes.

Family (45 responses):

11 of the 45 who responded to this question had children with them who ranged in age from toddler to teenage. The children attended school/college during term time.

Environment

Living in the HOCCIA (45 responses):

We asked participants to rate various aspects of their experiences living in the HOCCIA:


Food and transport were the main issues. 75% rated the food as poor or very poor. 56% rated transport as poor or very poor.

When asked further about food, the issues highlighted were as follows: -

- The type and content were limited.
- Too much spicy food and frequently rice.
- Lack of catering for dietary requirements such as cultural background and underlying health issues.

Combined results

Aspect of environment (no. of responses)	1 = very poor	2 = poor	3 = OK	4 = good	5 = very good
Cleanliness (45)	0 (0%)	3 (7%)	13 (29%)	13 (29%)	16 (35%)
Food (45)	28 (62%)	6 (13%)	9 (20%)	2 (4%)	0 (0%)
Staff (45)	5 (11%)	2 (4%)	18 (40%)	11 (24%)	9 (20%)
HOCCIA activities (45)	16 (35%)	6 (13%)	7 (16%)	6 (13%)	10 (22%)
English lessons (45)	6 (13%)	7 (16%)	12 (27%)	9 (20%)	11 (24%)
Local area shops (44)	11 (25%)	8 (18%)	12 (27%)	5 (11%)	8 (18%)
Things to do away from HOCCIA (45)	17 (38%)	6 (13%)	10 (22%)	5 (11%)	7 (16%)
Local people (45)	4 (9%)	1 (2%)	4 (9%)	7 (16%)	29 (64%)
Transport (44)	23 (52%)	2 (4%)	10 (23%)	3 (7%)	6 (14%)

 *"The other key concern is the lasting effects of a period of poor nutrition, especially when it comes at the end of a difficult journey. Shipped in pre-made food is not good enough for long term provision and will cause problems for individuals and the NHS, and potentially lead to people choosing to work illegally, in turn risking exploitation. We are also frequently told that children are losing weight in hotels.*

Has the daily budget for food increased recently? If not the cost of living crisis will almost inevitably lead to a deterioration of food supplied."

Sam Jonkers(She/her), Care4Calais



Rural HOCCIA results

Aspect of environment (no. of responses Rural HOCCIA)	1 = very poor	2 = poor	3 = OK	4 = good	5= very good
Cleanliness (14)	0 (0%)	3 (21%)	5 (35%)	1 (7%)	5 (35%)
Food (14)	4 (28%)	2 (14%)	7 (50%)	1 (7%)	0 (0%)
Staff (14)	1 (7%)	0 (0%)	5 (35%)	5 (35%)	3 (21%)
HOCA activities (14)	2 (14%)	4 (28%)	4 (28%)	2 (14%)	2 (14%)
English lessons (14)	4 (28%)	0 (0%)	2 (14%)	4 (28%)	4 (28%)
Local area shops (14)	5 (38%)	4 (30%)	1 (7%)	1 (7%)	2 (15%)
Things to do away from HOCCIA (14)	6 (42%)	1 (7%)	2 (14%)	1 (7%)	4 (28%)
Local people (14)	1 (7%)	0 (0%)	1 (7%)	1 (7%)	11 (78%)
Transport (14)	8 (57%)	0 (0%)	3 (22%)	2 (14%)	1 (7%)


Urban HOCCIA results

Aspect of environment (no. of responses Urban HOCCIA)	1 = very poor	2 = poor	3 = OK	4 = good	5= very good
Cleanliness (29)	0 (0%)	0 (0%)	7 (24%)	12 (41%)	10 (34%)
Food (29)	22 (75%)	4 (13%)	2 (6%)	1 (3%)	0 (0%)
Staff (29)	3 (10%)	2 (6%)	13 (44%)	6 (20%)	5 (17%)
HOCCIA activities (29)	13 (44%)	2 (6%)	2 (6%)	4 (13%)	8 (27%)
English lessons (29)	2 (6%)	7 (24%)	2 (6%)	5 (17%)	7 (24%)
Local area shops (29)	6 (20%)	4 (13%)	8 (27%)	4 (13%)	6 (20%)
Things to do away from HOCCIA (29)	9 (31%)	5 (17%)	9 (31%)	4 (13%)	3 (10%)
Local people (29)	2 (6%)	1 (3%)	8 (27%)	6 (20%)	17 (58%)
Transport (28)	14 (50%)	2 (7%)	3 (10%)	1 (4%)	5 (18%)

Broadly speaking the responses from the two HOCCIAs were very similar with the exception of the quality of the food.

42% from the rural HOCCIA were unsatisfied with the food and 88% from the urban HOCCIA were unsatisfied with the food.


Results also show participants were unhappy with HOCCIA activities, things to do away from the HOCCIA and local amenities due to location especially in one of the HOCCIAs. Activities were also very limited such as games and sports equipment.

 *“Don't feel safe in hotel because too many men. English classes too basic.
No easy-to-get appointment with GP. More info about services wanted”*


Resident Asylum seeker, HOCCIA 

Feeling safe living at the HOCCIA (46 responses):

Whilst 87% of respondents reported feeling safe, 13% did not. The majority of the 13% who did not were single females.

 *“When we first arrived in the district, despite receiving a welcome from most, we were met with some opposition in the form of discriminatory comments on online message boards. We have now learnt to “step aside” when other people walk towards us in the street”.*

Confidential source – Healthwatch West Berks Survey results 2022 

 *“They have been made aware that they were treated with some suspicion when they first arrived,”*

Ms Reeve said (Newbury weekly News June 2022)⁷. 

Physical and verbal bullying (44 responses):

14% (6 respondents) reported having experienced physical or verbal bullying within the accommodation.

Finance and work

Income (45 responses):

93% were in receipt of the Government allowance of £8.24. The remaining 7% were receiving no money from the Government.

86% of respondents said they do not get money from anywhere else. 14% said they were getting money from elsewhere, which might need exploring.

⁷ [PressReader.com](https://www.pressreader.com) – Digital Newspaper & Magazine Subscriptions

Previous occupation (34 responses):

We asked what their previous job was to understand the range of skills among the asylum seekers. Responses were wide ranging, including 20% of respondents were students and 14.71% worked for technology companies.

Volunteering (39 responses):

11 asylum seekers (28%) stated they were doing volunteer work.

Paid work (46 responses):

98% responded to say they would like to work.

Other skills and interests (28 responses):



When asked what other skills and interests they have, answers included career vocations, returning to education and expressing interest in sport/exercise.

After speaking with them, many were keen to improve their quality of life and to start afresh.

Some asylum seekers are attending Reading College to learn English and they can access the local transport system and are given a bus pass (term use only).

Other local colleges declined to have asylum seekers attend on site but offered to bring the services to the HOCCIA.

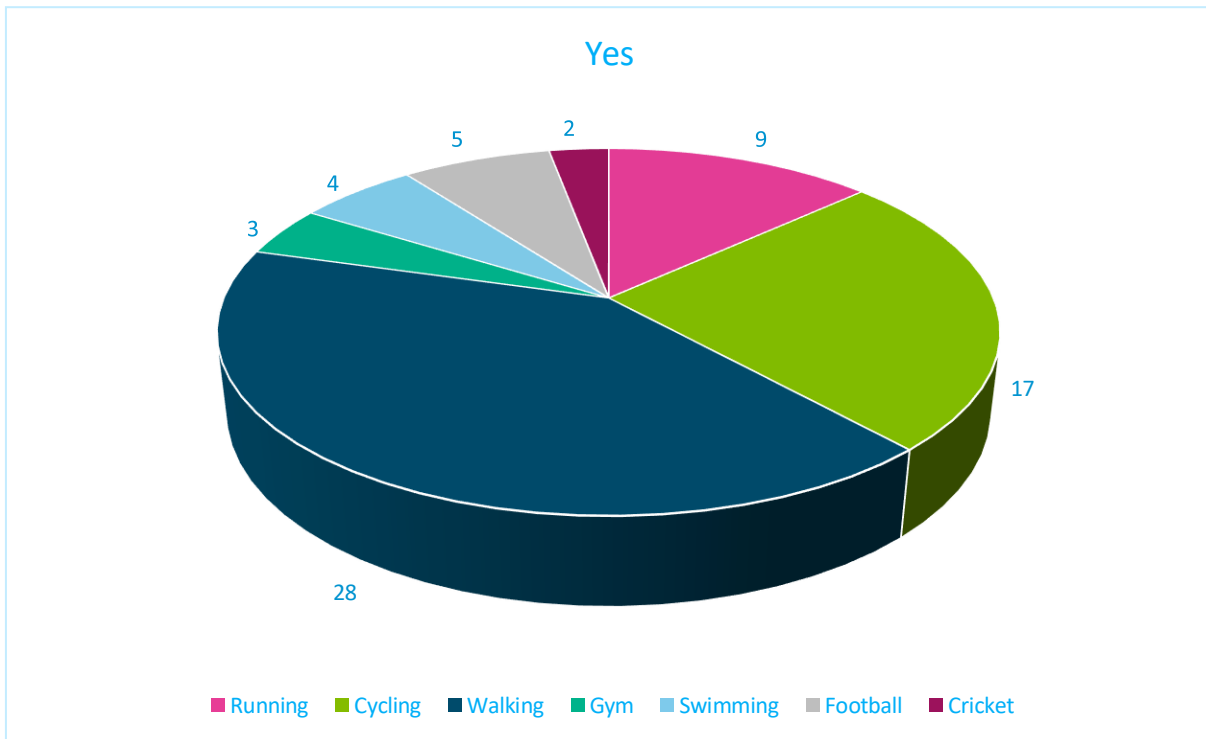
English lessons are available at both HOCCIAs and were rated highly by the respondents, although some asylum seekers expressed concerns that the level was too basic and wanted to learn better standard of English whilst here in the UK.

Lifestyle

Physical activity/sport (31 responses):

We had 31 responses to this question and walking was by far the most popular form of exercise reported. This may be due to the lack of opportunities for many other kinds of exercise and a lack of public transport for both HOCCIAs.

Some asylum seekers have access to bikes, which have been donated to them by the local community.



Health & wellbeing

Smoking and alcohol (44 responses):

18% said they smoke and 14% said they drink alcohol.

None had started smoking or drinking since moving into the area.

Knowledge of services (47 responses):

Whilst 78% of the asylum seekers had not heard of a sexual health check before, this could be due to cultural differences or feeling uncomfortable in responding to this question.



Access to services (47 responses):

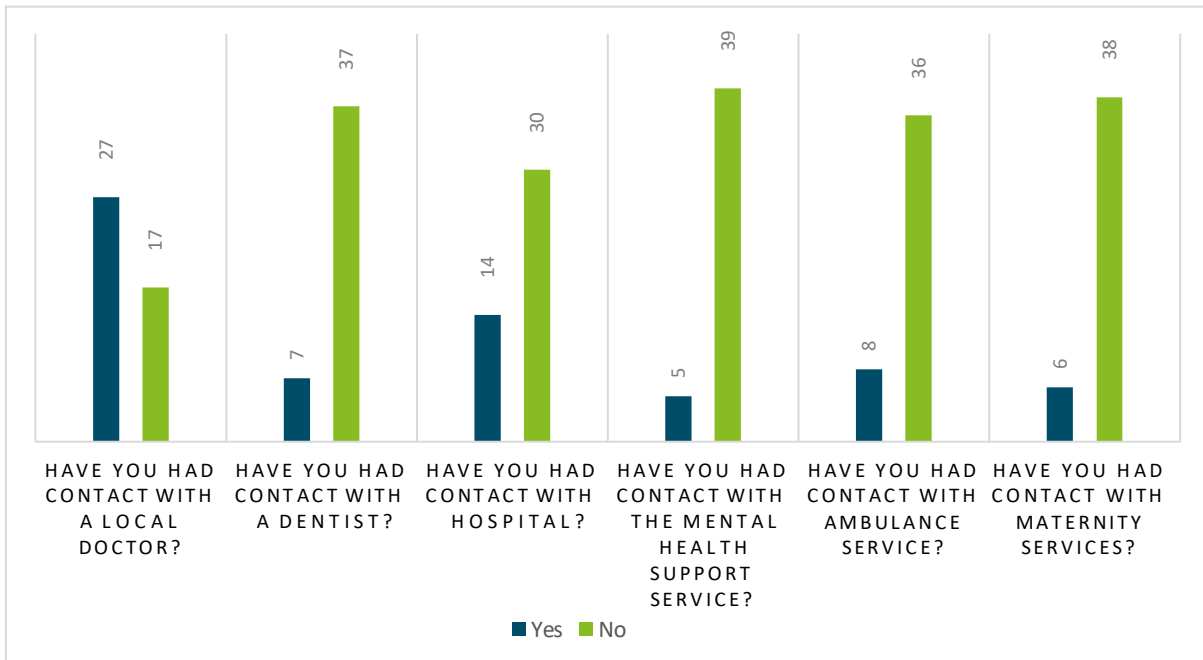
	Do you know how to access these services?		Have you used this service?	
	Yes	No	Yes	No
Pharmacy	83% (30)	17% (6)	66% (19)	34% (10)
NHS 111 service	72% (26)	28% (10)	60% (18)	40% (12)
Hospital Emergency department	63% (17)	37% (10)	43% (10)	57% (13)
Minor injuries West Berks Community Hospital	55% (12)	45% (10)	6% (1)	94% (16)
Health check	66% (19)	34% (10)	65% (17)	35% (9)
Sexual health check	37% (6)	63% (10)	33% (5)	67% (10)
Help to stop smoking	23% (3)	77% (10)	0% (0)	100% (11)
Help to stop drinking	10% (1)	90% (9)	0% (0)	100% (9)

When asked whether they had used services other than the ones lists, 36 (82%) of 44 responded to say they had not.

When asked why they hadn't, 35 out of 36 responded, of whom 57% said they didn't know how and 40% that they hadn't needed to. One person said they didn't want to.

When asked where they would go to find out about services, the top 3 responses were Care4Calais, the internet and HOCCIA staff.

Contact with services (44 responses)



When asked if they had contact with the above services, the doctors were the only service the asylum seekers had really had much contact with at 64%.


Of concern is:

21% had used Ambulance Services, 35% Hospital services, but only 14% had accessed Mental Health services- which should be a cause of concern given the levels of anxiety witnessed.

The following services *had not* been contacted by the majority of the respondents.

Dentist: 82%	Ambulance: 79%
Hospital: 65%	Maternity: 92%
Mental health support: 86%	Opticians: 83%

"Since arrival I have been trying to get GP appointment to get X-ray for an injury. Struggling with backache. Trying to get dentist appointment."

Resident asylum seeker, HOCCIA 

Women only health questions (14 responses):

We asked women whether they were aware of and had accessed breast exams, contraception and cervical smears. Responses were mixed, noting that different age groups access different services. Only one respondent had accessed one of the services.

We also asked them if they would like further information, the majority are keen to be given more information in order to access these services.

Men only health questions (23 responses):

We asked men whether they were aware of and had accessed prostate checks and contraception, noting that different age groups access different services. Around one quarter of respondents had heard of the two services; none had accessed either of these services.

We also asked them if they would like further information, they are keen to be given more information to access these services.

General support received (43 responses)

Service	
Churches 14 (33%)	Staff at HOCCIA 6 (14%)
Refugee Support Group 15 (35%)	West Berkshire Muslim Centre 3 (7%)
Care4Calais 23 (53%)	Newbury Soup Kitchen 0 (0%)
Library 4 (9%)	Local Council 0 (0%)
Other 8 (19%)	

Over half of those who responded had been supported by Care4Calais compared to less than a fifth who felt they had been supported by HOCCIA staff.

Appendix 2: Reported incidents from Voluntary Sector Organisations

- *On 23 March – S from Urban HOCCIA was due to attend a hospital appointment for treatment of serious injuries sustained in a road traffic accident. The accommodation provider's transport did not arrive and so S had to be transported to hospital by a Care4Calais volunteer, who happened to be on site.*
- *On 17 August – A from Rural HOCCIA was due to attend a scan at Reading hospital, interpreter was booked and paid for by NHS, the Home Office transport did not arrive and appointment was missed.*
- *On 22 September – A female resident of Rural HOCCIA J, was due to attend a physiotherapy appointment to relieve spinal problems, NHS interpreter had been booked and paid for. Transport did not arrive and the appointment was missed.*
- *On 1 November – a 34-year-old asylum seeker died shortly after receiving a cancer diagnosis. The young man had been moved to different towns at short notice 4 times in the space of a year so did not have continuity of care.*

Appendix 3

Asylum Seeker Health and Social Care Services Survey

Introduction

This survey asks questions about Health and Social Care Services in West Berkshire. The results will be used in a report by Healthwatch West Berkshire to improve services for Asylum Seekers in West Berkshire.

This survey is private. You WILL NOT have to give your name in the survey or be identified in anyway.

The information in this survey is private and no one apart from Healthwatch West Berkshire will have access to these questionnaires.

If we think some information is a risk or danger to you, we must tell someone for your own or others safety. Only answer the questions that you feel comfortable answering and you can stop at any time.

Please tick the following

- | | | |
|---|--|--|
| <input type="checkbox"/> I understand this information will be used in the report | <input type="checkbox"/> I have not completed this survey before today | <input type="checkbox"/> I give my verbal consent for my answers to be used without identifying me in anyway, but I am not happy to sign or give my name |
|---|--|--|

Which hotel are you staying at?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> RURAL HOCCIA | <input type="checkbox"/> URBAN HOCCIA |
| <input type="checkbox"/> Interview Conducted at - | |

Gender

- | | | |
|----------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Male | <input type="radio"/> Female | <input type="radio"/> Other |
|----------------------------|------------------------------|-----------------------------|

Age

- | | | |
|--------------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> 19-34 | <input type="radio"/> 35-54 |
| <input type="radio"/> 55-69 | <input type="radio"/> 70 + | |

Q1)

Where are you from?

Q2)

What is your nationality?

Q3)

How long have you lived in West Berkshire?

Q4)

What is your main language?

Q5)

What is your religion or belief?

Q6)

Do you speak English?

Yes

No

Q7)

Do you read and write English?

Yes

No

FAMILY

Q8)

Did you travel here with any family?

Yes

No

Q9)

Did you travel here with your children?

Yes

No

Q10)

If yes, how old are they?

Do the children attend school/nursery?

Yes

No

About this hotel

How do you find the following: 1= POOR, 5 = VERY GOOD

Cleanliness

1

2

3

4

5

Food

- 1
- 2
- 3
- 4
- 5

Staff

- 1
- 2
- 3
- 4
- 5

Hotel activities

- 1
- 2
- 3
- 4
- 5

English lessons

- 1
- 2
- 3
- 4
- 5

Local area (shop)

- 1
- 2
- 3
- 4
- 5

Things to do away from the hotel

- 1
- 2
- 3
- 4
- 5

Local people

- 1
- 2
- 3
- 4
- 5

Transport

- 1
- 2
- 3
- 4
- 5

Q13)

Do you feel safe living here at the hotel?

- Yes No

Q14)

Have you experienced any physical or verbal abuse/bullying?

- Yes No
-

Q14a) If yes, By whom?

- Other Residents Staff People outside the
hotel Other (Please Tell):

Q15)

Who have you been supported by?

- Church Refugee Charity Care for Calais
 Library Staff at Accommodation West Berkshire
Muslim Centre
 Newbury Soup Kitchen Local council Other
Other (Please tell)

Finance & Work

Q16)

Do you receive money from the government?

- Yes No

Q17)

Do you get money from anywhere else?

Yes

No

Q18)

What did you work at before you came to the UK?

Q19)

Are you doing any voluntary work?

Yes

No

Q20)

Would you like to work?

Yes

No

Q21)

What other skills or interests do you have?

Lifestyle

Q 22) Do you do any physical sport?

Running

Yes

No

Cycling

Yes

No

Walking

Yes

No

Gym

Yes

No

Swimming

Yes

No

Football

Yes

No

Cricket

Yes

No

Any other type?

Q23)

How much time do you spend in your room?

- All Day All Night When I sleep only

Q24)

Do you smoke cigarettes?

- Yes No Only since being at the hotel

Q25)

Do you drink alcohol?

- Yes No Only since being at the hotel

Health & Wellbeing

Q26)

Your Health

Pharmacy

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

NHS 111 Service

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

Hospital Emergency Department

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

Minor Injuries – West Berks Community Hospital

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

Q27)

Other Services/Support

Health Check

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

Sexual Health Check

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

Help to stop drinking

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

Non Drinker - go to next question

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no, would you like to know more?

Q28)

Women Only

Breast Exam (over 50's)

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If No, would you like to know more?

Contraception

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If no would you like more information?

Cervical Smear (over 25)

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If No, would you like to know more?

Q29)

Men Only

Prostate Check

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If No, would you like to know more?

Contraception

Have you heard of this service?

If Yes, Do you know how to access it?

If Yes, have you used this service?

If No, would you like to know more?

Q30)

Have you used any other health services since being here?

Yes

No

Q31)

If no is this because...

havent needed to?

dont know how to?

dont want to?

Q32)

If you did need to, where would you go to find out more about the services?

Church

Local Council

Staff at accommodation

West Berkshire
Refugee Charity
Muslim Centre
Care for Calais

Library

Internet

Newbury Soup

Kitchen Other

Q33)

Have you had contact with these services?

Local Doctor

Yes/No

Was it easy to access / join?

Dentist

Yes/No

Was it easy to access / join?

Hospital

Yes/No

Was it easy to access / join?

Mental Health Support

Yes/No

Was it easy to access / join?

Ambulance

Yes/No

Was it easy to access / join?

Maternity

Yes/No

Was it easy to access / join?

Opticians

Yes/No

Was it easy to access / join?

Q34)

Services – 1= Very Poor, 5 = Very Good

Local Doctor

Have you needed to have contact with these services?

Was it easy to access/join?

Was this service good or bad?

How long did you have to wait to be seen?

Did you get the support you needed?

Did you understand what you were told?

Did you get treated

Maternity

Yes/No

Was it easy to access / join?

Opticians

Yes/No

Was it easy to access / join?

Q35)

Services – 1= Very Poor, 5 = Very Good

Local Doctor

Have you needed to have contact with these services?

Was it easy to access/join?

Was this service good or bad?

How long did you have to wait to be seen?

Did you get the support you needed?

Did you understand what you were told?

Did you get treated?

Dentist

Have you needed to have contact with these services?

Was it easy to access/join?

Was this service good or bad?

How long did you have to wait to be seen?

Did you get the support you needed?

Did you understand what you were told?

Did you get treated?

Mental health services

Have you needed to have contact with these services?

Was it easy to access/join?

Was this service good or bad?

How long did you have to wait to be seen?

Did you get the support you needed?

Did you understand what you were told?

Did you get treated?

Hospital and Emergency

Have you needed to have contact with these services?

Was it easy to access/join?

Was this service good or bad?

How long did you have to wait to be seen?

Did you get the support you needed?

Did you understand what you were told?

Did you get treated?

Ambulance service

Have you needed to have contact with these services?

Was it easy to access/join?

Was this service good or bad?

How long did you have to wait to be seen?

Did you get the support you needed?

Did you understand what you were told?

Did you get treated?

Thank you for taking the time to give us this information. If you have anything else to say, please write it in the box here.

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