

Harbour Project Survey Report

Introduction and methodology

Late in 2019 we invited bids from non-profit organisations in Swindon for a small amount of funding to undertake a survey with their contacts or members. These were likely to be people from whom we were otherwise less likely to hear.

Five organisations¹ were selected by our Advisory Group and a standard survey was developed with the groups' involvement. It was adjusted slightly for each to acknowledge the specific differences of organisations' remits.

Four were asked to survey up to 100 participants between April and June 2020. One small activity group undertook to survey its 25 members. Covid-19 intervened. Two groups each completed 100 surveys. One group pulled out when it became clear that their participants were not responding to requests to complete the survey during the pandemic. The activity group had to suspend its activities and just 11 surveys were completed by its members.

The 50 surveys in this report were all completed online between July and December 2020 by people involved with [The Harbour Project](#) when the staff team restarted face to face appointments.

Key findings

- “Language and interpretation has to be the number one issue”.
- “Navigation of health services is a challenge for people new to the country”.
- Organisations like The Harbour Project are essential as part of the support system.

Who participated?

“At The Harbour Project we welcome and support refugees and asylum seekers in Swindon. To those who've risked their lives, families and homes fleeing war and persecution, we provide friendship and hope for a future. With this purpose, we've been working tirelessly since the Kosovo crisis in 2000. Today, we're aiding people from across the world, accompanying them through the UK asylum process, from day one in the town onwards.”

Data was collected between 21 July and 9 December 2020 from 50 people attending face to face appointments with Harbour staff (not specifically to complete the survey). Not everyone answered every question.



¹ The organisations were Parkinson's UK Swindon & District, Swindon & Gloucestershire Mind, The Harbour Project, Swindon SEND Families Voice and Swindon Interactive Arts Service (SWIAS).

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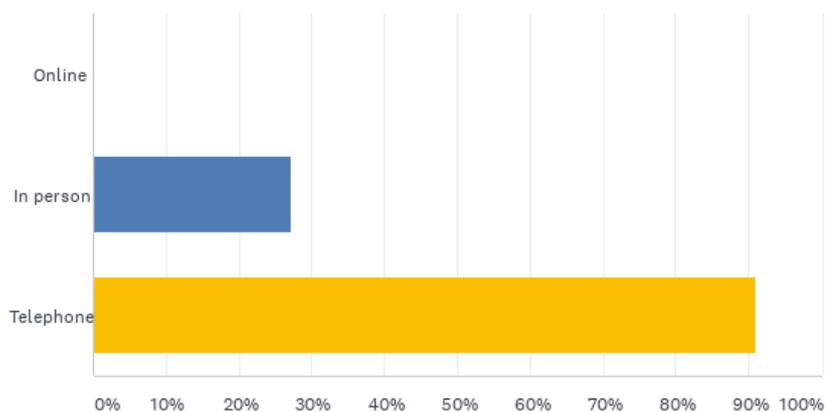
- 49 people were registered with 13 different GP practices in Swindon (out of a potential 24). More than half of the respondents were registered at just four practices:
 - 15 people were registered at Carfax Medical Centre and
 - 4 at The Whalebridge Practice - both based at Swindon NHS Health Centre in the centre of town.
 - 5 each were registered at Ashington House Surgery in west Swindon and Taw Hill Medical Practice in north Swindon.
 - 4 each were at Hawthorn Medical Centre and Victoria Cross Surgery.
 - 3 were at Eldene Surgery, 2 each at Moredon Medical Centre, Priory Road Medical Centre and Kingswood Surgery. One person was at Homeground/North Swindon Practice and one at Park Lane Practice.

One person was not registered with a GP practice as they were “waiting for an HC2 certificate”. This is not a pre-requisite in order [to register with a GP practice](#) though delay in issuing or re-issuing HC2 certificates has been a regular problem for visitors to The Harbour Project.

What did we hear?

We asked how people made appointments at their GP surgery and how easy or difficult they found doing so.

35 made their appointment by telephone, 13 also made appointments in person and 4 online.

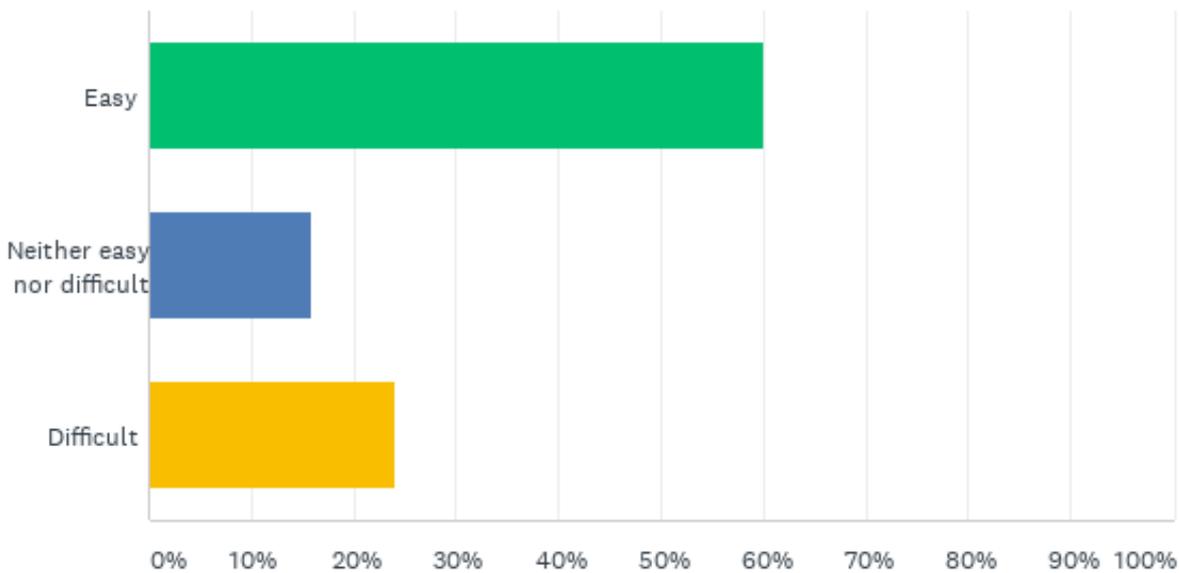


- “Friend helps me call the Doctors”.
- “Sometimes translation provided by the surgery”.
- “Trying to make an appointment now with help from the charity Harbour Project”.

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Whilst 30 people found it easy, 12 found it difficult to make an appointment

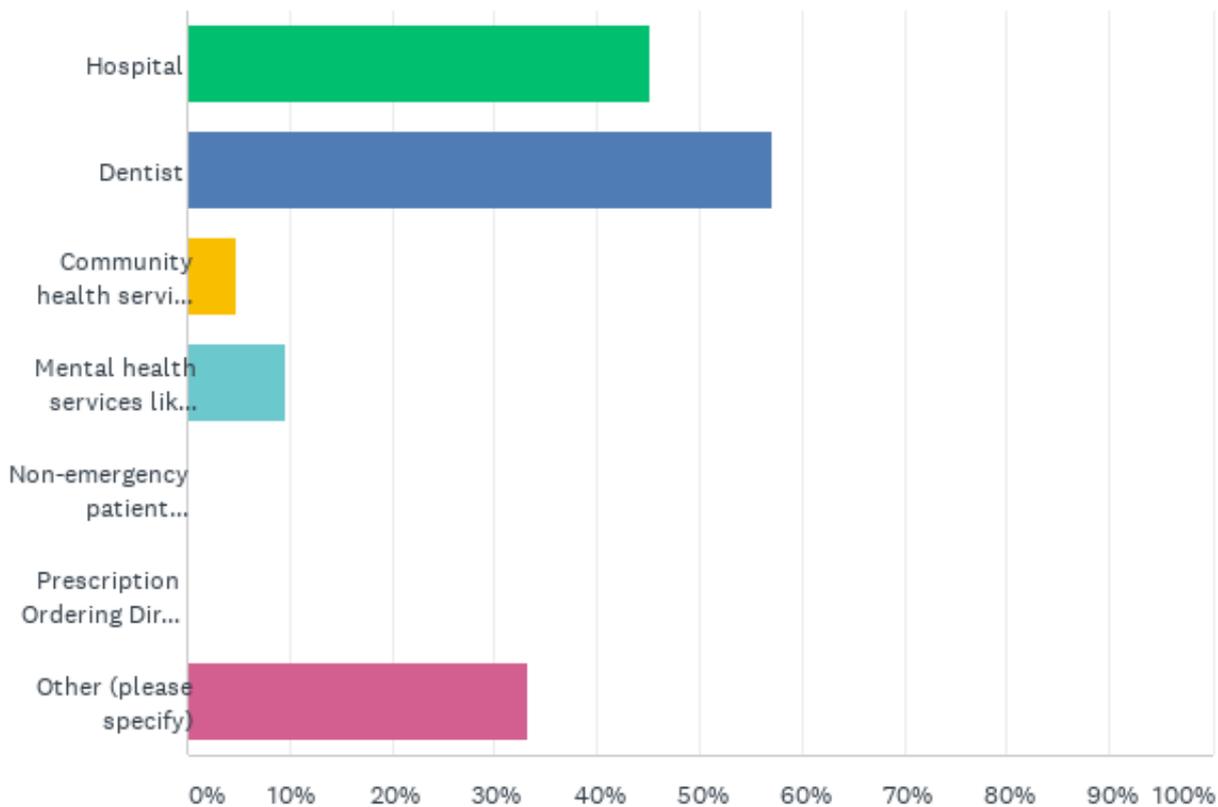
- “I find making an appointment very hard as I speak very little English.”
- “Difficult to sometimes understand the receptionist as speaking too fast. Sometime a long wait on the telephone and then told to call back the next day.”
- “Was sent to different practice which was difficult as new in Swindon and have baby.”
- “The online system is difficult especially when you are not feeling well. The easiest is to go to the surgery; the phone system takes a long time if you have to leave a message.”
- “English not first language.”



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Most had had experience of using various health and care services during the preceding twelve months.

24 had visited a dentist and 19 had been to the hospital.



- Whilst 14 people ticked “other”, a majority of responses suggest that the meaning of the question was not clear to them.
 - “I have used mental health services in London; when I moved to Swindon this stopped”.
 - “Tried dentist but unsuccessful.”
 - One person had had their baby weighed; and two had been to Croydon Hospital.

This is what they told us about using these health services - people’s experience of the same service can be very varied. During the Covid-19 pandemic everyone was adjusting to new ways of working.

- “I am pleased with my treatment”.
- “I was happy about the service and I got the meds that I needed.”
- “Fine - just for regular check-ups.”
- “No problems, I was seen on time.”

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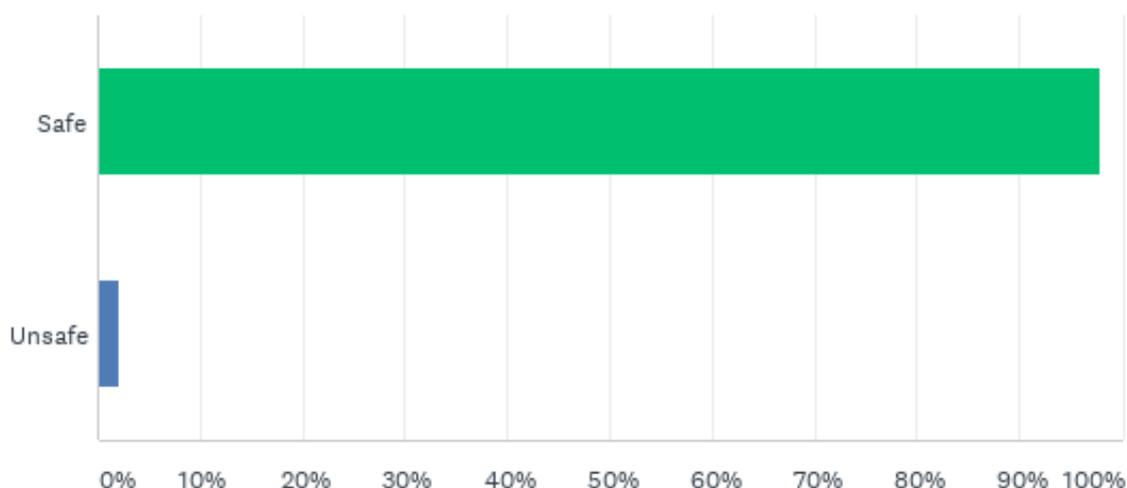
- “Bad - The equipment at the dentist wasn't very good, broken glasses.”
- “Good - Nice people who cared.”
- “Very good experience - birth of daughter.”
- “Tried making dentist appointment - was sent to hospital by Migrant Help - Hospital did not have dentist.”
- “Hospital appointment went very well, had gastroenterology test done whilst under lockdown.”
- “During the Covid pandemic it has become more difficult as everything is slower and the automatic systems do not always take you to the right place. It is hard to talk to a specialist.”
- “It was not bad; I had my HC2 but they kept sending me back because they can't find it on their system.”
- “I have had problems with registration with a dentist.”

Two people told us about the care services they had used:

- “Sort of a social worker”
- “Salvation Army.”

We asked people how safe they felt in the local community.

Because our surveys were being carried out by such different agencies with participants from different communities of interest, we expected considerable variation in both interpretation of the question and response to it. 49 out of 50 visitors to The Harbour Project said they felt safe.



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Swindon Borough Council and Healthwatch have recently been trying to gauge the extent to which people understand the term “[safeguarding](#)”. Each of our surveys include the question about it.

Here there was limited understanding of the issue and where to report a concern. Several people said they did not know.

- “As my English is very poor I do not know what to do.”
- “It needed explanation - would call the police or ambulance depending on situation.”
- “Would contact Harbour.”
- “I understand that if someone is at risk that I would call the police 999.”
- “I feel safe now because I know I can call the police but in the past I have felt threatened in particular situations.”

What could be better?

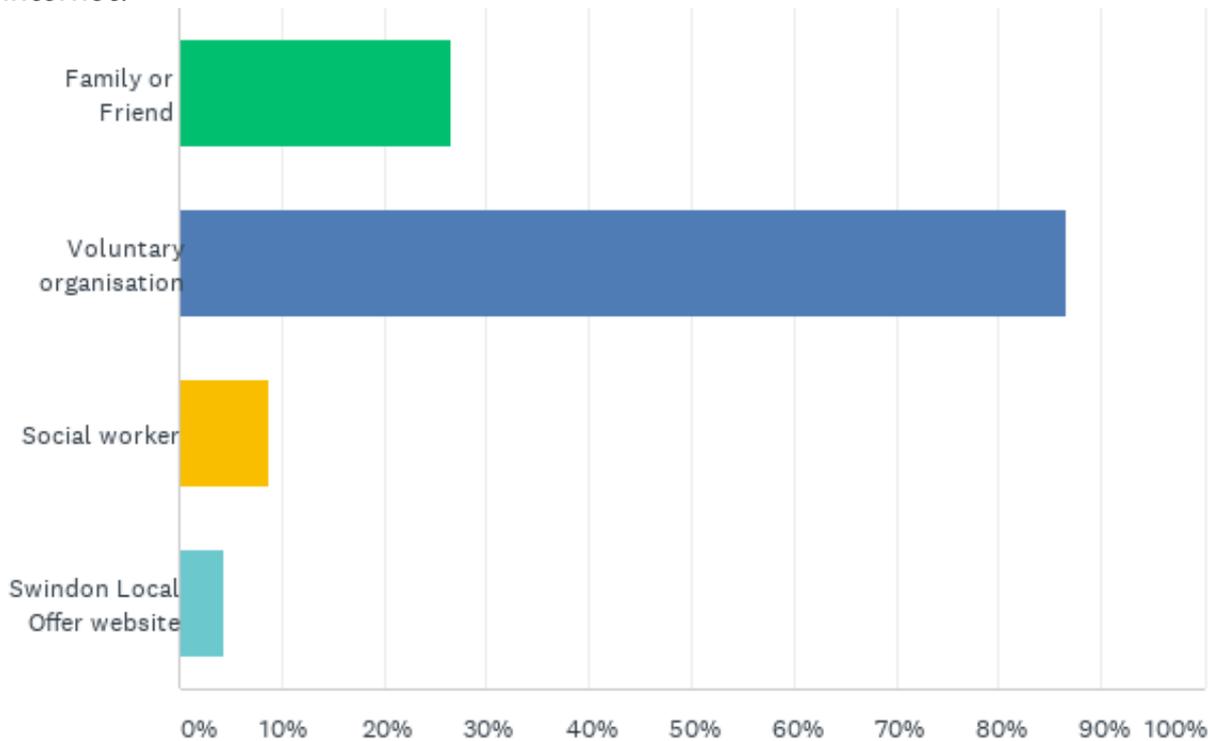
Most people have views about the improvements that could be made to health and care services they use:

- “I think would very helpful if there some sort of translating for those who not speak English as I have said I have very poor English and I can’t even make an appointment.”
- “Answer the telephone quickly and speak slower so I can understand.”
- “No improvement needed.”
- “More contact from the Health Visitor.”
- “Health visitor would weigh the baby and also when she should be eating solid food.”
- “It would help to improve connections between different health authorities. I have some health issues and was signed off from the services I received in London and it has been difficult to access new services and to get my records transferred.”
- “Being more patient with me as English is not my first language.”

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Where do people go for information?

We wanted to find out how familiar people are with the available sources of information about services and where they go to find out more. 28 people would ask The Harbour Project. Only two people completing this survey would use [Swindon Local Offer](#) though others would use the internet.



“I would probably ask a friend first”

We asked what one thing would improve people’s health and wellbeing.

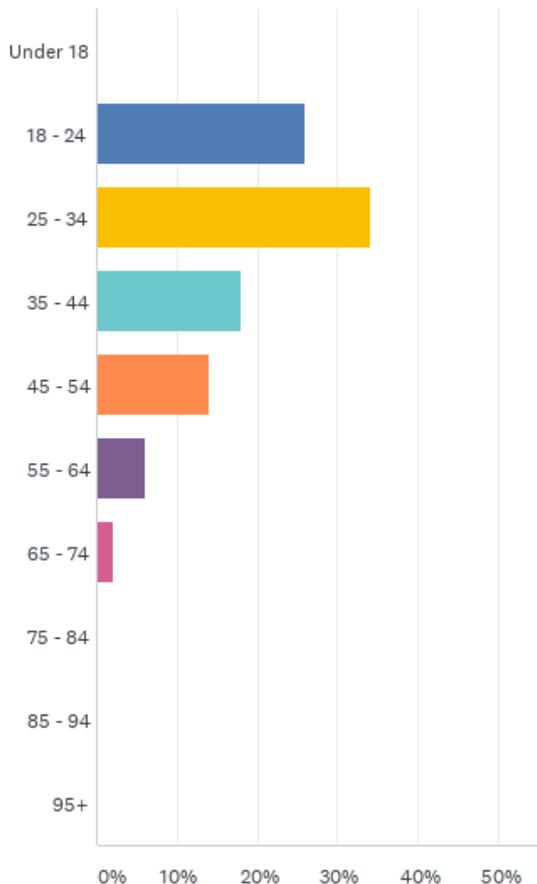
- “I have got pain in my whole body and I can’t explain that because of the language barrier.”
- “More healthy eating.”
- “To go to more celebrations, parties and group gatherings involving people from my own country and other cultures.”
- “I could do more sport/exercise.”
- “People in my apartment smoke, I don’t.”

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- “A bigger room to live in.”
- “That I would receive a positive decision on my asylum claim.”
- “I think services are doing their best and that I need to learn more about how to access them, but sometimes when I have asked service for help nothing has happened. So it would help to have better follow-up of issues.”
- “Better hearing.”
- “Would like back and knees to feel better.”

Who completed the survey?

People completing the survey were aged between 18 and 74.



We asked people to identify their gender. 18 people identified as female and 32 as male.

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Where people live now and before

49 people completing the survey lived in SN postcodes (one person did not answer). The numbers in each postcode reflect both that respondents were self-selected and the location of some of the accommodation made available to refugees and asylum seekers in Swindon. 47 of the 50 respondents identified their ethnic origin or ethnicity.

SN1	15
SN2	13
SN3	12
SN5	05
SN25	04

Afghanistan	2	Iranian	3
Afghanistan/Muslim	1	Iranian/Christian	1
African	3	Iranian/Muslim	1
African/Egypt	1	Iraq/Asian	1
African/Black	5	Iraq/Kurdish	1
Albanian	2	Malaysia	2
Albanian/White	5	Pakistan	1
Algerian/Muslim	1	Sudan	2
Arabic	3	Sudan/Arabic	1
Asian	2	Tigrinya	1
Eritrean	3	Vietnamese	1
Eritrean/Christian	1	Zambia	1
European /White	1	Zimbabwe	1

We asked people if they had any disabilities, physical or mental health conditions or long term conditions.

There were eighteen responses. These included “internal pain but due to Covid I cannot see a doctor”; back problems; hearing; mental health and “ongoing pain from being stabbed a few years ago - I am also diabetic. Emotional disorders, high blood pressure, depression and loneliness, sciatica and “concern about losing my hair”.

“Stress, can’t sleep, tired all the time, headaches”.

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Conclusions

- The issues affecting this group of respondents are similar in many respects to those completing our other surveys as part of this programme - access and the consequences of Covid-19.
- They are, however, compounded by the challenges of language.
- Organisations like The Harbour Project are essential as part of the support system to a very wide range of people coming to Swindon as asylum seekers or refugees.

The Harbour Project chief executive officer, Claire Garrett adds:

- Language has to be the number one issue. Automated call-routing systems compound the difficulties of making phone calls for our Visitors. Language impacts people's ability to make an appointment and also to articulate themselves adequately in the appointment.
- Inconsistent access to interpreting services comes up frequently. Recognising the requirements of consent and data protection, we've had some joy recently with (one GP practice) where they have spoken to one of our members of staff so that she can better explain things to a Visitor. This has worked really well.
- People in the asylum system are often moved between accommodation and between towns. Medical appointments are often lost and transfer of records can take some time to catch up as people register with new services.
- Navigation of health services is a challenge for people new to the country. Opticians/ dentists/ A&E/ GP - when it is appropriate to go to each one.
- Confusion (on behalf of the Visitor and medical practitioner) on HC2s and when they are needed.

"Things that Harbour can do as a result of these findings:

- I'll ask our English teachers to talk about medical topics (how to make an appointment/ how to explain pain/ when to go to the GP/A&E, etc). I know this has been covered before always something worth going back to.
- We'll try to better explain that GP registration can be completed before a HC2 is in place.
- We continue to help with medical topics on a regular basis - explaining hospital letters, helping people to make/ change/ confirm appointment, will remain a core element of what we do."

We would like to thank The Harbour Project for supporting this piece of work and their contacts for sharing their views with us.