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Dissertation submitted in partial fulfilment of the requirements for the award of Environmental Health MSc (distance learning/campus), University of the West of England.

I declare that this dissertation is my own unaided work.

Literature sources and any research collaborators have been identified and acknowledged.

I declare that the work has not already been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

Signature:



Date: 07.09.23

Asylum Seekers' Lived Experiences of Asylum Accommodation in Cardiff: An Ecological Study

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Acknowledgements	1
Glossary of Terms and Abbreviations	2
Table of Figures	3
Abstract	5
1. Introduction	6
1.1. Research Question.....	8
1.2. Study Aim.....	8
1.3. Study Significance.....	9
2. Literature Review	11
2.1. Immigration.....	11
2.2. Asylum System.....	12
2.2.1. Process.....	12
2.2.2. Asylum Accommodation System: 1999 - 2019.....	15
2.2.3 Impact On Stakeholders.....	16
2.3. New Contracts.....	17
2.3.1. AASC.....	17
2.3.2 Contingency Accommodation - Hotels.....	18
2.3.3. Asylum Accommodation and The Private Rented Sector.....	19
2.4. Housing and Health.....	20
2.4.1. Social Determinant of Health.....	20
2.4.2. Damp and Mould.....	21
2.4.3. Anxiety, Depression and Isolation.....	22
2.5. Property Availability.....	23
2.6. Summary.....	23
3. Methodology	25
3.1. Rationale.....	25
3.2. Recruitment.....	26
3.3. Survey Design.....	28
3.3.1. Content.....	28
3.3.2. Translation.....	29
3.3.3. Distribution.....	30
3.4. Data.....	31
3.4.1. Storage.....	31
3.4.2. Extraction and Verification.....	31
3.5. Data Analysis.....	32
3.5.1. Quantitative.....	32
3.5.2. Qualitative.....	33
4. Results	35
4.1. Gender.....	35

4.2. Age.....	35
4.3. Nationality and Ethnicity.....	35
4.4. UK Residency.....	36
4.5. Accommodation Type.....	36
4.6. Tenancy Length.....	37
4.7. Additional Tenants.....	38
4.8. Personal Locks.....	38
4.9. Internet Access.....	39
4.10. Fire Safety.....	39
4.11. Fire Alarms.....	40
4.12. Property Comfort.....	41
4.13. Disability Access Needs.....	43
4.14. Damp and Mould.....	44
4.15. Landlord Service Satisfaction.....	46
4.16. Asylum Accommodation Satisfaction.....	46
4.17. Safety.....	46
4.18. Location.....	49
4.19. Neighbourhood.....	50
4.20. Mental Wellbeing.....	51
4.21. Physical Health.....	54
4.22. Bivariate Analysis.....	55
4.22.1. Asylum Accommodation Satisfaction.....	55
4.22.1.1. Property.....	55
4.22.1.2. Tenancy and Residency Length.....	56
4.22.1.3. Nationality and Ethnicity.....	56
4.22.1.4. Neighbourhood and Locality.....	56
4.22.2. Landlord Service Satisfaction.....	56
4.22.2.1. Property.....	56
4.22.2.2. Tenancy and Residency Length.....	57
4.22.2.3. Nationality and Ethnicity.....	57
4.22.2.4. Neighbourhood and Locality.....	57
4.22.3. Physical Health.....	58
4.22.3.1. Property.....	58
4.22.3.2. Tenancy and Residency Length.....	58
4.22.3.3. Nationality and Ethnicity.....	58
4.22.3.4. Neighbourhood and Locality.....	58
4.22.3.5. Mental Wellbeing.....	59
4.22.4. Mental Wellbeing.....	59
4.22.4.1. Property.....	59
4.22.4.2. Tenancy and Residency Length.....	59
4.22.4.3. Nationality and Ethnicity.....	59

4.22.4. Neighbourhood and Locality.....	59
4.23. Thematic Analysis.....	60
5. Discussion.....	62
5.1. Nationality & Ethnicity.....	62
5.2. Type of Property.....	64
5.3. Property Condition.....	66
5.3.1 Furnishings.....	66
5.3.2. Disability Access.....	67
5.3.3. Damp and Mould.....	68
5.4 Landlord Satisfaction.....	69
5.6. Location.....	70
5.7. Mental Wellbeing.....	71
5.8. Study Analysis.....	73
5.8.1. Considerations.....	73
5.8.2. Power.....	73
5.8.3 Methodology.....	74
5.8.4. Survey Design.....	74
5.8.5. Evidence Gap.....	75
6. Conclusions.....	76
References.....	78
Appendices.....	91
Appendix 1. Consent from Oasis Cardiff.....	91
Appendix 2. Ethical Approval.....	92
Appendix 3. Survey.....	94
Appendix 4. Survey - Arabic Translation*.....	138
Appendix 5. Survey - Farsi Translation**.....	163
Appendix 6. Data Management Plan.....	188
Appendix 7. Qualitative Response Data Tables.....	190
Table 1. Accommodation Satisfaction Opinions.....	190
Table 2. Landlord Satisfaction Opinions.....	192
Table 3. Asylum Accommodation Satisfaction Opinions.....	194
Table 4. Mental Wellbeing Opinions.....	196
Table 5. Physical Health Opinions.....	198
Table 6. Additional Comments.....	200

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Glossary of Terms and Abbreviations

AASC - Asylum Accommodation and Support Contracts.

AIRE - Advice, Issue Reporting and Eligibility. A support service for individuals in Asylum Accommodation.

Asylum Accommodation - Housing provided for individuals with an active asylum claim in the UK.

Asylum Seeker - An individual seeking sanctuary for reasons of safety.

COMPASS - Commercial and Operational Managers Procuring Asylum Support Services

Contingency Accommodation - Accommodation solutions used as a result of limited housing availability (e.g. hotels).

Dispersal Accommodation - Longer-term accommodation for individuals with active asylum claims in the UK.

HHSRS - Housing Health and Safety Rating System.

Initial Accommodation - Short-term accommodation provided before Dispersal Accommodation is sourced.

LA - Local Authority.

Refugee - An individual who has had their asylum claim accepted and is allowed to remain in the country as a legal resident.

Section 95 - Support provisions, as stated in the Immigration and Asylum Act 1999, for individuals with an active asylum claim in the UK.

Section 98 - Emergency support provisions, as stated in the Immigration and Asylum Act 1999, for individuals awaiting approval of their asylum claim in the UK.

SH - Social Housing

Table of Figures

Figure 1. Bivariate Analysis Cross-Reference Table (Khamis, 2008, p.5)

Figure 2. Gender

Figure 3. Age

Figure 4. Ethnicity

Figure 5. Nationality

Figure 6. UK Residency Length

Figure 7. Accommodation Type

Figure 8. Tenancy Length

Figure 9. Additional Tenants

Figure 10. Personal Room Locking

Figure 11. Internet Access

Figure 12. Fire Safety

Figure 13. Fire Alarms

Figure 14. Coolness In Main Living Space

Figure 15. Warmth in Main Living Space

Figure 16. Sofa

Figure 17. Television

Figure 18. Dining Table

Figure 19. Dining Chairs

Figure 20. Fridge Freezer

Figure 21. Washing Machine

Figure 22. Bed

Figure 23. Wardrobe

Figure 24. Cooker

Figure 25. Dishwasher

Figure 26. Disability Access

Figure 27. Entry Into Property

Figure 28. Kitchen Countertops

Figure 29. Upper Floors

Figure 30. Bathroom

Figure 31. Damp and Mould

Figure 32. Living Rooms

Figure 33. Personal Bedroom

Figure 34. Halls and Passageways

Figure 35. Bathroom

Figure 36. Other Bedrooms

Figure 37. Landlord Satisfaction

Figure 38. Accommodation Satisfaction

Figure 39. Safety At Home

Figure 40. Lone Walking, Daytime
Figure 41. Lone Walking, Night Time
Figure 42. Location Satisfaction
Figure 43. Grocery Shop
Figure 44. School
Figure 45. Healthcare Centre
Figure 46. Personal Doctor
Figure 47. Friends and Relatives
Figure 48. Green Spaces
Figure 49. Trust in Neighbours
Figure 50. Neighbourhood Integration
Figure 51. Neighbourhood Belonging
Figure 52. Happiness
Figure 53. Worth
Figure 54. Control Over Decisions
Figure 55. Support
Figure 56. Anxiety
Figure 57. Loneliness
Figure 58. Accommodation Impact On Mental Wellbeing
Figure 59. Physical Health Perception
Figure 60. Daily Activity Levels
Figure 61. Accommodation Impact On Physical Health
Figure 62. Degree Of Impact on Physical Health

Abstract

Background: Asylum Accommodation within the UK has undergone multiple changes over the past 20 years. Responsibility of such has evolved from the Local Authority centred model, implemented by New Labour, to a series of regionally controlled Asylum Accommodation and Support Services Contract (AASC). Accommodation provided by contract holders has received significant scrutiny from the media and academics, citing conditions that are injurious health and wellbeing. **Aim:** Considering increased rates of migration into the UK through asylum claims, this study sought to further understand the health impacts felt by individuals living in properties managed by Clearsprings Ready Homes, an AASC service provider overseeing accommodation within Cardiff. Current research surrounding this topic is limited within Wales, thus the significance of the study in filling this evidence gap. **Methodology:** Working in collaboration with Oasis (a centre for Asylum Seekers and Refugees), 199 surveys were distributed to individuals living in properties managed by Clearsprings. A total of 58 participants responded, representing 23 different nationalities. An amended English Housing Survey (EHS) was used to ascertain the relationship between property typing, condition, location, and service provision on participants' perceptions of physical health and mental wellbeing. Additional open-ended questions provided an opportunity for triangulation when analysing the data.

Findings: After a series of bivariate analyses, strong correlations were observed in some areas of the data - in particular, the positive impact locality, and neighbourhood, played on health and wellbeing perceptions. Yet, the reduced power from a small sample size contributed to inconsistent statistical significance in some correlation analyses, thus inhibiting the robustness of conclusions.

Conclusions: Triangulation of the quantitative and qualitative data indicates that Asylum Accommodation does impact the physical health and mental wellbeing of Asylum Seekers in Cardiff, however further research must be conducted into this topic to ascertain the full extent of the issue.

1. Introduction

Asylum Seekers are defined as individuals seeking sanctuary from their country of origin, for reasons of persecution which directly threaten their physical safety (UNHCR, 2018). As signatories of the 1951 Geneva Convention (Convention Relating to the Status of Refugee) (Zimmermann, Dörschner and Machts, 2011), the United Kingdom (UK) is duty bound to accept, provide support and process the asylum claim of any individual that does so on the nation's soil. Support provided for Asylum Seekers differs globally. Within the UK, the Immigration and Asylum Act 1999, section 95, outlines provisions afforded to individuals seeking sanctuary, including:

- Access to free healthcare.
- Housing provisions.
- Cash support (£40.85 per week, per adult - *at the point of writing* (GOV.UK, 2022)).
- Free education for children under 18.
- Additional financial support for pregnant women / children.

Asylum Accommodation provision in the UK is an area that has received both academic and public scrutiny (Fée, 2021)(Brown and Booth, 2022). Reported use of reclaimed, decommissioned, military barracks - such as Napier Barracks in Kent and Penally Barracks in South Wales - to house Asylum Seekers, saturated the national media in 2021. Coverage identified issues with the Home Office's approach to Asylum Accommodation, highlighting a willingness to accept conditions deemed unfit for human habitation. Even amidst scrutiny and admissions of fault from the Home Office (Badshah et al., 2023), this approach towards Asylum Accommodation has yet to be altered. Recent plans to house 500 adult male individuals on the Bibby Stockholm barge - built to provide accommodation for only 220 - in Portland Harbour has attracted similar critiques (Robinson, 2023). However, not all housing provision is provided through such unconventional methods, and one could argue that contingency measures are due to an increased demand for asylum housing solutions (EIN, 2023). Much of the

accommodation provided for Asylum Seekers are managed by several housing associations, who have exclusive tender over property procurement and presentation within the UK (Fée, 2021, p.8).

From 2012, six regional Commercial and Operational Managers Procuring Asylum Support Services (COMPASS) companies managed Asylum Accommodation provision across the UK. In 2018, after consultation into the effectiveness of COMPASS, these contracts were released for a new tender by the Home Office. Three private housing associations won bids to provide services from 2019-2029: Serco, GS4 and Clearsprings (Fée, 2021, p.9), forming The Asylum Accommodation and Support Contracts (AASC). The privatisation of services presents a challenge for Environmental Health practitioners within local councils. Although accommodation managed by AASC falls within the jurisdiction of Local Authorities (LA), property inspections are directly monitored through the Home Office, via the associations. Therefore, LAs are limited by the extent of which they can observe conditions within the home, thus reducing their powers to intervene under the Housing Act 2004. Whilst the Home Office claims a commitment to inspecting at least a third of these properties annually (Neal, 2021), reported living conditions within Asylum Accommodation would suggest that independent regulation is not conducive to acceptable living conditions (Perraudin, 2017). The gap in monitoring and enforcement between AASC providers and LAs, potentially can create housing environments which negatively impact the physical health and mental wellbeing of vulnerable individuals.

This study will specifically look at Asylum Accommodation provided by Clearspring - Ready Homes; the contract holder for South Wales (Clearsprings Ready Homes Limited, 2022). In particular, housing provision within the Welsh capital city, Cardiff, will be used as the geographical basis for analysis. Latest figures (June 2022) from the Home Office states that 1,307 individuals, in Cardiff, lived in Section 95 provided dispersal accommodation - an increase from 1,154 in 2021 (Sturge, 2022). This increase represents a steady incline in figures since 2014 (Sturge, 2022). Initial accommodation figures are not published by the Home Office, therefore a greater

number of individuals receiving Section 95 supported accommodation is likely. Although data suggests increases in the Asylum Seeker population, research on the health implications of Asylum Accommodation in Cardiff is scarce. Considering that housing is highlighted as a strong social determinant of health (World Health Organization, 2018; p.4), the need to analyse the current approach to Asylum Accommodation - from the perspectives of those living in them - is an important addition to academia within this field.

1.1. Research Question

Does Asylum Accommodation have a negative impact on the physical health and mental wellbeing of Asylum Seekers living in Cardiff?

1.2. Study Aim

The evidence gap surrounding Asylum Accommodation in Cardiff and the impact it has on the health and wellbeing of Asylum Seekers presents an opportunity for further investigation. Therefore, this study seeks to add to this lack of research by providing a platform in which individuals' experiences can be communicated, interpreted and analysed. The following objectives outline how the study will seek to achieve this:

Objectives:

- Draw on current research surrounding housing as a social determinant of health.
- Conduct a targeted literature review concerning UK Government approaches to Asylum Accommodation.
- Critically analyse UK Government approaches to Asylum Accommodation.
- Evaluate current research within the effects of housing on the physical health and mental wellbeing of Asylum Seekers.

- Work in partnership with Oasis - a charity provisioning integration services to Asylum Seekers and Refugees in Cardiff - to identify individuals willing to participate in the study.
- Gather data on lived experiences through mixed-method surveys.
- Extraction, analysis and synthesis of data collected to determine causal relationships between Asylum Accommodation, physical health and mental wellbeing.

1.3. Study Significance

This study is of particular significance for two significant factors. Firstly, national media representations of Asylum Seeker increases in the UK primarily corresponds to “illegal migration” across the English Channel (Sturge, 2022). Actual population figures peaked in 2002 (103,081 applications made) - due to conflicts in Afghanistan, Iraq, Somalia and formerly Yugoslavia (Walsh, 2019). Applications fell sharply in 2004 to a decade low of 22,644, since then figures have steadily risen to 56,954 (in 2021) (Walsh, 2019). A more pertinent factor however, is not new Asylum claims but instead the proportion of existing cases awaiting initial, or appeal decisions (Walsh, 2019). During this latency period, accommodation provision is necessary to house individuals awaiting decisions. Consequently, the housing system has become increasingly saturated due to lack of attrition. Current trends on migration, as well as Asylum Case resolution time period (Sturge, 2022) would suggest that this is an issue that will remain prevalent in the UK over the next decade.

Property typing is the second significant factor addressed in this report. Privatisation of Asylum Accommodation has continued since its inception in 2012, with a renewed commitment to this model until at least 2029 (Asylum Matters, 2019; p.1). Reports detailing issues present in some Asylum Accommodation have highlighted conditions that do not meet the minimum requirements of the government’s “Decent Home Standards” (Fée, 2021, p.11). However, considering property inspections are managed by AASC providers, self regulation could contribute to an environment in which issues

are unchecked and standards are not adhered to. As a consequence, Asylum Seekers could be exposed to conditions prejudicial to health. Furthermore, self regulation impedes the ability for individuals to have their concerns acted upon, thus compounding the risk to health.

With these factors considered, consideration of Asylum Seekers' experiences must be added to a discourse primarily dictated by bureaucracy and political agenda. Asylum Seekers, whilst treated as a homogeneous group - are not. Individuals seeking sanctuary within the UK bring a variety of cultural norms and experiences, differing to those within Britain. Additionally, any potential traumas carried from past experiences contribute to differing expectations when assimilating into new environments. If Asylum Accommodation is not sensitive to these issues, but instead further negatively impacts physical health and mental wellbeing, then this should be highlighted and acted upon. Therefore, this study aims to contribute towards furthering an informed discourse of experiences within Asylum Accommodation, through the lens of those living in it.

2. Literature Review

2.1. Immigration

Immigration is a political trigger point in the UK, polarising opinions within public discourse (Blinder and Richards, 2020). Policy direction, as well as the rhetoric of policy makers, has shaped this discourse throughout successive British governments (Page, 2009). On the 20th April 1968, Conservative Shadow Defence Secretary: Enoch Powell delivered his infamous “Rivers of Blood” speech to the General Meeting of the West Midlands Area Conservative Political Centre (The Telegraph, 2007). The speech condemned the Labour Government’s new “Race Relations” bill and heavily criticised an increasing rate of migration into the UK. Powell’s speech was rejected by many of his Shadow Cabinet Minister colleagues, and his ministerial position was swiftly removed by the Conservative Leader, Edward Heath (Aitken, 1968). However, his speech resonated with the public. Opinion polls suggested that between 67-82% of the public agreed with Powell’s position (Afrose Kabir, 2012). Whilst controversial, Powell’s words seemingly reflected the trepidation of the British public surrounding immigration. Fear of “Others” coming to steal jobs, take from the state, and commit crimes were sentiments reflected by messages within national media at the time (Waite, 2022). Powell’s speech sympathised with the experiences of some within Britain at the time. Postwar recession had stagnated economic growth: rationing impacted accessibility of basic supplies, housing shortages contributed to homelessness and increasing unemployment meant that resources were scarce (Tomlinson, 2002). However, this “version” of Britain was not communicated to those immigrating to the UK from the Commonwealth.

In 1947, 108 Jamaican migrants docked in Liverpool via the SS Ormonde, marking the beginnings of the “Windrush” generation that followed from 1948 - 1971 (Royal Museums Greenwich, 2022). Those immigrating to the “Motherland” were told, by Clement Attlee’s Labour Government, that they were needed to regenerate post-war Britain (Royal Museums Greenwich, 2022). Individuals from across the Commonwealth

travelled to the UK to work in the NHS as doctors and nurses, or within other public sector jobs such as transport or construction, to rebuild the nation. Through this messaging, they were assured that they were wanted and needed within Britain. The reception they received, however, did not reflect the sentiments of Attlee's message, but instead that of Powell's speech (Khan, 2021). Overt and systematic racism shaped the narrative of lives during that period, and still does today (Khan, 2021). The recent "Windrush" scandal within the UK highlighted the continuing thread of discontent for individuals by successive governments (The Joint Council For The Welfare Of Immigrants, 2020). Many individuals had their citizenship rights wrongly questioned by the Conservative government in 2018 (Petter, 2022), resulting in at least 83 individuals being wrongly detained and deported to Commonwealth Nations. Some of which were born in Britain and had never left the county (Khan, 2021). Home Secretary: Priti Patel apologised for the "terrible injustices" (Bentham, 2020) of the scandal. However this represents a continuation of discontent towards immigrants and presents a point of reference when understanding the management of Britain's Asylum System.

2.2. Asylum System

2.2.1. Process

Claiming asylum is an international human right (Refugee Council, 2023) Britain's responsibility as a signatory of the 1967 Refugee Convention Protocol (Zimmermann, Dörschner and Machts, 2011) is to provide protection for those seeking sanctuary and facilitate individuals in rebuilding their lives as citizens of the UK. Current systems for processing asylum claims attempt to achieve the aims outlined in the protocol. Upon arrival into the UK, any individual may claim asylum: "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country" (Sturge, 2022). Regardless of the route taken into the country, the National Asylum Support Service (NASS) is responsible for providing support for individuals with an

active asylum claim. Established by New Labour's 1998 White Paper: *Fairer, Faster and Firmer: A Modern Approach to Immigration and Asylum* (Home Office, 1998), NASS was established to ensure support packages were provided to those seeking sanctuary in Britain. Under the Immigration and Asylum Act 1999 (UK Government, 2020), NASS must provide Section 95 support to individuals with active asylum claims. Section 95 support provides accommodation to those without the means to arrange their own, as well as a prepaid debit card (Aspen Card) which receives £45 weekly payments, for cash withdrawals or shop purchases. Additional money is afforded for families with young children. However, those allocated to full-board accommodation (e.g. hotels) have the financial support reduced to £9.10 per week. Emergency Section 98 support, consisting of hostel or hotel 'initial accommodation', is provided for cases where Section 95 eligibility is not automatically granted, as a preventative measure against destitution (GOV.UK, 2012). However, Section 98 support does not include financial payments, therefore individuals are solely reliant on services provided in the accommodation. Reports on these provisions, such as the quality of food provided, have been linked to issues surrounding malnutrition of individuals within Section 98 accommodation (Taylor, 2023a). Whilst NASS support measures do align with the duty-bound commitments of the UK, issues within the Government's management of systems somewhat undermine the policy intent.

On the 16th December 2022, the High Court ruled against Home Secretary, Suella Braverman, citing a breach of statutory duties regarding the financial support provided to Asylum Seekers (Greater Manchester Law Centre, 2022). The court concluded that a lack of consideration had been afforded to the current economic state within the UK. As a consequence, the Home Office had failed to meet the needs of over 60,000 Asylum Seekers (Greater Manchester Law Centre, 2022). The ruling resulted in an adjustment to the weekly payments, from £40.85 to £45. Charity, Refugee Action, stated that regardless of the increase, the funds still do not cover the basic food needs of individuals currently living within Britain (Refugee Action, 2023). Since 2000, the actual financial support has fallen from £8 a day to £5.84 as a result of inflation (Refugee Action, 2023). However, these figures may present an element of bias when considering the source and do not attribute overall Home Office expenditure Asylum Support

measures in the UK. The 2023 Parliamentary report on the UK aid budget presented a 25% increase in expenditure from £410 million in 2016, to £3,686 million in 2022. The Home Office accounted for £2,382 million of this (Loft, Brien and McKinney, 2023). Therefore, this presents an argument supporting the Home Office's commitment to supporting Asylum Seekers through increased expenditure. However, the High Court's ruling and Refugee Action's sentiments both conclude the same thing; it is still not enough. Therefore, an argument could present a systemic negative contribution to the lives of Asylum Seekers by the UK, contradicting their statutory requirements. This further indicates an approach of deterring "unwanted" migrants from coming to the UK.

As of March 2023, 75,492, asylum applications (91,047 people) were made in the UK; an increase of 33% in 12 months (56,560; 66,838 people) (Sturge, 2022). This increase is predominantly attributed to small boat crossings (40,444), contributing to 44% of the total applications made (Sturge, 2022). Concerns raised by senior Conservative ministers, regarding the increase of "illegal crossings" initiated policy measures aimed at preventing this method of seeking sanctuary, such as turning boats back in the English Channel (Casciani, 2020). Asylum Rights activists and lawyers criticised the policy. A direct legal challenge was made against the government, from activist group Freedom from Torture, citing the Home Office "encouraged or authorised unlawful action, including action that would in some cases breach Articles 2 and 3 ECHR (European Convention for Human Rights); it breached international maritime law; and it breached the Refugee Convention." (Casciani, 2020). Under mounting pressure, the policy was withdrawn by the government. The Rwanda Policy, which proposed the use of deportation to the country to assist asylum claim processing, faced similar legal challenges - citing the same breaches of the ECHR evidenced in the Turn Back The Boats policy (Walker, 2023). These attempts to curtail asylum claims could further show a disregard for the health and wellbeing of Asylum Seekers, by the Home Office. Alternatively, it could indicate an overburdened system that is unable to respond to a growing need.

Although areas within the current system are presented as undermining the UK's statutory commitments towards individuals seeking asylum, it is important to identify that

Section 95 provides individuals with their basic physiological needs. The financial stipend, albeit not without critique, gives individuals the means to purchase food whilst their claim is processed. Furthermore, Section 95 support gives individuals a space in which they can call “home” throughout this time. The provision of accommodation is a pivotal aspect of this support package, however analysis of the management systems overseeing said accommodation will provide further insights into lived experiences of Asylum Seekers in the UK.

2.2.2. Asylum Accommodation System: 1999 - 2019

The Immigration and Asylum Act 1999 was born through New Labour's pledge to alleviate the growing strain felt in the housing systems of London and the Southeast of England (Bloch and Schuster, 2005). Accommodation provided through Section 95 support would be afforded through means of dispersal, to other Local Authorities (LA) where more affordable housing solutions could be obtained by the Home Office. Replying to Parliamentary questioning pertaining to the criteria for dispersal, the Secretary of State for the Home Department - James Brokenshire - stated the following:

“Asylum seekers who need accommodation are housed across the UK according to an agreed ratio, based on various regional factors. The Home Office has voluntary agreements with 95 local authorities [...] As part of the regional dispersal policy established in 2000 an advisory cluster limit was set by the Home Office at 1 asylum seeker for every 200 of the settled population.”

(Brokenshire, 2005).

In 2010, the government announced that it would be moving from this model of LA managed services, instead opting to privatise the service through contracting several housing associations (Fée, 2021).

In March 2012, six contracts had been signed for the provision of Asylum Accommodation (Comptroller and Auditor General, 2014). These six contracts formed

the Commercial and Operating Managers Procuring Asylum Support (COMPASS), which was set to provide housing solutions for 20,000 individuals until 2019. Stating that the move would save taxpayers upwards of £140 million over seven years, the Home Office justified that decentralisation of the service was the most appropriate course of action for the economy (Comptroller and Auditor General, 2014). However, the COMPASS system reported multiple financial and managerial issues. One provider under the contract, Serco, claimed “in February 2016, its average income per month per service user was around £300, but that the average cost [to Serco] was around £450.” (House of Commons Home Affairs Committee, 2017, p.3). This sentiment was shared by the other providers who predicted losses between £20-£47 million over the 2012 - 2019 period (House of Commons Home Affairs Committee, 2017, p.3). The cause of the shortfall was somewhat attributed to the disparity between the cost of the contracts and the inflation of property prices (House of Commons Home Affairs Committee, 2017). Consequently, this created further issues for all stakeholders as demand increased and resources were further squeezed.

2.2.3 Impact On Stakeholders

The Home Office has not released a comprehensive financial analysis of the seven-year contract period with Compass, however a report published for the 2012-13 period presented a saving of £8 million (National Audit Office, 2014). Extrapolation of this figure over the full contract term would predict a figure just over one third of the target (£56 million). Furthermore, the Home Office has since conceded that COMPASS did not fully achieve the perceived targets (House of Commons Home Affairs Committee, 2019) Therefore, decentralisation of the service - on a purely financial analysis - was not an effective solution to the housing issue.

In addition to the economic impacts of COMPASS, reports of unsuitable living conditions also highlighted issues for individuals within properties. Service providers Serco and G4S received multiple complaints from tenants, citing cramped living conditions, rodent infestations, and increasing levels of damp and mould (Goodwin, 2019). The Home

Office's response resulted in a number of financial sanctions placed on service providers for failing to meet KPIs (Key Performance Indicators) (Goodwin, 2019). However, reports from charities - such as the Scottish Refugee Council - highlighted that these sanctions did little to change living conditions:

“Time and again we were told by the Home Office, Serco and Orchard and Shipman that there were no major or systemic problems. We were basically told there was nothing to see here”

(Zazai, 2019).

In September 2019, however, the COMPASS contracts were ended by the Home Office. A public review - conducted in collaboration with the Parliament's Committee of Public Accounts and its Home Affairs Select Committee (House of Commons Home Affairs Committee, 2019) - concluded that service providers in the contract “had struggled to establish their supply chains, resulting in poor performance, delays and additional costs for the Department” (House of Commons Home Affairs Committee, 2019, p.2). Although the contract cancellation illustrated the Home Office's acknowledgement of the issues surrounding COMPASS, a question remains as to why these failures were not considered prior to the extension of the contracts in 2017 (Fée, 2021). Potentially, this indicates a continuation of disregard towards the health and wellbeing of individuals within Asylum Accommodation.

2.3. New Contracts

2.3.1. AASC

Amidst the backdrop of an increased demand for Asylum Accommodation, the Home Office announced a new 10-year contract scheme (2019 - 2029) with three providers (Clearsprings, Serco and Mears) over seven regions within the UK; The Asylum Accommodation and Support Contracts (AASC) (Home Office, 2019). The awarding of contracts to Serco received criticism, considering their involvement in the identified failings of the COMPASS contracts (House of Commons Home Affairs Committee,

2019). Unlike its predecessor, the AASC service would also be supplemented by the newly formed helpline and support service AIRE (Advice, Issue Reporting and Eligibility) managed by the charity Migrant Help (Home Office, 2019). The £4bn contract was poised as the solution to the growing Asylum Accommodation crisis and sought to rectify the failings of the past. The AASC Schedule 2: Statement of Requirements (2019) clearly outlines the mandatory requirements, as well as best practice recommendations, for the service providers. It is within this document that an analysis of service delivery versus service reception can begin to be drawn.

2.3.2 Contingency Accommodation - Hotels

Under AASC, the delivery method for Asylum Accommodation is presented in different guises. Individuals receiving Section 95 support are not only housed in “traditional” means (e.g. houses, flats, apartments etc.), but increasingly in “contingency accommodation” - such as hotels. The use of these alternative accommodation routes has attracted some criticism. A report conducted by the Guardian Newspaper highlighted growing concerns over catering provisions within Asylum Hotels. Quoting health workers involved with the hotels, the report showed an increasing number of tenants - including children - were developing signs of malnutrition:

“In some areas, health professionals have started weighing children at the hotels who have become dangerously thin and in need of frequent monitoring [...] Some parents have been found rummaging through bins to find food for their children and adults were losing as much as 10-15kg (22-33lbs) of weight.”

(Taylor, 2023a).

This simultaneously contravenes the overarching statutory requirement of the UK in providing safe conditions for Asylum Seekers and contradicts Article 2.6.4 of Schedule 2, which states:

“If full board accommodation is provided by the Provider for any Service

User, the full board food service shall meet the dietary, cultural and religious needs of Service Users.”

(Asylum Matters, 2019, p.30)

A strong conclusion could be made that individuals losing 10-15 kg of body weight are not having their dietary needs met. In response, the Home Office stated that food provided:

“[...] meets NHS Eatwell standards and responds to all cultural and dietary requirements” and that they “work with the provider to ensure these concerns are swiftly addressed”.

(Taylor, 2023a)

Unfortunately, this case is not a discrete report concerning Asylum Hotel Accommodation. Migrant Voice, a charity working with Asylum Seekers, identified comparative issues in concerns raised by hotel residents in their independent study. Over 170 individuals were surveyed, citing issues surrounding overcrowding, poor food, lack of privacy, poor cleanliness of properties, and lack of adequate bathroom facilities as some of the main factors contributing to their discontent (EIN, 2023a). These issues are not dissimilar to those raised by individuals living in COMPASS managed accommodation, therefore suggesting recommendations were not upheld in the new AASC contracts.

2.3.3. Asylum Accommodation and The Private Rented Sector

Fée (2021) suggests that the ongoing housing crisis in the UK has exacerbated issues within Asylum Accommodation. Their report identifies that the systematic sale of Social Housing (SH) during the 1980's, under the 'Right To Buy' scheme, has created an environment where property demand outweighs supply (p.6). SH sold during this period has eventually entered the PRS, which in turn has been acquired by AASC providers for the use of Asylum Accommodation. Issues within PRS properties have been widely

reported. In 2020, 13% of all inspected PRS properties had one or more Category 1 Hazard an increase from 12% in 2019 (Department for Levelling Up, Housing and Communities, 2021). Conditions relating to damp and mould were the most prevalent hazards (Department for Levelling Up, Housing and Communities, 2021). Whilst these figures do not directly relate to conditions within Asylum Accommodation, AASC service providers acquisition of properties within the PRS presents a potential overlap of these conditions. Therefore, unless diligently managed by the service providers, Asylum Seekers may be exposed to conditions that negatively impact their health and wellbeing. Clearsprings states that they are fulfilling their contractual obligations in providing accommodation “at the cost of £6m per day” and “adequate” accommodation is procured (Bychawski, 2023). However, the disparity between reports of poor living conditions within Clearspring managed accommodation, and their recorded £23 million profits in 2022-2023, could conclude that their procurement of “adequate” accommodation does not go far enough to ensure the health and wellbeing of Asylum Seekers.

2.4. Housing and Health

2.4.1. Social Determinant of Health

Maslow’s Hierarchy of Needs theory (1943) suggests the foundations for psychological and physiological development are first dependent on basic needs being met; one such need is shelter. However, having a roof over one’s head may not provide the extent of developmental foundations needed to navigate modern society. The quality of housing, therefore, is a greater contributor towards meeting individuals’ needs. The World Health Organisation (2018) states “poor housing conditions are one of the mechanisms through which social and environmental inequality translates into health inequality, which further affects quality of life and well-being”, further supporting the beneficial impact housing has on the development of a healthy life. However, studies present a disproportionality of access to appropriate housing within the UK, where the most vulnerable in society are exposed to hazardous conditions within the home. Public Health England (2017)

highlighted that in 2017, the PRS contributed to 15% of the overall 28% of properties that did not meet the Government's "Decent Homes" standard. Similar properties have been procured by AASC service providers, and similar standards to those in "Decent Homes" have been assimilated into the Schedule 2: Statement of Requirements (Asylum Matters, 2019). However, reports have shown that these standards have not been met across multiple Asylum Accommodation properties (Stevens and Uthayakumar-Cumarasamy, 2022), thus further contributing to the health inequality divide within the UK.

2.4.2. Damp and Mould

Defects within properties increase the risk of an individual's exposure to conditions injurious to physical health. The most prevalent in recent public attention is the presence of damp and mould, in which toxins have been directly linked to the development of cardio-respiratory disease (Atan Sahin et al., 2016) or in the most fatal cases death (Brown and Booth, 2022). In November 2022 the death of 2-year-old Awaab Ishak, the son of Sudani parents who migrated to the UK in 2016, was reported in the national news (Brown and Booth, 2022). This illustration of their living conditions, and the tragic consequences, was brought to the forefront of national attention. An inquest into the death found that victim blaming of the family's lifestyle had contributed to negligent attitudes regarding property inspections (Brown and Booth, 2022); a factor that charity Refugee Action claims is indicative of the approach towards individuals within Asylum Accommodation (Refugee Action, 2023). Albeit tragic, fatality is but one consequence of being exposed to damp and mould for prolonged periods. Atan Sahin et al. (2016) states persistent bacterial infection of the airways can develop through overexposure, thus causing recurring respiratory disease. In 2022, the NHS spent £38,356,200 on issues attributed to "dampness within the home" (Garrett et al., 2021). Although this expenditure cannot solely be attributed to damp and mould exposure within such properties, it can be argued that there is a compelling correlation. Therefore,

considering issues of damp and mould have been reported in Asylum Accommodation, the financial strain felt by health services will continue to grow if not addressed.

2.4.3. Anxiety, Depression and Isolation

The presence of damp and mould in cold homes does not only present physical consequences. Studies have shown significant negative impact on individuals' mental wellbeing regarding exposures to such conditions within the home (Bradshaw and Keung, 2022). Additional studies have shown that when individuals are moved from poor living conditions into properties with better living standards, their physical and mental wellbeing improves as a consequence (Rolfe et al., 2020). This further highlights the importance of individuals being able to access quality housing. However, not all within society have autonomy in this decision - this is especially true for Asylum Seekers who have no agency in where they are dispersed. Arrival into the UK is but another stage in the journey to seek sanctuary. Whilst treated as an homogenous group, Crawley (2013) suggests that an individual's unique experiences, prior to seeking sanctuary, is a strong contributor towards their overall mental wellbeing whilst in Asylum Accommodation. The perceived expectations of living conditions then dictates how individuals interact with their surroundings. Furthermore, the locality of properties are cited as a factor impacting Asylum Seekers mental health. Brown, Gill and Halsall (2022) suggests that tensions arising from potential perceptions in the disparities between domestic support services offered to British citizens, and those afforded to Asylum Seekers within local communities, creates barriers to integration. Consequently, reduced opportunities for integration contributes to increased feelings of isolation in Asylum Seekers (Brown, Gill and Halsall, 2022). However, Asylum Accommodation placement is not dictated by the sensitive interplay of societal integration, instead by property availability.

2.5. Property Availability

An increased demand for Asylum Accommodation, combined with inflated property prices has resulted in AASC providers procuring more properties in low socio-economic areas of the UK (Lyons and Duncan, 2017). This has caused concern for some local boroughs because it contributes to growing housing shortage already experienced by an area's local residents. Concerns over the approach have been communicated by some boroughs. A statement from a representative of the London Councils claims that: "The number of private-sector lettings in the city has fallen by nearly 40% in the past five years 7% of all temporary accommodation used by councils has been taken back by providers in the past six months alone" (Michael Buchanan, 2023). One consequence of this has resulted in a growing discontent of local residents, who believe that Asylum Seekers are afforded more support than those that have lived there for generations (Full Fact, 2018). This is furthered by the rhetoric perpetuated in the national media by the Home Office, branding migrants as "invaders" (European Council on Refugees and Exiles, 2022). Growing reports of isolation and loneliness amongst Asylum Seekers have emerged due to this tension, individuals citing their fear for their safety in the locality (Euro-Med Human Rights Monitor, 2021). Therefore, this highlights that more can be done to facilitate the integration of Asylum Seekers into local communities to address these issues.

2.6. Summary

Issues present within the current Asylum Accommodation system have been evidenced at multiple levels. National attention has been drawn towards these issues through research provided primarily by the media and the third sector. However, considering the importance of Clearsprings as an AASC service provider in Wales, research conducted within the country is limited. Considering this element, as well as the evidence provided thus far, an opportunity for furthering the research surrounding these issues has emerged. Therefore, it is important to determine whether the literature analysed thus bears resemblance to the management of Asylum Accommodation Cardiff. If so, then

further contributions to the topic may help to improve the physical health and mental wellbeing of those seeking sanctuary in all areas of the UK.

3. Methodology

3.1. Rationale

An Explanatory-Sequential approach, with a greater emphasis on the qualitative element of gathered data, was proposed for this study (Creswell and Plano Clark, 2017). Quantitative data collection was posed through the distribution of surveys. Analysis of survey data would then inform the questions asked in follow-up, semi-structured interviews with individuals randomly selected from the sample. This quant-QUAL (Creswell and Plano Clark, 2017) approach would provide opportunities to derive further meaning from the initial data gathered (Edmonds and Kennedy, 2017), through triangulation. The study design was relevant when considering the research purpose; qualitative data would develop a depth of analysis regarding the participants' lived experiences of Asylum Accommodation. However, barriers presented throughout the study timeline limited the feasibility of this approach. Primarily, the participant demographic offered the greatest layers of complexity for the research. Considering that many individuals seeking sanctuary in Wales are not English first language speakers, translation services were needed to reduce language bias. Resource demands needed for such services, within surveys, interviews and preceding transcriptions, proved to be beyond the scope and capabilities of the researcher, in the time frame presented. Furthermore, the vulnerable status of participants posed an additional degree for ethical consideration. Questions pertaining to individuals' lived experience of Asylum Accommodation could potentially contribute to triggering any underlying trauma they may have experienced. These risks could be further exacerbated in an interview setting, where anxiety levels may be heightened for the participants. Whilst these factors were accounted for, and mitigated against, in the study risk assessment, the length of the ethical approval process hindered the overall time available for data collection. Therefore, so as not to risk the overall validity of the study, a modified approach was selected.

Utilising the quantitative approach already established in the study design, a Cross-Sectional model for data collection was adopted. Whilst this study design could

inhibit the amount of qualitative data that can be gathered, it benefits from the opportunity for recruiting a larger sample size. Therefore, increasing the overall validity of quantitative data gathered, thus strengthening any conclusions drawn for the overall population (Andrade, 2020). Furthermore, although not as comprehensive as qualitative data gathered from interviews (Almalki, 2016), open-ended questions within the survey design does allow opportunities for triangulation of data in key areas for consideration. Creswell and Plan Clark (2017) suggest that data triangulation reduces the likelihood of measurement and interpreter bias because researchers are provided with further opportunity to scrutinise results. Whilst the depth of scrutiny is limited through the amended study design, triangulation is still present when analysing trends within the data.

Cross-Sectional surveys benefit from the ability to capture data at a specific point in time, thus identifying the prevalence of an outcome in a particular cohort (Setia, 2016). In respect of the questions posed for this research, the outcome relates to the individual's perceived physical health and mental wellbeing; the exposure being Asylum Accommodation. Data collected in this study represents a snapshot of the current lived experiences of the sample, providing opportunity for comparison with existing studies within this research area. However, the downside of data collected at a single point in time, is the limitations of drawing causality from a data set (Wang and Cheng, 2020). Therefore, inferences should be intended as an exploratory aid for further research into highlighted trends.

3.2. Recruitment

Oasis' client database software (Charity Log) holds records for all Asylum Seekers and Refugees in Cardiff that have received support from the charity. Access to the database is 2-factor password protected, ensuring protection of sensitive data. Permission for use of the database was given to the researcher by Reynette Roberts (CEO, Oasis). Search functions within the database assisted recruitment via inclusion and exclusion criteria.

These functions were utilised when identifying the sample size. The inclusion criteria were as follows:

- Individuals with an active asylum claim.
- In receipt of accommodation via section 95 OR section 98 support.
- In initial OR dispersal accommodation in Cardiff.
- Aged 18 or over.
- Had active contact with Oasis Cardiff in the 6 months prior to recruitment.*

Exclusion criteria:

- Individuals not in receipt of Section 95 support because:
 - Their asylum claim has been granted.
 - Their asylum claim has been rejected.
- Aged under 18.
- Individuals with cognitive impairment.**
- In receipt of support through a specific resettlement scheme.***

** To reduce the risk of attrition bias.*

*** Medical records of individuals' support needs are available through the database. Individuals with cognitive impairment may have a higher chance of misinterpreting the survey, thus increasing interpretation bias.*

**** Individuals receiving support through resettlement schemes (e.g., Afghan Resettlement, Ukrainian Resettlement schemes) do not receive the same Section 95/98 support of those with active asylum claims, comparisons drawn would therefore not be based on the same variables.*

Search results presented 415 individuals within 'initial accommodation' and 994 within 'dispersal' accommodation, totalling 1409. Utilising the inclusion and exclusion criteria,

present a further distilled sample size of 199 (n=199). Recall bias was reduced through excluding individuals with positive asylum claims, who no longer receive section 95 accommodation support, to increase the reliability of the data. The reduction of language bias was achieved through the identification of the most commonly spoken languages of the cohort, thus dictating the necessary translation service. Arabic was the modal language (n=108), Farsi the next most common (n=56), then English (n=16), and Spanish (n=10). Tigrinya (n=5), Urdu (n=2) Somali (n=1) and Pular (n=1) were also observed. Considering the proportional representation of the two most spoken languages (Arabic = 54.27%, Farsi = 28.14%) the researcher concluded that the most appropriate course of action was to create translated versions of the survey in these two languages. With the inclusion of the original English version, the total reach of the survey accounted for 90.45% of the sample (n=180). Targeting translation at these most prevalent languages, helped reduce selection bias. Excluding other languages from translation services could risk undermining the external validity of data, however it was concluded that an appropriately high percentage of the total sample was accounted for, thus reducing this risk.

3.3. Survey Design

3.3.1. Content

An amended format of the English Housing Survey (EHS) was used for this study. The EHS has been distributed annually since 1967. Within this period, the data collected has created many opportunities for the suitability of dwellings to be assessed regarding individuals health. Considering the concurrent utilisation of EHS as a data collection method within this research area, it was deemed more appropriate to utilise this data collection tool opposed to developing an original survey that lacks such validity. Annual distribution of EHS has resulted in an evolution of topic areas for data collection, through the addition and subtraction of relevant questions. In consideration of this, not all questions within the current 2023 EHS related to this study cohort. Therefore, selection of questions that directly contributed to the overall aims of the research was

necessary. After several iterations and amendments, seven key themes arose in the final presentation of the survey:

1. Identification (anonymised; for trend purposes only)
2. Accommodation
3. Safety
4. Housing Provider
5. Neighbourhood
6. Physical Health
7. Mental Wellbeing.

These themes were composed through a comparison of questions present in EHS alongside the key discussion topics within the initial literature review. It is these areas that formed the basis of analysis after data extraction. Some questions were excluded from the survey such as those relating to Energy Performance Certificates (EPC), as well as extensive explanations regarding the type of property, and tenancy ownership, because they did not add value to the study. Retaining the most appropriate questions was done to reduce attrition bias, thus reducing the overall engagement time of the survey. The surveys passed through several stages of refinement and were trialled by the researcher's colleagues to ensure consistency with the format, content, and translation, further reducing interpretation bias.

3.3.2. Translation

Arabic and Farsi translation was conducted using a three-step verification process. The first step utilised the artificial intelligence powered ChatGPT. Developed by OpenAI and launched in November 2022, ChatGPT is described as a "AI-powered language model developed by OpenAI, capable of generating human-like text based on context and past conversations." (OpenAI, 2023). One function of the chat service is the ability to request text translations between languages. Using this function, the English version of the survey was inputted and translated into Arabic and Farsi, respectively. Secondly,

ChatGPT was used to reverse translations back into English, the results were cross referenced to ensure parity between the original and new text, amendments were made where necessary. Finally, translations were cross referenced with native Arabic and Farsi speakers, working as staff members for Oasis. Completion of this process provided enough confidence in ensuring participants fully understanding when engaging with the survey, thus reducing both interpretation bias and attrition bias through lack of accessibility. Data validity would further be strengthened through ensuring that participant's interpretation of the questions, and study participation sheet, was as intended. Recruiting ChatGPT to aid in this significantly reduced the potential return time for traditional methods of translation, therefore increasing the capacity of the study altogether.

3.3.3. Distribution

Individuals were contacted, via email, with a link to the survey. The email introduced the researcher, the research aims and included a link to the survey. For participants whose preferred language was Arabic or Farsi, copies of the preamble were provided in both English and the respective translation. The Participant Information Sheet and Consent Forms were included as hyperlinks on the first page of the survey; continuation required participants to acknowledge they had read both and consented to their involvement. A link to the researcher's email was attached if the participants had any additional questions pertaining to the study. Anonymity was ensured at multiple steps of the communication process, this was reiterated in the survey, "Participant Information Sheet" and the initial contact email sent. None of the data is identifiable to any one participant.

3.4. Data

3.4.1. Storage

The surveys were formatted using Microsoft Forms, using login credentials provided by the University of West England. Data collected was stored on a secure cloud drive, protected via 2-factor password protection. The researcher is the only individual able to access the survey responses throughout data collection and analysis. Data will be stored for 10 years - in line with UWE (University of the West of England) data handling policy, after which it will be destroyed.

3.4.2. Extraction and Verification

Microsoft Forms supports direct data extraction into Microsoft Excel. However, this spreadsheet software was utilised for initial extraction only. SPSS (Statistical Package for the Social Sciences software) was used to format and analyse the data fully. Excel is useful as a spreadsheet software and provides some opportunities for statistical analysis, yet there are limitations to the extent of complexity in analytical formulas. This is unlike SPSS because the software's primary function is complex statistical analysis, thus the user interface is more accessible by comparison. Therefore, to increase the accuracy of analysis techniques, the researcher concluded that the capabilities of SPSS were more appropriate to the study.

Before conducting analysis, the data was verified by searching for duplications or incomplete responses. These were disregarded from the data to strengthen the overall validity. Trends in the quantitative data, regarding each theme, were compared to develop a relationship between the outcomes and the exposure. Furthermore, analysis of the qualitative data was conducted to provide an opportunity for triangulation, thus strengthening the interpretation of the quantitative data. Analysis methods used within this study are further justified in the following sections.

3.5. Data Analysis

3.5.1. Quantitative

Initial descriptive analysis was used to present the raw quantitative data. This first step of data analysis was crucial for two reasons: firstly, it allowed the researcher to understand the sample (Jansen and Warren, 2020). Doing so unearths the mean, mode, and standard deviations in the data, for further analysis. Secondly, descriptives are strengthened through visual representations of the data (graphs, tables, charts etc.), thus supporting the communications of results (Wang, 2013). Visual representation of standardised data allowed the researcher to illustrate trends in the data, as well as identify any errors or anomalies that may question validity. Furthermore, numerical analysis of the data assisted the identification of associations between the exposure and the outcome, thus addressing the null-hypothesis (H0): Asylum Accommodation does not negatively impact physical health and mental wellbeing. However, descriptive analysis only provides understanding for discrete data sets, it does not identify correlations between variables, thus undermining the validity of any associations drawn. Therefore, further inferential analytical tests were conducted to identify relationships within the data.

Data extracted from the surveys was categorised under three types: ordinal, nominal, and continuous. Before attempting to conduct bivariate analysis between the independent and dependent variables, it was crucial to identify the most appropriate statistical tests to conduct in SPSS.

Engagement with literature regarding measuring associates with data (Khamis, 2008) presented a comprehensive overview of how to conduct these tests.

Variable Y	Variable X		
	Nominal	Ordinal	Continuous
Nominal	ϕ or λ	Rank biserial	Point biserial
Ordinal	Rank biserial	τ_b or Spearman	τ_b or Spearman
Continuous	Point biserial	τ_b or Spearman	Pearson or Spearman

ϕ = phi coefficient, λ = Goodman and Kruskal's lambda, τ_b = Kendall's τ_b .

Figure 1. Bivariate Analysis Cross-Reference Table (Khamis, 2008, p.5)

As the data collected in this study is from a single sample, inferential analytical processes are limited to correlation analysis or regression analysis; both approaches seek to assess the relationship between two variables (Edmonds and Kennedy, 2017). Correlation analysis provides a statistical explanation between the two variables, however it is limited in capacity when drawing conclusions of causality within the data set (McClellan et al., 2019). Regression analysis does provide this opportunity, which is more effective when attempting to draw conclusions for the whole population (McClellan et al., 2019). However, regression analysis benefits from a larger sample size representative of the populations, which this study does not have. In consideration of this, correlation analysis was selected as the most appropriate tool method for identifying relationships within the data.

3.5.2. Qualitative

Open-ended survey data was analysed to provide a depth of understanding in the quantitative data. Analytical techniques could have been conducted in numerous ways, therefore selecting the most applicable method for the study was imperative. One such considered method was Content Analysis. Through a process of distilling word frequency into numerical data, this method provides the researcher with the opportunity to derive meaning from the prevalence of certain words (Hennink, Hutter and Bailey, 2020). Greater numerical values attributed to words could infer more significance within the data. However, there is a risk of researcher interpretation bias in this approach. Furthermore, considering a numerical data format was conducted for the quantitative arm of analysis, this approach reduces the “voice” of the participant; a crucial aspect of the study. Other analytical methods do create opportunity for the interpretation of voice however, such as Narrative Analysis and Thematic Analysis.

Narrative Analysis is a powerful analytical tool for understanding both the language and structure in which individuals construct their sentences (Silverman, 2021). Inferences can be drawn from individuals’ full transcripts, thus providing greater depth for analysis.

However, Narrative Analysis is reliant on collecting participants' data over a period of time, or through data collection methods that provide more freedom of voice, such as semi-structured interviews (Silverman, 2021). Whilst this approach may have been applicable in the precursor methodology, the volume of qualitative data collected through the surveys would not warrant this analytical method.

The flexibility of Thematic Analysis therefore provides the greatest opportunity to derive meaning from the qualitative data within this study. Whilst the coding aspect of Thematic Analysis is comparative to Content Analysis, the further development of categories, then themes, provides space for further depth and inference (Hennink, Hutter and Bailey, 2020). The areas for data collection were pre-determined as a result of engaging with previous literature and the EHS. Therefore, the role of qualitative analysis is not to generate original themes but instead provide greater detail for pre-existing areas of interest. Furthermore, in an attempt to reduce the risk of homogenising the cohort, a semantic approach to thematic analysis best represents the viewpoints of individuals, thus providing a greater incite into themes. However, whilst there are many benefits to this approach, there are some limitations that need to be considered. The flexibility of this approach is simultaneously a strength and a weakness. The lack of a blueprint for generating codes and themes can create an environment in which oversights on important data occur, in the pursuit of attributing data to rigid coding (Hennink, Hutter and Bailey, 2020). This can be further exacerbated if the researcher approaches the data with preconceived ideas of what the qualitative data should say. To reduce this interpretation bias, even data that contradicts the hypothesis was included. This important aspect also seeks to understand the complex needs of individuals in the study.

4. Results

4.1. Gender

The modal gender identification of the sample was male (n=35). One individual identified as Trans-gender, whilst the rest identified as female.

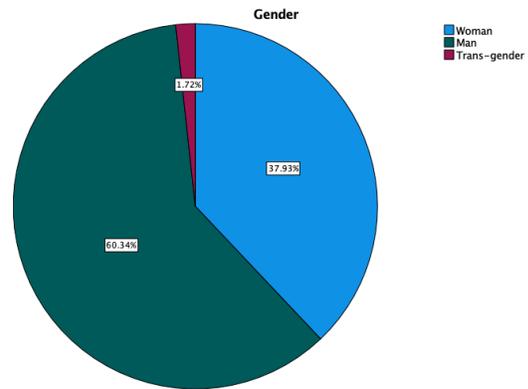
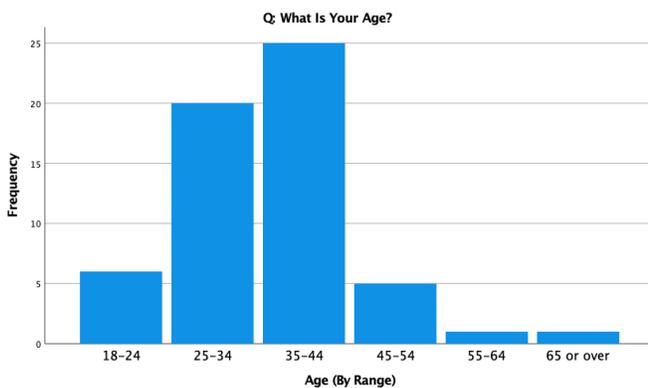


Figure 2. Gender

4.2. Age



The modal age of the sample size was 35-44 (n=25), followed closely by 25-34 (n=20).

Figure 3. Age

4.3. Nationality and Ethnicity

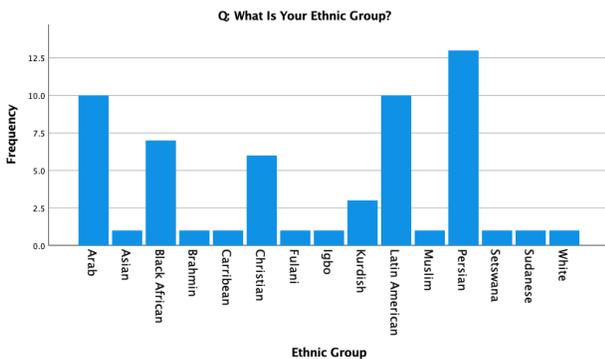


Figure 4. Ethnicity

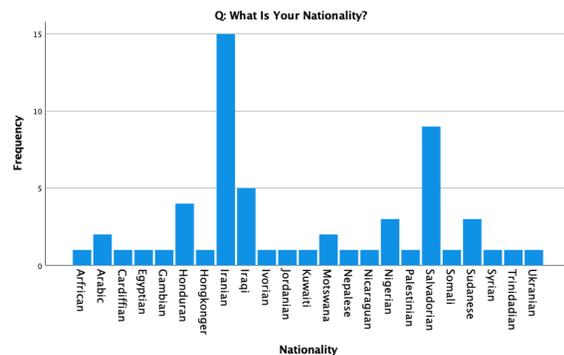


Figure 5. Nationality

23 different nationalities were recorded from the sample, the modal nationality was Iranian (n=15), followed by Salvadorian (n=9). Of these nationalities, the participants identified themselves by 15 different ethnicities: the modal group was Persian (n=13), followed by Arab (n=10) and Latin American (n=10).

4.4. UK Residency

The mean UK residency period of participants was 20.72 months (SD=29.724). Two individuals expressed they had lived in the UK for more than 150 months (6+ years).

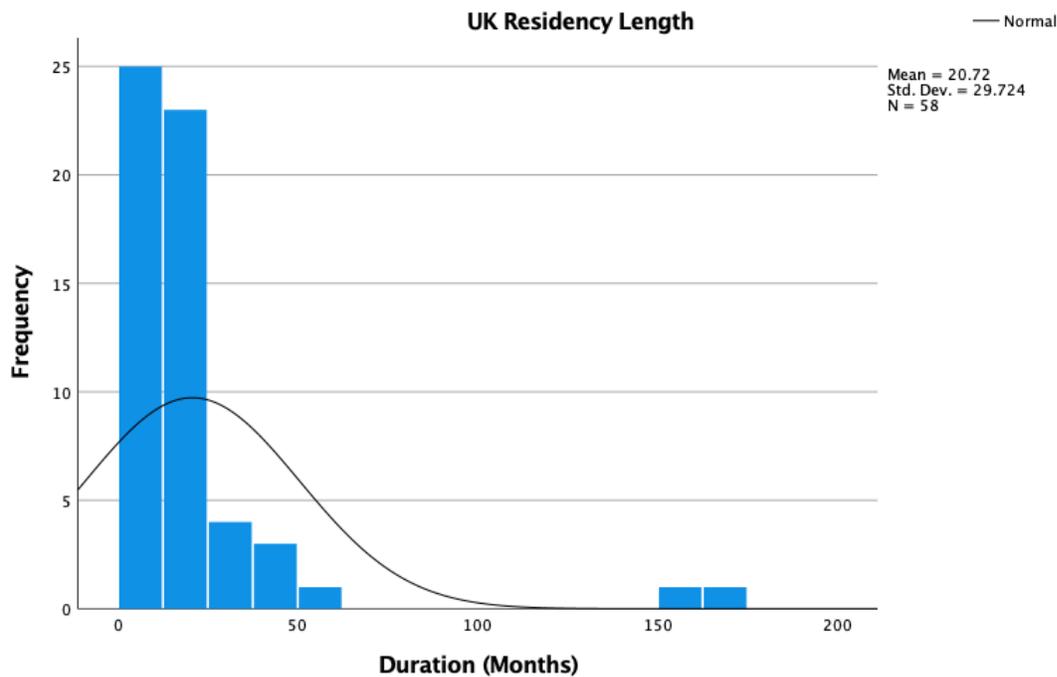


Figure 6. UK Residency Length

4.5. Accommodation Type

The majority of participants lived in a house (n=24), or a single room within a house (n=14) equating to 65.5% of results. 3 of the “other” accommodations were also categorised as houses.

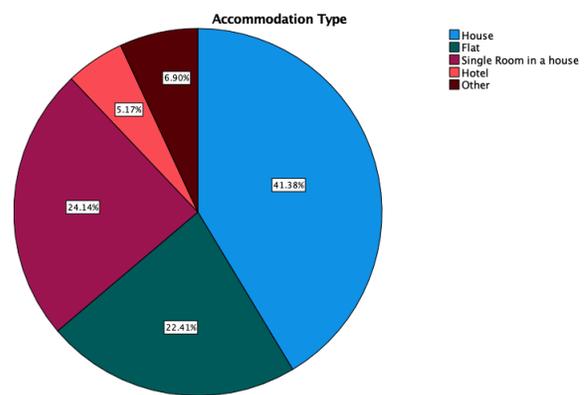


Figure 7. Accommodation Type

4.6. Tenancy Length

The modal tenancy length of the participants was between 1 and 2 years (34.5%). The majority of responses were categorised as spending less than 2 years in the current accommodation (n=46). 8 participants expressed that they have lived in their current accommodation between 3 and 5 years.

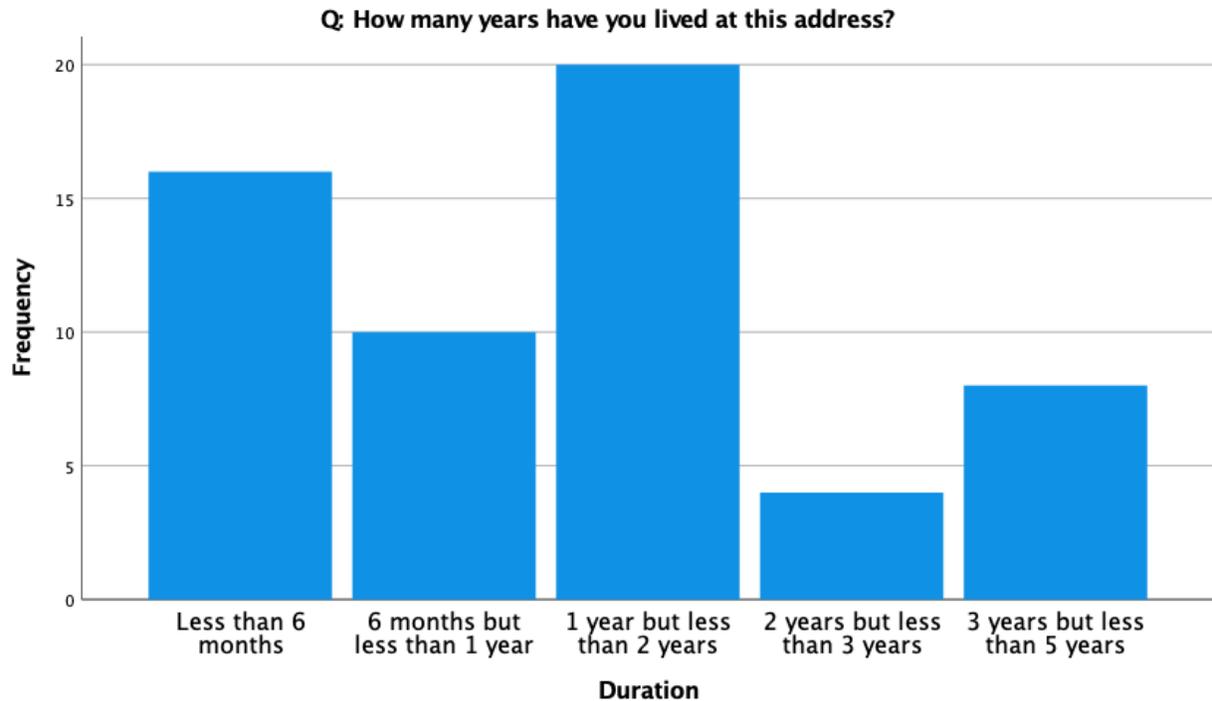


Figure 8. Tenancy Length

4.7. Additional Tenants

Additional tenants occupancy presented a wide spread of results, however the most frequent were 2 (n=10), 3 (n=15), and 4 (n=10). One participant expressed that they were one of 10 occupants in their household, whilst another highlighted there were more than 10 tenants in one property.

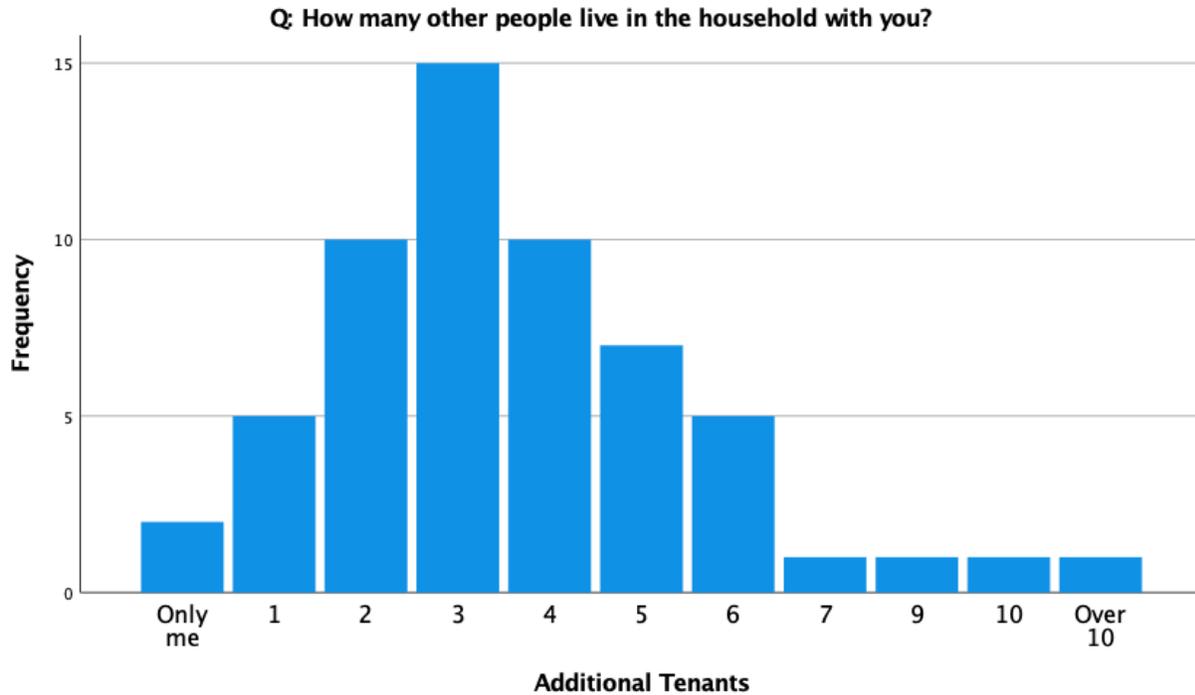
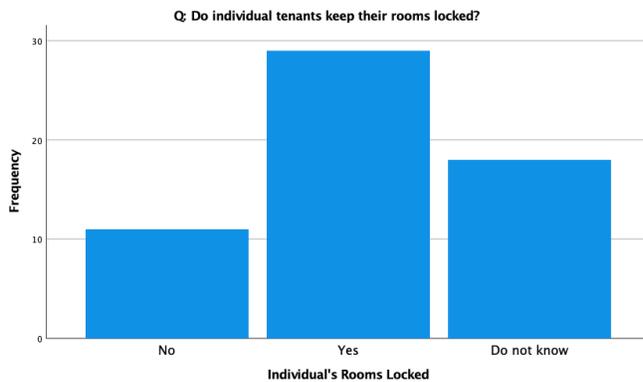


Figure 9. Additional Tenants

4.8. Personal Locks



50% of participants expressed that tenants kept their individual rooms locked, opposed to 19% who said they did not. 31% were unsure of these behaviours within the property.

Figure 10. Personal Room Locking

4.9. Internet Access

The majority of participants (77.6%) expressed they had some form of internet access within the home, opposed to 20.7% who said they did not. Of those that did have internet access, 46.6% attributed this to broadband provided within the accommodation.

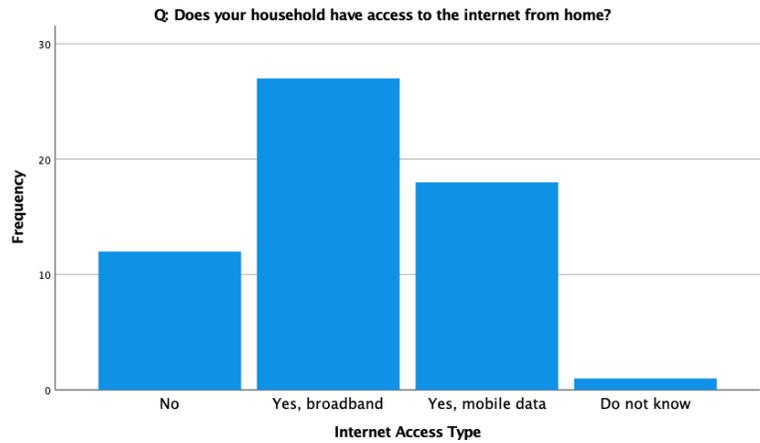
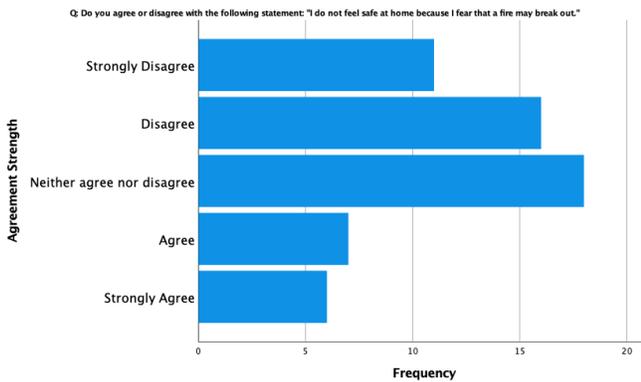


Figure 11. Internet Access

4.10. Fire Safety



A higher proportion of participants did not feel unsafe due to the risk of fire within their accommodation (47.6%), opposed to 22.4% who did feel unsafe. 31% of participants remained neutral in their opinion.

Figure 12. Fire Safety

4.11. Fire Alarms

77.6% of participants highlighted that they had a smoke alarm in their property. Only 1 individual expressed that they did not, whilst 20.7% were unsure if smoke alarms were in the property.

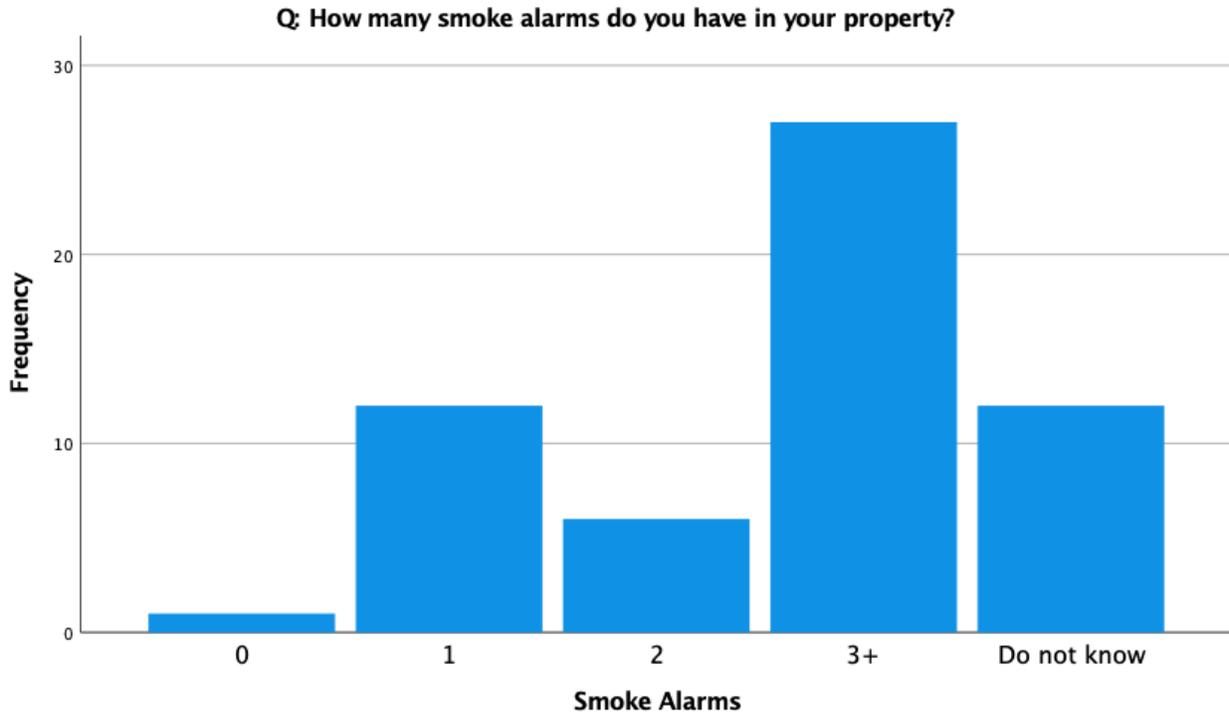


Figure 13. Fire Alarms

At the point of data collection, 69% of those that had smoke alarms said they were in full working order, 8.6% said that some were in working order but not all, and one individual said the smoke alarms did not work at all. 20.7% did not know the working status of the smoke alarms. Comparatively, at arrival into the property, 67.2% of participants said their smoke alarms were in full working order, 6.9% expressed that some were in working order but not all, whilst 3.4% said that the smoke alarms did not work and 22.4% were unaware of the current alarm status. This presents a marginally positive trend in awareness and upkeep of smoke alarms within property from the time of entering accommodation to the time of completing the survey.

4.12. Property Comfort

81% of participants (n=47) said they were able to keep their room warm during the cold winter months, opposed to 13.8% (n=8) who could not. Comparatively, 50% of participants (n=29) said they were unable to keep their main room cool in the warm summer weather, whilst 43.1% (n=25) said they could.

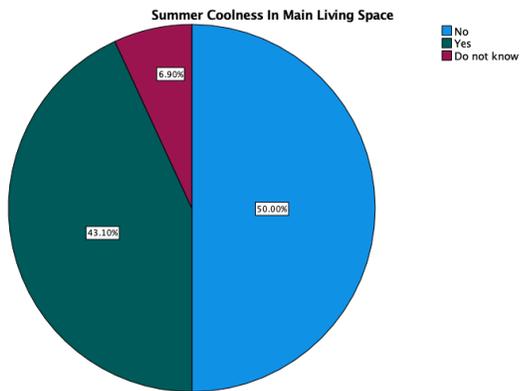


Figure 14. Coolness In Main Living Space

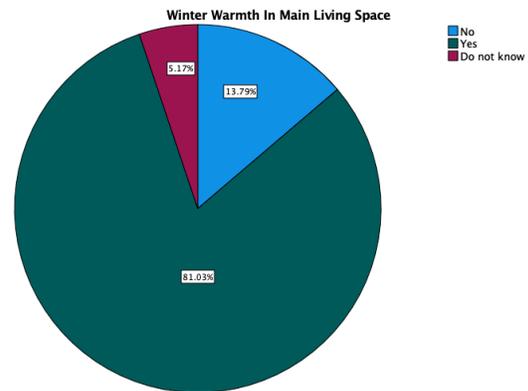


Figure 15. Warmth in Main Living Space

Regarding furnishings within the home, the participants expressed the following responses.

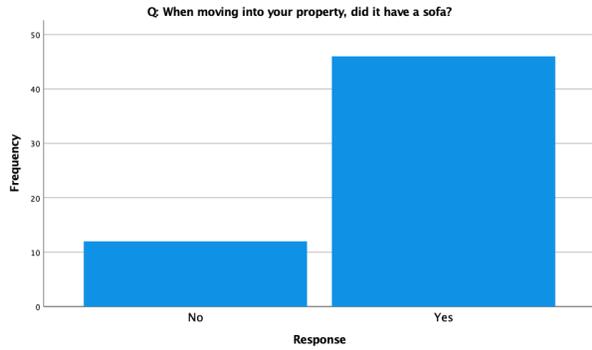


Figure 16. Sofa

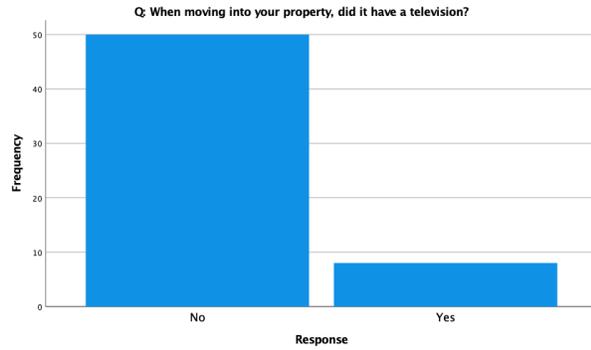


Figure 17. Television

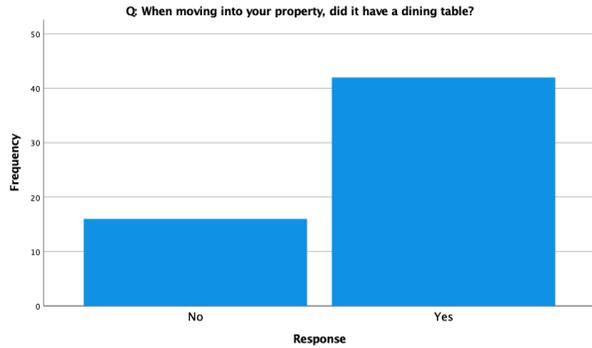


Figure 18. Dining Table

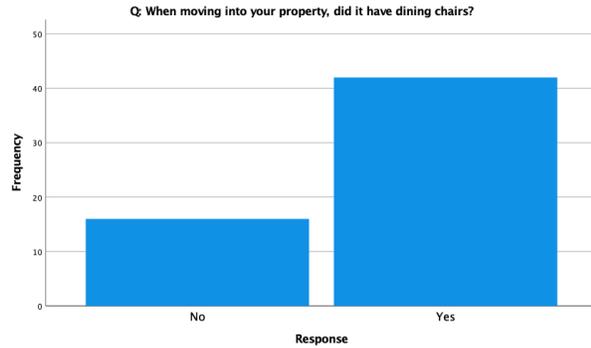


Figure 19. Dining Chairs

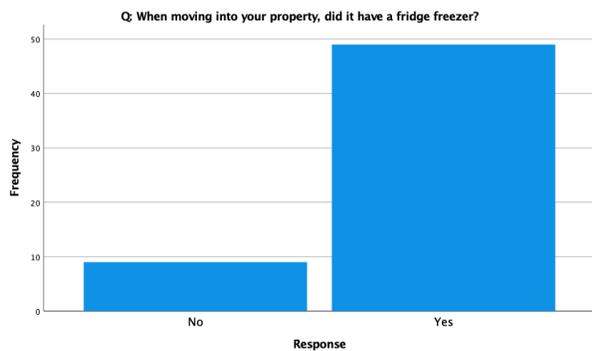


Figure 20. Fridge Freezer

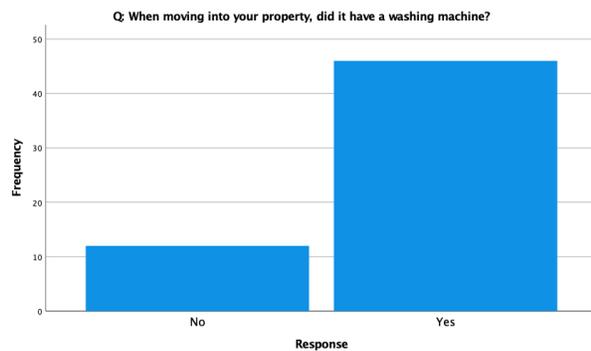


Figure 21. Washing Machine

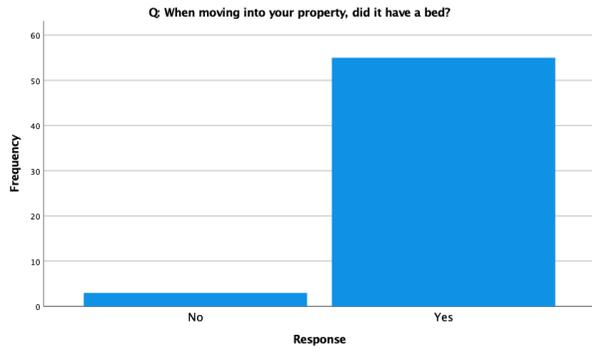


Figure 22. Bed

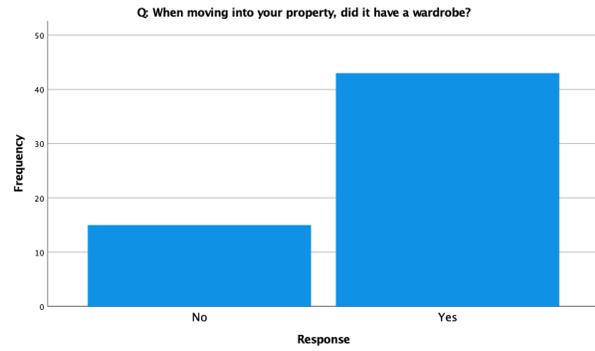


Figure 23. Wardrobe

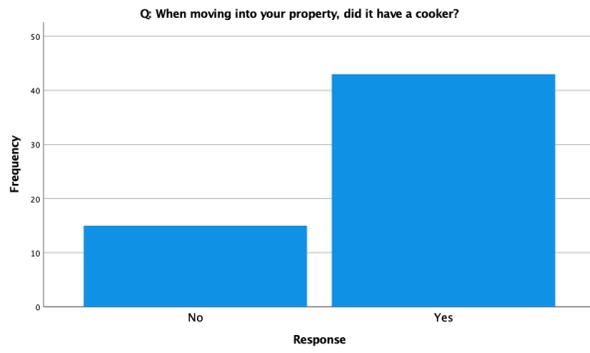


Figure 24. Cooker

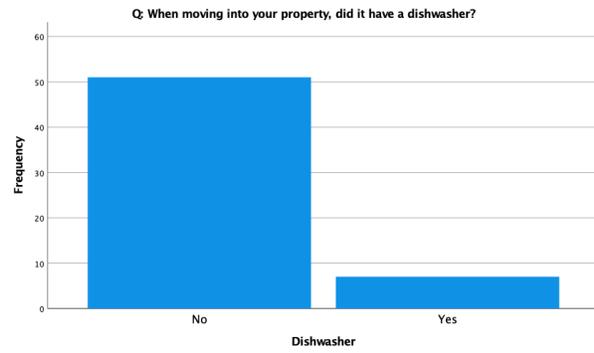


Figure 25. Dishwasher

4.13. Disability Access Needs

12 participants (20.7%) expressed they had unmet disability access needs in their property.

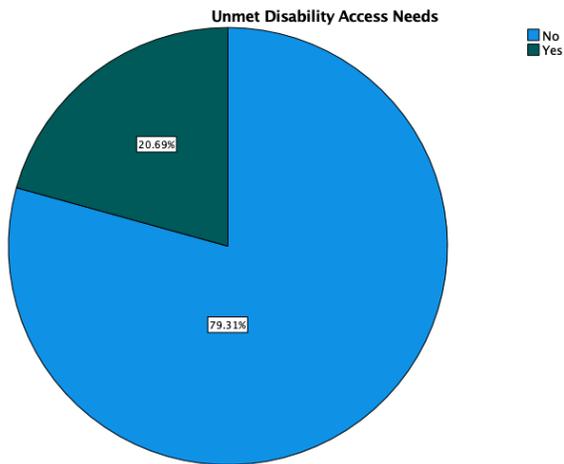


Figure 26. Disability Access

The specificity of these unmet needs are presented below.

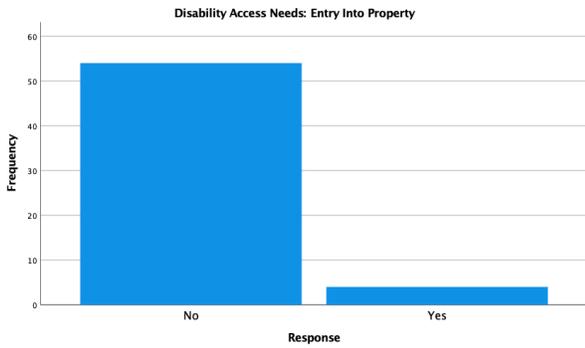


Figure 27. Entry Into Property

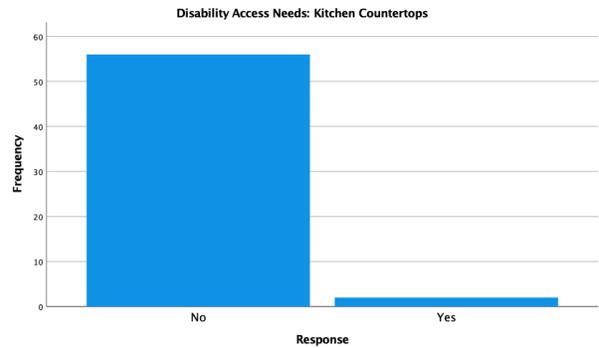


Figure 28. Kitchen Countertops

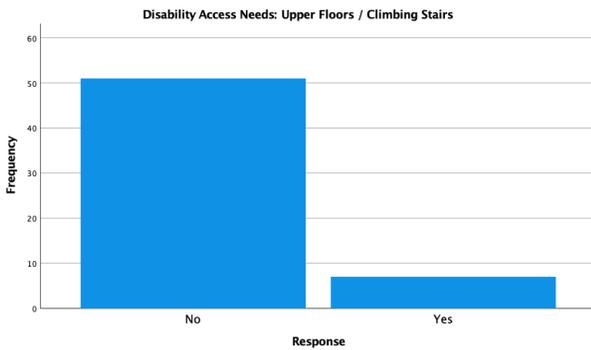


Figure 29. Upper Floors

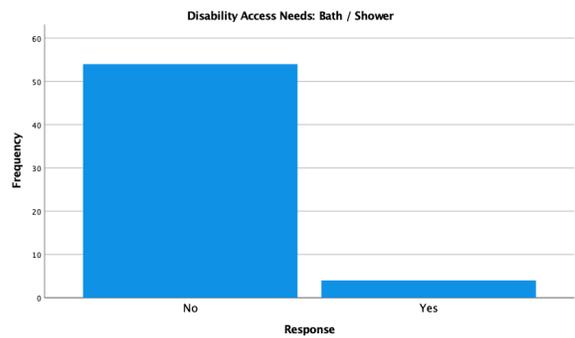
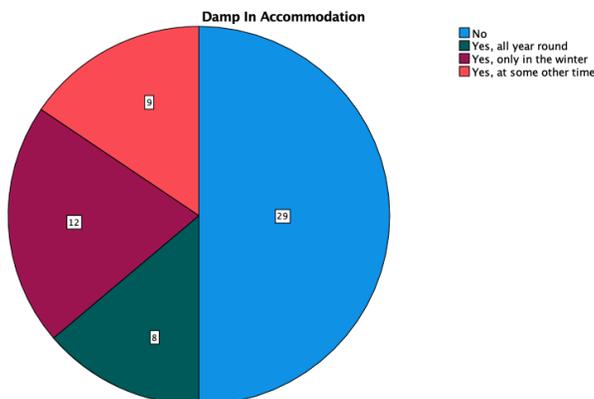


Figure 30. Bathroom

4.14. Damp and Mould



An even split of responses regarding damp and mould within the property were observed. 13.8% claimed they experienced some form of damp and mould, all year round.

Figure 31. Damp and Mould

Of those experiencing mould within the property, the following locations were identified.

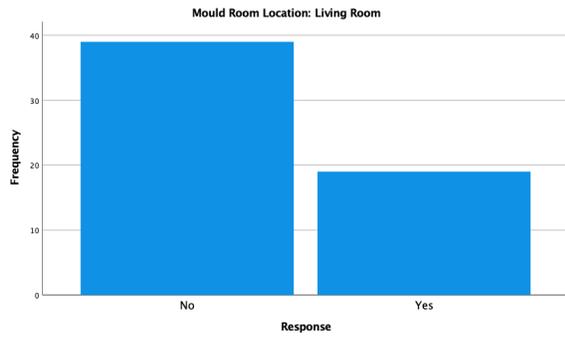


Figure 32. Living Rooms

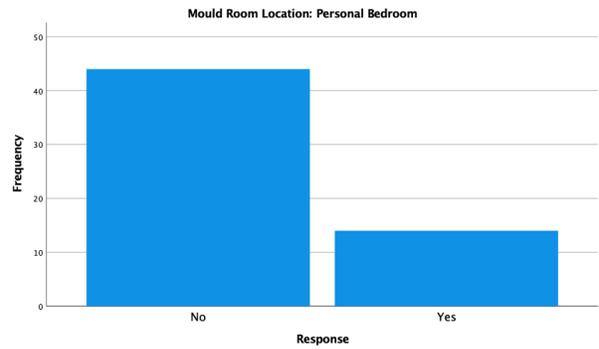


Figure 33. Personal Bedroom



Figure 34. Halls and Passageways

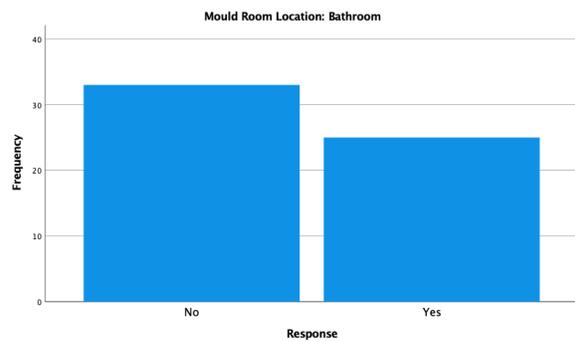


Figure 35. Bathroom

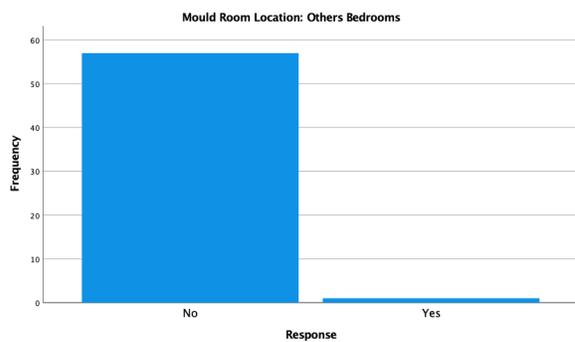


Figure 36. Other Bedrooms

4.15. Landlord Service Satisfaction

Very Satisfied was the modal response of overall landlord satisfaction (n=21), contributing an overall positive satisfaction opinion from the sample (60.3%). This is opposed to 17.3% (n=10) who were not satisfied with the landlord service provision.

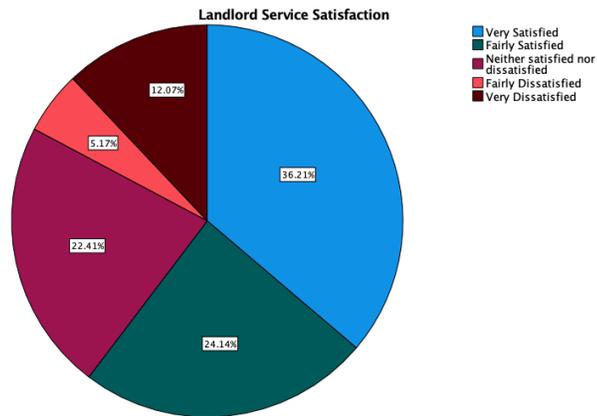
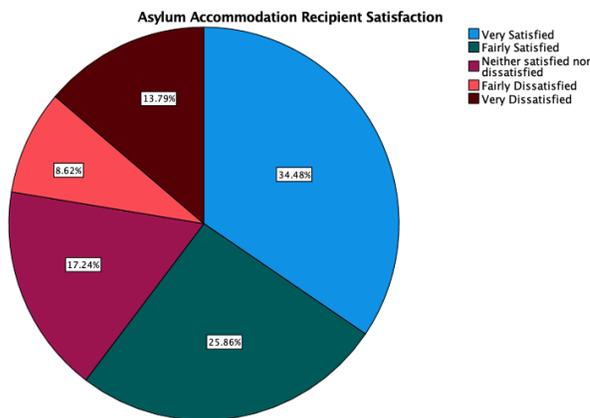


Figure 37. Landlord Satisfaction

4.16. Asylum Accommodation Satisfaction



60.3% of participants (n=35) expressed a positive opinion towards being recipients of Asylum Accommodation, opposed to 22.4% (n=13) who were not. 10 individuals expressed a neutral opinion on the topic.

Figure 38. Accommodation Satisfaction

4.17. Safety

The majority of participants (74.1%) expressed that they felt safe when home alone (n=43), whereas 13 participants (26.4%) said they did not. One individual expressed that they did not stay at home alone because of a feeling of unsafety.

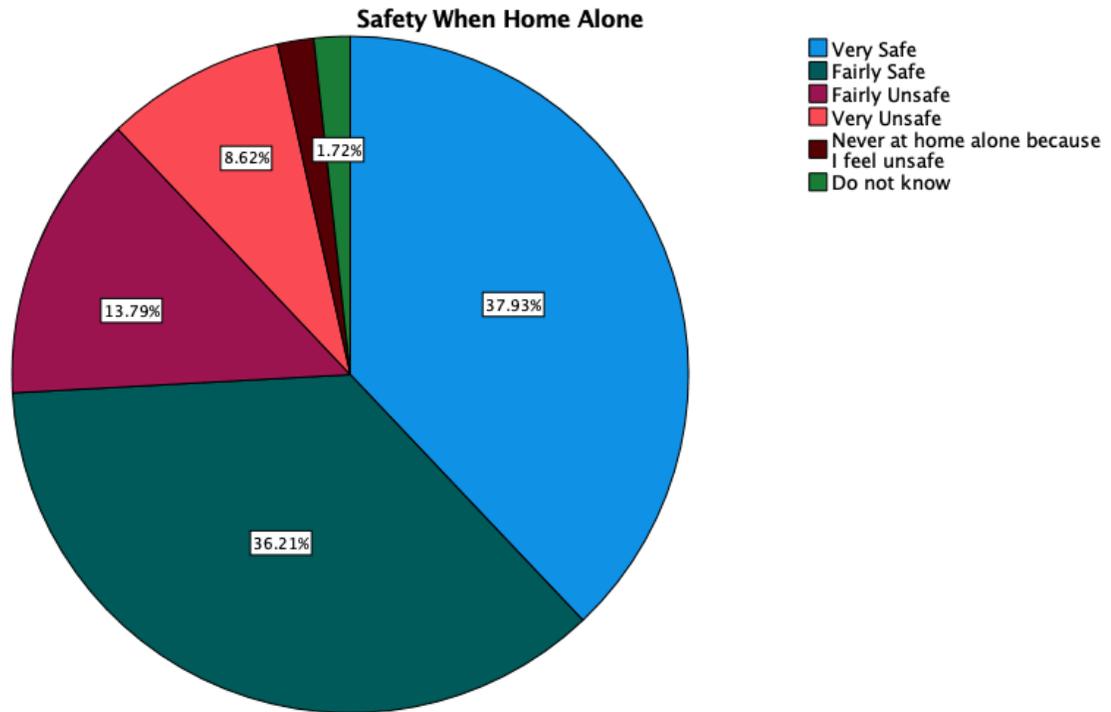


Figure 39. Safety At Home

84.5% (n=49) believed they were safe when walking around their neighbourhood in the day, opposed to 12% (n=7) who did not. Comparatively, 63.8% of participants (n=41) said that they still felt safe being in the neighbourhood when dark, whilst 29.3% (n=17) did not feel safe in their neighbourhood at night time.

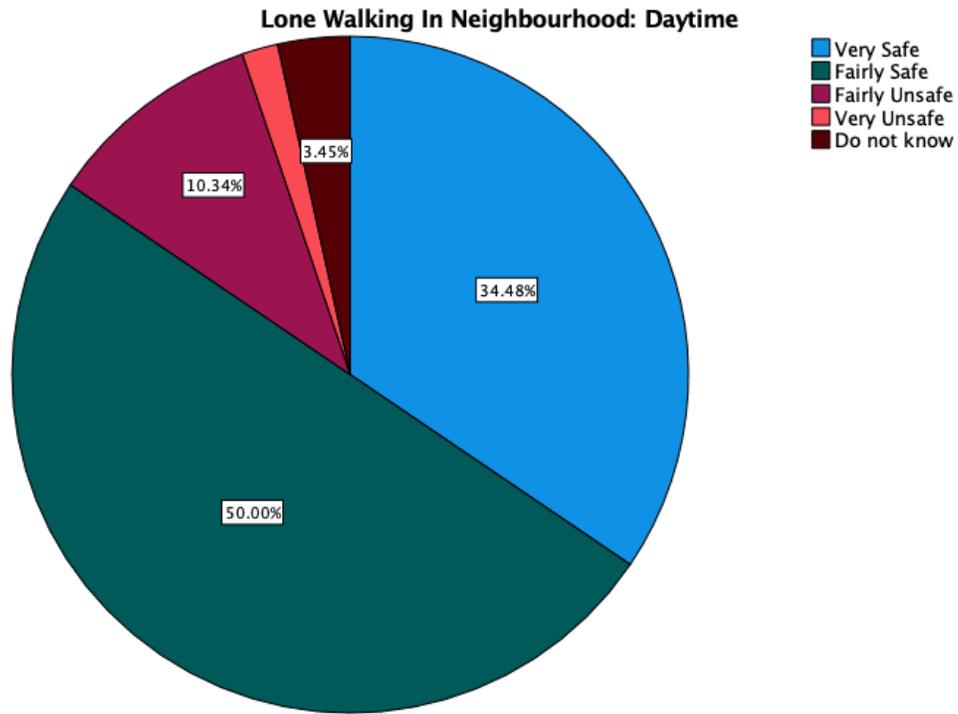


Figure 40. Lone Walking, Daytime

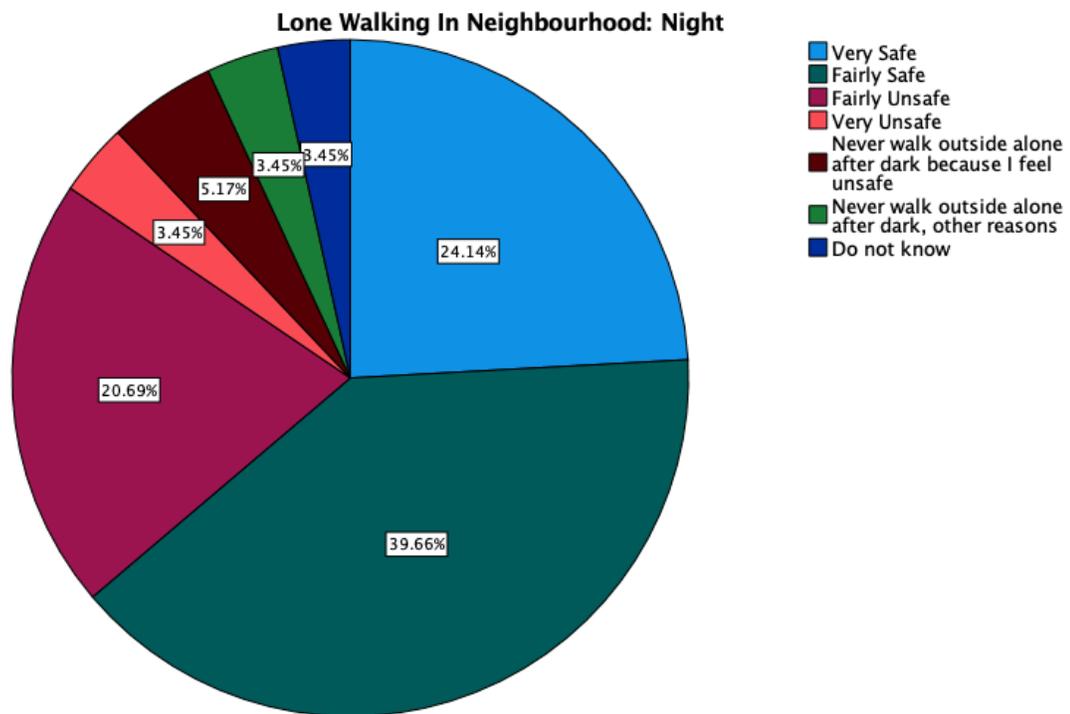


Figure 41. Lone Walking, Night Time

4.18. Location

The majority of participants (81%) expressed a positive opinion of the area in which their accommodation is placed, opposed to only 5.1% (n=3) who did not.

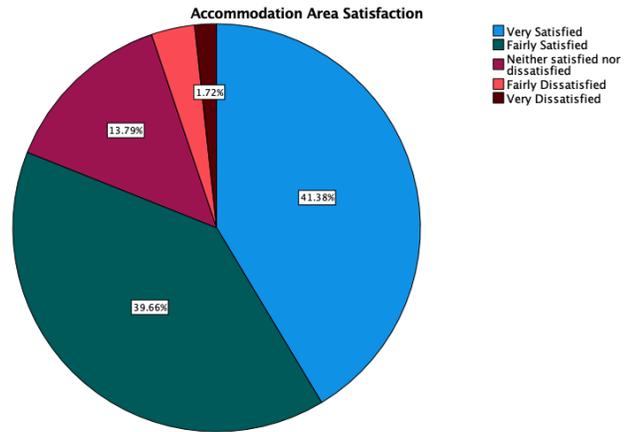


Figure 42. Location Satisfaction

The participants noted the following amenities within a 15-20 minute walk of their accommodation.

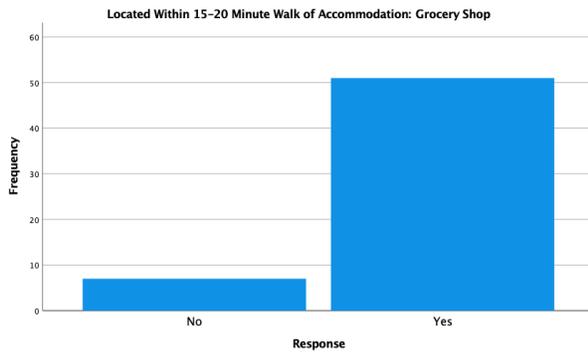


Figure 43. Grocery Shop

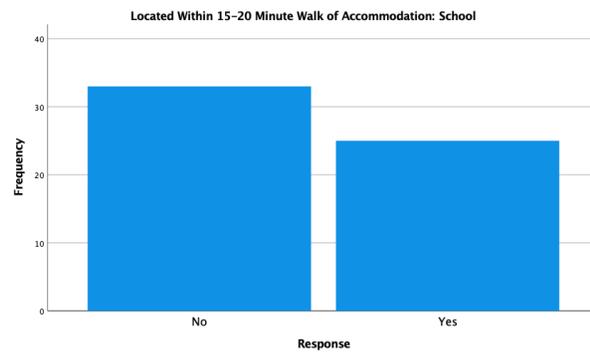


Figure 44. School

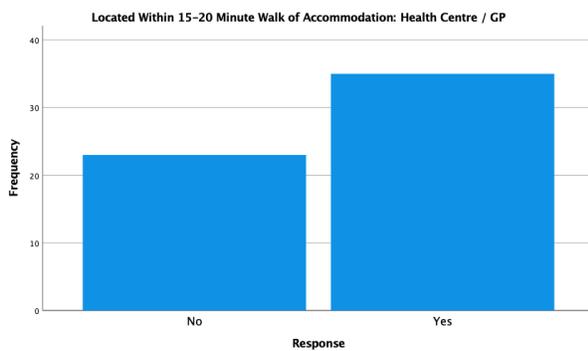


Figure 45. Healthcare Centre



Figure 46. Personal Doctor

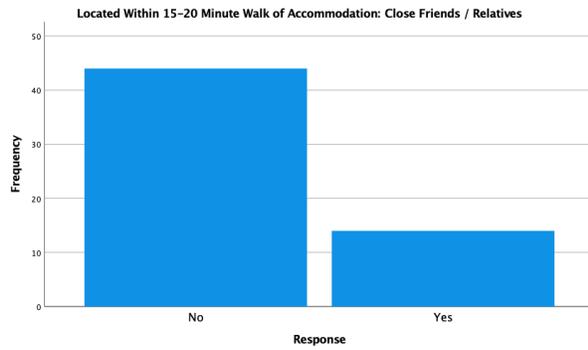


Figure 47. Friends and Relatives

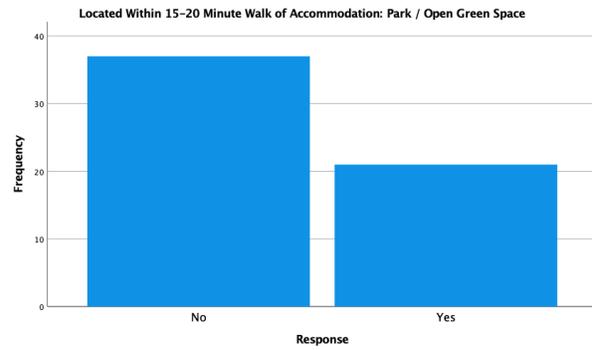


Figure 48. Green Spaces

4.19. Neighbourhood

The majority of participants (51.7%) expressed an ability to trust their neighbours, whilst 34.5% (n=20) felt their neighbours were untrustworthy.

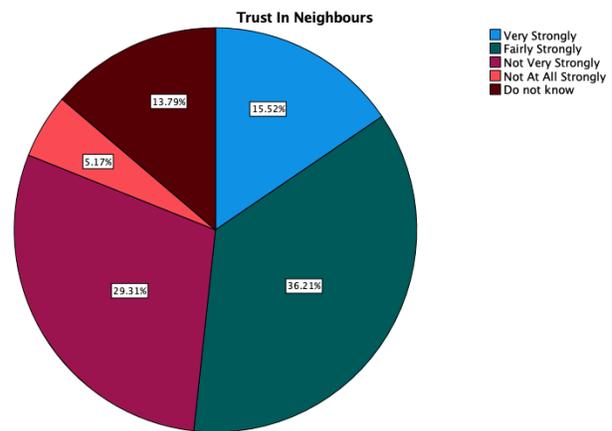


Figure 49. Trust in Neighbours

The majority of participants (50%) believed that individuals from diverse backgrounds engaged positively with one another, opposed to 10.3% who did not. 1 participant believed that all members of the local area were from the same background, whilst 36.2% were either unsure or presented a neutral opinion on the topic.

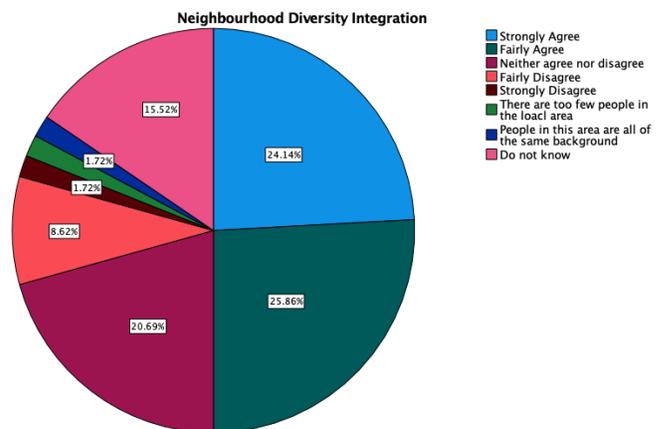
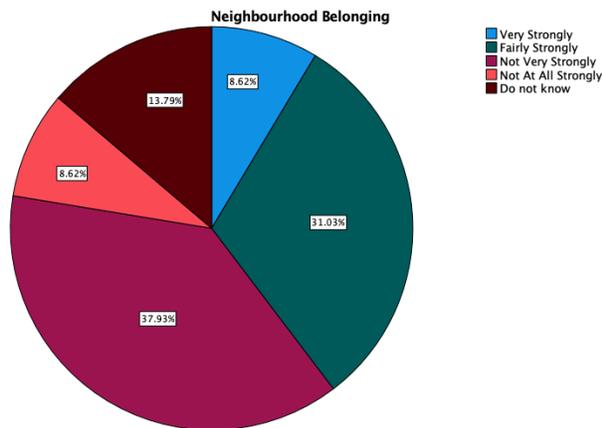


Figure 50. Neighbourhood Integration



However 46.5% (n=27) of participants felt that they did not belong to their immediate neighbourhood, opposed to 39.6% (n=23) who did.

Figure 51. Neighbourhood Belonging

4.20. Mental Wellbeing

20 participants (34.5%) expressed a negative response to feelings of current happiness, opposed to 31% (n=18) who showed a positive response. 34.5% of participants remained neutral on the topic.

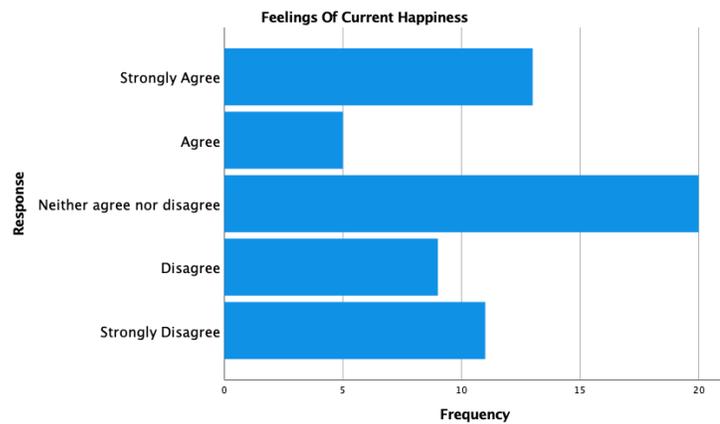


Figure 52. Happiness

On feelings of worthwhileness, the responses presented an even split. 23 participants showed a negative response, whilst 22 individuals believed their actions were worthwhile. 22.4% neither agreed, nor disagreed.

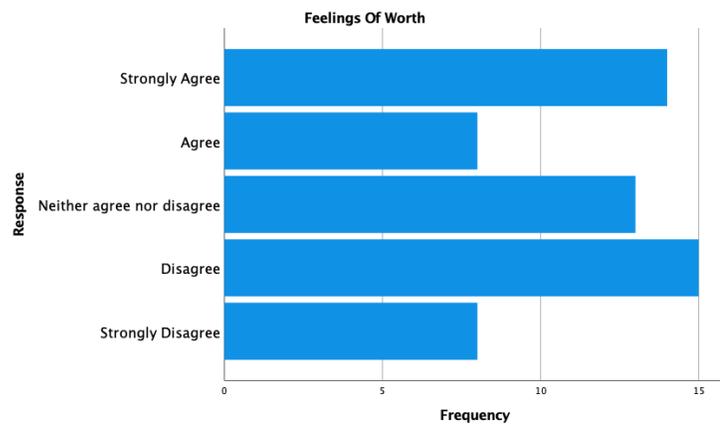


Figure 53. Worth

Similarly, the split of answers relating to control over decision making was relatively even. 43.8% of participants believed they had control over their decisions, whilst 43.1% did not.

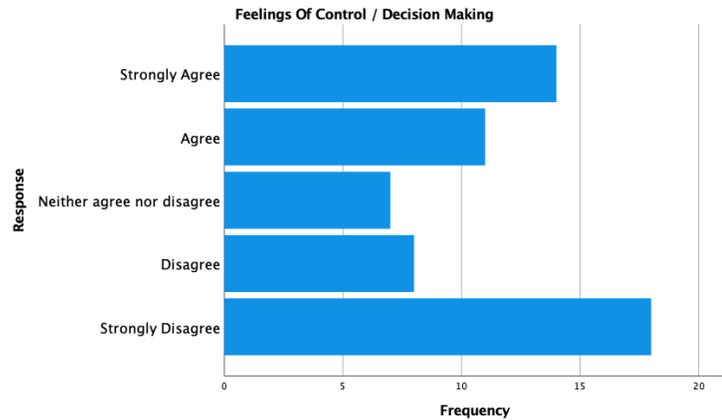


Figure 54. Control Over Decisions

Feelings of support also showed an even split regarding positive and negative responses, however individuals with a positive opinion felt more strongly regarding the support received.

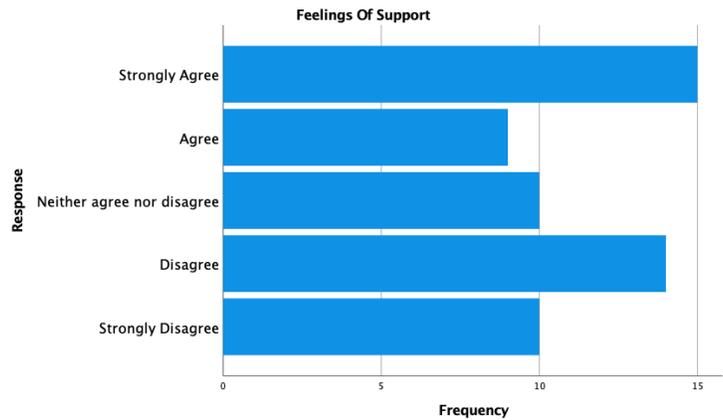


Figure 55. Support

Slightly more of the participants expressed that they did not often feel anxious (n=22), opposed to 19 individuals that did.

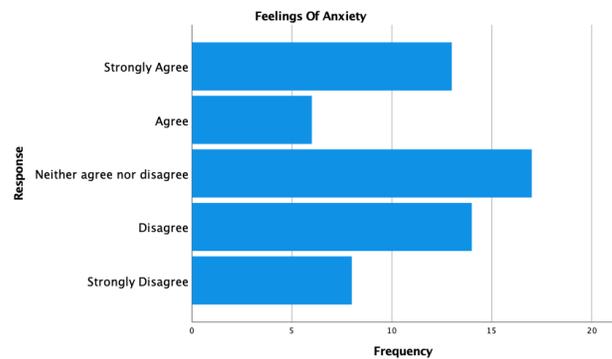


Figure 56. Anxiety

Scores of loneliness also presented an even split between positive and negative responses.

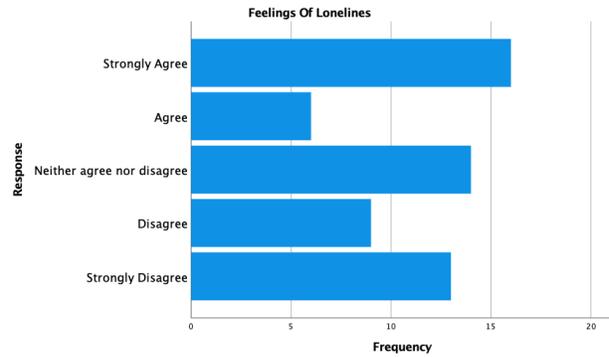


Figure 57. Loneliness

The modal response for the effects of accommodation on mental wellbeing was worse (n=22), opposed to 20 individuals that believed that their mental health has improved since living in their current accommodation. 11 participants claimed that their living situation had no effect on their mental wellbeing.

Q: Would you say that your mental wellbeing has become better or worse since living in your current accommodation?

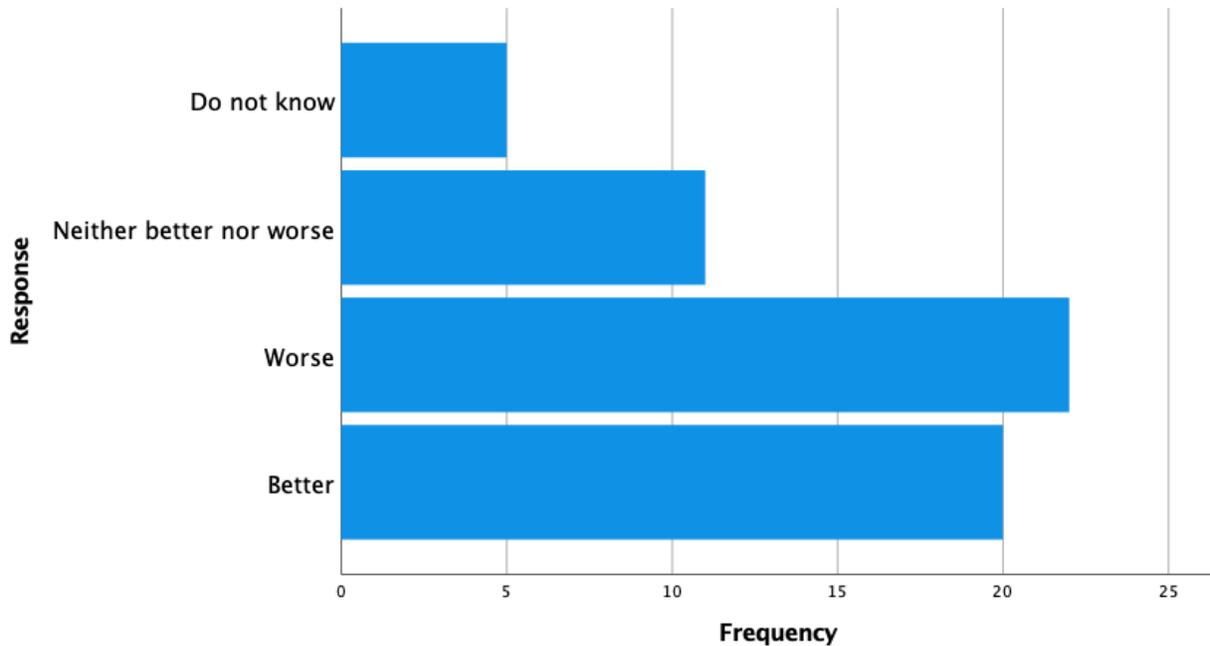
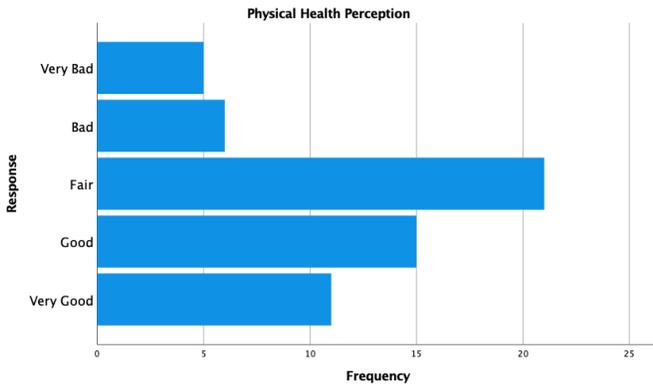


Figure 58. Accommodation Impact On Mental Wellbeing

4.21. Physical Health



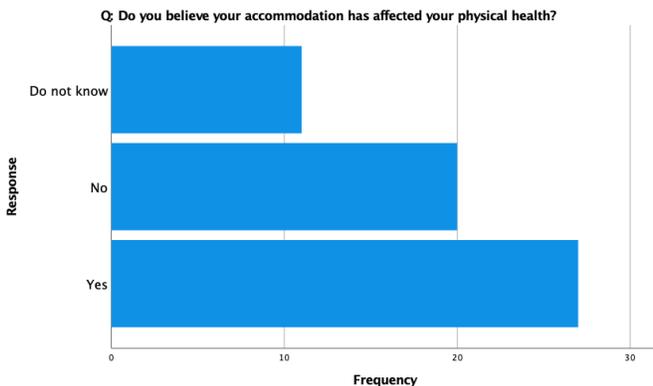
Most participants' perceptions of their physical health ranged between Fair to Very Good (81%), whereas 29% believed their physical health was not in a good place.

Figure 59. Physical Health Perception

Most of the participants (81%) believed they were able to keep active on a daily basis, the modal response presenting at least 30 minutes of intentional exercise a day. 11 participants said they lived a sedentary lifestyle.



Figure 60. Daily Activity Levels



46.6% believed that their accommodation has affected their physical health, opposed to 34.5% who believed it has not had an effect.

Figure 61. Accommodation Impact On Physical Health

19 participants expressed a positive change in their physical health, whereas 17 said they had experienced a decrease. 15 said that they had not experienced any change, whilst 7 said they were unsure of the effect of accommodation on their physical health.

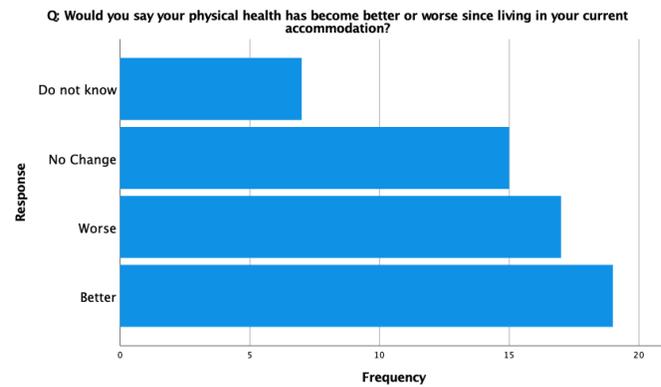


Figure 62. Degree Of Impact on Physical Health

4.22. Bivariate Analysis

The following independent variables were used to conduct a series of bivariate analysis to identify potential areas of correlation:

- Asylum Accommodation Satisfaction
- Landlord Service Satisfaction
- Physical Health
- Mental Wellbeing

The following results illustrate the statistical significance observed within each area of the data.

4.22.1. Asylum Accommodation Satisfaction

4.22.1.1. Property

A strong, positive, correlation (0.438) was observed between overall accommodation satisfaction and the type of property participants lived in ($p < 0.001$). Similarly, a strong positive correlation (0.43) was presented on individuals' perceptions of disability access needs being met within the property ($p < 0.001$). However, a stronger negative

correlation (-0.557) was derived when considering if damp and mould was present in the property ($p < 0.001$). Furthermore, participants' perceptions of fire safety within the property also showed a moderate negative correlation (-0.274) on accommodation satisfaction ($p = 0.012$).

4.22.1.2. Tenancy and Residency Length

No statistical significance was observed between overall Asylum Accommodation satisfaction and time spent within the system overall.

4.22.1.3. Nationality and Ethnicity

No statistical significance was observed between overall Asylum Accommodation satisfaction and the nationality or ethnicity of the participants.

4.22.1.4. Neighbourhood and Locality

Positive correlations were observed in multiple areas surrounding the locality in which individuals were placed. Regarding the area specifically, a strong correlation was observed (0.334, $p = 0.003$). This was echoed in participant's perceptions of walking in the neighbourhood during the day (0.315, $p = 0.006$) and during the night time (0.256, $p = 0.019$). Furthermore, a positive correlation was found between overall satisfaction and perceptions of trust in neighbours (0.235, $p = 0.032$).

4.22.2. Landlord Service Satisfaction

4.22.2.1. Property

In areas relating to damp and mould observed within the property, a strong negative correlation (-0.546) was observed regarding the service provided by the landlord ($p < 0.001$). Additionally, a similar negative correlation was presented relating to the ability to keep the property warm during the cold winter months (-0.284, $p = 0.031$).

However, positive correlations were observed regarding provision for disability access needs in the kitchen (0.308, $p=0.019$), accessing upper floors (0.267, $p=0.043$), and accessing the bath/shower (0.291, $p=0.027$). Furthermore, the working status of fire alarms within the property on arrival (0.382, $p=0.003$) and currently (0.508, $p=0.003$) also showed positive correlations regarding landlord satisfaction. Finally, a strong correlation (0.652) was presented regarding overall satisfaction with the asylum accommodation system and landlord service satisfaction ($p<0.01$)

4.22.2.2. Tenancy and Residency Length

No statistical significance was observed between overall Landlord Service Satisfaction and time spent within the system overall.

4.22.2.3. Nationality and Ethnicity

No statistical significance was observed between overall Landlord Service Satisfaction and the nationality or ethnicity of the participants.

4.22.2.4. Neighbourhood and Locality

Similarly to Asylum Accommodation satisfaction, positive correlations were observed regarding the locality of participants properties (0.351, $p=0.002$), perceptions of safety when walking in the day (0.317, $p=0.006$), at night (0.300, $p=0.006$), and trust in neighbours (0.320, $p=0.004$). Furthermore, areas regarding a sense of belonging within the neighbourhood (0.237, $p=0.032$) and diversification of residents (0.217, $p=0.044$) also showed positive correlations with landlord satisfaction.

4.22.3. Physical Health

4.22.3.1. Property

A negative correlation (-0.376) was observed regarding the perceived effect of the participant's accommodation and their general health ($p=0.001$). Similarly, the presence of damp and mould within the property also presented a strong negative correlation (-0.470, $p<0.001$). Furthermore, required disability access needs (-0.262, $p=0.47$) particularly accessing upper floors (-0.283, $p=0.031$), and baths/showers (-0.259, $p=0.050$) also presented negative correlations regarding physical health perceptions. However, a positive correlation (0.298) was observed in the ability to keep warm during cold winter months ($p=0.023$). No statistical significance was observed regarding furnishings in the property.

4.22.3.2. Tenancy and Residency Length

No statistical significance was observed between Physical Health and time spent within the system overall.

4.22.3.3. Nationality and Ethnicity

No statistical significance was observed between Physical Health and the nationality or ethnicity of the participants.

4.22.3.4. Neighbourhood and Locality

Consistent with other bivariate analysis, perceptions of safety walking in the neighbourhood during the day (0.335, $p=0.003$), at night (0.395, $p<0.001$), and trust in neighbours (0.331, $p=0.003$) all showed positive correlations with physical health scores. However, access to local amenities did not present any statistical significance.

4.22.3.5. Mental Wellbeing

A strong positive correlation (0.510) was observed between perceptions of accommodation impact on physical health and effects on mental wellbeing ($p < 0.001$).

4.22.4. Mental Wellbeing

4.22.4.1. Property

No statistical significance was observed regarding perceptions of Mental Wellbeing and the accommodation specifically.

4.22.4.2. Tenancy and Residency Length

No statistical significance was observed between Mental Wellbeing and time spent within the system overall.

4.22.4.3. Nationality and Ethnicity

No statistical significance was observed between Mental Wellbeing and the nationality or ethnicity of the participants.

4.22.4. Neighbourhood and Locality

Areas regarding a sense of belonging within the neighbourhood (0.0258, $p = 0.022$), and the diversity of residents (0.307, $p = 0.005$) both showed positive correlations regarding mental wellbeing. Access to a local grocery shop presented a moderately negative correlation (-0.388, $p = 0.003$), however statistical significance was not found for the remaining amenity access.

4.23. Thematic Analysis

Seven areas of the survey were expanded upon to allow participants further opportunity to provide more detailed responses, these were:

- Property Satisfaction
- Landlord Satisfaction
- Asylum Accommodation Recipient Satisfaction
- Neighbourhood Opinion
- Mental Health Perception
- Physical Health Perception
- Additional Comments

237 individual comments were recorded across these areas. After conducting thematic analysis coding, these comments were separated into “Positive” and “Negative” perceptions. 93 “Positive” comments were recorded, opposed to 144 “Negative” comments (a 64.85% increase between the two). The comments were further distilled to identify common themes. Of the “Positive” comments, 25 themes were observed. The coding of these themes were then further compared and contrasted to identify the following 6 overarching themes:

- Community
- Independence
- Location of Property
- Mental Wellbeing
- Safety
- General Satisfaction

Of the “Negative” comments, 88 themes were observed. Distillation of these highlighted 13 overarching themes:

- Substance Use
- House Sharing Issues

- Property Condition
- Property Furnishings
- Control
- Isolation
- Location
- Overcrowding
- Service Provision
- Damp & Mould
- Landlord Service
- Mental Health
- Physical Health

5. Discussion

Data analysis presented multiple avenues for discussion and dissemination. Some relationships seemingly corroborate with existing research whereas some areas contrast. Additionally, novel topics have emerged for future consideration. Initial descriptive representations of the data presented compelling themes for consideration, highlighting both positive and negative impacts of Asylum Accommodation. Further bivariate analysis techniques were used to identify the statistical significance of these representations, by testing the four key independent variables:

- Asylum Accommodation Satisfaction
- Landlord Service Satisfaction
- Physical Health Perceptions
- Mental Wellbeing Perceptions

Results from said analysis highlighted a lack of consistency observed across all dependent variables, thus questioning the potential validity of conclusions drawn from the initial descriptive representations of the data. However, triangulation of codes emerging from thematic analysis provided a greater depth of insight into the participants' perceptions, suggesting that a causal relationship between Asylum Accommodation, physical health, and mental wellbeing was present. The following discussion will unpick the nuances observed within these analyses and seek to represent the participants' lived experience in the context of existing research.

5.1. Nationality & Ethnicity

Diversity in nationality (n=23) and ethnicity (n=15) observed amongst the participants presented an opportunity to scrutinise the potential impact that preconceived cultural norms may contribute towards the experiences of Asylum Accommodation. Considering that Iranian (n=15) and Persian (n=13) were the modal nationalities and ethnicities

(respectively), one would expect that this segment of the cohort may present similar attitudes and perceptions with their current situations. However, correlation analysis did not present any statistically significant relationships with the independent variables. Inference of these findings could support disregarding individuals' experiences prior to Asylum Accommodation as a confounder, thus homogenising Asylum Seekers and superseding any cultural norms or expectations. However, this contradicts the findings of Crawley (2013) who presents cultural identity as a strong contributor to the overall mental wellbeing of Asylum Seekers within the UK asylum process. Furthermore, themes derived from qualitative data, within this study, would suggest that the topic of nationality and ethnicity were factors impacting the experiences of those within HMOs. One participant expressed that the diversity of tenants made living conditions challenging:

“It's very hard living with more than one person and from different countries and languages that it is very difficult to understand each other”.

Whilst another commented on their perceptions of safety when living with others from diverse backgrounds:

“Too many people live in a house with some issues. And normally these shared house are not safe, because different type of person must live together, different from ethnicity, culture and attitude”

Interestingly, all comments (n=38) pertaining to fellow tenants were coded as being “negatively” perceived by participants, citing the impact house sharing had on participants' lived experiences. Whilst these issues should not solely be attributed to an individual's cultural expectations, the prevalence of commentary regarding this area does suggest it is a contributory factor. A more appropriate conclusion, however, could be the negative impact of Asylum Seekers placed into accommodation with others, of which they have no choice in. Addressing this element accommodation placement is challenging when navigating a system in which housing demand currently exceeds

supply (Payne, 2022). A potential solution, therefore, is reducing the need for Asylum Accommodation solutions by decreasing the process time of asylum cases, thus giving individuals the freedom to make their own choices of where to live. Successfully achieving this would be reliant on the expansion of resources within the Home Office, which is at odds with the current political direction of reducing Asylum Seeker numbers in the UK (Euro-Med Human Rights Monitor, 2021).

5.2. Type of Property

Multiple correlations were observed in the data pertaining to the accommodation type, as well as experiences within the property. The strongest observation was the positive relationship between Asylum Accommodation support satisfaction and the type of property in which they are placed. This could suggest that property typing contributes to individuals' health and wellbeing. Considering descriptive analysis highlighted that over 65% of participants lived in a "House", one could suggest that this type of accommodation is the most appropriate in positively impacting Asylum Seeker's lives. This line of enquiry is strengthened through opinions expressed in the survey's open-ended questions, presenting an overall "positive" perception of houses over other accommodation types. Consistency in comments were observed regarding feelings of security:

"I live in a very good house, is big comfortable security."

Comfort:

"The house is very cozy and has easy access to shopping centers and a great school."

"I have a comfortable home."

And Freedom:

“It's good enough of roof over my head. I also don't feel imprisoned as I have my freedom.”

These comments somewhat contradict the negative portrayal of Asylum Accommodation in current research and media reporting (Jenkins, 2022). However, the dependent variable of “Accommodation Type” potentially separates the findings in this study with others. Significant negative attention has been raised regarding contingency accommodation, especially hotels, within existing research (Taylor, 2023). Yet, opinions directed towards “Houses” within this study represent more positive levels of satisfaction towards Asylum Accommodation. Furthermore, participants - in this study - living in hotels, furthered the negative narrative surrounding this accommodation solution:

“It is much better than a hotel. I have the freedom to do what I want with my own hands.”

“It's better than a hotel.”

“Because in hotels you do not have the comforts you have at home, such as cooking at any time, or depending on a schedule to carry out your daily activities”

A potential conclusion from these findings could then show a solution for improving the overall health and wellbeing of those in Asylum Accommodation: acquire more houses. However, as previously highlighted, the overall housing shortage within the UK, across all sectors (Kelly, 2020), suggests that this solution is not easily achievable. Therefore, the challenge for AASC providers is engaging with contingency providers to facilitate greater feelings of security, comfort and autonomy for Asylum Seekers within “hotels”. This could be achieved through developing communal spaces in premises, or creating opportunities for individuals to cook for themselves - and others - within hotel kitchens; a theme which study participants cited as positively impacting their mental wellbeing.

5.3. Property Condition

5.3.1 Furnishings

Positive correlations between property type and overall satisfaction of the Asylum Accommodation system were observed, however there were recurring themes observed relating to detrimental conditions within properties. Initial descriptive analysis of the furnishings within homes highlighted that most participants were provided the necessary items. However, there were some exceptions to this: 9 expressed that they did not have a working fridge freezer when moving into the property, 15 did not have a cooker, 11 did not have a washing machine, and 3 did not have a bed. Some of these results may be attributed to individuals living in hotel accommodation or in a single room, though this would not account for those without a bed. A confounder not accounted for during the survey design was the inclusion of whether participants had furnishings at the point of data collection, as well as how long it took for these missing items to be provided. This could therefore question the validity of observations.

Even with consideration for these confounders, the results highlight that some individual's basic needs of comfort and security (Maslow, 1943) were not met by properties provided by Clearsprings. This directly contravenes section B.13.1 of the Statement of Requirements (Asylum Matters, 2019, p.93), which clearly outlines the expectations of furnishings within each property. However, correlation analysis between furnishings and the independent variables did not present any statistically significant findings. A possible explanation for this is the design limitations of the survey used in the study. Although the strength of conclusions drawn from quantitative analysis is limited, triangulation of qualitative data regarding this topic provides further insight. Participants identified that the quality furnishings within the properties was not appropriate:

“Don't know where to start, all in all it is an inhumane place to live in, dirt , mould, rot around kitchen and bathroom, worn out broken shower floor, old and rusty equipment like microwave and fridge.”

“For example, there is a refrigerator, but it's very small and cannot meet everyone's needs.”

This gap in data collection presents an opportunity for further analysis in this topic; considering the effect of the quantity, and quality, of furnishings provided on individuals' health and wellbeing.

5.3.2. Disability Access

Overall, 12 participants expressed unmet disability access needs in their current property; in particular, within the kitchen, accessing upper floors and in the bathroom. Correlations between access needs and physical health perceptions, as well as mental wellbeing, were observed, however these findings were not significant enough to draw robust conclusions. This is, in part, resulting from the survey design and data extraction methods. SPSS presented limitations when attempting multivariate analysis of multiple-choice questions, consequently this required the reformatting of each choice into discrete “yes” or “no” responses. Statistical significance observed from these dependent variables, after reformatting, showed a positive correlation between specific access needs and each independent variable. Whilst one could conclude that this highlights causal relationships within the data, reformatting detracts from the initial data input thus questioning validity. Further research, using a more appropriately structured data extraction method would therefore be needed to affirm any conclusions. However, the qualitative data does identify a the negative impact of reduced accessibility on individuals' lived experiences:

“My mother had heart surgery and we are living 57 steps up. Also it is very cold during winter cannot live”

Referencing 1.2.1.1 and 1.2.1.3 of Schedule 2 (Asylum Matters, 2019), the service provider should amend accommodation provisions in acknowledgement that “Service

Users will have particular characteristics and special needs that require the provision of particular accommodation”(p.4). Medical conditions are outlined as one such “special need”. One could conclude having to climb multiple stairs, after heart surgery, qualifies amendments to accommodation provision. Therefore, this example identifies a potential lack of compliance from Clearsprings regarding this AASC expectation. Whilst this is a discrete issue for one participant in the study, it does suggest more engagement from AASC service providers is needed to safeguard vulnerable individuals within Asylum Accommodation.

5.3.3. Damp and Mould

Half of participants (n=29) expressed that they observed some form of damp and mould within the property. As may be expected in HMO's (Garrett et al., 2021), damp was most prevalent in rooms with increased humid conditions (bathrooms, kitchens). However, 19 participants recorded the presence of damp and mould within communal living areas, and 14 said there was evidence in their personal bedrooms. Furthermore, strong negative correlations were observed in 3 of the 4 independent variables regarding this; the strongest being impacts on physical health. This corresponds with existing research on the detrimental effects of prolonged damp and mould exposure within the home (Atan Sahin et al., 2016). Additionally, these findings further indicate disproportionate safeguarding measures, against these hazards, of ethnically diverse individuals living within supported accommodation. The tragic story of Awaab Ishak (Brown and Booth, 2022) brought the issues of damp and mould to the forefront of media attention. Comparative to the treatment of Awaab's family in his case, some participants within this study felt that they too had not been listened to when raising concerns:

“We, the tenants, told them about the problems in the house, they ignored the situations regarding rotten wooden windows and missing glass to protect us from the cold. In winter and not to mention the mould and humidity that seeps from the bathroom into the living room.”

This seemingly contravenes point 1.1.2 of the AASC Schedule 2: Statement of Requirements (2019), which clearly states that service providers:

“Ensure that these premises, equipment and facilities meet all relevant regulatory requirements and are suitable for the purpose.”

(Asylum Matters, 2019, p.4)

Relevant regulatory requirements refer to the Housing Act (2004) which utilises the HHSRS to analyse hazards in the home injurious to health and wellbeing. Damp and Mould is one of the 29 recognised hazards in the assessment tool. Therefore, Clearsprings' lack of remedial action renege their commitment as AASC providers, potentially exposing Asylum Seekers to the physiological harms associated with damp and mould exposure; such as an increased risk of Cardiovascular or respiratory disease (Atan Sahin et al., 2016). This lack of action seemingly corroborates with literature regarding the Home Office's lack of property inspection delivery, even when individuals raise their concerns. However, the data presents contradictory opinions towards Landlord Satisfaction, offering more positive feelings towards service providers.

5.4 Landlord Satisfaction

Sixty percent of participants stated they were satisfied with their Landlord's service provision. Correlations emerging from individuals' overall satisfaction of the Asylum Accommodation system, further supported a positive impact on perceptions of general physical health. This was further corroborated by themes within the qualitative data, presenting more positive than negative comments:

“Our house has no problems and our manager is very attentive and attentive to our needs.”

“My housekeeper/caretaker is very kind and cares a lot about our well-being.”

“My house manager is always on alert whenever I call.”

Contradictions between positive and negative opinions concerning this independent variable potentially highlights a lack of consistency from landlords sub-contracted by Clearsprings. One conclusion drawn from this could show that greater landlord involvement leads to greater positive impacts on the overall lived experience of Asylum Seekers. Potentially, because it makes individuals feel valued. Drawing more robust conclusions would rely on further research surrounding the disparity of experiences felt within the Asylum Accommodation system. Additionally, consideration as to why the Migrant Help managed AIRE (Advice, Issue Reporting and Eligibility) service may not effectively be triaging any issues raised.

5.6. Location

The location of accommodation presented the most consistent statistical significance across all independent variables. Strong positive correlations were observed between perceptions of physical health and physical activity frequency, during correlation analysis of property area. Whilst correlations do not mean causation - individuals may be predisposed to exercise regardless of the home's location - inferences could be drawn between the impact of where one lives on facilitating active integration outside of the home. Bennett et al (2007) corroborates with this idea, their research found that feelings of safety within the neighbourhood has a positive impact on individuals' propensity to be physically active. Safety within the neighbourhood also presented strong positive correlations within this study. Data showed factors relating to perceptions of safety in the neighbourhood during all times of the day, trust in neighbours, and feelings of belonging all impacted positively on perceptions of physical health, mental wellbeing and general satisfaction. Qualitative data further supported this as participants communicated their positive experiences of their neighbourhood:

“For the few months I have been here I have found that the neighbours are friendly. It have one I get along very well with”

“It is a very safe neighbourhood and friendly staff”

“The hospitality of my neighbours is amazing”

These observations have unearthed an important element of accommodation: the effect of the neighbourhood. Triangulation of the data suggests that participants valued the social elements of the home, more so than the fabric of the property or the services provided within the housing system. Whilst it is important not to draw any definitive conclusions on this matter, it does present a novel opportunity for further research. Maslow’s “Hierarchy of Needs” (1943), indicates that feelings of love and belonging are higher order, more complex contributors to the development of self-actualisation. This could provide an insight as to why Asylum Seekers in contingency accommodation report higher levels of depression and anxiety (Zill, Van Liempt and Spierings, 2021) because these higher order needs are not being met through a lack of community spaces. Therefore, in the absence of housing measures to accommodate Asylum Seekers, AASC providers should look to develop the community element observed within this study. This could be through acquiring hotels closer to city/town centres, facilitating pedestrian access to local spaces, or in absence of such accommodation, providing regular transportation. Furthermore, by creating communal spaces within contingency accommodation, integration and engagement activities can be conducted - contributing to a sense of community. This approach has been successful when instigated by third sector organisations working with Asylum Seekers and Refugees (Refugee Action, 2021). Developing integration opportunities enhances societal development through the exchange of skills and knowledge, simultaneously supporting Asylum Seekers transition into their new life and increasing awareness for local individuals (Welsh Government, 2019).

5.7. Mental Wellbeing

Correlation analysis of variables compared against mental wellbeing data was surprising to the researcher. Unlike physical health perceptions, statistical significance

was only observed for one mental wellbeing data point: a positive correlation between physical health and mental wellbeing. Inferences could suggest that satisfying the basic and safety needs within accommodation improves overall mental wellbeing. This corroborates with Maslow (1943), however the study power inhibits drawing robust conclusions for the population. Furthermore, descriptive analysis of mental wellbeing questions presented an even distribution of positive and negative responses, thus further contributing to drawing conclusions in this area of the study. However, thematic analysis of the qualitative data begins to highlight the extent of impact on mental wellbeing, positively:

“I feel very good because I live in security. Nothing is dangerous. Is beautiful place”

“Because I feel I am an independent person since I can go shopping and I cook in my accommodation.”

And negatively:

“The housing provided is a location far away from the city, and I feel alone.”

“I have nightmares and depression which I didn't before .”

Difficulties triangulating the data may then be an indicator of the limitations of the study, primarily the cohort size. Therefore, this invites further research into the topic to derive a greater understanding on impacts to mental wellbeing. Literature in this field already links housing as a social determinant of health (WHO, 2022), and highlights these issues within Asylum Accommodation (Brown, 2023). Consideration of these points suggest that this study should serve as a signpost for deeper analysis into the issue.

5.8. Study Analysis

5.8.1. Considerations

Data analysis techniques presented varying successes when attempting to answer the study question. The absence of statistical significance in areas that were initially expected made drawing conclusions challenging. Literature surrounding Asylum Accommodation within the UK presents an unbalanced detrimental view on the impacts of individuals' health and wellbeing. Whilst observations present in the quantitative data of the study corroborates with these views, the validity of any correlations are potentially compromised due to an element of chance, as a result of the overall study design. Inconsistency of findings within the raw data was regretful because it hinders any conclusions that could contribute to the field, which may serve to improve Asylum Seeker's lives within the UK. Reflection on the study offers some potential contributors to lack of consistent significance within the quantitative data. One explanation could be the study power.

5.8.2. Power

Recruitment of the sample could indicate the challenge presented when triangulating data in the study. The population of individuals in initial and dispersal accommodation on Oasis' database was 1409 (n=1409). Distillation through the inclusion and exclusion criteria identified a sample of 199 (n=199), representing 14% of the overall population. Whilst the survey response rate (n=58) represents 29% of the sample, providing adequate data for analysis and interpretation for the sample (Harrison et al., 2019), inferences for the population are limited by a proportionately small sample. Time and resource constraints during data collection are the primary contributors to this issue. Restrictions on time were partly due to a lengthy ethical process, because of the vulnerable status attributed to the target participants. Although the ethical approval process somewhat frustrated data collection, an honest reflection would highlight the over ambitiousness of the initial study as being a stronger contributor. Especially considering the time available for an MSc dissertation.

5.8.3 Methodology

An Explanatory Sequential design, weighted more so on Qualitative data, was the initial study proposal. The quantitative data gained from surveys would form the basis for further exploration in focused interviews with participants. However, restraints presented in data collection and analysis of this proposal - especially the volume of translation services necessary - dictated an alteration to the study design, focusing solely on the surveys. So as to retain the qualitative data collection element of the original proposal, open-ended questions were included in the survey to facilitate the participants' further elaboration of responses. Although the robustness of correlations observed in the quantitative data has been questioned, thematic analysis of the qualitative data has provided the intended insight Asylum Accommodations impact has on health and wellbeing. Therefore, it is suggested that future development of this study be qualitatively focused, utilising in-depth case studies to further strengthen these insights.

5.8.4. Survey Design

Upon reflection, adapting the English Housing Survey (EHS) for use within this study may not have been the optimal data extraction tool. Justification for its use was well intended because it directly considers the effect of properties on overall health and wellbeing. However, including some questions may have contributed to an ambiguity of interpretation for participants, especially individuals who are not English first language speakers. Questions pertaining to individual tenants locking their personal room doors, could indicate this issue. Nearly a third of participants (30.4%) expressed unawareness of the lock status of other tenant's rooms. This could suggest that personal security within the property was unknown, thus highlighting a potential negative effect on wellbeing through a perceived lack of safety. However, considering the multiple responses of "Do Not Know" observed, a more appropriate conclusion could be that participants were unsure of how to answer the question. If the latter is correct, then further iterations of this study would benefit from a more concise survey design,

specifically linking the independent variables (mental wellbeing and physical health) with the dependent variables in which data was collected. Information analysed from the survey provides an interesting insight into the participants' lives, and is not without value, however streamlining data collection methods could strengthen conclusions drawn from future correlations.

5.8.5. Evidence Gap

Analysis of the raw data did not corroborate with the findings of current literature, as expected. However, it did present an area within the topic that invites further consideration. Considerable attention has been afforded to contingency Asylum Accommodation, and the negative associations regarding the health and wellbeing of service users. This study separates itself from prior research slightly, by beginning to unpick the potential positive impact of "traditional" housing solutions within the system. Although evidence shows experiences within "Houses" are not without issues - damp and mould, disability access, HMOs, the condition of furnishings provided - the observed benefits of belonging within a neighbourhood does offer an alternative viewpoint. Therefore, further development should be considered on how to provide Asylum Accommodation in areas where community integration is facilitated, not frustrated through placements in segregated hotels or barges in Dorset.

6. Conclusions

Immigration within the UK is a topic that has permeated public discourse for the last century, simultaneously forming and being formed by policy direction. Reflecting on the words of Minister Enoch Powell, the context of this discourse has historically been negatively lensed, presenting immigrants as a problem that needs solving. Issues surrounding the current “refugee crisis” is yet another iteration of this lens, communicated by the central government. Conditions experienced within some Asylum Accommodation would suggest that systems of support for vulnerable individuals is lacking an element of care and decency, further communicating that immigrants are undeserving of the same treatment as UK residents. It is within these disparities of provision that this study sought to provide further insight into living conditions, attempting to answer: does Asylum Accommodation negatively impact the physical health and mental wellbeing of Asylum Seekers? The success of this study in answering that question, in part, is potentially as complex as the system itself.

Extracted survey data presented numerous avenues for consideration. Correlation analysis techniques showed significant correlations regarding the type of accommodation placements and effects on individuals’ health and wellbeing. These effects, however, were observed in equal measures positively and negatively. As a result, drawing robust conclusions on the true impact of experience within the Asylum Accommodation system are challenging. Furthermore, the strength of any conclusions drawn should be done so cautiously, due to the study power in relation to the overall population of Asylum Seekers in Cardiff. Although these factors highlight the potential limitations of the study design, the emergence of concurrent themes within the qualitative data presented areas for triangulation; highlighting observed relationships between Asylum Accommodation, health, and wellbeing.

Presenting the participants “voice” was a key goal of this study design . Although this was slightly impeded - through the removal of interviews - individuals’ engagement with

open-ended questions contributed to achieving this objective. Quantitative data generally presented an even distribution of positive and negative impacts pertaining to health and wellbeing, yet the comments shared by the participants had a greater leaning towards the detrimental effects they experienced. An honest conclusion of the study must consider these conflicting data points to provide a true representation of success. Therefore, at a surface level, this study has shown that Asylum Accommodation, simultaneously, positively and negatively impacts the Physical Health and Mental Wellbeing of Asylum Seekers in Cardiff. The true extent is yet to be fully explored and presented. Consequently, this study should be utilised as a basis for further depth into this field. Whilst statistical significance correlations were not always present within the data, this should not discount the significance of the human experiences that participants shared. Thus, a continuation of this research is necessary to ensure these experiences are further built upon, helping to support the most vulnerable within our society.

Word Count: 15,304

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Appendices

Appendix 1. Consent from Oasis Cardiff



Re: Dissertation of Matthew Davenport

Oasis Cardiff,
69b Splott Road,
Cardiff
CF24 2BW

07.03.23

To whom it may concern,

This is to certify Matthew Davenport has permission of Oasis Cardiff to conduct his dissertation research on the premises, engage with clients and to access data required for his dissertation from Oasis Cardiff's database.

Please feel free to contact if you require further information

With regards,

A handwritten signature in black ink, appearing to read "R. Roberts", is written over a light blue horizontal line.

Reynette Roberts, MBE
CEO

Appendix 2. Ethical Approval



University of the
West of England

Faculty of Health & Applied Sciences
Department of Health and Social Sciences
Frenchay Campus
Coldharbour Lane
Bristol BS16 0QY

Date: 28 June 2023

Student ID 22010609
Module Code UZVRTM-45-M Dissertation (Environmental Health)

Title of Project: **Asylum Seekers' Lived Experience of Asylum Accommodation in Cardiff: An Ecological Study.**

Dear Mr Davenport,

Thank you for submitting your ethics application. As your project was considered to be low risk, your application has been reviewed, by myself, as your supervisor and has been granted ethical approval to proceed.

Please note that any information sheets and consent forms must include the UWE logo. Further guidance is available on the UWE website at:
<http://www1.uwe.ac.uk/aboutus/departmentsandservices/professionalservices/marketingandcommunications/resources.aspx>

The following conditions apply to all research given ethical approval by UWE:

1. You must notify your supervisor if you wish to make significant amendments to the original application: these include changes to the study protocol which have an ethical dimension.
2. You must notify your supervisor if there are any serious events or developments in the research that have an ethical dimension.

The University is required to monitor and audit the ethical conduct of research conducted by academic staff, students and researchers. Your project may therefore be selected for audit by the University Research Ethics Committee.

Best wishes

Maat V Hoeye

Supervisor
Dissertation Module (UZVRTM-45-M)

Asylum Accommodation In Cardiff: Your Lived Experience

The following questions concern your experience of living in Asylum Accommodation and the surrounding area of the property. Please answer all questions fully and as honestly as you can. No information relating to your asylum claim will be asked and your answers will be anonymised so you will not be identified. If you have any difficulties with the questionnaire, or have any additional requests please email matthew3.davenport@live.uwe.ac.uk.

THIS SHOULD TAKE 15 MINUTES TO COMPLETE.

* Required

Study Information and Consent

Please read the following information provided by each hyperlink:

Participant Information Sheet

https://docs.google.com/document/d/e/2PACX-1vQpefWkcuIEhixvwWKG_JpH55V212K4Jtcs8EWlaCBXeqkCVUTabWM8-YDps8tk9VaKUH5eA-s4KAkl/pub

Consent Form

<https://docs.google.com/document/d/e/2PACX-1vSApOEWP2iWT9ukfscuLZNpLPjPotJ1RTckJpr7TwPnfkuekrQBUMQ2HusAfiwg9NOwaAkm1RWUBRuR/pub>

1. Please select to confirm you have read and understood the "Participant Information Sheet". *

I confirm

2. Do you consent to participating in this study? *

Yes

No

About You

Basic information used for demographic tracking only.

3. What gender do you identify as? *

- Woman
- Man
- Non-binary
- Trans-gender
- Other
- Prefer not to say

4. What is your age? *

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or over

5. What is your nationality? *

6. What is your ethnic group? *

7. How long have you been in the UK (United Kingdom)? *

Total months (to the nearest month)

The value must be a number

Your Living Situation

Information relating to the property you live in.

8. Do you currently live in a: *

- House
- Flat
- Single Room in a house
- Hotel
- Other - please describe

9. If answering "Other", please describe:

10. When moving into your property, did it have the following: *

Pick all that apply

- Sofa
- Television
- Dining table
- Dining chairs
- Bed
- Wardrobes
- Cooker
- Washing machine
- Fridge freezer
- Dishwasher
- None of the above

11. How many years have you lived at this address? *

- Less than 6 months
- 6 months but less than 1 year
- 1 year but less than 2 years.
- 2 years but less than 3 years
- 3 years but less than 5 years
- 5 years but less than 10 years
- 10 years or more

12. How many other people live in the household with you? *

Nobody else – just me

1

2

3

4

5

6

7

8

9

10

Over 10

13. Does your household have access to the internet from home? *

- Yes, broadband
- Yes, mobile data
- No
- Do not know

14. During the cold winter weather, can you normally keep comfortably warm in your main room? *

- Yes
- No
- Do not know

15. During the warm summer weather, can you normally keep comfortably cool in your main room? *

- Yes
- No
- Do not know

16. Do you have any problems with condensation, damp, or mould in your home? *

- Yes, all year round
- Yes, but in the winter only
- Yes, at some other time
- No

17. Please specify the different rooms where damp or condensation could appear in the property. *

Pick all that apply.

- Living room
- Your bedroom
- Hall/ passage
- Kitchen
- Bathroom
- Other bedrooms
- Not applicable

18. In the rooms in which damp occurs, please specify if you have witnessed any of the following issues? *

Pick all that apply.

- Steamed up windows
- Steamed up/ wet walls
- Mildew /rot/ mould on window frames
- Stains /rot /mould on walls or ceilings
- Stains /rot/ mould on floors, carpets, or furniture
- Other problems with condensation, damp, or mould
- No problems

19. Do you have any additional disability access needs that are unmet by your property? *

- Yes
- No

20. Select the following areas in your property where you need additional access:

Pick all that apply

- Entry into the property
- Accessing kitchen countertops
- Accessing upper floors / climbing stairs
- Accessing bath / shower

21. Please provide any more information about the overall satisfaction/problems you feel regarding the property you currently live in:

Safety In Your Accommodation

Information relating to how safe you feel in your home and the surrounding area.

22. How safe do you feel generally when you are at home on your own? *

- Very safe
- Fairly safe
- A bit unsafe
- Very unsafe
- Never at home alone because I feel unsafe
- Never at home alone, other reasons
- Do not know

23. Do individual tenants keep their rooms locked, excluding other tenants from their accommodation? *

- Yes
- No
- Do not know

24. Do you agree or disagree with the following statement:
"I do not feel safe at home because I fear that a fire may break out." *

- Strongly agree
- Agree
- Do not agree nor disagree.
- Disagree
- Strongly disagree

25. How many smoke alarms do you have in your property? *

- None
- One
- Two
- Three or more
- Do not know

26. Is your smoke alarm(s) in working order now? *

- Yes – (all) in full working order
- Some in full working order, some not
- No – (all) not working
- Not applicable
- Do not know

27. Was your smoke alarm in working order when you first moved here? *

- Yes – (all) in full working order
- Some in full working order, some not
- No – (all) not working
- Not applicable
- Do not know

Service Provided By Your Landlord

Information relating to the support you receive from the property owner.

28. Overall, how satisfied are you with the service provided for you by the landlord in your current accommodation? *

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Slightly dissatisfied
- Very dissatisfied

29. Please explain your answer here: *

30. Given your current circumstances, how satisfied are you being someone who lives in Asylum Accommodation? *

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Slightly dissatisfied
- Very dissatisfied

31. Please explain your answer here: *

Your Neighbourhood

Information relating to the area surrounding your home.

32. How satisfied are you with this area as a place to live? *

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Slightly dissatisfied
- Very dissatisfied

33. Which of these are located within a 15–20-minute walk from your home?

*

Pick all that apply

- General/grocer shop
- School
- Health centre/ GP or doctor's surgery
- Your own doctor
- Close friends or relatives
- Park or open countryside
- None of the above

34. How safe do you feel in this neighbourhood when you are walking outside on your own during the daytime? *

- Very safe
- Fairly safe
- A bit unsafe
- Very unsafe
- Never walk outside alone because I feel unsafe
- Never walk outside alone, other reasons
- Do not know

35. How safe do you feel walking outside in this neighbourhood alone after dark? *

- Very safe
- Fairly safe
- A bit unsafe
- Very unsafe
- Never go out alone/after dark because I feel unsafe
- Never go out alone/after dark, other reasons
- Do not know

36. How strongly do you feel that people in your neighbourhood can be trusted: *

- Very strongly
- Fairly strongly
- Not very strongly
- Not at all strongly
- Do not know

37. How strongly do you feel you belong to your immediate neighbourhood? Please think of the area within a few minutes walking distance from your home. *

- Very strongly
- Fairly strongly
- Not very strongly
- Not at all strongly
- Do not know

38. To what extent do you agree or disagree that your local area is a place where people from diverse backgrounds get on well together? *

- Definitely agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Definitely disagree
- There are too few people in the local area
- People in this area are all of the same background
- Do not know

39. Please share anything else that is important to you about your experience of your neighbourhood:

Your Health and Wellbeing

Information relating to your physical health and mental wellbeing.

40. Overall, on a score of 1 to 5 (where **1 is 'COMPLETELY DISAGREE'** and **5 is 'COMPLETELY AGREE'**) please respond to the following statements: *

	1	2	3	4	5
I am happy with my life at this moment.	<input type="radio"/>				
I feel like the things I do in my life are worthwhile.	<input type="radio"/>				
I feel like I have control over my decisions.	<input type="radio"/>				
I feel like I am supported.	<input type="radio"/>				
I often feel anxious.	<input type="radio"/>				
I often feel lonely.	<input type="radio"/>				

41. Would you say that your mental wellbeing has become better or worse since living in your current accommodation? *

- Better
- Worse
- Neither better nor worse
- Do not know

42. Please explain why you think this is: *

43. How would you describe physical health in general? Is it... *

- Very good
- Good
- Fair
- Bad
- Very bad

44. How would you describe your level of daily physical activity? *

Intentional exercise is any activity that raises your heart rate, increases breathing rate, and causes you to sweat.

- Very Active (at least 2 hours of intentional exercise a day)
- Moderately Active (at least 1 hour of intentional exercise a day)
- Lightly Active (at least 30 minutes of intentional exercise a day)
- Sedentary (less than 30 minutes of intentional exercise a day)

45. Do you believe your accommodation has affected your physical health? *

- Yes
- No
- Do not know

46. Would you say your physical health has become better or worse since living in your current accommodation? *

- Better
- Worse
- No Change
- Do not know

47. Please explain how you think your current accommodation has affected your health: *

48. Please share anything else that is important to you about your experience of living in your current accommodation and the surrounding area:

Section

49. Question

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 Microsoft Forms

Asylum Accommodation In Cardiff: Your Lived Experience

The following questions concern your experience of living in Asylum Accommodation and the surrounding area of the property. Please answer all questions fully and as honestly as you can. No information relating to your asylum claim will be asked and your answers will be anonymised so you will not be identified. If you have any difficulties with the questionnaire, or have any additional requests please email matthew3.davenport@live.uwe.ac.uk.

THIS SHOULD TAKE 15 MINUTES TO COMPLETE.

* Required

Study Information and Consent

Please read the following information provided by each hyperlink:

Participant Information Sheet

<file:///media/archive/Matthew%20Davenport%20-%2022010609%20-%20Participant%20Information%20Sheet.zip/MatthewDavenport22010609ParticipantInformatio.html>

Consent Form

<file:///media/archive/Matthew%20Davenport%20-%2022010609%20-%20Consent%20Form.zip/MatthewDavenport22010609ConsentForm.html>

1. Please select to confirm you have read and understood the "Participant Information Sheet". *

I confirm

2. Do you consent to participating in this study? *

Yes

No

About You

Basic information used for demographic tracking only.

3. What gender do you identify as? *

- Woman
- Man
- Non-binary
- Trans-gender
- Other
- Prefer not to say

4. What is your age? *

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or over

5. What is your nationality? *

6. What is your ethnic group? *

7. How long have you been in the UK (United Kingdom)? *

Total months (to the nearest month)

The value must be a number

Your Living Situation

Information relating to the property you live in.

8. Do you currently live in a: *

- House
- Flat
- Single Room in a house
- Hotel
- Other - please describe

9. If answering "Other", please describe:

10. When moving into your property, did it have the following: *

Pick all that apply

- Sofa
- Television
- Dining table
- Dining chairs
- Bed
- Wardrobes
- Cooker
- Washing machine
- Fridge freezer
- Dishwasher
- None of the above

11. How many years have you lived at this address? *

- Less than 6 months
- 6 months but less than 1 year
- 1 year but less than 2 years.
- 2 years but less than 3 years
- 3 years but less than 5 years
- 5 years but less than 10 years
- 10 years or more

12. How many other people live in the household with you? *

- Nobody else – just me
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Over 10

13. Does your household have access to the internet from home? *

- Yes, broadband
- Yes, mobile data
- No
- Do not know

14. During the cold winter weather, can you normally keep comfortably warm in your main room? *

- Yes
- No
- Do not know

15. During the warm summer weather, can you normally keep comfortably cool in your main room? *

- Yes
- No
- Do not know

16. Do you have any problems with condensation, damp, or mould in your home? *

- Yes, all year round
- Yes, but in the winter only
- Yes, at some other time
- No

17. Please specify the different rooms where damp or condensation could appear in the property.

*

Pick all that apply.

- Living room
- Your bedroom
- Hall/ passage
- Kitchen
- Bathroom
- Other bedrooms
- Not applicable

18. In the rooms in which damp occurs, please specify if you have witnessed any of the following issues? *

*

Pick all that apply.

- Steamed up windows
- Steamed up/ wet walls
- Mildew /rot/ mould on window frames
- Stains /rot /mould on walls or ceilings
- Stains /rot/ mould on floors, carpets, or furniture
- Other problems with condensation, damp, or mould
- No problems

19. Do you have any additional disability access needs that are unmet by your property? *

- Yes
- No

20. Select the following areas in your property where you need additional access:

Pick all that apply

- Entry into the property
- Accessing kitchen countertops
- Accessing upper floors / climbing stairs
- Accessing bath / shower

21. Please provide any more information about the overall satisfaction/problems you feel regarding the property you currently live in:

Safety In Your Accommodation

Information relating to how safe you feel in your home and the surrounding area.

22. How safe do you feel generally when you are at home on your own? *

- Very safe
- Fairly safe
- A bit unsafe
- Very unsafe
- Never at home alone because I feel unsafe
- Never at home alone, other reasons
- Do not know

23. Do individual tenants keep their rooms locked, excluding other tenants from their accommodation? *

- Yes
- No
- Do not know

24. Do you agree or disagree with the following statement:
"I do not feel safe at home because I fear that a fire may break out." *

- Strongly agree
- Agree
- Do not agree nor disagree.
- Disagree
- Strongly disagree

25. How many smoke alarms do you have in your property? *

- None
- One
- Two
- Three or more
- Do not know

26. Is your smoke alarm(s) in working order now? *

- Yes – (all) in full working order
- Some in full working order, some not
- No – (all) not working
- Not applicable
- Do not know

27. Was your smoke alarm in working order when you first moved here? *

- Yes – (all) in full working order
- Some in full working order, some not
- No – (all) not working
- Not applicable
- Do not know

Service Provided By Your Landlord

Information relating to the support you receive from the property owner:

28. Overall, how satisfied are you with the service provided for you by the landlord in your current accommodation? *

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Slightly dissatisfied
- Very dissatisfied

29. Please explain your answer here: *

30. Given your current circumstances, how satisfied are you being someone who lives in Asylum Accommodation? *

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Slightly dissatisfied
- Very dissatisfied

31. Please explain your answer here: *

Your Neighbourhood

Information relating to the area surrounding your home.

32. How satisfied are you with this area as a place to live? *

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Slightly dissatisfied
- Very dissatisfied

33. Which of these are located within a 15–20-minute walk from your home? *

Pick all that apply

- General/grocer shop
- School
- Health centre/ GP or doctor's surgery
- Your own doctor
- Close friends or relatives
- Park or open countryside
- None of the above

34. How safe do you feel in this neighbourhood when you are walking outside on your own during the daytime? *

- Very safe
- Fairly safe
- A bit unsafe
- Very unsafe
- Never walk outside alone because I feel unsafe
- Never walk outside alone, other reasons
- Do not know

35. How safe do you feel walking outside in this neighbourhood alone after dark? *

- Very safe
- Fairly safe
- A bit unsafe
- Very unsafe
- Never go out alone/after dark because I feel unsafe
- Never go out alone/after dark, other reasons
- Do not know

36. How strongly do you feel that people in your neighbourhood can be trusted: *

- Very strongly
- Fairly strongly
- Not very strongly
- Not at all strongly
- Do not know

37. How strongly do you feel you belong to your immediate neighbourhood? Please think of the area within a few minutes walking distance from your home. *

- Very strongly
- Fairly strongly
- Not very strongly
- Not at all strongly
- Do not know

38. To what extent do you agree or disagree that your local area is a place where people from diverse backgrounds get on well together? *

- Definitely agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Definitely disagree
- There are too few people in the local area
- People in this area are all of the same background
- Do not know

39. Please share anything else that is important to you about your experience of your neighbourhood:

Your Health and Wellbeing

Information relating to your physical health and mental wellbeing.

40. Overall, on a score of 1 to 5 (where 1 is 'COMPLETELY DISAGREE' and 5 is 'COMPLETELY AGREE') please respond to the following statements: *

	1	2	3	4	5
I am happy with my life at this moment.	<input type="radio"/>				
I feel like the things I do in my life are worthwhile.	<input type="radio"/>				
I feel like I have control over my decisions.	<input type="radio"/>				
I feel like I am supported.	<input type="radio"/>				
I often feel anxious.	<input type="radio"/>				
I often feel lonely.	<input type="radio"/>				

41. Would you say that your mental wellbeing has become better or worse since living in your current accommodation? *

- Better
- Worse
- Neither better nor worse
- Do not know

42. Please explain why you think this is: *

43. How would you describe physical health in general? Is it... *

- Very good
- Good
- Fair
- Bad
- Very bad

44. How would you describe your level of daily physical activity? *

Intentional exercise is any activity that raises your heart rate, increases breathing rate, and causes you to sweat.

- Very Active (at least 2 hours of intentional exercise a day)
- Moderately Active (at least 1 hour of intentional exercise a day)
- Lightly Active (at least 30 minutes of intentional exercise a day)
- Sedentary (less than 30 minutes of intentional exercise a day)

45. Do you believe your accommodation has affected your physical health? *

- Yes
- No
- Do not know

46. Would you say your physical health has become better or worse since living in your current accommodation? *

- Better
- Worse
- No Change
- Do not know

47. Please explain how you think your current accommodation has affected your health: *

48. Please share anything else that is important to you about your experience of living in your current accommodation and the surrounding area:

Section

49. Question

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إقامة اللجوء في كارديف: تجربتك الحالية - ARABIC VERSION

تتعلق الأسئلة التالية بتجربتك في العيش في إقامة اللجوء والمنطقة المحيطة بالملكيات. يرجى الإجابة على جميع الأسئلة بكل تفصيل وبصراحة قدر الإمكان. لن يتم طلب أي معلومات تتعلق بمطالبة اللجوء الخاصة بك وسيتم إخفاء هويتك عند تجانس إجابتك للاستبياناتك بحيث لن يتمكن احد من التعرف عليك، إذا كان لديك أي صعوبات في الاستبيان أو لديك أي أسئلة إضافية، يرجى مراسلتنا عبر البريد الإلكتروني matthew3.davenport@live.uwe.ac.uk.

من المتوقع أن يستغرق الوقت المطلوب لإكمال الاستبيان 15 دقيقة

* Required

معلومات الدراسة وموافقة الشخص

يرجى قراءة المعلومات التي تم توفيرها من خلال كل ارتباط هايرلينك التالي:

ورقة معلومات المشارك

https://docs.google.com/document/d/e/2PACX-1vTtjXss_9a41qcuVT7w_FqRzi_jde3OR4Y8rUZ_WOZ14btJ_R0h6IAVZSznqMwHV0wwG12jeYoY5JbT/pub

استمارة الموافقة

<https://docs.google.com/document/d/e/2PACX-1vSVoF-1xazxVRDKUIE7Ct9SSft0vJFMFKJkteZogNPLBEp8L-03M6Mle2yy-RJVHZtZOe5LGAMjeS0/pub>

*. "لقد قرأت وفهمت" ورقة المعلومات للمشاركين. 1.

أؤكد

* هل توافق على المشاركة في هذه الدراسة؟ 2.

نعم

لا

حولك

معلومات أساسية تستخدم لتتبع التوزيع الديموغرافي

3. * ما هو جنسك؟

- ذكر
- أنثى
- ترانسجنדר
- غير ثنائي الجنس
- آخر
- أفضل عدم الإفصاح

4. * ما هو عمرك؟

- من 18 إلى 24 سنة
- من 25 إلى 34 سنة
- من 35 إلى 44 سنة
- من 45 إلى 54 سنة
- من 55 إلى 64 سنة
- سنة أو أكثر 65

5. * ما هي جنسيتك؟

6. * ما هو مجموعتك العرقية؟

7. * كم من الوقت قضيت في المملكة المتحدة (المملكة المتحدة)؟
(بالسنوات والشهور)

The value must be a number

وضعك السكني

معلومات تتعلق بالامتلاك التي تعيش فيها

8. * هل تعيش حاليًا في:

- منزل
- شقة
- غرفة واحدة في منزل
- فندق
- آخر - يُرجى التوضيح

9. * أ. إذا كنت تجيب بـ "آخر" ، يُرجى التوضيح:

*: عندما انتقلت إلى مكان إقامتك ، هل كانت بها المواد التالية .10

اختر كل ما ينطبق

- أريكة
- تلفزيون
- طاولة طعام
- كراسي طعام
- أسرة
- دواليب
- موقد
- غسالة ملابس
- ثلاجة ومجمدة
- غسالة صحون
- لا شيء مما سبق

11. * كم عدد السنوات التي عشت في هذا العنوان؟

- أقل من 6 أشهر
- أشهر ولكن أقل من سنة واحدة 6
- سنة واحدة ولكن أقل من 2 سنة
- سنة ولكن أقل من 3 سنوات 2
- سنوات ولكن أقل من 5 سنوات 3
- سنوات ولكن أقل من 10 سنوات 5
- سنوات أو أكثر 10

* كم عدد الأشخاص الآخرين الذين يعيشون في نفس المنزل معك؟ 12.

لا أحد آخر - فقط أنا

1

2

3

4

5

6

7

8

9

10

أكثر من 10

13. * هل يمتلك أفراد أسرتك الوصول إلى الإنترنت في المنزل؟

- نعم ، عبر الاتصال العريض
- نعم ، ولكن ليس عبر الاتصال العريض
- لا
- لا أعلم

14. خلال فصل الشتاء البارد ، هل يمكنك البقاء بشكل مريح ودافئ في غرفتك الرئيسية عادةً؟*

- نعم
- لا
- لا أعلم

15. خلال فصل الصيف الدافئ ، هل يمكنك البقاء بشكل مريح وبارد في غرفتك الرئيسية عادةً؟*

- نعم
- لا
- لا أعلم

* هل لديك أي مشاكل فيما يتعلق بالتكثيف أو الرطوبة أو العفن في منزلك؟ 16.

- نعم ، على مدار العام
- نعم ، ولكن في فصل الشتاء فقط
- نعم ، في وقت آخر
- لا

يرجى تحديد الغرف المختلفة التي يمكن أن تظهر بها الرطوبة أو التكثيف في المنزل.* 17.

اختر كل ما ينطبق

- غرفة المعيشة
- غرفة النوم الخاصة بك
- الرواق / الممر
- المطبخ
- الحمام
- غرف النوم الأخرى
- غير مطبق

18. في الغرف التي يحدث فيها الرطوبة ، يُرجى تحديد ما إذا كنت شاهدت أي من * المشاكل التالية؟

بخار على النوافذ

- الجدران المبللة / المغشوشة
- العفن / العفن / العفن على إطارات النوافذ
- بقع / عفن / عفن على الجدران أو الأسقف
- بقع / عفن / عفن على الأرضيات أو السجاد أو الأثاث
- مشاكل أخرى متعلقة بالتكثيف أو الرطوبة أو العفن
- لا مشاكل

19. * هل لديك أي احتياجات إضافية للوصول للأشخاص ذوي الإعاقة لا تليها منزلك؟

- نعم
- لا

20. حدد المناطق التالية في منزلك التي تحتاج إلى وصول إضافي: اختر كل ما ينطبق

- الدخول إلى الممتلكات
- الوصول إلى أسطح مكتب المطبخ
- الوصول إلى الطوابق العلوية / صعود السلالم
- الوصول إلى الحوض / الدش

21. يُرجى تقديم أي مزيد من المعلومات حول الرضا العام / المشاكل التي تعتقد أنها تتعلق بالممتلكات التي تعيش فيها حاليًا.

سلامتك في سكنك

معلومات تتعلق بمدى شعورك بالأمان في منزلك والمنطقة المحيطة به

22. * كيف تشعر بالأمان عمومًا عندما تكون في المنزل بمفردك؟

- أشعر بالأمان جدًا
- أشعر بالأمان إلى حد ما
- أشعر بعض القلق
- أشعر بالقلق جدًا
- أبدًا لا أكون وحيدًا في المنزل بسبب الشعور بالخطر
- أبدًا لا أكون وحيدًا في المنزل، ولكن لأسباب أخرى
- لا أعرف

23. * هل يُقفل النزلاء الفرديون غرفهم، مانعين النزلاء الآخرين من دخول السكن؟

- نعم
- لا
- لا أعرف

24. هل توافق أو تعارض مع العبارة التالية: * "لا أشعر بالأمان في المنزل لأنني أخشى حدوث حريق"

- أوافق تمامًا
- أوافق
- لا أتفق ولا أعترض
- لا أوافق
- لا أوافق على الإطلاق

25. * كم عدد أجهزة إنذار الدخان لديك في منزلك؟

- لا يوجد
- واحدة
- اثنتان
- ثلاثة أو أكثر
- لا أعرف

26. * هل تعمل أجهزة إنذار الدخان لديك الآن؟

- نعم - جميعها تعمل بشكل جيد
- بعضها يعمل بشكل جيد وبعضها لا يعمل
- لا - جميعها لا تعمل
- لا ينطبق
- لا أعرف

27. * هل كانت أجهزة إنذار الدخان تعمل عندما انتقلت إلى هنا؟

- نعم - جميعها كانت تعمل بشكل جيد
- بعضها كان يعمل بشكل جيد وبعضها لا كان يعمل
- لا - جميعها لم تكن تعمل
- لا ينطبق
- لا أعرف

خدمات تُقدَّم من قِبَل مالك العقار

معلومات تتعلق بالدعم الذي تتلقاه من مالك العقار

28. بشكل عام، مدى رضاك عن الخدمة التي يقدمها لك مالك العقار في سكنك الحالي؟ *

- راضٍ جدًا
- راضٍ إلى حد ما
- لا راضٍ ولا غير راضٍ
- غير راضٍ قليلاً
- غير راضٍ جدًا

29. * يُرجى شرح إجابتك هنا:

* بالنظر إلى ظروفك الحالية، مدى رضاك بوصفك شخصًا يعيش في سكن لجوء؟ 30.

- راضٍ جدًا
- راضٍ إلى حد ما
- لا راضٍ ولا غير راضٍ
- غير راضٍ قليلاً
- غير راضٍ جدًا

* يُرجى شرح إجابتك هنا: 31.

حيك المجاور

معلومات تتعلق بالمنطقة المحيطة بمنزلك

32. * ما مدى رضاك عن هذه المنطقة كمكان للعيش؟

- راض جدًا
- راض بشكل عام
- لا رضى ولا عدم رضى
- غير راض قليلاً
- غير راض جدًا

33. * أيّ من هذه المرافق يقع على بُعد 15-20 دقيقة سيرًا على الأقدام من منزلك؟

اختر كل ما ينطبق

- محل عام / بقالة
- مدرسة
- مركز صحي / عيادة طبيب عام أو جراحة
- طبيبك الخاص
- أصدقاء أو أقارب قريبين
- حديقة أو ريف مفتوح
- لا يوجد من البنود المذكورة أعلاه

34. مدى الأمان الذي تشعر به في هذه الحينة عندما تمشي في الخارج بمفردك خلال * فترة النهار؟

- آمن جدًا
- آمن بشكل عام
- غير آمن قليلاً
- غير آمن جدًا
- لا أخرج وحدي أبدًا لأنني أشعر بالخوف
- لا أخرج وحدي في الليل لأسباب أخرى
- لا أعرف

35. مدى الأمان الذي تشعر به عندما تمشي في الخارج في هذه الحينة وحدك بعد * الغروب؟

- آمن جدًا
- آمن بشكل عام
- غير آمن قليلاً
- غير آمن جدًا
- لا أخرج وحدي أبدًا بعد الغروب لأنني أشعر بالخوف
- لا أخرج وحدي بعد الغروب لأسباب أخرى
- لا أعرف

36. * مدى قوة الثقة التي تشعر بها تجاه الأشخاص في حيك؟

- ثقة قوية جدًا
- ثقة قوية بشكل عام
- ثقة ضعيفة نسبيًا
- لا ثقة على الإطلاق
- لا أعرف

37. مدى الانتماء الذي تشعر به لحيك المباشر؟ يرجى التفكير في المنطقة التي تبعد * بضع دقائق سيرًا على الأقدام من منزلك

- انتماء قوي جدًا
- انتماء قوي بشكل عام
- انتماء ضعيف نسبيًا
- لا انتماء على الإطلاق
- لا أعرف

38. إلى أي مدى تتفق أو تختلف مع العبارة التالية: "المنطقة المحلية هي مكان يتعايش * فيه الأشخاص من خلفيات متنوعة بشكل جيد؟

- موافق تمامًا
- أميل إلى الموافقة
- لا أتفق ولا أعارض
- أميل إلى الاعتراض
- لا أتفق على الإطلاق
- هناك عدد قليل جدًا من الأشخاص في المنطقة المحلية
- الأشخاص في هذه المنطقة هم جميعًا من نفس الخلفية
- لا أعرف

39. * يرجى مشاركة أي معلومات أخرى تعتبرها مهمة بالنسبة لك في تجربتك في حيك

صحتك ورفاهيتك

معلومات تتعلق بصحتك البدنية ورفاهيتك العقلية

40. بشكل عام، على مقياس من 1 إلى 5 (حيث يعني 1 "لا أوافق على الإطلاق" و 5
* "أوافق تمامًا")، يرجى الإجابة عن العبارات التالية

	Option 1	Option 2	Option 3	Option 4	Option 5
أنا سعيد بحياتي في الوقت الحالي	<input type="radio"/>				
أشعر أن الأشياء التي أقوم بها في حياتي لها قيمة	<input type="radio"/>				
أشعر أنني لدي السيطرة على قراراتي	<input type="radio"/>				
أشعر أنني مدعوم	<input type="radio"/>				
غالبًا ما أشعر بالقلق	<input type="radio"/>				
غالبًا ما أشعر بالوحدة	<input type="radio"/>				

41. هل تعتقد أن صحتك الذهنية تحسنت أم تراجعت منذ العيش في سكنك الحالي؟ *

- تحسنت
- تراجعت
- لم تتحسن ولا تراجعت
- لا أعرف

42. يرجى شرح سبب اعتقادك بذلك *

43. * كيف تصف حالتك الصحية العامة؟ هل هي...؟

- جيدة جدًا
- جيدة
- مقبولة
- سيئة
- سيئة جدًا

44. * كيف تصف مستوى نشاطك البدني اليومي؟

يعتبر التمرين المقصود أي نشاط يرفع معدل ضربات قلبك، ويزيد معدل التنفس، ويتسبب في التعرق

- نشاط كبير (ما لا يقل عن ساعتين من التمارين المقصودة في اليوم)
- نشاط معتدل (ما لا يقل عن ساعة واحدة من التمارين المقصودة في اليوم)
- نشاط خفيف (ما لا يقل عن 30 دقيقة من التمارين المقصودة في اليوم)
- جالس (أقل من 30 دقيقة من التمارين المقصودة في اليوم)

45. * هل تعتقد أن سكنك أثر على صحتك البدنية؟

- نعم
- لا
- لا أعرف

46. * هل تعتقد أن صحتك البدنية تحسنت أم تراجعت منذ العيش في سكنك الحالي؟

- تحسنت
- تراجعت
- لا تغيير
- لا أعرف

47. * يرجى شرح كيف تعتقد أن سكنك الحالي أثر على صحتك

48. يرجى مشاركة أي شيء آخر مهم بالنسبة لك في تجربتك في العيش في سكنك الحالي والمنطقة المحيطة به *

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** Please note print formatting has placed text to the left side of the page, unlike the survey that read right to left, as Arabic should be.*

اقامتگاه پناهندگان در کاردیف: تجربه زندگی شما - FARSI VERSION

سوالات زیر مربوط به تجربه شما در زندگی در اقامتگاه پناهندگان و منطقه اطراف این مکان است. لطفاً به تمامی سوالات به طور کامل و با صداقت پاسخ دهید. هیچ اطلاعاتی مربوط به درخواست پناهندگی شما درخواست نخواهد شد و پاسخ‌های شما بدون نام و کاملاً محرمانه جمع‌آوری خواهند شد. اگر با پرسش‌نامه matthew3.davenport@live.uwe.ac.uk دچار مشکل شده‌اید یا سوالات دیگری دارید، لطفاً به آدرس ایمیل بزنید.

برای تکمیل این پرسش‌نامه حدود 15 دقیقه زمان لازم است.

* Required

اطلاعات مطالعه و رضایتنامه

لطفاً اطلاعات موجود در پیوندهای قبلی را ترجمه کنید.

ورقه اطلاعات شرکت‌کننده

https://docs.google.com/document/d/e/2PACX-1vQehAvA3e4FFHdkP-G6N6jm6drvWfQM_JNI2YfeTVGaExWhBGwxvRNvO8AWV_qXeWEXPhEcE0FB6mWn/pub

فرم رضایتنامه

<https://docs.google.com/document/d/e/2PACX-1vS-svhzs5pah3xFWRx1eMD2IVLvBbPY-x3zJ9ZE-z6yvwVO5Y4hvQd3XyN3CMxw8If-JfcMooIJAzRWR/pub>

1. لطفاً انتخاب کنید تا تأیید کنید که ورقه اطلاعات شرکت‌کننده را خوانده و درک کرده‌اید. *

تأیید می‌شود.

* آیا به مشارکت در این مطالعه رضایت دارید؟ 2.

بله

خیر

درباره شما

اطلاعات پایه جهت پیگیری جمعیت تحقیق

* به عنوان چه جنسیتی خود را معرفی می‌نمایید؟ 3.

- مرد
- زن
- ترنس
- به غیر از دو طبقه بندی بالا
- موارد دیگر
- ترجیح می‌دهم پاسخ ندهم

* چند ساله هستید؟ 4.

- تا 18 سال
- تا 24 سال
- تا 34 سال
- تا 44 سال
- تا 54 سال
- تا 64 سال
- 65 سال یا بیشتر

* تابعیت شما چیست؟ 5.

* گروه قومی شما چیست؟ 6.

* چه مدتی در انگلستان (پادشاهی متحده) هستید؟ 7.
(به سال و ماه)

The value must be a number

وضعیت زندگی شما

معلومات تتعلق بالممتلكات التي تعيش فيها اطلاعات مربوط به ملکی که در آن زندگی می‌کنید

8. * آیا در حال حاضر در یکی از موارد زیر زندگی می‌کنید؟

- خانه
- آپارتمان
- اتاق تک نفره در یک خانه
- هتل
- موارد دیگر - لطفاً توضیح دهید

9. الف. اگر گزینه ی "دیگر" را به عنوان پاسخ خود انتخاب کرده اید لطفاً توضیحات،
* بیشتری ارائه دهید

* ورود به ملک خود، آیا این امکانات را داشتید؟ 10.

انتخاب همه موارد قابل انتخاب

- میلمان
- تلویزیون
- میز ناهارخوری
- صندلی‌های ناهارخوری
- تخت
- کمد‌های لباس
- اجاق گاز
- ماشین لباسشویی
- یخچال فریزر
- ماشین ظرفشویی
- هیچکدام از موارد فوق

11. * چند سال است که در این آدرس زندگی می‌کنید؟

- کمتر از ۶ ماه
- ماه اما کمتر از ۱ سال ۶
- سال اما کمتر از ۲ سال ۱
- سال اما کمتر از ۳ سال ۲
- سال اما کمتر از ۵ سال ۳
- سال اما کمتر از ۱۰ سال ۵
- سال یا بیشتر ۱۰

12. * چند نفر دیگر در خانواده شما زندگی می‌کنند؟

- فقط من هستم
- نفر ۱
- نفر ۲
- نفر ۳
- نفر ۴
- نفر ۵
- نفر ۶
- نفر ۷
- نفر ۸
- نفر ۹
- نفر یا بیشتر ۱۰

13. * آیا در خانه خود دسترسی به اینترنت دارید؟

- بله، به اینترنت پرسرعت
- بله، اما بدون اینترنت پرسرعت (اینترنت گوشی همراه)
- خیر
- نمی‌دانم

* در طول زمستان سرد، آیا معمولاً در اتاق اصلی خود به طور راحت گرم می‌مانید؟ 14.

- بله
- خیر
- نمی‌دانم

* در طول تابستان گرم، آیا معمولاً در اتاق اصلی خود به طور راحت خنک می‌مانید؟ 15.

- بله
- خیر
- نمی‌دانم

* آیا در منزل خود در زمینه ی وجود کپک، رطوبت یا قارچ مشکلی وجود دارد؟ 16.

- بله، در طول سال
- بله، اما فقط در زمستان
- بله، در یک زمانی غیر از موارد یادشده
- خیر

17. * لطفاً اتاق‌های مختلفی که می‌تواند دچار رطوبت یا کپک شود را مشخص کنید.
انتخاب همه موارد قابل انتخاب

- اتاق پذیرایی
- اتاق خواب شما
- سالن / راهرو
- آشپزخانه
- حمام
- اتاق‌های خواب دیگر
- نامشخص است

18. در اتاق‌هایی که رطوبت در آنها رخ می‌دهد، لطفاً اگر شاهد هر یک از مشکلات زیر بودید، آنها را مشخص کنید.
پنجره‌های بخارگرفته

- دیوارهای بخار گرفته / مرطوب
- قارچ / پوسیدگی / قارچ در قاب پنجره
- لکه / پوسیدگی / قارچ در دیوارها یا سقف
- لکه / پوسیدگی / قارچ در کف، فرش یا مبلمان
- مشکلات دیگر درباره کپک، رطوبت یا قارچ
- هیچ مشکلی ندارد

19. آیا نیازهایی در زمینه ی تهیه امکانات جهت افراد معلول وجود دارد که در ملک شما * برآورده نشده باشد؟

بله

خیر

20. لطفاً طرح دسترسی به موارد زیر را در ملک خود مشخص کنید.
انتخاب همه موارد قابل انتخاب

ورود به ملک

دسترسی به میز ناهارخوری

دسترسی به طبقات بالا / پله‌های رو به طبقه ی بالا

دسترسی به حمام / دوش

21. لطفاً اطلاعات بیشتری در مورد رضایت کلی / مشکلاتی که درباره ملک که در حال حاضر در آن زندگی می‌کنید، ارائه دهید.

امنیت در مسکن شما

اطلاعات مربوط به احساس امنیت شما در خانه و منطقه ی اطراف خانه

22. * به طور کلی، وقتی در خانه تنها هستید، چقدر احساس امنیت می‌کنید ؟

- بسیار امن
- نسبتاً امن
- کمی نامطمئن
- بسیار نامطمئن
- هرگز تنها در خانه نیستم چون احساس ناامنی می‌کنم
- به دلایل دیگر هرگز تنها در خانه نیستم
- نمی‌دانم

23. آیا هر مستأجری اتاق خود را قفل می‌کند و سایر مستأجران را از مسکن خود بیرون * نگاه می‌دارد؟

- بله
- خیر
- نمی‌دانم

24. با عبارت زیر موافق یا مخالفید: *
" من در خانه احساس امنیت نمی‌کنم چون می‌ترسم آتش سوزی رخ دهد"

- بسیار موافقم
- موافقم
- هم موافق هستم و هم مخالف
- مخالفم
- بسیار مخالفم

25. * چند اخطار دهنده ی دود در خانه ی شما وجود دارد؟

- هیچ
- یک عدد
- دو عدد
- سه یا بیشتر
- نمی‌دانم

26. * آیا اخطار دهنده ی دود در حال حاضر قابل استفاده هستند؟

- بله - (همه) در وضعیت کامل کارکردی خود قرار دارند
- بعضی در وضعیت کامل کارکرد و بعضی نه
- خیر - (همه) در وضعیت غیر فعال هستند
- هنوز آماده نیستند
- نمی‌دانم

27. آیا اخطار دهنده ی دود در زمان نقل مکان اولیه شما به این مکان در وضعیت کامل کارکردی خود قرار داشت؟ *

- بله - (همه) در وضعیت کامل کارکرد
- بعضی از آنها در وضعیت کامل کارکرد و بعضی نه
- خیر - (همه) در وضعیت غیر فعال بودند
- آماده نبودند
- نمی‌دانم

خدمات ارائه شده توسط صاحب ملک

اطلاعات مربوط به پشتیبانی دریافتی از صاحب ملک

28. به طور کلی، از خدماتی که توسط صاحب ملک در مسکن کنونی به شما ارائه شده، چقدر راضی هستید؟ *

- بسیار راضی هستم
- نسبتاً راضی هستم
- هم راضی و هم ناراضی هستم
- کمی ناراضی هستم
- بسیار ناراضی هستم

29. * لطفاً دلیل پاسخ خود را در اینجا توضیح دهید.

* با توجه به شرایط کنونی شما، چقدر از زندگی در مسکن پناهندگی راضی هستید؟ 30.

- بسیار راضی هستم
- نسبتاً راضی هستم
- هم راضی و هم ناراضی هستم
- کمی ناراضی هستم
- بسیار ناراضی هستم

* لطفاً دلیل پاسخ خود را در اینجا توضیح دهید. 31.

محلہ شما

اطلاعات مربوط به منطقه اطراف خانه شما

* چقدر از این منطقه به عنوان مکانی برای زندگی راضی هستید؟ 32.

- بسیار راضی هستم
- نسبتاً راضی هستم
- هم راضی و هم ناراضی هستم
- کمی ناراضی هستم
- بسیار ناراضی هستم

33. کدام یک از موارد زیر در فاصله ۱۵ تا ۲۰ دقیقه ای پیاده روی از خانه شما واقع شده ** است؟*

انتخاب همه موارد مربوطه

- فروشگاه عمومی / خرده فروشی
- مدرسه
- مرکز بهداشت / مطب پزشک عمومی
- پزشک خود
- دوستان یا خویشاوندان نزدیک
- پارک یا مناطق بازی
- هیچکدام از موارد فوق

34. وقتی تنها در روز در خیابانهای محله ی خود قدم می‌زنید چقدر احساس امنیت * می‌کنید؟

- بسیار امن
- نسبتاً امن
- کمی نامطمئن
- بسیار نامطمئن
- هرگز تنها بیرون نمی‌روم چون احساس ناامنی می‌کنم
- به دلایل دیگر هرگز تنها بیرون نمی‌روم
- نمی‌دانم

35. وقتی تنها در تاریکی در محله ی خود قدم می‌زنید، چقدر احساس امنیت می‌کنید؟ *

- بسیار امن
- نسبتاً امن
- کمی نامطمئن
- بسیار نامطمئن
- هرگز تنها/بعد از غروب بیرون نمی‌روم چون احساس ناامنی می‌کنم
- به دلایل دیگر هرگز تنها/بعد از غروب بیرون نمی‌روم
- نمی‌دانم

* به چه میزان احساس می‌کنید مردم در محله شما قابل اعتماد هستند؟ 36.

- بسیار زیاد
- نسبتاً زیاد
- نه خیلی زیاد
- عملاً اصلاً زیاد نیست
- نمی‌دانم

به چه میزان احساس می‌کنید که به محله ای که در آن ساکن هستید، تعلق دارید؟ 37.
لطفاً در نظر داشته باشید که منظور محله ای است که در چند قدمی خانه ی شما
قرار دارد. *

- بسیار زیاد
- نسبتاً زیاد
- نه خیلی زیاد
- عملاً اصلاً زیاد نیست
- نمی‌دانم

38. ۳۶. به چه اندازه موافق یا مخالف عبارت زیر هستید: "منطقه محلی شما جایی * است که افراد از پس زمینه‌های (فرهنگ) متفاوت با یکدیگر خوب کنار می‌آیند؟"

- قطعاً موافقم
- تمایل به موافقت دارم
- هم موافق و هم مخالف هستم
- تمایل به مخالفت دارم
- قطعاً مخالفم
- تعداد افراد کم است
- مردم در این منطقه همگی از یک زمینه (فرهنگ) هستند
- نمی‌دانم

39. لطفاً هر چیز دیگری که در مورد تجربه از محله خود مهم است، به اشتراک بگذارید. *

سلامتی جسمی و روحی شما

اطلاعات مرتبط با سلامت جسمانی و روانی شما

در کل، لطفاً با توجه به مقیاس ۱ تا ۵ (که ۱ به معنای "کاملاً مخالف" و ۵ به معنای 40، "کاملاً موافق" است)، به سوالات زیر پاسخ دهید
*

	Option 1	Option 2	Option 3	Option 4	Option 5
در حال حاضر از زندگی خود راضی هستم.	<input type="radio"/>				
احساس می‌کنم کارهایی که در زندگی انجام می‌دهم ارزشمند هستند.	<input type="radio"/>				
احساس می‌کنم بر تصمیم‌گیری‌هایم کنترل دارم.	<input type="radio"/>				
احساس می‌کنم حمایت می‌شوم.	<input type="radio"/>				
اغلب احساس نگرانی می‌کنم.	<input type="radio"/>				
اغلب احساس تنهایی می‌کنم.	<input type="radio"/>				

41. آیا معتقدید از زمانی که در محل اقامت کنونی خود زندگی می کنید، سلامت روان شما بهبود پیدا کرده است؟ *

- بهتر شده است
- بدتر شده است
- هیچکدام، بهتر یا بدتر نشده است
- نمی دانم

42. لطفاً دلیل آن را توضیح دهید. *

43. به طور کلی، وضعیت سلامتی جسمانی شما چگونه است؟ *

- خیلی خوب
- خوب
- متوسط
- بد
- خیلی بد

44. * سطح فعالیت جسمانی روزانه خود را چگونه توصیف می‌کنید؟

فعالیت جسمانی یا ورزش به این معنی که شما فعالیت‌های عمدی که باعث افزایش ضربان قلب و تعرق تان می‌شود انجام می‌دهید.

- بسیار فعال (حداقل ۲ ساعت ورزش عمدی و با برنامه در روز)
- متوسط فعال (حداقل ۱ ساعت ورزش عمدی و با برنامه در روز)
- کمی فعال (حداقل ۳۰ دقیقه ورزش عمدی و با برنامه در روز)
- بی‌حرکت (کمتر از ۳۰ دقیقه ورزش عمدی و با برنامه در روز)

45. * آیا معتقدید که محل اقامت شما بر سلامت جسمانی شما تأثیر گذاشته است؟

- بله
- خیر
- نمی‌دانم

46. آیا فکر می‌کنید از زمانی که در محل اقامت کنونی خود ساکن شده‌اید سلامت جسمانی شما بهبود یافته است؟ *

- بهتر شده است
- بدتر شده است
- تغییری نکرده است
- نمی‌دانم

47. لطفاً توضیح دهید که چگونه فکر می‌کنید محل اقامت کنونی تان بر سلامت شما *تأثیر گذاشته است

48. لطفاً هر چیز مهمی که درباره تجربه زندگی در محل اقامت کنونی و منطقه اطراف از *نظر شما مهم است، را به اشتراک بگذارید

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**** Please note print formatting has placed text to the left side of the page, unlike the survey that read right to left, as Farsi should be.**

Appendix 6. Data Management Plan

UWE Project manager name:	Matthew Davenport
Student name, where applicable:	Matthew Davenport
Faculty:	Environmental Health
Project Title:	Dissertation - TITLE TBC

Research Data Management Plan version number:	1
Date:	15.01.23

If you have the following reference numbers, please enter them below.	
PIMS REF number:	Click or tap here to enter text.
URESC / FREC / AWESC application numbers:	Click or tap here to enter text.
HTSC registration number:	Click or tap here to enter text.
GM registration number:	Click or tap here to enter text.

Q1. What data will you collect, create or use? Give a brief description. See Note 1
Quantitative - Housing Health and Wellbeing Opinions Qualitative - in-depth analysis of quantitative data
Q2. How will you collect, create or access the data? See Note 2
Questionnaires
Q3. Please classify your data here as public, restricted or confidential. See Note 3
Confidential
Q4. How will the data be stored and backed up at all stages during its life course? See Note 4
2-factor authentication, password protected cloud drive.

Q5. How will the data be documented, described and maintained? See Note 5
Word processor; spreadsheet software
Q6. How will your data be processed? See Note 6
Questionnaire data will be imputed in spreadsheet software by the researcher alone; translations will be conducted by AI powered ChatGPT and will be cross checked by third party translation providers.
Q7. Does the Data Protection Act (2018) apply to your research? See Note 7
Yes
Q8. Export controls and other legislation and regulation. See Note 8
No
Q9. What Intellectual Property will be created or used in this research? See Note 9
None
Q10. What are your plans for long-term preservation and data sharing, where appropriate, and data disposal? See Note 10
Research data will be kept for 10 years in a secure, 2-factor password protected storage drive. After 10 years, data will be destroyed.
Q11. Who is responsible for enacting the different elements of the research data management plan? See Note 11
The researcher (myself) for all parts.
Q12. What resources are needed to deliver the plan, and are these available? See Note 12
Questionnaire software - Microsoft Forms

Appendix 7. Qualitative Response Data Tables

Table 1. Accommodation Satisfaction Opinions

Please provide any more information about the overall satisfaction/problems you feel regarding the property you currently live in:
5/10
Always dirty, have a problem with boiler, and fire alarm. All appliances are too old and some of them out of order
Any other problem
As a family we are happy to have a safe and comfortable
Do not have any problems.
Don't know from where to start , all in all it is an inhumane place to live in , dirt , mould , rot around kitchen and bathroom , worn out broken shower floor , old and rusty equipments like microwave and fridge . Dirty walls , opened floors with gaps , rats , very weak and unhealthy mattresses , a no sleep accommodation is a mentally drained human being .
Every fine
Everything is ok, gov.provided all thing we requested
Far from amenities
For example, there is a refrigerator, but it's very small and cannot meet everyone's needs. Usually, there is a lot of noise. I am on the second floor, and it's really hard for me, especially with a one-year-old child in tow.
General and It is wealth windy and very cold and no Cardiff with warm
I am totally satisfied
I could say overall the property is good and when you call them they did maintenance I think the Newport city team are really good
I live in a hotel that has really bad food
it could be better than that because is congested.
It is very small living in one room. It is depressing
It's was okay
My mother have a heart surgery and we are living 57 steps up. Also it is very cold during winter cannot live
None
Personally, no one helps me with cleaning the kitchen and bathroom, and this is the only issue I have
Problems
Sofa and mattress are not comfortable. The carpets are out of work, actually, and too old.
The carpets in this flat are very old and uncomfortable. There is not enough sofa there. And the mattresses are not standard.
The cleanliness is very, very poor, and I, along with one other person who is also Kurd, clean this house. Eight other people do not observe cleanliness.

The garden is in very bad state and the bathroom aswell.
The house is old and the roof is leaking. The crapet is smelly.
The house is very mouldy and smelly. We told the landlord but he has not done anything for us. The boiler has been broken for 3 weeks but still he does not come.
The only problem is the lack of cleanliness by others and the disturbance caused by the large number of people they bring into the accommodation.
The overcrowded people ,whare as many illegal residents living in different room in the house ,,by their staying they keeping our house as the kitchen,bathes, back garden ,the fron intrance dirty all the time in addition making loudly noise all the time ,staying overnights since more than one years ,,smoking ,,using drugs,,,
This is a house for people who have no limitations.
We have requested several times for pesticides as we got mices.
The biggest problem is the mixture of people in that house which we have one addict and uncivilised people which no one cannot live with them.
We only lack internet
Yes

Table 2. Landlord Satisfaction Opinions

Please explain why you feel this way about your Landlord's service:
When we tell the landlord we have a problem, he never comes to fix it. We need our boiler fixed.
It is a company that only cared about charging at the end of the month and when we, the tenants, told them about the problems in the house, they ignored the situations regarding rotten wooden windows and missing glass to protect us from the cold. in winter and not to mention the mold and humidity that seeps from the bathroom into the living room.
I feel unhappy. The room is very small and I have not many places to go. I feel alone. The bed is uncomfortable. I am not sure how long I will have to stay here.
Just for not suitable carpets, and lack of enough sofa and beds
All stuff for my living has been provided but in a low quality, that's why all appliances like kettle are out of order in the meantime.
He's very good guy
Is a house very very beautiful
Bathroom and garden need repairs
I'm good
Our house has no problems and our manager is very attentive and attentive to our needs.
I have answered this explicitly in a previous question
Most of the houses need renovation
The house is old and it takes long time for the mangager tp change anything. For example the washing machine was broken down and it took them two months to change. We had to wash in the laundromat and by the weekend I don't have money to buy food on Sunday, so I stay hungry for 24 hrs.
It just ok. It is not great but it is not that terrible. So il just say its ok.
We dont have an access to the post box, service area, brought washing machine but cannot change
Because they know that „there is crowded people living in the house ,they don't take action to evicted them and they don't take sirously action to residents who bring them and issued to them keys to the house and their room .where all of them broken the housing rules and they don't respecting others and the neighbours,,where who bringing these people saying that this is my house we can do what we want ,,when the pass the keys for theirs visitors,the vistiors become as resident and starting saying the same this is my house ,,we have since more than one years illegal residences living in the house where I am living males and females
In my room there is no chair and no cleaning stuff for my room and the cooking stuff was rusty and dirty noise from other doors when slammed.
My house manager always on alert whenever i called
All it's perfect
He is understanding and respectful
I love the house and its spaces
We 're good with each others with love & understanding.
/
Yes it's was okay

It is a great accommodation
Responds fast when I report a problem
Very good house
Im good
I am satisfied because there is no problem with my flats
Some of thing are so bad. Some of things are fairly good. About repair service is horrible, but about space, safety and other thing is quite good, so I chose 50/50 for this question.
Fairly satisfied
The backyard hasn't been cleaned/ cleared.
House manager attempts to clean the house every 3 months. It should be every month because more than 10 people live in the house..
I explained below
My window has been broken for months, and there is no light curtain. I have informed the manager multiple times, but nothing has changed.
It's normal.
I'm satisfied.
Occasionally, the residence is visited.
If the share house doesn't have commitments.
It's normal.
It's fine.
He is always cooperative.
There is a lot of humidity in this house.
We have no problems.
Food is available, they clean my room, and wash my clothes.
Due to the unhealthy food memories.
I am really satisfied, it's excellent. The manager is a good person.
The house is very old and dirty. All the furniture is old and the walls are dirty with dirty carpets.
Lack of quality equipment and the presence of moisture.
He is a good man and trying to provide the basics for us. But he can't do anything or doesn't address the issue of addicts smoking at home, setting off fire alarms, and making the house super dirty.
Everything is good.
They meet all the needs.
The house is fine and all the facilities are provided. The only problem is that cleanliness is very poor.
I am satisfied.

Table 3. Asylum Accommodation Satisfaction Opinions

Please explain why you feel this way about your situation:
I do not like this property. I want to move to something better and cleaner.
houses need more care in general.
I have had to leave my country but I want to start my life here but I feel trapped in this room
For some reasons mentioned above.
Because of some comfortability issues in the house
it's very hard living with more than one person and from different countries and languages that is very difficult to understand each others
I feel satisfied because it is a very spacious and clean house
You have the basic things to live
I live in a very good house, is big comfortable security.
I admire the hospitality of this country for immigrants like us, there are no words to thank all they do for us
Simply we can't sleep because of the mattresses , I have to make massive cleaning procedures every time I use the bathroom or the kitchen
I cant Explain but i feel unhappy
Most of the houses need renovation
No enough support.
Its just ok.
I have to rent accomodation. No support given
As I mentioned the house for 5 people ,,why we have other 4 people extra People living or hiding in the house ,,so the accomodation provider they need more work to make sure theirs no visitors staying overnight,,No body knows who they are as Home Office,Ready Home,,Migrant Help ,,No body knows why this people satying or hiding in the house,,,
Good
fairly because, some occupants are dirty, it is noisy and the numbers of rooms there is 7 which makes it congested.
I have a comfortable home
Everything it's okey
I feel satisfied because I know I am safe
Although we are asylum seekers, we are happy with where we live
Cos our landlord treated us badly, treating us like a fool & stupid person.
/
Yes I was satisfied
It is ok in terms of have the basic stuff
I feel safe
Is very comfortable
Im good
I am satisfied because I like the place
Too many people live in a house with some issue. And normally these share house are not safe, because

different type of person must live together, different from ethnicity, culture and attitude
no
It's good enough of roof over my head. I also don't feel imprisoned as I have my freedom.
Considering that my accommodation is paid. I can't ask for more
I understand that finding Accomodation for asylum is not easy due to number I have to be grateful that they tried them best it's not always good because when you share with others that not having similar values and not cleaning not respecting rules will add you more stress than you already stressed plus they can provide you with really small room but for me what I was complaining the behaviour from the provider before but right now they change the team and I think the service where I am now is good
My room is in very bad condition, the carpet is very dirty with stains, and the walls too.
It's normal.
I'm grateful to the UK government.
Now, many people come to the accommodation, and this makes me very anxious.
Health conditions.
Ok.
Feeling safe is more important than anything else.
There is a lot of humidity in this house.
It's better than a hotel.
I have shelter.
It's a good place, and I am satisfied.
Living in a shared house is very difficult, especially with a one-year-old child. It's really hard to take care of a toddler in a room less than 6 square meters.
The bed is not suitable, and the kitchen utensils are of low quality.
We have at least the minimums.
I am satisfied.
The house is very cozy and has easy access to shopping centers and a great school.
It is much better than a hotel. I have the freedom to do what I want with my own hands.
The rooms and kitchen are small, and there is a shared courtyard.

Table 4. Mental Wellbeing Opinions

Please explain why you think your accommodation has effected your mental wellbeing:
I feel very lonely and have nothing to do in the day. All I do is think about my life.
having to deal with problems at home, report it and the agency do nothing.
Because I feel trapped
Because I feel I am an independent person since I can go for shopping and I cook in my accommodation.
Since you have to immigrate to a foreign country without your family and friends and you cannot come back your hometown, it will destroy you day by day. You need to start your life from zero in a country while you are a stranger with some racism thoughts and some people who cannot trust you. That is usual and acceptable but difficult.
Just a different area and the people I met
I feel good because I can now live more peacefully with my family
The process is Long and streffull
I feel very good because I live security. Not is dangerous. Is beautiful place
because in hotels you do not have the comforts you have at home, such as cooking at any time, or depending on a schedule to carry out your daily activities
Previously explained
Because the home office put a camera in my house every where in my house and they watching me so im very scare now
Not happy
Not safe accommodation
The people i share the accomodation are not nice.
Cause i ma not able to protect my famiky from sicknesses and struggle for my mother every day seeing here how she pass upstears
I am happy for the location and the House where I am living ,,but I am unhappy for the residents who leaving with me and they don't respecting me ,others residents and neighbours because they are working illegally or legally, allowed to visitors to staying in thier rooms for long times ,,so if they making this ,,you or anyone should take this in their account does this residents renting their room to others whose become as residents,,from my side ,,yes ,,so the extra People in any asylum house making the houses crowded,,dirty, noise.... unhealthy and unsafetey,,for that I and others become anxious and stress,,
I don't know
loneliness, low self esteem, scared, not trusting and afraid of people etc.
Because I take care of my sick mother and 3children all alone without nobody to help
Because living here I feel more confident
Because I have a roof and somewhere where I can sleep
It's all good and safe
Unlike when I was in asylum, it was hell
/
It was okaay
the housing council provide a location far away from the city, and I feel alone.

It would be great to be able to socialise more
I already feel less stressed and safe
Becas just
Because I try not to take on anything
I have nightmare and depression which I didn't before .
no
I have a peace of mind
Because i was homeless before this accommodation.
The same feeling like before
My private doctor is not friendly, and I didn't receive any helpful treatment from him. When I went there for the first time, I couldn't speak English, and they didn't help me with anything. I had to use Google Translate, but I couldn't understand what he was saying, so I left.
Instability.
The current house manager's behavior is better than the previous one.
I have been waiting for a decision on my residency for 5 years.
Thinking about the response for two years, neither positive nor negative.
Living conditions.
Due to a death.
My constant wait for getting the residency.
I feel more secure, and I can cook.
Feeling lonely, stressed, and anxious due to unemployment and uncertainty.
Requested to stay in Cardiff due to mental health issues.
Long-term stay in a hotel causing stress.
Stressful environment with an aggressive housemate and constant arguments.
Feeling better because I can cook in this house and avoid hostel issues like pests and safety concerns.
Having good friends but missing the sense of family.
I've got some good friends but no one would be my family for me.
Difficulty in the previous shared house, making things tough.
Finding happiness in the current place with happy kids, good friends, and supportive church members.
Feeling restricted and uncomfortable in the hotel due to lack of freedom to go out.
Finding a sense of security and safety in the current place.

Table 5. Physical Health Opinions

Please explain how you think your current accommodation has affected your physical health:
I cough a lot more since living here. I think it is very mouldy and dirty.
prefer not to leave my room and have to order food at home because the kitchen is not in its optimum requirements, having a huge hole in the window where any animal or rodent can get in and get sick.
It has affected my mood
I feel better because I can cook all foods that I like. I can go to gym.
When I lived in a hotel, I just have a small room where I could not even walk.
In good locations and everything I need around me
I honestly feel very healthy
No affect phisical
I feel good
I have not been affected
I'm an OCD and depression patient. I struggle with both and actually with the very poor hygiene in the house and lack of sleep my condition is worsening every day . Plus , I'm suffering from a back slipped disk and it was manageable before I come here . Since I'm given a room in the first floor where I have to make several daily trips up and down to the bathroom and the kitchen , now I reached an extent that I can barely walk ! My knees got affected , my back got affected very badly , and my feet . I'm experiencing an overall muscle pain and shoulder numbness . I have reported all this to the home office and the housing will no results .
I have a mental 7 heath and now its getting worse
Stress and lack of sleeping
So bad because the ceiling of my room is leaking water on my head.
It has just affected my mental health, due to the stress i get from the not so nice people i share a house with.
All woman in our group have a kidney issue and it is make this worse influmation even my daughter. We live on the 3d floor and it is not accessible for us at all as my mothrr overpass heart surgery
The house for 5 people not for 10 or more ,,where two residents make it like pub and restaurant and hostel for their visitors ,,in addition what I mentioned before ,,the house become an healthy where the smell of marajauna and cigarette's started from the morning from the two residents nd their visitor's,,the bathroom become crowded,,the garden become dirty and no of them care about the cleanings,,just because they seek to satisfy their desires in illegal ways and acting in the house as if it were their own ...
I don't know
too noisy.
Not very sure
Since I been here I improved my health
I have own space
I feel calmer and happier
Doesn't affected in a bad way but 've my own medical issues dat disturub me .
/

Better
the location of the accommodation get me far away from jobs opportunities
Not really. Except that my daughter suffers more from allergies to pollen
It hasn't affected me at all, it's just that I already live calmer
I dont know
It's normal for me
Loneliness and dark location which is not belongs to me, becasue I should expect I will leave this place any minute later!! There is no guarantee how long will I be in this place.
no
I walk a long distance to get there, it helps me with staying in shape.
No room for daily stretches inside the house ..So I have to get out of the house for any training..
No change
The bed is uncomfortable, and there is some metal inside the blankets. Sometimes, I sleep on the floor because it's more comfortable.
It's normal.
No effect.
This reflects on the other residents with me.
Thinking.
Due to the narrow space.
Due to the quietness.
Long walks tire me.
Because I can talk to my friends.
I feel depressed here as I'm not used to living in small towns, and I've had nervous problems since childhood, so I use anxiety medications. Medical support and care in this small town are very poor, which worries me greatly.
In Cardiff, I have good support from Oasis and the Persian-speaking church, along with my friends.
I don't know.
The place where I am staying is far from my friends, and the woman I live with is always in a bad mood, and even the slightest cry from my child upsets her and affects me emotionally.
In a hotel or hostel, you only have a small room where you can't walk or exercise, but here, I can walk and exercise freely, and sometimes we gather with friends and go to the park to exercise together.
I don't know.
It hasn't had any physical impact.
The environment is joyful, safe, and peaceful for my children.
The fact that I have autonomy and nobody interferes with my decisions makes me feel very relaxed.
It is sunny, calm, safe, and provides a sense of peace.
I feel physically better here, but emotionally, I don't know how it's affecting me yet.

Table 6. Additional Comments

Please share anything else that is important to you about your experience of living in your current accommodation and the surrounding area:
Allowing some residents to allow them to possess or share their rooms with others,whether by collecting material or moral reward from them inevitably makes others constantly anxious and feeling unsafetey all the day times ,, so where you have right to sleep and using your house well the asylum they should have this ,but if some asylum broken the housing rules make sure others they will not sleep and using the house like you ,,for that any asylum seekers getting right to work should remove them to workers asylum accomodation,,where they using their accomodation as workers not asylum receiving£45 like me and others ,,in addition,we should have workers from migrant help ,,SSHD and ready home can making nights visiting to the asylums accomodation on the nights as patrolling,,if they found any broken the housing rules they should evected or relocated them ,,because if they don't that they will carry on ..
Excellent.
For now, we are good
Happy
Humidity.
I don't know.
I don't want to live here
I dont know wgat to say because home office put a camera in my house so im unhappy all the time and my mental heath it getting worse because of that
I feel happy and like in my accommodation
I feel that the neighbors are not welcoming to strangers.
I had a good experiece with the residents around me.
I hope I can move from here soon.
I like where I live because there are many shops, the clinic is close, the school, hospital, parks, everything is close.
I loved my accommodation so much
I mention everything I think.
I'm very dissatisfied as the GP here doesn't provide proper care.
It's a good place.
It's normal.
It's not a big problem.
many people, noisy (doors slamming), etc
N/A
N/A
No change
Observing hygiene, being calm, and feeling safe are very important.
Once again please take in consideration the places you put us in
Overall, I feel safe, peaceful, and happy. I have found hope.
Safety and proximity to shopping centers and medical facilities.

Socialisation
The managers are friendly, but they don't help with anything. The vacuum cleaner hasn't been working for a while, and it hasn't been fixed yet. Even the shower was not working for over a month until it was repaired.
The most important thing is that living with a child in a shared house puts all our energy and vitality at risk. Our mental well-being is also at risk.
The roof is cracked and it is dripping water down in my room.
The surrounding area of our living place is relatively nice. However, some English citizens occasionally behave in a racist manner, which is distressing.
There is none.
There is nothing special.
There is only one Persian-speaking church in Cardiff.
Very excellent everything where we live
We have to be patient and try to engage in any activity.
When you have kids is uncomfortable go out with them