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What are the needs of migrant workers in relation to accessing public services in Bournemouth and Poole?

Report of the Migrant Support Project by
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Executive Summary

The influx of migrant workers from Central and Eastern European (CEE) nations has potentially increased and changed demands on public and local services. The study's aim is to provide information and understanding of the needs of migrants from CEE countries (referred to as A8 and A2) living and working in Bournemouth and Poole. The research method employed to collect the data was an interview survey. The instrument was designed in English and conducted face to face by two Polish researchers using multiple points of entry to access respondents. In total 52 questionnaires were collected from Polish and other CEE migrants in May 2010.

The profile of migrant workers living in the area obtained from the study is broadly in line with the Home Office data; migrant workers are mostly young (below 35 years old), highly qualified and employed mainly in low-paid jobs: hospitality and catering, factories, care homes and administration. Half of the respondents came to the area because of some kind of family networks. Similarly, often their family and friends serve as a main source of information about local services. Migrants have been living in the area on average almost three years, but the majority does not have specific plans concerning the duration of their stay in the area.

Migrants' level of English appears to correspond more closely with their level of education than the duration of their time in the UK: those with secondary, vocational and diploma education are likely to speak poorer English than those with higher education. For a substantial number of respondents their lack of English proficiency is seen as a barrier in accessing public services. Migrants' experiences with using public services in Bournemouth and Poole area are generally good. Satisfaction levels with a number of services were very high and satisfactory for most. An exception was dental services where dissatisfaction amongst users was comparatively high.

Introduction

The Migrant Support Project (MSP) is a joint project between Bournemouth 2026 and Poole Partnership. It started in January 2010 after successfully securing support from the Migrants Impact Fund. The two Local Strategic Partnerships (LSPs) designated the Dorset Race Equality Council as the delivery body for the project in Bournemouth and Poole.

Prior to the project, Bournemouth and Poole LSPs had recognised that, as a result of large numbers of Central and Eastern European migrants coming to live and work in the area, there were potentially increased and changed demands on public and local services. While the migration of workers from European Union (EU) accession states has had a significant beneficial impact on local business, particularly in the manufacturing, tourism and the care sectors, it was felt that both the numbers and pace of the migration had led to pressures on some existing services. In addition,

the potentially transient nature of the migration creates difficulties in planning service provision as future requirements remain uncertain. Additionally, the comparatively high numbers of EU migrants had the potential to raise resentments within the local community and hence threaten the harmonious integration of local residents and the new migrants. Inaccurate articles in the popular press have the potential to exacerbate the situation.

The focus for the MSP is on workers and their families from those CEE countries that joined the EU in 2004, often referred to as the A8 accession states (the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) and Bulgaria and Romania, which joined in 2007 and are referred to as the A2 accession states.

The aim of the project is to improve our understanding of the needs of migrants living and working in Bournemouth and Poole, identify ways to ease pressures on services and assist them in adapting to working with the new residents. Also, the project will encourage the effective integration of the various new communities coming into the area and with the existing local communities.

The survey was carried out through face-to-face interviews with 52 migrant workers from a range of A8/A2 states during May 2010. The aim of the survey was to ascertain migrants' experiences of accessing local services. More detail on the methodology is attached as Appendix 1 and the questionnaire used is attached as Appendix 3.

Demographic analysis

Gender

Of the 52 people interviewed, 28 (53.8%) respondents were male and 24 female. Worker Registration Scheme (WRS) data indicates that 48.5% of registrations for work in Bournemouth and 53.1% in Poole were by men. The difference in gender ratio in the two towns reflects the types of work available with more factory work in Poole and more hospitality opportunities in Bournemouth.

Age

Over 80 % of respondents were under 35 years old. This reflects WRS data (see Table 1), although the survey sample was a little biased towards workers aged 26-35 years old.

Table 1

| Survey | | | WRS | | | | |
|--------|----|----|-------------|------|----|-------|----|
| | | | Bournemouth | | | Poole | |
| Age | N | % | Age | N | % | N | % |
| <18 | 0 | 0 | <18 | 40 | 1 | 20 | 1 |
| 18-25 | 14 | 27 | 18-24 | 3570 | 48 | 910 | 41 |
| 26-35 | 29 | 56 | 25-34 | 2930 | 40 | 910 | 41 |
| 36-45 | 3 | 6 | 35-44 | 500 | 7 | 240 | 11 |
| 46-55 | 5 | 10 | 45-54 | 300 | 4 | 120 | 5 |
| 56-64 | 1 | 2 | 55-59 | 50 | 1 | 20 | 1 |
| 65+ | 0 | 0 | 60+ | 10 | 0 | 0 | 0 |

Family

30 respondents were single, 20 married or living with a partner and 2 widowed. 15 respondents were living with children, 11 with a single child, 3 with 2 children and one with 3. 6 respondents lived with a parent and 2 with both parents. 15 were living with other relatives.

Nationality

40 (77%) of the survey participants were Polish, with others representing all other A8/A2 accession states except Slovenia. While broadly in line with WRS data, the sample slightly over-represented Polish workers (see Table 2).

Table 2

| Survey | | | WRS | | | |
|----------------|----|----|-------------|----|-------|----|
| | | | Bournemouth | | Poole | |
| Nationality | N | % | N | % | N | % |
| Bulgaria | 1 | 2 | 80 | 1 | 30 | 1 |
| Czech Republic | 2 | 4 | 440 | 6 | 130 | 6 |
| Estonia | 1 | 2 | 120 | 2 | 10 | 0 |
| Hungary | 1 | 2 | 260 | 4 | 90 | 4 |
| Latvia | 1 | 2 | 350 | 5 | 60 | 3 |
| Lithuania | 1 | 2 | 320 | 4 | 80 | 4 |
| Poland | 40 | 77 | 5090 | 69 | 1540 | 70 |
| Romania | 4 | 8 | 270 | 4 | 110 | 5 |
| Slovakia | 1 | 2 | 440 | 6 | 160 | 7 |
| Slovenia | 0 | 0 | 10 | 0 | 0 | 0 |

BH Postcode area of domicile

Residencies of migrant workers are not highly concentrated within specific parts of Bournemouth and Poole, but are distributed throughout areas where relatively low-cost private rented accommodation is available (see Table 3).

Table 3

| Postcode area | BH1 | BH2 | BH5 | BH7 | BH8 | BH12 | BH14 | BH15 |
|---------------|-----|-----|-----|-----|-----|------|------|------|
| N | 15 | 1 | 6 | 5 | 14 | 3 | 4 | 4 |

Occupation

The survey respondents were employed in the following sectors: hospitality and catering (16), factories (16), administration (3), care homes (2), IT services (3), employment agencies (2). Remaining respondents were self employed (5), unemployed (1), retired (1), student (1) and housewife (1).

The respondents in this study reflect the range of occupations popular with A8/A2 migrants. In the data provided by the Home Office in their Accession Monitoring Report, hospitality and factory work are among the most frequent occupations. This is also in accordance with early survey work in Poole (Poole, 2008a) that found most migrant workers in jobs that paid little above the minimum wage.

Qualifications

The Poole study (2008b) identified that few migrant workers were able to achieve employment in accordance with their level of skills and education and most were working well below their potential. 42% of the survey population held bachelor or master degree qualifications, and others held post school certificates and diplomas (see Table 4)

Table 4

| Education | Primary | Secondary | Vocational | Cert/Dipl | Adult Ed | Higher Ed |
|-----------|---------|-----------|------------|-----------|----------|-----------|
| N | 1 | 14 | 3 | 11 | 1 | 22 |
| % | 2 | 27 | 6 | 21 | 2 | 42 |

Length of stay

Half the respondents had been in the UK for between 2 and 4 years and three-quarters had come directly to Bournemouth or Poole. The average length of stay in the UK was 38 months, and 33 months in the local area. 7 interviewees were ready to return home or move on elsewhere, and 6 had decided they wished to remain indefinitely, but most (19) had no clear idea of how long they planned to stay (see

Table 5). Three of those uncertain indicated their decision rested on the availability of employment.

Table 5

| Planned stay (yrs) | <1 | 1-2 | 2-3 | 3-10 | 10+ | Always | Don't know |
|--------------------|----|-----|-----|------|-----|--------|------------|
| n | 7 | 4 | 3 | 10 | 4 | 6 | 19 |
| % | 13 | 8 | 6 | 19 | 8 | 12 | 3 |

The transient and uncertain nature of migrant population is truly exemplified in this case, when so many of the participants live in the UK with no specific plan for the duration of stay. This has obvious implications for public services planning as it is difficult in these circumstance to predict, for instance, the number of nursery or school places that will be required for the families of migrant workers.

English Language

All respondents had some competence in English and while there was a tendency for those staying in the UK longest (over 5 years) to report a higher level of ability in spoken and written English, there was no clear relationship between length of stay and ability in the language (see Table 6). It could be that those who are more confident in English and reporting higher levels of competence are more comfortable living in the UK and therefore stay longer, rather than having had longer to acquire language skills. It should be noted that this is self-reported language proficiency and may not completely reflect actual competence.

Table 6

| Duration of stay in UK | Basic English | Good spoken English | Good written and spoken English | Total |
|------------------------|---------------|---------------------|---------------------------------|-------|
| < 1 year | 2 | 2 | 3 | 7 |
| 1-2 years | 3 | 1 | 2 | 6 |
| 2-3 years | 9 | 6 | 4 | 19 |
| 3-4 years | 6 | 1 | 1 | 8 |
| 4-5 years | 0 | 3 | 1 | 4 |
| 5-6 years | 0 | 1 | 4 | 5 |
| 6+ years | 1 | 0 | 2 | 3 |
| Total | 21 | 14 | 17 | |

There was a closer correspondence between respondents' level of English and their level of education (see Table 7).

Table 7

| Level of education | Basic English | Good spoken English | Good written and spoken English |
|--------------------|---------------|---------------------|---------------------------------|
| Primary | 1 | 0 | 0 |
| Secondary | 7 | 5 | 2 |
| Vocational | 3 | 0 | 0 |
| Cert/diploma | 6 | 3 | 2 |
| Other adult ed | 0 | 0 | 1 |
| Higher/academic | 4 | 6 | 12 |

21 respondents (40 %) felt that lack of language proficiency was a barrier in accessing public services; this corresponds with the 21 respondents (40 %) who felt that their language is on a basic level.

Older respondents, those over 35 years old, tended to have a lower level of competence in English, although not all younger migrants spoke good English (see Table 8). This may reflect a move to English from Russian as the second language widely taught at schools and universities across the A8/A2 countries.

Table 8

| Age | Basic English | Good spoken English | Good written and spoken English |
|-------|---------------|---------------------|---------------------------------|
| 18-24 | 3 | 4 | 7 |
| 25-34 | 11 | 8 | 10 |
| 35-44 | 1 | 2 | 0 |
| 45-54 | 5 | 0 | 0 |
| 55-64 | 1 | 0 | 0 |

Inability to communicate effectively in English was seen as a major barrier to accessing public services by over 60% of respondents effecting confidence in using public services, understanding of how to make most appropriate use of services and capability of getting the best response from those services that have been approached. These communication issues are also likely to be a major factor in directly and indirectly creating pressures on public services, not only through the time and resources to assure adequate understanding on both sides, but also resulting from inappropriate service use. The Migration Impact Fund recognizes that “the ability to speak English is critical for migrants integrating into their local communities, maximising their contribution to local economies and ensuring they do not place undue burdens on local services” (Managing the Impacts of Migration, 2009, p. 39). 83% respondents did not feel that service provision was different because of their background.

On a positive note, those participants who did not have good written English were more willing to learn English (see Table 9) and were encouraged to enrol for English courses.

Table 9

| Want help to improve English | Basic English | Good spoken English | Good written and spoken English |
|------------------------------|---------------|---------------------|---------------------------------|
| No | 7 | 3 | 12 |
| Yes | 14 | 11 | 5 |

Public Services Satisfaction

The level of use of different services varied considerably and the level of satisfaction recorded should not be regarded as indicative of the migrant population as a whole where the level of users is low. Generally, however, levels of satisfaction with public services were good (see Table 10 – more detail is provided at Appendix 2).

Table 10

| | Satisfied (%) | Neither (%) | Dissatisfied (%) | N |
|---------------------|---------------|-------------|------------------|----|
| Police | 55 | 18 | 27 | 22 |
| Fire & rescue | 100 | 0 | 0 | 3 |
| GP | 69 | 18 | 13 | 45 |
| Hospital | 53 | 27 | 20 | 29 |
| Dentist | 23 | 23 | 54 | 13 |
| A & E | 46 | 36 | 18 | 11 |
| Other NHS | 80 | 0 | 20 | 5 |
| Jobcentre | 68 | 21 | 12 | 34 |
| Bus | 74 | 17 | 9 | 46 |
| CAB | 71 | 0 | 29 | 17 |
| HMRC | 65 | 19 | 15 | 26 |
| Housing services | 36 | 43 | 21 | 14 |
| Children's services | 80 | 10 | 10 | 10 |
| Adult learning | 77 | 15 | 8 | 13 |
| Social Services | 40 | 60 | 0 | 5 |
| Library | 86 | 10 | 3 | 29 |
| Sport/Leisure | 88 | 8 | 4 | 24 |

For some services, such as Dorset Police, the level of satisfaction may not reflect on the quality of that service, but the reasons for the interaction with it. For instance, those falling foul of the law are likely to demonstrate lower satisfaction levels with the police service than those seeking help or support. A study in Poole found that around a third of respondents to that study had been in direct contact with the police since arriving in Poole, mainly through cultural misunderstandings or as victims of low-level crime (Poole, 2008c).

Another service where opinion was polarised was CAB services. There was a high level of satisfaction at over 70%, but the dissatisfaction level at nearly 30% was higher than for most services. CAB can never find a satisfactory solution to

everyone's problems and some may not like the advice given, particularly when it suggests that there is nothing they can legally do to rectify a situation.

Anecdotal reports from medical practitioners and others have indicated that CEE migrants often fail to register with a GP and make inappropriate use of hospital and A & E services as a result. All respondents to the survey were registered with a GP, although 7 had not had a need to use the service. However, as 29 respondents reported having used the hospital and 11 A & E, it may be that there is still some inappropriate use of these services, possibly when seeking a service "out of hours". The level of satisfaction with GP services was fairly high although one respondent noted that she was surprised by lack of physical examination in making a diagnosis. Informal discussions with Polish migrants have revealed differences in medical services between the UK and Poland, for instance, the reliance on midwives rather than obstetricians in pre-natal services.

One medical discipline that appears underused is dental services with only a quarter of respondents having received dental care in the UK. Additionally, levels of dissatisfaction with dentists were higher than for other services at over 50%. From discussions with CEE migrants, there is a tendency to visit dentists on visits back to their home countries where dental services are relatively inexpensive and good quality. However, problems can then arise when emergency treatment is required and the individual is not registered with a local dental practice. A local hotelier has reported the difficulty he experienced in trying to help an A8 employee to find a dentist when suffering from an abscess. The low satisfaction could well reflect the use of dental services only in emergencies.

Some council run services such as libraries, sport and leisure and children's services received very high levels of satisfaction, whilst others such as housing services were thought of less well. This may be due to misunderstanding about what the services can provide for migrant workers. It is, for instance, very unlikely that this cohort of migrants, despite being on low wages, would qualify for public housing as they have few dependents. Even if they did qualify to enter the housing list, such is the over demand in the area, that there would still be a very long wait for any accommodation to become available.

The level of satisfaction with the Jobcentre is generally high although one respondent was disappointed that she was directed to the website instead of being given face to face information. According to Jobcentre staff, the biggest use of the Jobcentre by migrant workers is for access to the computerised job points, which hold UK wide job opportunities and are now the main facility for job search within Jobcentres.

Respondents were generally highly satisfied with the bus services within Bournemouth and Poole

Accessing information on public services in Bournemouth and Poole

29 (56%) respondents liked to obtain information on public services through the Internet, 22 (42%) respondents in person, and 11 (21%) by phone. The latter reflects proficiency in spoken English as only 2 of the 21 respondents with basic English were happy using the phone, while just under half of those claiming good spoken English indicated the phone as preferred means of getting information.

25 (48%) participants came to Bournemouth or Poole to join family or friends, 11 (21%) through an employment agency, 10 (19%) chose the area as a nice place to live, 4 (8%) had chosen Bournemouth or Poole through word of mouth, 3 (6%) through a combination of factors, 2 (4%) following previous visits, 2 (4%) had found a job whilst still in their home country and 1 (2%) came to a language school here. Although the Internet is a favoured tool for obtaining information within this group and most made a positive decision to come to Bournemouth and Poole, no one reported choosing Bournemouth or Poole as a result of information on the Internet.

When looking for information relating to locals services and activities in Bournemouth and Poole, 26 (50%) respondents relied on their friends and family as a main source of information about local service providers, 13 (25%) respondents used the councils' websites as a source of information, 12 (23%) respondents used the migrant press or media (largely Polish language only) to access information and 12 (23%) respondents found out about the services by word of mouth. 17 (33%) respondents started an initial search for information using popular search engines such as Google. Discussions with migrants have suggested that such searches are often done, at least initially, in their vernacular language, which may miss key UK public information sites. *"There is lots of advice over the Internet in Polish language. There is lots of help for people in quite dramatic situations as for what to do."* (Poole, 2008b). No respondent had used the "Welcome to Bournemouth and Poole" site as their source of information on public services.

30 (58%) respondents said that they did not require any support while accessing the services, 12 (23%) participants needed information in their mother tongue, 6 (12%) easy/plain English and 7 (13%) required an interpreter while accessing public services.

However, the question on support needed while accessing the services may not reflect the true picture of the respondents' needs. Different local and public services are accessed in different ways and for different reasons – emergency, necessity, leisure, etc. Different respondents may have had different images of the services in the minds, when responding to the question on level of help required.

For a more effective delivery of information on public services to the migrant communities, participants recommended providing information through migrant press and media, newspapers and websites. In Bournemouth and Poole, there are currently two free distribution Polish language newspapers (Polski Kurier and Glos Polonii), and a number of interlinked websites. Local media and publications are not

available in other A8 or A2 languages. Hence, at best only 70% of the migrant worker communities could be reached directly through this media. Word of mouth between different nationalities in the workplace and other meeting points might increase this a little, but not all communities could be reached to the same extent.

Some felt that leaflets in main shopping areas and migrants shops are good idea for reaching out to their community. Information left in areas of employment was also pointed out as a good approach.

The survey encouraged participants to indicate which services, if any, should have information translated into their native language. Most of the suggestions recommended translating health related services, police, fire and rescue, tax and revenue services, benefits and housing and Citizen Advice Bureau. More specific recommendations included applications to schools and law around employment.

One of the comments reported a lack of linguistic support from a Jobcentre. Jobcentre Plus does have access to leaflets in different languages. However, these need to be ordered specifically by local Jobcentres at a cost to their budgets and delays in delivery. Past experience of ordering leaflets in other languages only to be left holding useless stock as a result of regulation changes has lead to a reluctance to hold pre-order stocks of leaflets. The Jobcentre does have access to a telephone interpretation service as do most public services. Dorset Fire and Rescue, for instance, has the number of the language service pre-programmed into the mobile phones carried by fire-fighters.

Conclusions

The aim of this study was to provide information and understanding of the needs of migrant workers from CEE countries living and working in Bournemouth and Poole area. The sample data appears to accurately reflect the profile of migrant workers living in the area as it corresponds well with WRS data for Bournemouth and Poole. The majority of migrant workers are below 35 years old and many of them are university graduates. Despite the latter, the two most frequent sectors of employment are hospitality and factory work. Most of the respondents came directly to this area, often joining friends or family. On average they have been living here for almost three years. Most do not have specific plans concerning the duration of their stay in the area, which has obvious implications for public services planning but is consistent with academic studies and local reports; migrant workers' plans change depending on the political and social situations both in their home country and the UK. This needs to be considered in planning services.

There are migrants who have been living in the area for a few years but still speak only basic English. It is likely that those migrants live and work with other co-nationals and may have less opportunity to speak the host language. It is also noticeable that those with higher education and younger migrants tend to speak better English. The lack of English proficiency is seen as a barrier in accessing public

services. Providing information in native languages and organising English classes at best only offers a partial solution.

The findings reveal that, after public transport, the most used public service is general practitioner (GP) services. Others are used less frequently, although overall satisfaction with public services in Bournemouth and Poole is fairly high. An exception to this is dental services where dissatisfaction exceeds 50% of users, although only a quarter of the sample had used them. From discussions with migrants, it appears that migrants prefer to use dental services in their home countries. However, this leaves them in difficulties when emergency treatment is needed. The relationship with the home dentist is not so different from many UK citizens who have moved area, but return to their former home area to visit a dentist with whom they are familiar.

Recommendations

The survey identified language barriers as the main factor resulting in difficulty in accessing services and, consequently, a major source of pressure on public services. Language issues can be tackled in a number of ways:

- Training migrants in the use of English either in general or in specific situations
- Training front-line staff to better handle enquiries where the client is not a native English speaker
- Providing resources to front-line staff such as keyword translations and key documents or access to interpretation
- Use of simple English in electronically published materials that can be better handled by automatic translation systems (e.g. Google Translate) and giving easier access to such translation facilities though, for instance, language icons.

The project should test a range of approaches to better communication including:

- ESOL language training
- Bespoke targeted language tuition based on employment sectors or service areas
- Improving the quality and simplicity of information on public websites e.g. “Welcome to Bournemouth and Poole”
- Better marketing and greater visibility of information portals
- Intercultural and language awareness training for public service front-line staff
- Identify key service documents to translate
- Use Polish (& other languages where available) media to market services and information sources
- Encourage the design of service information to make it more accessible

In general, the service usage and population sample are too small to arrive at statistically reliable conclusions on satisfaction with specific public services, however the general level of satisfaction with public service is good. An exception to this was with regard to dental services where satisfaction was low.

Access to and appropriate use of local and public services is a continuing issue and there are a number of ways that the Migrant Support Project can support improved communication and marketing of services:

- Service information published in Polish press
- Better information on how to use services in Welcome to Bournemouth and Poole
- Better links between the websites of public services
- Work with PCT, GPs and dentists to improve routine and emergency access to services

The overall picture is that migrants with lower language skills need more support to access public services. These will also tend to be people with lower educational achievements. ESOL classes alone will not eliminate language barriers, particularly as the jargon and specific language linked to service delivery may not be covered in general English language classes. Project actions recommended include:

- Commission bespoke English tuition
- Identify other tools to facilitate access to services

The survey provides some pointers to areas where access to quality services by migrant workers needs some attention. However, the survey also raises a number of questions that require further investigation. These include:

- What are the reasons that dental services are little used and users are dissatisfied with the services?
- How well does reported competence in English correspond with linguistic ability?
- What factors influence migrant workers decision to stay or leave the area?
- Why is there comparatively high use of hospital services by this cohort?
- What are the expectations of different services from this cohort and how do they differ from the services received?

As the survey concentrated on the use of public services, there are a number of areas that were not fully explored, for instance:

- Matters relating to care of dependents.
- Rights and responsibilities in employment, WRS registration, unfair treatment at work, level of qualification compared to level of employment and so on.
- Experiences in relation to the private sector housing market – finding accommodation, relationship with landlords, etc.

These could be addressed through additional surveys, focus or discussion groups, one-to-one discussions with migrant workers, migrant businesses, service providers and intermediaries such as priests, community spokespeople, etc.

Implications of findings for Migrant Support Project delivery

This main conclusion to be drawn from this study is that the main barriers to effective use of the available services are communication related. The inability of some A8/A2 migrants to obtain information, understand the available information or

communicate effectively with service providers can lead to frustrations and dissatisfaction on the part of services users. On the other hand, those same communication issues can lead to additional pressures on services providers, particularly on front-line staff.

There are a number of ways to address the communication issues, which may have varying degrees of penetration, effectiveness and sustainability.

- ESOL classes
- Translation of documents
- Interpretation services
- Communication skills training
- Simple English in public information
- General service information in languages other than English

ESOL

Trying to reach the whole of A8/A2 migrant community where improved ability to speak and write English would be advantageous may bring long-term benefits in easing pressures on public services, but given the potentially transient nature of the migrant worker population, it will at best be a partial solution and in the current financial environment, not be sustainable beyond the life of the project. The project began by offering ESOL training to migrants who were below Entry Level 3 English, but has decided to prioritise bespoke English related to occupational area or specific service needs.

Translation of documents

Where translation of documents is essential in service delivery, for instance court documents, services already have facilities in place. In general, wholesale translation of leaflets, newsletters, etc into all ten A8/A2 accession state languages would not be cost effective. However, the project will be prepared to translate key documents where there are no alternative resources to do so, e.g. word lists for education relating to National Curriculum topics.

Interpretation services

Most services have access to a telephone interpretation services and some have made innovative use of Google's translation facilities to hold a "text conversation". The project will not normally provide interpretation on a one-to-one basis, but will support public meetings such as those for parents on how to apply for schools places through the provision of interpreters, if available.

Communication skills training

Most migrant workers have at least limited English language, although they may not be confident in their ability to communicate effectively with public services. However, effective communication also depends on the skills of front-line staff within the services to communicate with non-native English speakers. A major contribution that the project can make is in up-skilling front-line staff, including reception staff, in speaking understandable English to non-native speakers. This should provide skills that are transferable to all black and minority ethnic groups,

those with learning disabilities or communication difficulties and provide a sustainable legacy from the project.

Simple English in public information

The project will be looking particularly at the information in “Welcome to Bournemouth and Poole” as the key information portal relating to services in the area and supporting both the extension of the information on offer and the rewriting of information, where required, into simpler English. This will both facilitate clear understand for those accessing the information in English, and also provide better quality information when used with online translation services.

General service information in languages other than English

The project is working with Glos Polonii and Polski Kurier to provide public service information in Polish on a regular basis, both in the free distribution newspapers and on various websites. Where opportunities arise to extend the range of languages and/or sites for information provision, these will also be used.

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Appendix 1

Methodology

This survey focused on the experiences of migrant workers from the A8 and A2 accession states and their families. It aimed to identify the level of use of services by migrant workers within the Bournemouth and Poole area and their experiences of those services.

The survey set up to interview 50 migrant workers from accession states and to be broadly representative of the local migrant population in relation to age, gender and nationality of the sample. To achieve this, government data was used to examine the extent and characteristics of migrant workers from the A8/A2 countries that live and work in the area. It is a requirement for the nationals of these countries who wish to take up employment in the UK to register with the Worker Registration Scheme (WRS) within the first month of their employment. This is required to obtain a National Insurance Number (NINo) and provides the best available count of migrants within an area. However, these figures do not provide a complete picture of residency of migrant workers for a number of reasons. Those who are self-employed do not need to register and are not included in these figures. There is some local evidence that some A8 and A2 workers have been able to obtain NINOs without registering on the WRS. A study commissioned by the BBC revealed that indeed many workers do not register within the scheme (CRONEM, 2006). Furthermore, the WRS data only records the numbers who have secured work and not those who failed to find work or the families or dependents of workers. The local data also does not take account of workers that move within the UK after the first year of their employment and, as there is no requirement to deregister, there is no information on numbers of migrants who have left the area or the UK (UK Border Agency, 2010).

Despite its limitations, that data was used for comparison to ensure that the survey population included an appropriately similar proportion of nationalities from the A8 and A2 countries as those registered for work in the area. An attempt was also made to include respondents from a range of occupational sectors.

In this study, questionnaires were completed by the interviewer through a semi-structured face-to-face interview. The questionnaire sought to identify the needs of migrants in relation to accessing public services in Bournemouth and Poole. It consisted of both closed questions and various open ended questions, giving the respondents a chance to raise additional issues or make comments related to their use of services or their perceptions and attitudes. The data was collected in May 2010. 52 questionnaires were completed and the data was analysed using SPSS, version 16.

The questionnaire was designed in English and conducted by two Polish researchers. As the majority of the sample was of Polish nationality, it was decided that this approach would be the best in obtaining responses. Polish researchers were able to

overcome any linguistic problems that migrants may have had in completing the questionnaires.

Access to participants

To include the experiences of a range of migrant workers from the A8 and A2 states, it was decided to use multiple routes to access 50 respondents.

Firstly, participants were contacted through a number of employers in Bournemouth and Poole, who allowed interviewers access to their premises and to approach their migrant workforce. Interviews were conducted in two hotels in Bournemouth and one factory in Poole. This approach generated 25 respondents.

Secondly, other respondents were approached through the contacts made by the leading researcher during her work as the MSP Migrant Communities Development Worker. In addition, some of these respondents facilitated contact with their families, friends or work colleagues. This 'snowball' technique resulted in a further 15 completed questionnaires. The remaining 12 questionnaires were completed through targeting places frequently used by migrant workers such as the Roman Catholic Church in Bournemouth.

Each questionnaire took around 15 minutes to complete, following a five minutes introduction when the purpose and intent of the research was explained. It also provided an opportunity for the participants to ask any further questions. Participants were ensured of confidentiality. The questionnaires were carried out at respondents' homes and various public places. A total number of 52 questionnaires were included for the analysis.

Appendix 2

Detailed satisfaction survey data

| <i>Frequency</i> | Very satisfied | Fairly satisfied | Neither | Fairly dissatis'd | Very dissatis'd | Don't know | Not used |
|--------------------------|-----------------------|-------------------------|----------------|--------------------------|------------------------|-------------------|-----------------|
| Police | 7 | 5 | 4 | 2 | 4 | 0 | 30 |
| Fire & rescue | 3 | 0 | 0 | 0 | 0 | 0 | 49 |
| GP | 11 | 20 | 8 | 4 | 2 | 0 | 7 |
| Hospital | 4 | 12 | 8 | 4 | 2 | 0 | 22 |
| Dentist | 3 | 0 | 3 | 1 | 6 | 0 | 39 |
| A & E | 1 | 4 | 4 | 2 | 0 | 0 | 41 |
| Other NHS | 3 | 1 | 0 | 1 | 0 | 0 | 47 |
| Jobcentre | 12 | 11 | 6 | 1 | 3 | 1 | 18 |
| Bus | 12 | 22 | 6 | 2 | 2 | 2 | 6 |
| CAB | 7 | 5 | 0 | 1 | 4 | 0 | 35 |
| HMRC | 11 | 6 | 5 | 0 | 4 | 0 | 26 |
| Housing | 3 | 2 | 6 | 0 | 3 | 0 | 38 |
| Children's' | 3 | 5 | 1 | 0 | 1 | 0 | 42 |
| Adult learning | 4 | 6 | 0 | 1 | 0 | 2 | 39 |
| Social Services | 1 | 1 | 2 | 0 | 0 | 1 | 47 |
| Library | 18 | 7 | 2 | 1 | 0 | 1 | 23 |
| Sport/Leisure | 11 | 10 | 2 | 0 | 1 | 0 | 28 |

| % | Very satisfied | Fairly satisfied | Neither | Fairly dissatis'd | Very dissatis'd | Don't know | Not used |
|--------------------------|-----------------------|-------------------------|----------------|--------------------------|------------------------|-------------------|-----------------|
| Police | 14 | 10 | 8 | 4 | 8 | 0 | 58 |
| Fire & rescue | 6 | 0 | 0 | 0 | 0 | 0 | 94 |
| GP | 21 | 39 | 15 | 8 | 4 | 0 | 14 |
| Hospital | 8 | 23 | 15 | 8 | 4 | 0 | 42 |
| Dentist | 6 | 0 | 6 | 2 | 12 | 0 | 75 |
| A & E | 2 | 8 | 8 | 4 | 0 | 0 | 79 |
| Other NHS | 6 | 2 | 0 | 2 | 0 | 0 | 90 |
| Jobcentre | 23 | 21 | 12 | 2 | 6 | 2 | 35 |
| Bus | 23 | 42 | 12 | 4 | 4 | 4 | 12 |
| CAB | 14 | 10 | 0 | 2 | 8 | 0 | 67 |
| HMRC | 21 | 12 | 10 | 0 | 8 | 0 | 50 |
| Housing | 6 | 4 | 12 | 0 | 6 | 0 | 73 |
| Children's' | 6 | 10 | 2 | 0 | 2 | 0 | 81 |
| Adult learning | 8 | 12 | 0 | 2 | 0 | 4 | 75 |
| Social Services | 2 | 2 | 4 | 0 | 0 | 2 | 90 |
| Library | 35 | 14 | 4 | 2 | 0 | 2 | 44 |
| Sport/Leisure | 21 | 20 | 4 | 0 | 2 | 0 | 54 |

Using Local Services

5. Which of the following have you used to find out information about local services and activities?

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| <i>Council's website</i> | <input type="checkbox"/> | <i>Directly from Service Providers</i> | <input type="checkbox"/> |
| <i>Friends/Family</i> | <input type="checkbox"/> | <i>Word of Mouth</i> | <input type="checkbox"/> |
| <i>Citizen Advice Bureau</i> | <input type="checkbox"/> | <i>Welcome Pack</i> | <input type="checkbox"/> |
| <i>Local press/media</i> | <input type="checkbox"/> | <i>Jobcentre</i> | <input type="checkbox"/> |
| <i>Migrants' press/website</i> | <input type="checkbox"/> | <i>Other</i> | <input type="checkbox"/> |

If other please specify

.....

6. Do you feel that there are other ways/formats the information about local services should be available?

.....
.....
.....
.....

7. On a scale of 1-7, how satisfied or dissatisfied are you with local services?

| | <i>Neither</i> | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <i>Haven't</i> | <i>Very</i> | <i>Fairly</i> | <i>Satisfied or</i> | <i>Fairly</i> | <i>Very</i> | <i>Don't</i> | <i>Used</i> |
| <i>the</i> | <i>Satisfied 1</i> | <i>Satisfied 2</i> | <i>Dissatisfied 3</i> | <i>Dissatisfied 4</i> | <i>Dissatisfied 5</i> | <i>Know 6</i> | <i>Service</i> |
| <i>7</i> | | | | | | | |
| <i>Dorset Police</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Dorset Fire and Rescue service</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Your local GP</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Your local hospital</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Your local dentist</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>A&E</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Other NHS</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>.....</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>.....</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Job Centre</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Local bus services</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Citizen Advice Bureau</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Revenue and Benefits</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Housing Services</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Services for children*</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Adult Learning</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Social Services</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| <i>Libraries</i> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

Sport/ Leisure Services 1 2 3 4 5 6

7

Other 1 2 3 4 5 6

7

**eg. schools, childcare, nurseries etc*

If you are dissatisfied with any services, please tell us why. . .

.....

.....

.....

.....

.....

.....

.....

.....

8. How do you prefer to access local services?

In person *By phone* *Via the internet*

Home Visit *Other*

If other please state

.....

Accessing Services in another Language

9. What's your level of English?

- Basic knowledge of spoken English* *Good spoken English*

Good knowledge of spoken and written English

10. Do you feel that language is a barrier to using local services?

- Yes No

11. What support do you need while accessing the services?

- Translator* *No support*
Information in my native language *Interpreter*
Easy Read/ Easy Spoken English *Other*

If other please state

.....

12. Which services do you feel are necessary to be translated?

.....
.....
.....
.....

13. Do you feel that the service provision was ever different because of your background?

Yes No

If yes please justify you answer

.....

14. Would you like help improving your English?

Yes No

Do you want to leave your details to be enrolled for English classes?

.....
.....
.....
.....

The Future

15. Do you want to live in this area (Bournemouth /Poole, or would you like to move somewhere else?

I would like to move

I am planning on staying

If you are planning on staying please state for how long

If you are moving, are you planning on moving:

Within the UK Back home Elsewhere

About you (emphasise here that information will be treated in confidence)

16. *How old are you?*

18-25 26-35 36 -45
46-55 56-64 65- over

17. *Are You?* *Female* *Male*

18. *What is your nationality?*

Bulgaria *Czech Republic* *Estonia*
Hungary *Latvia* *Lithuania*
Poland *Romania* *Slovakia*
Slovenia

19. *What is your postcode?*

20. *Marriage status*

Single *Married/Live with Partner*
Widowed *Divorced*

21. *Does your family live with you in the UK? (Write in number)*

Partner. *Children.* *Parents.* *Other relatives. . .*
...

22. *Who is your employer?*

23. What is your job title

24. Education

- | | | | | | |
|-------------------------------|--------------------------|---|---------------------|--------------------------|---|
| Primary Education | <input type="checkbox"/> | 1 | Secondary education | <input type="checkbox"/> | 2 |
| Vocational Training | <input type="checkbox"/> | 3 | Certificate/Diploma | <input type="checkbox"/> | 4 |
| Other adult education courses | <input type="checkbox"/> | 5 | Higher/Academic | <input type="checkbox"/> | 6 |
| Other | <input type="checkbox"/> | 7 | | | |

25. Do you have an illness or disability that affects your daily activities?

None Physical disability Mental disability

Long term medical condition Other Prefer not to say

If other please state

26. Sexuality

Heterosexual Homosexual

Bisexual Prefer not to say